

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G271	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/03/2013
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 1504 15TH ST BEDFORD, IN 47421		
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: July 1, 2 and 3, 2013</p> <p>Facility Number: 000791 Provider Number: 15G271 AIM Number: 100243580</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed July 11, 2013 by Dotty Walton, QIDP.</p>	W000000			

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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W000259	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 1 of 3 clients in the sample (#4), the facility failed to ensure client #4's comprehensive functional assessment (CFA) was reviewed annually.</p> <p>Findings include:</p> <p>A review of client #4's record was conducted on 7/2/13 at 9:00 AM. Client #4's most recent CFA was dated 6/1/12. There was no documentation in client #4's record indicating her CFA was reviewed since 6/1/12.</p> <p>An interview with the Clinical Supervisor (CS) was conducted on 7/2/13 at 9:00 AM. The CS indicated client #4's CFA should be reviewed annually. The CS indicated she had not revised client #4's CFA since 6/1/12. The CS stated, "I'm getting ready to."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/3/13 at 12:25 PM. The QIDP indicated the CFA should be reviewed annually in conjunction with the Individual Support Plan meeting.</p>	W000259	<p>Corrective action:</p> <ul style="list-style-type: none"> · A client #4 Comprehensive functional assessment has been completed. (Attachment A) · Clinical Supervisor has been inserviced on timely completion of all assessments. (Attachment B) <p>How we will identify others: Clinical Supervisor will review all comprehensive functional assessments to ensure they are completed annually.</p> <p>Measures to be put in place: Operations Manager will review assessments at least annually to ensure completion of all assessments. (Attachment C)</p> <p>Monitoring of Corrective Action: Operation's Manager, Quality Assurance, and or Management personnel will perform periodic service reviews to ensure that Assessments and plans are current and implemented. Best in Class reviews will be completed periodically to ensure that comprehensive functional assessments, and program plans are current and relevant.</p> <p>Completion Date: 07/19/2013</p>	07/19/2013			

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	9-3-4(a)			

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W000448	<p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6) and one additional client who moved out (#7), the facility failed to ensure issues noted during evacuation drills were investigated.</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills was conducted on 7/1/13 at 4:01 PM.</p> <p>-On 2/15/13 at 6:00 PM, a fire drill was conducted during the 2nd shift (4:00 PM to 12:00 AM). Client #5 took 3 minutes to complete the drill. There was no documentation an investigation was conducted.</p> <p>-On 2/7/13 at 7:30 AM, a fire drill was conducted during 1st shift (7:00 AM to 4:00 PM). Client #2 took three minutes to complete the drill. There was no documentation an investigation was conducted.</p> <p>-On 7/15/12 at 6:20 PM, a fire drill was conducted during the 2nd shift. It took clients #1, #2, #3, #4, #5, #6 and #7 four minutes to complete the drill. There was</p>	W000448	<p>Corrective action:</p> <ul style="list-style-type: none"> Clinical Supervisor and staff will be inserviced on reviewing all drills upon completion. (Attachment D) <p>How we will identify others:</p> <ul style="list-style-type: none"> Clinical Supervisor will review drills, and any plans of correction with staff at monthly meeting. (Attachment E and F) <p>Measures to be put in place:</p> <ul style="list-style-type: none"> Drill form and investigation review will be implemented. (Attachment F) Drill forms will be reviewed monthly. (Attachment E and F) <p>Monitoring of Corrective Action:</p> <p>Quality Assurance will review monthly drills to ensure all issues have been investigated and plan of correction completed.. Operations Manager and Quality Assurance will perform periodic service reviews to ensure that drills are being conducted, documented, and reviewed.</p> <p>Completion Date: 7-19-2013</p>	07/19/2013			

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	<p>no documentation an investigation was conducted.</p> <p>An interview with the Clinical Supervisor (CS) was conducted on 7/1/13 at 4:12 PM. The CS indicated the facility's targeted time for completing fire drills was two minutes. The CS indicated any drill over two minutes should be investigated to find out what the issues were during the drill.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/3/13 at 12:25 PM. The QIDP indicated the targeted time for completing drills was 2 minutes. The QIDP indicated drills taking longer than two minutes should be investigated to find out what the issues were during the drill.</p> <p>9-3-7(a)</p>			

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W000449	<p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills and take corrective action.</p> <p>Based on record review and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6) and one additional client who moved out (#7), the facility failed to ensure issues noted during evacuation drills included a plan of correction.</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills was conducted on 7/1/13 at 4:01 PM.</p> <p>-On 7/1/13 at 8:15 AM, a fire drill was conducted on the 1st shift (7:00 AM to 4:00 PM). Clients #2 and #3 took five minutes to complete the drill. The form indicated, "Due to being understaffed, it took longer to get to designated area (with) [clients #2 and #3]. It would be very difficult to evacuate quickly in real fire." There was no documentation indicating a plan of correction was implemented to address the issue.</p> <p>-On 8/6/12 at 7:40 PM, a fire drill was conducted on the 2nd shift (4:00 PM to 12:00 AM). Clients #1, #2, #3, #4, #5, #6 and #7 took three minutes to complete the drill. The form indicated, "Had to use</p>	W000449	<p>Corrective action:</p> <ul style="list-style-type: none"> Clinical Supervisor and staff will be inserviced on reviewing all drills upon completion. (Attachment D) <p>How we will identify others:</p> <ul style="list-style-type: none"> Clinical Supervisor will review drills, and any plans of correction with staff at monthly meeting. (Attachment E and F) <p>Measures to be put in place:</p> <ul style="list-style-type: none"> Drill form and investigation review will be implemented. (Attachment F) Drill forms will be reviewed monthly. (Attachment E and F) <p>Monitoring of Corrective Action:</p> <p>Quality Assurance will review monthly drills to ensure all issues have been investigated and plan of correction completed.. Operations Manager and Quality Assurance will perform periodic service reviews to ensure that drills are being conducted, documented, and reviewed.</p> <p>Completion Date: 7-19-2013</p>	07/19/2013			

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	<p>secondary exit. Primary blocked." There was no documentation indicating a plan of correction was implemented to address the issue.</p> <p>-On 8/15/12 at 7:00 AM, a fire drill was conducted. Clients #2 and #3 took three minutes to complete the drill. The form indicated, "[Clients #2 and #3] on walkers." There was no documentation indicating a plan of correction was implemented to address the issue.</p> <p>-On 9/16/12 at 8:45 AM, a fire drill was conducted. Clients #1, #2, #3, #4, #5, #6 and #7 took three minutes to complete the drill. The form indicated, "[Clients #2 and #3] on walkers." The form indicated one staff was present during the drill. There was no documentation indicating a plan of correction was implemented to address the issue.</p> <p>-On 10/13/12 at 8:15 AM, a fire drill was conducted. Clients #2 and #3 took five minutes to complete the drill. The documentation on the form indicated, "Difficulty getting [clients #2 and #3] to designated area by myself. Both on walkers." The form indicated one staff was present during the drill. There was no documentation indicating a plan of correction was implemented to address the issue.</p>						

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	<p>-On 10/18/12 at 4:30 PM, a fire drill was conducted. Clients #1, #2, #3, #4, #5, #6 and #7 took three minutes to complete the drill. The form indicated, "Getting home from (workshop), putting items away." There was no documentation indicating a plan of correction was implemented to address the issue.</p> <p>-On 10/24/12 at 5:30 AM, a fire drill was conducted with one staff. Clients #2 and #3 took three minutes to complete the drill. The form indicated, "[Clients #2 and #3] on walkers." There was no documentation indicating a plan of correction was implemented to address the issue.</p> <p>-On 12/6/12 at 3:00 AM, a fire drill was conducted during the 3rd shift (12:00 AM to 4:00 AM). Clients #2 and #3 took four minutes to complete the drill. Clients #1, #4, #5 and #6 took three minutes to complete the drill. The form indicated, "Difficult to get [clients #2 and #3] out to desegated (sic) area by myself (with) both on walkers." The form indicated, "In middle of night. Still asleep." There was no documentation indicating a plan of correction was implemented to address the issue.</p> <p>An interview with the Clinical Supervisor</p>						

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	<p>(CS) was conducted on 7/3/13 at 4:12 PM. The CS indicated the drills with issues noted should have had corrective action taken. The CS indicated the drills were reviewed during staff meetings however the CS failed to document the corrective action taken on the forms. The CS stated, "It's my fault" and "Should have written on there (meeting outcome)."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/3/13 at 12:25 PM. The QIDP indicated issues noted during drills should have corrective action taken to address the issues noted during the drills. The QIDP indicated evacuation drills were reviewed during the monthly staff meetings. The QIDP indicated the corrective action(s) taken should be documented on the drill report.</p> <p>9-3-7(a)</p>						