

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G175	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/23/2016
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 3607 MIDDLE RD JEFFERSONVILLE, IN 47130
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00205540.</p> <p>Complaint #IN00205540: Substantiated, federal and state deficiency related to the allegation(s) is cited at W192.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 8/18/16, 8/19/16 and 8/23/16.</p> <p>Facility Number: 000709 Provider Number: 15G175 AIMS Number: 100243190</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/1/16.</p>	W 0000		
W 0130 Bldg. 00	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 1 of 4 sampled clients (B), the facility failed to ensure client B's privacy during</p>	W 0130	<p>W130: The facility must ensure the right of all clients therefore; the facility must ensure privacy during</p>	09/22/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>personal care.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/18/16 from 4:00 PM through 5:30 PM. At 4:10 PM staff #1 started to undress client B in front of the bathroom. The bathroom is in front of the door to the outside which was standing open. At 4:12 PM staff #1 took client B into the restroom to finish undressing him. Staff #1 sat client B on the toilet and walked out leaving the door open. Staff #1 returned at 4:15 PM and stated, "Let's give you some privacy." Staff #1 closed the door and gave client B his shower.</p> <p>Program Manager (PM) #1 was interviewed on 8/19/16 at 2:30 PM. PM #1 indicated the restroom door should be shut for privacy while completing self care.</p> <p>9-3-2(a)</p>		<p>treatment and care of personal needs.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on ensuring privacy for all clients during treatment and care of personal needs.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to ensure that all clients are provided privacy during treatment and care of personal needs. The Area Supervisor will be at the home at least twice weekly to ensure that all clients are being provided privacy during treatment and care of personal needs. The Program Manager will visit the home at least weekly to ensure that all clients are being provided privacy during treatment and care of personal needs. These observations will be documented on the observation form and provide immediate correction if necessary.</p> <p>Measures to be put in place: All staff at the home will be re-trained on ensuring privacy for all clients during treatment and care of personal needs.</p>		

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W 0186 Bldg. 00	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.		Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to ensure that all clients are provided privacy during treatment and care of personal needs. The Area Supervisor will be at the home at least twice weekly to ensure that all clients are being provided privacy during treatment and care of personal needs. The Program Manager will visit the home at least weekly to ensure that all clients are being provided privacy during treatment and care of personal needs. These observations will be documented on the observation form and provide immediate correction if necessary. Completion date: 09/22/2016	

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	<p>Based on observation, record review and interview for 2 of 4 sampled clients (C and D), the facility failed to deploy sufficient staff to monitor clients who were outside of the home.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/18/16 from 4:00 PM through 5:30 PM. At 4:00 PM surveyor arrived at the home. Clients C and D were outside with no staff. Client D was in a wheelchair and appeared to be non-verbal. Client C was roaming around the fenced-in part of the yard. Client D was outside of the home's fence rolling down the driveway. Surveyor spoke to the clients until 4:05 PM when staff #1 came outside. Three staff were observed to be working in the home on 8/18/16.</p> <p>Client C's records were reviewed on 8/19/16 at 1:40 PM. Client C's 5/31/16 ISP (Individual Service Plan) indicated client C had a goal of pedestrian skills due to lack of being able to stay safe in the community. Client C's 5/16 Modification of Rights indicated, "Freedom of Movement, Individual will be supervised within the community. Documentation denotes this individual's inability to provide movement independently, disorientation, and lack of</p>			W 0186	<p>W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Corrective Action: (Specific): There were three staff at the home during the observation period and staff was not deployed to supervise clients in accordance with their program plans. All staff at the home will be re-trained on all client program plans and supervising clients in accordance with individual program plans. All staff will be re-trained on Clients C and D's program plans. The Residential Manager will be re-trained on ensuring that staff working the home is deployed in accordance with client's program plans.</p> <p>How others will be identified: (Systemic): All staff at the home will be re-trained on all other clients' program plans. The Residential Manager will be at the home at least three times weekly to ensure that all clients are being supervised in accordance with their program plans. The Area Supervisor will be at the home at least twice weekly to ensure that all staff is deployed to supervise clients in accordance with their program plans. The Program Manager will visit the home at</p>		09/22/2016

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	<p>survival skills to provide for his own safety."</p> <p>Client D's records were reviewed on 8/19/16 at 2:00 PM. Client D's 8/20/15 Behavior Service Plan (BSP) indicated, "Keep [client D] within line of sight when he is not engaged in an activity and other consumers are in his presence."</p> <p>Program Manager (PM) #1 was interviewed on 8/19/16 at 2:30 PM. PM #1 indicated clients should not be left outside unattended.</p> <p>9-3-3(a)</p>		<p>least weekly to ensure that staff is deployed to supervise client's in accordance with their program plans.</p> <p>Measures to be put in place: There were three staff at the home during the observation period and staff was not deployed to supervise clients in accordance with their program plans. All staff at the home will be re-trained on all client program plans and supervising clients in accordance with individual program plans. All staff will be re-trained on Clients C and D's program plans. The Residential Manager will be re-trained on ensuring that staff working the home is deployed in accordance with client's program plans.</p> <p>Monitoring of Corrective Action: All staff at the home will be re-trained on all other clients' program plans. The Residential Manager will be at the home at least three times weekly to ensure that all clients are being supervised in accordance with their program plans. The Area Supervisor will be at the home at least twice weekly to ensure that all clients are being supervised in accordance with their program plans. The Program Manager will visit the home at least weekly to ensure that staff is deployed to supervise client's in accordance</p>		

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W 0192 Bldg. 00	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on interview and record review for 1 of 4 sampled clients (A), the facility failed to ensure the staff/nurse were sufficiently trained on medication destruction.</p> <p>Findings include:</p> <p>On 8/19/16 at 11:32 AM client A's record was reviewed. Client A's undated</p>	W 0192	<p>with their program plans.</p> <p>Completion date: 09/22/2016</p> <p>W192: For employees who work with clients, training must focus on skills and competencies directed toward clients health needs.</p> <p>Corrective Action: (Specific): All staff at the home, the residential manager and the nurse will be re-trained on medication destruction.</p>	09/22/2016

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W 0268 Bldg. 00	<p>medication destruction sheet (MDS) indicated 22 Norco (controlled pain medication) had been put in a bin for destruction by the House Manager (HM). The HM's signature was the only signature on the MDS.</p> <p>The Medication Destruction Policy was requested on 8/19/16 at 3:00 PM. The Medication Destruction Policy was not provided.</p> <p>Program Manager (PM) #1 was interviewed on 8/19/16 at 2:30 PM. PM #1 indicated medications should be destroyed by the nurse. PM #1 indicated two signatures are required when medications are destroyed.</p> <p>The Group Home Nurse was not available for interview.</p> <p>This federal tag relates to complaint #IN00205540.</p> <p>9-3-3(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must</p>		<p>How others will be identified: (Systemic): The Area Supervisor will visit the home at least weekly to ensure that all medications needing destroyed are destroyed according to policy.</p> <p>Measures to be put in place: All staff at the home, the residential manager and the nurse will be re-trained on medication destruction.</p> <p>Monitoring of Corrective Action: The Area Supervisor will visit the home at least weekly to ensure that all medications needing destroyed are destroyed according to policy.</p> <p>Completion date: 09/22/2016</p>	

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	<p>promote the growth, development and independence of the client. Based on observation and interview for 1 of 4 sampled clients (C), the facility failed to promote the dignity of client C regarding his appearance.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/18/16 from 4:00 P.M. through 5:30 P.M. Client C was observed in the group home throughout the observation period. Client C was observed to be non-verbal. At 4:00 PM client C was outside with clients D and F; client C was observed to have his pants on backwards. At 4:25 P.M. staff #2 pointed out client C's pants were on backwards. At 5:06 P.M. client C came in for dinner. Staff #1 indicated to client C his pants were on backwards. Staff #1 and staff #2 did not assist client C to change his pants. Staff #1 indicated client C must like his pants backwards. Client C wore his pants backwards throughout the entire observation period.</p> <p>Program Manager (PM) #1 was interviewed on 8/19/16 at 2:30 PM. PM #1 indicated the staff should promote the dignity of client C in regard to his appearance.</p>	W 0268	<p>W268: These policies and procedures must promote the growth, development and independence of the client</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on assisting client E as well as all other clients in the home with putting on clothing correctly and prompting all clients if necessary and assisting when needed.</p> <p>How others will be identified: (Systemic) The Residential Manager will be at the home at least five times weekly to ensure that all clients clothing are on appropriately and that staff are providing re-direction, instruction and assistance when needed. The Area Supervisor will be at the home at least weekly to ensure that all clients clothing are on appropriately and that staff are providing re-direction, prompting and assistance when needed.</p> <p>Measures to be put in place: All staff at the home will be re-trained on assisting client E as well as all other clients in the home with putting on clothing correctly and prompting all</p>	09/22/2016			

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W 0436 Bldg. 00	9-3-5(a) 483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.		clients if necessary and assisting when needed. Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly to ensure that all clients clothing are on appropriately and that staff are providing re-direction, instruction and assistance when needed. The Area Supervisor will be at the home at least weekly to ensure that all clients clothing are on appropriately and that staff are providing re-direction, prompting and assistance when needed. Completion date: 09/22/2016	

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	<p>Based on observation, record review and interview, the facility failed to ensure 1 of 4 sampled clients (B) wore his adaptive equipment when required.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/18/16 from 4:00 PM through 5:30 PM. Client B was observed in the home throughout the observation period. Client B was observed to be non-verbal. At 4:08 PM client B was observed in the home's living room; client B did not have on his helmet. Staff #1 stated, "He only wears it when he is out of the home because he gets hot and sweaty."</p> <p>Client B's record was reviewed on 8/19/16 at 12:46 PM. Client B's 8/1/16 Physicians Orders (PO) indicated, "Wear helmet when up." Client B's 4/26/16 High Risk Plan indicated Client B had seizures.</p> <p>Program Manager (PM) #1 was interviewed on 8/19/16 at 2:30 PM. PM #1 indicated client B should wear his helmet at all times except to shower and sleep.</p> <p>9-3-7(a)</p>	W 0436	<p>W436: The facility furnish, maintain in good repair, and teach clients to use and make informed choices about the use if dentures, eyeglasses, heating and other communication aids, braces and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained client B's risk plans and wearing his helmet at all times except showering and sleeping. All staff will be re-trained on all other clients risk plans.</p> <p>How others will be identified: (Systemic): The Residential Manager will be at the home at least five times weekly to ensure that all client risk plans are being followed as written and client B is wearing his helmet at all times except sleeping and showering. The Area Supervisor will be at the home at least twice weekly to ensure that all client risk plans are being followed as written and that client B is wearing his helmet at all times expect sleeping and showering.</p> <p>Measures to be put in place: All staff at the home will be re-trained client B's risk plans and wearing his helmet at all times except showering and sleeping. All staff will be</p>	09/22/2016			

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			<p>re-trained on all other clients risk plans.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly to ensure that all client risk plans are being followed as written and client B is wearing his helmet at all times except sleeping and showering. The Area Supervisor will be at the home at least twice weekly to ensure that all client risk plans are being followed as written and that client B is wearing his helmet at all times expect sleeping and showering.</p> <p>Completion date: 09/22/2016</p>		