

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G159		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/09/2012	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 1337 E SOUTHVIEW LN PAOLI, IN 47454			
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W0000	<p>This visit was for the investigation of complaint #IN00117634.</p> <p>Complaint #IN00117634: Substantiated, federal/state deficiencies related to the allegation(s) are cited at W424, W435, and W448.</p> <p>Dates of Survey: October 29, 30, 31, November 1, 2, and 9, 2012.</p> <p>Facility Number: 000695 AIM Number: 100243150 Provider Number: 15G159</p> <p>Surveyor: Dotty Walton, Medical Surveyor III.</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/19/12 by Ruth Shackelford, 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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W0424	<p>483.470(d)(1) CLIENT BATHROOMS</p> <p>The facility must provide toilet and bathing facilities appropriate in number, size, and design to meet the needs of the clients.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to provide adequate toileting and handwashing facilities for clients who attended their adult active treatment program (day program).</p> <p>Findings include:</p> <p>Observations were conducted at the facility operated adult active treatment program/AATP on 10/29/12 from 12:30 PM until 2:30 PM, on 10/30/12 from 11:15 AM until 3:00 PM and on 10/31/12 from 12:35 PM until 4:00 PM. During observations, the facility's space was a room in the basement of an agency owned living facility attended by 13 clients (men and women) with 5 staff members. The facility had one bathroom with a sink, tub/shower and toilet. The facility also had a kitchen space with a sink. During observations, clients had to wait their turns to wash hands before meals and snacks. The clients had to wait to use the toilet dressing area after meals or when on their toileting schedule. The waiting to use the restroom affected the following clients who wore incontinency briefs and were on a two hour toileting schedule:</p>	W0424	<p><b>W 424:</b> The facility must provide toilet and bathing facilities appropriate in number, size and design to meet the needs of the clients.</p> <p><b>Corrective Action (Specific):</b> The program will be restructured to have client's participate in the active treatment program downstairs at half day intervals so the number of client's attending the program downstairs will be at a minimum to allow for adequate toileting and hand washing and to prevent incontinence.</p> <p><b>How Others Will Be Identified (Systemic):</b> The Operations Manager for Supported Group Living and AATP Program Coordinator will review all individuals Program Plans and develop an attendance schedule to ensure that all clients have adequate time for hand washing and toileting.</p> <p><b>Measures to be put in Place:</b> The program will be restructured to have client's participate at half day intervals so the number of</p>	12/09/2012			

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	<p>clients A, E, F, G, I, and L.</p> <p>Review of the AATP attendance record for 10/12 on 10/31/12 at 3:45 PM indicated the number of clients ranged from 9 to 16 during the month of 10/12. The number of staff who accompanied the clients ranged from 4 to 5 on a daily basis.</p> <p>Client A's record was reviewed on 10/29/12 at 4:45 PM. The review indicated client A was not independent in toileting skills and required the use of briefs and was on a two hour toileting schedule.</p> <p>An interview with the Home Manager/Program Coordinator (PC)/AATP Supervisor was conducted on 10/31/12 at 2:30 PM. The PC indicated the number of people (clients and staff) ranged from 13 to 21 on a daily basis at the day program site.</p> <p>Confidential interview indicated clients had toileting accidents and often had to wait to be toileted. The interview indicated the waiting to use the bathroom affected clients A, E, F, G, I, and L who attended the day program and were not independent in toileting and wore incontinency garments. A second confidential interview indicated client A was not independent in toileting and had</p>		<p>client's attending the program downstairs will be at a minimum to allow for adequate toileting and hand washing and to prevent incontinence</p> <p><b>Monitoring of Corrective Action:</b> The Operations Manager and Program Coordinator will conduct random visits to ensure there is a minimum number of client's downstairs to allow for adequate hand washing and toileting to prevent incontinence.</p> <p><b>Completion Date: December 9, 2012</b></p>				

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	<p>accidents if she had to wait for the facilities.</p> <p>This federal tag relates to complaint #IN00117634.</p> <p>9-3-7(a)</p>			

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W0435	<p>483.470(g)(1) SPACE AND EQUIPMENT</p> <p>The facility must provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to provide adequate space in the facility's operated adult active treatment program (day program) site for programming and activities.</p> <p>Findings include:</p> <p>Observations were conducted at the facility operated adult active treatment program/AATP on 10/29/12 from 12:30 PM until 2:30 PM, on 10/30/12 from 11:15 AM until 3:00 PM and on 10/31/12 from 12:35 PM until 4:00 PM. During observations, the facility's space was a room in the basement of an agency owned living facility attended by 13 clients (men and women) with 5 staff members. The area the clients used (5 staff and 13 clients) was in the basement of a group home and accessible by an outside stairway of 8 steps. The room used by the clients was an uneven rectangle</p>	W0435	<p><b>W435:</b> The facility must provide sufficient space and equipment in dining, living, health services, recreation and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan.</p> <p><b>Corrective Action (Specific):</b> The program will be restructured to have client's participate in the active treatment program downstairs at half day intervals so the number of client's attending the program downstairs will be at a minimum to allow for sufficient space.</p> <p><b>How Others Will Be Identified</b></p>	12/09/2012

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	<p>measuring 20 feet by 17 and 1/2 feet and 16 feet by 16 feet according to a review of the floor plan on 10/30/12 at 2:30 PM. During all observations client E used a roller type walker for stability while walking. The room contained 3 large round tables (five feet in diameter) and a rectangle table 2 and 1/2 feet wide by 8 feet in length. During the three observations, 13 clients and 5 staff were in the living space. The clients worked at the tables and also ate their meals and snacks at the same tables.</p> <p>Review of the AATP attendance record for 10/12 on 10/31/12 at 3:45 PM indicated the number of clients ranged from 9 to 16 during the month of 10/12. The number of staff who accompanied the clients ranged from 4 to 5 on a daily basis.</p> <p>An interview with the Home Manager/Program Coordinator (PC)/AATP Supervisor was conducted on 10/31/12 at 2:30 PM. The PC indicated the number of people (clients and staff) ranged from 13 to 21 on a daily basis at the day program site.</p> <p>Confidential interview indicated the space the clients had for day program activities was not adequate. The interview stated the space was "cramped" and the clients had no room for exercise. The table and</p>		<p><b>(Systemic):</b> The Operations Manager for Supported Group Living and AATP Program Coordinator will review all individuals Program Plans and develop an attendance schedule to ensure that all when client's are attending there is sufficient space available.</p> <p><b>Measures to be put in Place:</b> The program will be restructured to have client's participate at half day intervals so the number of client's attending the program downstairs will be at a minimum to allow for sufficient space</p> <p><b>Monitoring of Corrective Action:</b> The Operations Manager and Program Coordinator will conduct random visits to ensure there is a minimum number of client's downstairs to allow for adequate hand washing and toileting to prevent incontinence.</p> <p><b>Completion Date: December 9, 2012</b></p>	

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	<p>chairs took up the floor space and had to be folded up if the floor space was needed for exercise. The interview indicated the close proximity of the clients caused behavioral problems.</p> <p>This federal tag relates to complaint #IN00117634.</p> <p>9-3-7(a)</p>			

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W0448	<p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills, including accidents. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to investigate issues noted during evacuation drills at the facility's operated adult active treatment program (day program).</p> <p>Findings include:</p> <p>Observations were conducted at the facility operated adult active treatment program/AATP on 10/29/12 from 12:30 PM until 2:30 PM. The area the clients used (5 staff and 13 clients) was in the basement of a group home and accessible by an outside stairway of 8 steps. There was an additional stairway to be used in case of emergencies which led to the interior of the group home. There was no ramp leading to the AATP rooms in the basement of the facility. Client A was observed walking up the 8 step stairway to go to a van for transportation to her facility. Client A exhibited diminished range of motion of her lower extremities (stiffness) and poor balance. Staff #3 accompanied client A while on the stairs.</p> <p>A review of the facility's operated adult active treatment program/AATP evacuation drills was conducted on</p>	W0448	<p><b>W448:</b> The facility must investigate all problems with evacuation drills, including accidents. <b>Corrective Action- (Specific):</b> Problems with drills will be investigated as they occur. <b>How others will be identified: (Systemic):</b> The Operations Manager and AATP Program Coordinator will review assessments of the client's that attend the program to identify any concerns regarding exiting the program safely. If concerns are identified a plan will be implemented specific to that client. Measures to be put in place: Problems with drills will be investigated as they occur. <b>Monitoring of Corrective Action:</b> The Operations Manager and AATP Program Coordinator will review drills and investigate problems identified with drills. <b>Completion Date: December 9, 2012</b></p>	12/09/2012			

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	<p>10/31/12 at 1:45 PM.</p> <p>-On 04/10/12 from 1:10 PM to 1:16 PM, 4 facility staff conducted an evacuation drill with client A plus 10 peers. The comment/response section of the drill form indicated client A required verbal prompts and directions plus physical assistance to participate. There was no documentation the facility investigated why the drill took 6 minutes to complete.</p> <p>-On 05/07/12 from 10:00 AM until 10:05 AM, an evacuation drill was conducted with client A, 4 staff and 8 of her peers. The comment/response section on the drill form indicated client A required verbal and physical prompting to participate in the drill. There was no documentation the facility investigated why the drill took five minutes to complete.</p> <p>-On 06/06/12 from 12:00 PM until 12:10 PM, an evacuation drill was conducted with client A, 4 staff and 10 of her peers. The comment/response section on the drill form indicated client A required verbal prompting and physical assistance to participate in the drill. There was no documentation why the evacuation drill took ten minutes to complete.</p> <p>-On 07/10/12 from 10:30 AM to 10:37</p>			

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	<p>AM, an evacuation drill was conducted with client A, 4 staff and 8 of her peers. The comment/response section on the drill form indicated client A required verbal direction and physical assistance to participate in the drill. There was no documentation the facility investigated the response time of seven minutes.</p> <p>-On 08/13/12 from 12:05 PM to 12:12 PM, an evacuation drill was conducted with client A, 5 staff and 13 of her peers. The comment/response section on the drill form indicated client A required verbal prompting and physical assistance to participate in the drill. There was no documentation the facility investigated the response time of seven minutes.</p> <p>-On 10/24/12 from 1:00 PM to 1:06 PM, an evacuation drill was conducted with client A, 5 staff and 13 of her peers. The comment/response section on the drill form indicated client A required verbal prompting and physical assistance to participate in the drill. There was no documentation the facility investigated the response time of six minutes.</p> <p>Client A's record was reviewed on 10/29/12 at 4:45 PM. The review indicated her diagnoses included, but were not limited to, cerebral palsy, seizures, hypotonia (reduced muscle</p>						

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	<p>tone), ataxia (lack of muscle coordination) and apraxia (loss of ability to perform learned purposeful muscled movements). There was no assessment of client A's ability to access a stairway and exit the day program site safely during an emergency.</p> <p>An interview with the Home Manager/Program Coordinator (PC)/AATP Supervisor was conducted on 10/31/12 at 2:30 PM. The PC indicated the targeted time for conducting drills was under 5 minutes. The interview indicated there was no assessment of client A's abilities in regards to exiting the day program site via the stairs in time of emergency. The PC indicated the facility should investigate issues noted during drills.</p> <p>Confidential interview indicated other clients who attended the day program were not independent in evacuating during times of emergency and required staff assistance (clients E, F, G, I, K, N and P).</p> <p>This federal tag relates to complaint #IN00117634.</p> <p>9-3-7(a)</p>						

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