

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G518	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/22/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 8217 LIEBER RD INDIANAPOLIS, IN 46260
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W0000	<p>This visit was for the annual fundamental recertification and state licensure survey.</p> <p>Dates of survey: 6/18/12, 6/19/12, 6/20/12 and 6/22/12.</p> <p>Facility number: 001032 Provider number: 15G518 AIM number: 100245240</p> <p>Surveyor, Keith Briner, Medical Surveyor III.</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 6/28/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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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W0140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to assure a full and complete accounting of client's expenditures.</p> <p>Findings include:</p> <p>Client #1's financial record was reviewed on 6/18/12 at 6:00 PM. Client #1's financial book ledger from 12/7/12 through 6/18/12 indicated weekly withdrawal's of \$10.00. Client #1's 12/7/12 through 2/16/12 financial book ledger form did not indicate the weekly spending amount had been reconciled to reflect updated balances or deposits during this period.</p> <p>Client #2's financial record was reviewed on 6/18/12 at 6:05 PM. Client #2's financial book ledger listed the following entries:</p> <p>-deposit on 4/6/12, \$32.74</p> <p>-deposit on 4/20/12, \$19.10</p> <p>-deposit on 5/4/12, \$18.69</p>			W0140	<p>CORRECTION: <i>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Specifically for clients #1 - #4, professional staff will maintain an up to date ledger to track purchases for all clients including a daily sign-out log for money to be spent at day service and workshops. All staff will assure that clients provide receipts for purchases as appropriate and the Home Manager will maintain copies of receipts for purchases recorded on the ledgers. PREVENTION: The Home Manager will maintain responsibility for maintaining client financial records and the QMRP will audit these records no less than weekly. All staff will be retrained regarding the need to assist clients with budgeting and collecting receipts. The Home Manager will turn in client financial records to the Business manager no less than monthly for review and filing. Additionally, members of the Operations and Quality Assurance Teams will include audits of client finances as part of an ongoing facility audit process. RESPONSIBLE PARTIES: QDDPD, Home</i></p>		07/22/2012

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	-deposit on 5/18/12, \$20.53 -deposit on 6/1/12, \$20.02 -withdrawal on 1/25/12 in the amount of \$15.00 with a remaining balance of \$15.00. -withdrawal on 2/16/12 in the amount of \$15.00 with a remaining balance of \$15.00. -withdrawal on 2/27/12 in the amount of \$15.00 with a remaining balance of \$15.00. -withdrawal on 3/5/12 in the amount of \$15.00 with a remaining balance of \$15.00. -withdrawal on 3/29/12 in the amount of \$15.00 with a remaining balance of \$15.00. -withdrawal on 4/19/12 in the amount of \$15.00 with a remaining balance of \$15.00. -withdrawal on 4/26/12 in the amount of \$15.00 with a remaining balance of \$15.00. -withdrawal on 5/3/12 in the amount of		Manger, Support Associates, Operations Team, Quality Assurance Team		

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	<p>\$15.00 with a remaining balance of \$15.00.</p> <p>-withdrawal on 5/10/12 in the amount of \$15.00 with a remaining balance of \$15.00.</p> <p>-withdrawal on 5/16/12 in the amount of \$15.00 with a remaining balance of \$15.00.</p> <p>-withdrawal on 5/31/12 in the amount of \$15.00 with a remaining balance of \$15.00.</p> <p>-withdrawal on 6/7/12 in the amount of \$15.00 with a remaining balance of \$15.00.</p> <p>Client #2's financial book ledger did not indicate the weekly spending amount had been reconciled to reflect updated balances or deposits during this period.</p> <p>Client #3's financial record was reviewed on 6/18/12 at 6:10 PM. Client #3's financial record did not include a ledger form or accounting of client #3's deposits or expenditures for the months of April 2012, May 2012 or June 1, 2012 through 6/18/12.</p> <p>Client #4's financial record was reviewed on 6/18/12 at 6:15 PM. Client #4's</p>			

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	<p>financial record did not include a ledger form or accounting of client #4's deposits or expenditures for the months of April 2012, May 2012 or June 1, 2012 through 6/18/12.</p> <p>Interview with HM (House Manager) #1 on 6/18/12 at 6:15 PM indicated the clients' weekly spending money and deposits should be reconciled to reflect accounting of the clients' funds. HM #1 stated she had, "...only recently taken over the group home and things were a mess including the finances. I just haven't had a chance to get them caught up."</p> <p>9-3-2(a)</p>				

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 8 of 11 allegations of abuse, neglect, mistreatment and/or injuries of unknown origin reviewed, the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding an allegation of neglect for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 4 additional clients (#5, #6, #7 and #8).</p> <p>Findings include:</p> <p>The facility's BDDS reports was conducted on 6/18/12 at 12:00 PM. The review indicated the following:</p> <p>-BDDS report dated 5/30/12 indicated on 5/28/12, "Staff reported to the home manager that [clients #1, #2, #3, #4, #5, #6, #7 and #8] told her that earlier in the day [former staff] did not feed them lunch."</p> <p>Interview with OD #1 (Operations Director) on 6/20/12 at 1:30 PM indicated the allegation of neglect should have been</p>			W0153	<p>CORRECTION: <i>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Specifically, the supervisory staff will be retrained regarding the notification protocols for expediting reports to BDDS and other state agencies as appropriate.</i></p> <p>PREVENTION: Facility professional staff will receive be provided with clear expectations regarding reporting, follow-up for all required incidents. Facility supervisory staff will be retrained regarding agency reporting procedures, with emphasis on timely completion. Retraining will focus on the need to develop and maintain sound time management skills and to request assistance from the Operations Team as needed. Additionally, training will stress the importance of prioritizing facility support tasks to assure that alleged violations are reported without delay and that follow-up occurs as required. The Quality Assurance and</p>		07/22/2012

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	reported to BDDS within 24 hours. 9-3-2(a) 9-3-1(b)(5)		Operations Teams will monitor compliance with reporting timelines and coordinate corrective measures as needed. RESPONSIBLE PARTIES: QDDPD, Home Manger, Support Associates, Operations Team, Quality Assurance Team		

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 11 incidents of abuse, neglect or injuries of unknown origin reviewed for 1 of 4 sampled clients (#3), the facility failed to complete a thorough investigation in regards to an incident of alleged sexual interaction between client #3 and a coworker.</p> <p>Findings include:</p> <p>The facility's BDDS reports was conducted on 6/18/12 at 12:00 PM. The review indicated the following:</p> <p>- BDDS report dated 4/25/12 indicated on 4/25/12, "[Client #3] went into the men's restroom with a male co-worker and came out wearing the male co-worker's shirt and he was wearing hers. [Coworker] reports that they went in to exchange shirts and that nothing else happened. [Coworker] reports that they both chose to go into the restroom. [Client #3] reported several times in the interview that the reason she went into the men's room was to trade shirts with the (sic) [coworker]. [Client #3] reported that [coworker] touched her inappropriately twice. A witness in the restroom stated</p>	W0154	<p>CORRECTION: <i>The facility must have evidence that all alleged violations are thoroughly investigated.</i> Specifically, the facility will direct day service personnel to complete a more thorough investigation into alleged sexual interaction between Client #3 and a co-worker. PREVENTION: Once completed, the facility will turn in investigation packets to the Quality Assurance Team for review and filing, to assure that all necessary components of the investigations are completed. Additionally, the QDDPD will maintain a copy of each investigation at the facility. The Quality Assurance Team will provide Noble of Indiana day service staff with additional training toward proper completion of thorough investigations.</p> <p>RESPONSIBLE PARTIES: QDDPD, Home Manger, Support Associates, Operations Team, Quality Assurance Team</p>	07/22/2012	

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	<p>that he heard them talking and came out of a stall to see [client #3] standing with the (sic) [coworker] and he appeared to be trying to undo her pants. Upon seeing the witness they returned to their work areas. The investigation regarding the incident of client #3, undated indicated the investigation of the BDDS report dated 4/25/12. The investigation did not indicate the level of supervision at the time of the alleged incident and the level of consent for the level of physical contact that allegedly occurred. The investigation did not indicate a date of completion, chain of communication as to who was notified of the findings or indicate any documents and/or policy and procedures reviewed.</p> <p>Interview with OD #1 (Operations Director) on 6/20/12 at 1:30 PM indicated the day service provider had conducted an investigation into client #3's interaction regarding her male co worker. When asked if the investigation regarding client #3 and a male coworker was thorough, AS #1 (Administrative Staff) indicated it was not.</p> <p>9-3-2(a)</p>				

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) the QMRP (Qualified Mental Retardation Professional) #1 failed to ensure the IDT (Interdisciplinary Team) collaborated to produce the client's ISP (Individual Support Plan) and/or monitored the client's modifications of rights.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6/19/12 at 9:07 AM. Client #1's ISP (Individual Support Plan) was dated 7/15/11. Client #1's MRF (Modification of Rights Form) dated 7/15/11 indicated the IDT would convene to quarterly to assess client #1's need for restrictions regarding money, supervision outside the group home, food access and access to personal property. Client #1's record did not contain a record of annual or quarterly IDT to review client #1's ISP and modifications of rights.</p> <p>Client #2's record was reviewed on 6/19/12 at 10:21 AM. Client #2's ISP was dated 7/22/11. Client #2's MRF dated 7/22/11 indicated the IDT would convene</p>	W0159	<p>CORRECTION: <i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</i> Specifically, the QDDPD will receive additional training on the following topics:</p> <ol style="list-style-type: none"> 1. Collaboration with the interdisciplinary team to develop functional and appropriate individual support plans 2. The need to follow due process and monitor modification of rights. <p>PREVENTION: Members of the Operations and Quality Assurance Teams will conduct periodic audits of facility support documents and conduct active treatment observations on an ongoing basis to assure the QDDPD integrates, coordinates and monitors, the active treatment program effectively and will provide guidance, mentorship and corrective measures as needed. RESPONSIBLE PARTIES: QDDPD, Operations Team, Quality Assurance Team</p>	07/22/2012	

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	<p>to quarterly to assess client #2's need for restrictions regarding money, supervision outside the group home, food access and access to personal property. Client #2's record did not contain a record of annual or quarterly IDT's to review client #2's ISP and modifications of rights.</p> <p>Client #3's record was reviewed 6/19/12 at 12:27 PM. Client #3's ISP was dated 5/1/12. Client #3's record did not contain a record of an IDT to produce and review the 5/1/12 ISP.</p> <p>Client #4's record was reviewed on 6/19/12 at 11:00 AM. Client #4's ISP was dated 5/29/11. Client #4's record not contain a record of annual or quarterly IDT's to review client #4's ISP.</p> <p>QMRP #1 (Qualified Mental Retardation Professional) was interviewed on 6/19/12 at 1:15 PM. QMRP #1 indicated there were no additional IDT notes/records available for review. QMRP #1 indicated no IDT's had been conducted. QMRP #1 indicated she had talked with the day service provider but had not formerly gathered the team for an IDT.</p> <p>9-3-3(a)</p>				