

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G431	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/20/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 525 S SKYVIEW DR JASPER, IN 47546
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W 0000 Bldg. 00	<p>This visit was for the post certification revisit/PCR to the investigations of complaints #IN00192910, #IN00193055, and #IN00193699 completed on 4/08/16.</p> <p>Complaint #IN00192910: Not corrected.</p> <p>Complaint #IN00193055: Not corrected.</p> <p>Complaint #IN00193699: Not corrected.</p> <p>Dates of survey: May 19 and 20, 2016.</p> <p>Facility Number: 000945 Provider Number: 15G431 AIM Number: 100235210</p> <p>The following federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/31/16.</p>	W 0000		
W 0249	483.440(d)(1)			

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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Bldg. 00	<p>PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 3 sample clients (C), the facility failed to ensure staff implemented the client's dining program.</p> <p>Findings include:</p> <p>The evening meal at a local restaurant was observed on 5/19/16 from 6:45 PM until 8:00 PM. Client C was observed to eat a pureed pizza and drink nectar thickened carbonated soda for dinner. Staff #6 moistened the pureed pizza with water and ranch flavored salad dressing. Client C ate the food with a small plastic spoon. Client C took sips of soda and would start to cough. Client C continued to cough after taking sips of the thickened, carbonated soda beverage from a regular glass. The client was not prompted to dry swallow between bites of food or sips of soda.</p> <p>Review of client C's record (5/19/16 1:30 PM) indicated a dining plan dated 11/01/15.</p> <p>The plan indicated client C was to be</p>	W 0249	<p>W249: As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on client C's dining plan as well as all other clients in the home.</p> <p>How others will be identified: (Systemic): The residential manager will be at the home at least five times weekly and will complete a meal observation to ensure that all staff at the home is following all clients dining plans. The QIDP will visit the home at least weekly and will complete a meal observation to</p>	06/19/2016			

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	<p>monitored closely by staff during meals. The client received a pureed diet and nectar thick liquids. The client was to be prompted to take one bite of food at a time, lay her utensil down between bites, and swallow/clear mouth before taking additional bites. The plan indicated client C should take "dry swallows" after food/fluids.</p> <p>Client C was asked (5/19/16 7:40 PM) if she knew what a "dry swallow" was and she indicated she did not.</p> <p>Interview with staff #1 on 5/20/16 at 3:35 PM indicated client C's dining plan should be implemented.</p> <p>This deficiency was cited on 4/08/16. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to Complaints #IN00192910 and #IN00193699.</p> <p>9-3-4(a)</p>		<p>ensure that all staff at the home is following all clients dining plans. The nurse will be at the home at least twice weekly and will complete a meal observation to ensure that all staff at the home is following all clients dining plans.</p> <p>Measures to be put in place: All staff at the home will be re-trained on client C's dining plan as well as all other clients in the home.</p> <p>Monitoring of Corrective Action: The residential manager will be at the home at least five times weekly and will complete a meal observation to ensure that all staff at the home is following all clients dining plans. The QIDP will visit the home at least weekly and will complete a meal observation to ensure that all staff at the home is following all clients dining plans. The nurse will be at the home at least twice weekly and will complete a meal observation to ensure that all staff at the home is following all clients dining plans.</p> <p>Completion date: 06/19/2016</p>		

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review and interview for 1 additional client (F), the facility's nursing services failed to integrate a doctor's dietary consistency recommendation into the dining plan.</p> <p>Findings include:</p> <p>Client F was observed to have dinner at a local restaurant on 5/19/16 from 6:45 PM until 8:00 PM on 5/19/16. Client F's pizza was cut into bite sized pieces by staff to facilitate her chewing/swallowing.</p> <p>Review of client F's record on 5/20/16 at 2:00 PM and 3:35 PM indicated a dining plan dated 4/18/16. The dining plan indicated the client's food was a regular texture and "Staff (is) to cut all meats into bite size pieces."</p> <p>The record review indicated a 3/25/16 "Medical Consult Doctor's Orders and Progress Notes" form reviewed by the nurse on 3/25/16. The physician had indicated client F's diagnosis included, but was not limited to, cerebral palsy. Under "New Orders" on the 3/25/16 Medical</p>	W 0331	<p>W331: The facility must provide clients with nursing services in accordance with their needs.</p> <p>Corrective Action: (Specific): The nurse will be in-serviced on ensuring that all physicians' orders are addressed and client plans are updated according to the physician orders. Client F's dining plan will be updated to include meat, bread and sandwiches should be cut into bite size pieces and will train staff at the home on the updated plan.</p> <p>How others will be identified: (Systemic): The nurse manager will review all client dining plans and compare to current physicians orders</p>	06/19/2016

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	<p>Consult form, the physician had listed: "Meat, bread, & (and) sandwiches should be cut into bite size pieces by staff." The nurse had not addressed the doctor's orders in client F's 4/18/16 dining plan.</p> <p>Interview with staff #1 on 5/20/16 at 3:35 PM indicated no additional information or update of the 4/16/16 dining plan for client F.</p> <p>This deficiency was cited on 4/08/16. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to Complaints #IN00192910, #IN00193055 and #IN00193699.</p> <p>9-3-6(a)</p>		<p>to ensure that all dining plans are consistent with physician's orders. All staff at the home will be re-trained on all client dining plans. The Nursing Manager will review all client physicians' orders monthly to ensure that all changes have been made to client plans. The QIDP and the Nurse will review all client plans at least quarterly with the team.</p> <p>Measures to be put in place: The nurse will be in-serviced on ensuring that all physicians orders are addressed and client plans are updated according to the physician orders. Client F's dining plan will be updated to include meat, bread and sandwiches should be cut into bite size pieces and will train staff at the home on the updated plan.</p> <p>Monitoring of Corrective Action: The nurse manager will review all client dining plans and compare to current physicians orders to ensure that all dining plans are consistent with physician's orders. All staff at the home will be re-trained on all client dining plans. The Nursing Manager will review all client physicians' orders monthly to ensure that all changes have been made to client plans. The QIDP and the Nurse will review all client plans at least quarterly with the team.</p> <p>Completion date: 06/19/2016</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/19/2016

FORM APPROVED

OMB NO. 0938-0391

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