

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G181	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/01/2015
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NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SRV INC	STREET ADDRESS, CITY, STATE, ZIP CODE 442 VINE ST CLINTON, IN 47842
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W 0000 Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: August 24, 26, 27, 31 and September 1, 2015</p> <p>Provider Number: 15G181 Aims Number: 100234680 Facility Number: 000714</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/8/15.</p>	W 0000		
W 0186 Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>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.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 3 sampled clients (#1, #3) to ensure a sufficient number of direct care staff:</p>	W 0186	Effective July 1, 2015 – Facility #714 was granted a license change from Intensive level (6.0) to a Developmental level (8.0). Since this time, C.A.R.S. has been experiencing a high	10/01/2015

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>worked in the home, to supervise and manage the clients to meet their needs.</p> <p>Findings include:</p> <p>An observation was done on 8/27/15 from 4:51p.m. to 6:40p.m. at the facility group home. From 5:20p.m. to 6:22pm. there were 5 clients and 1 staff at the group home. During this entire time frame staff #3 was in the kitchen with client #5 preparing supper. During this time client #1 walked to a local store, 2 blocks away, and returned to the front porch with a pop. Clients #1 and #3 spent the rest of this time period on the front porch and smoked 3 cigarettes each with no staff interventions.</p> <p>Record review for client #1 was done on 9/1/15 at 9:37a.m. Client #1 had an individual support plan (ISP) dated 6/8/15. The ISP indicated client #1 had a training program to let staff know when he left and returned to the facility when he walked to the store. Client #1's plan also indicated he was to be encouraged to participate, "practice coping skills," which included: playing basketball and other sports, taking a walk with staff, playing cards and board games, listening to music and working on outdoor projects.</p>		<p>turnover rate with residential staff at facility #714 due to staff being termed for various reasons or resigning their position. Effective immediately – C.A.R.S. will continue to diligently hire good, quality residential staff. Each new potential employee is required to complete an application as well as complete an online Tal-Intel Survey Test. Once the application is complete and the survey test results show the new potential employee is qualified for a residential position – C.A.R.S. completes background checks, criminal history checks, driving record checks, obtains reference checks and the potential employee has to complete a physical and drug test. After a new employee is offered employment and before he/she can start working at the worksite – the new employee is required to complete a week of new employee orientation which also includes CPR, Core A class and NVCPI class. Effective immediately – C.A.R.S. will continue to utilize all resources available to ensure facility #714 has 2 staff on shift as deemed necessary. Resources may include but is not limited to...allowing Residential staff from other C.A.R.S. group homes, Day Service staff, and/or Management staff to fill in at facility #714. Director of Adult Services, Senior Residential Manager and the appropriate</p>		

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W 0249 Bldg. 00	<p>Record review for client #3 was done on 9/1/15 at 9:00a.m. Client #3 had an ISP dated 7/24/15. The ISP indicated client #3 had a training program to be encouraged to participate, "practice coping skills," which included: taking a walk with staff, playing cards and board games, listening to music, crafts, communicate his feelings and identifying stressors.</p> <p>Staff #1 was interviewed on 9/1/15 at 10:37a.m. Staff #1 indicated there needed to be 2 staff on duty, when the clients returned home from day service, to assist with meal preparation and client programming needs. Staff #1 indicated 2 staff should have been at the group home during the meal preparation time frame.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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>		Adult Program Coordinator will work together to ensure staff filling in at facility #714 work within Department of Labor regulations.				

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	<p>Based on observation, record review and interview, the facility failed for 2 of 3 sampled clients (#1, #3) to ensure the clients' training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done on 8/27/15 from 4:51p.m. to 6:40p.m. at the facility group home. From 5:20p.m. to 6:22.p.m., staff #3 was in the kitchen with client #5 preparing supper. During this time client #1 walked to a local store, 2 blocks away, and returned to the front porch with a pop. Clients #1 and #3 spent the rest of this time period on the front porch and smoked 3 cigarettes each with no staff interventions.</p> <p>Record review for client #1 was done on 9/1/15 at 9:37a.m. Client #1 had an individual support plan (ISP) dated 6/8/15. The ISP indicated client #1 had a training program to let staff know when he left and returned to the facility when he walked to the store. Client #1's plan also indicated he was to be encouraged to participate, "practice coping skills," which included: playing basketball and other sports, taking a walk with staff, playing cards and board games, listening to music and working on outdoor</p>	W 0249	<p>October 1, 2015 – During the monthly Residential In-service, Quality Assurance will train all residential staff on regulation W249. This training will include the importance of completing individual program plans as they are scheduled as well as during all informal opportunities. This training will include the importance of engaging with all residents throughout the shift as opposed to focusing on just one resident. This training will also include the importance of offering residents leisure choices when they are spending time at home – choices such as playing basketball, playing another sport, taking a walk with staff, playing cards, playing board games, listening to music, etc. The QIDP along with other members of the C.A.R.S. Management Team will oversee direct care staff to (1) ensure staff are implementing resident's individual program plan as they are scheduled (2) ensure staff is able to demonstrate continuous competency in implementing resident's individual program plans (3) assess staff's ongoing training needs in regards to implementing residents individual program plans. Overseeing may include but is not limited to: (a) Reviewing Care Tracker Missed Observation Report (b) Direct observation of direct care staff while they are performing direct care/active treatment (c)</p>	10/01/2015	

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W 0460 Bldg. 00	<p>projects.</p> <p>Record review for client #3 was done on 9/1/15 at 9:00a.m. Client #3 had an ISP dated 7/24/15. The ISP indicated client #3 had a training program to be encouraged to participate, "practice coping skills," which included: taking a walk with staff, playing cards and board games, listening to music, crafts, communicate his feelings and identifying stressors.</p> <p>Staff #1 was interviewed on 9/1/15 at 10:37a.m. Staff #1 indicated clients #1 and #3's ISPs addressed their identified needs for encouragement to participate in program activities and coping skills. Staff #1 indicated facility staff should have been involved with providing clients #1 and #3 activity choices. Staff #1 indicated client training programs should have been implemented at all opportunities.</p> <p>9-3-4(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and</p>	W 0460	<p>Conducting a review of all incident reports that have been submitted by direct care staff (d) Interviewing direct care staff to analyze their knowledge in regards to implementing resident's individual program plans. Based on what information the QIDP and members of C.A.R.S. Management Team has gathered by overseeing direct care staff – it will determine if staff person(s) need further training in implementing resident's individual program plans.</p> <p>September 10, 2015 – Client</p>	10/01/2015	

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	<p>interview, the facility failed for 2 of 3 sampled clients (#1, #3) to ensure the clients received their specially-prescribed diets.</p> <p>Findings include:</p> <p>An observation was done at the group home on 8/27/15 from 4:51p.m. to 6:40p.m. Client #3 ate supper at 6:24p.m. Client #3 did not have milk with his meal.</p> <p>On 9/1/15 at 10:31a.m., an observation of the facility's refrigerator/freezer was done (with staff #1). There was no whole milk available in the home. There were 5 gallons of skim milk in the refrigerator. Staff #1 indicated there should have been whole milk available for clients #1 and #3.</p> <p>Record review for client #1 was done on 9/1/15 at 9:37a.m. Client #1's 6/30/15 Dietician Review and his 7/30/15 Physician's Orders indicated client #1 was to receive Carnation Instant Breakfast with 8 ounces of whole milk. The Dietician review indicated the whole milk was needed for weight maintenance.</p> <p>Record review for client #3 was done on 9/1/15 at 9:00a.m. Client #3's 6/30/15 Dietician Review and his 7/30/15</p>		<p>#1's Doctor reviewed Client #1 dietary order (Carnation Instant Breakfast daily with 8oz. whole milk). Doctor also reviewed Client #1 current BMI. This dietary order has been in place for 7 ½ years and Client #1 stated to C.A.R.S. Agency Nurse that he was tired of the Carnation Instant Breakfast. Doctor confirmed that Client #1 BMI was sufficient and no longer needed this dietary order. Carnation Instant Breakfast with 8oz. whole milk was discontinued by Doctor on 9/10/2015 for Client #1.</p> <p>September 10, 2015 – Client #3's Doctor reviewed Client #3 dietary order (8oz whole milk 3 times per day). Doctor also reviewed Client #3 current BMI. Doctor confirmed that Client #3 BMI was sufficient and no longer needed this dietary order. 8oz. whole milk 3 times per day was discontinued by Doctor on 9/10/2015 for Client #3.</p> <p>September 10, 2015 – C.A.R.S. Agency Nurse emailed and informed the Dietician along with Client #1 and Client #3's direct care staff and IDT regarding the discontinuation of the above mentioned dietary orders.</p> <p>October 1, 2015 – During the monthly Residential In-service, Quality Assurance will train all residential staff on regulation 460. This training will include the importance of following specific dietary orders and ensuring items for such dietary orders are available within the</p>		

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	<p>Physician's Orders indicated client #3 was to receive "8 ounces of whole milk with all meals."</p> <p>Staff #1 was interviewed on 9/1/15 at 10:37a.m. Staff #1 indicated the clients should have been offered their diet items which included whole milk.</p> <p>9-3-8(a)</p>		<p>home such as whole milk. This training will also include Nutrition / Dietary such as...Mechanical Altered Diets, Diets & Portion Control, Food Safety and Family Style Dining. The QIDP along with other members of the C.A.R.S. Management Team will oversee direct care staff to (1) ensure staff are implementing resident's specific diets as they are prescribed (2) ensure staff is obtaining necessary items for specific diets (3) assess staff's ongoing training needs in regards to implementing specific diets. Overseeing may include but is not limited to: (a) Reviewing Care Tracker Reports (b) Direct observation of direct care staff while they are performing direct care/active treatment (c) Conducting a review of all incident reports that have been submitted by direct care staff (d) Interviewing direct care staff to analyze their knowledge in regards to implementing resident's specific diets. Based on what information the QIDP and members of C.A.R.S. Management Team has gathered by overseeing direct care staff – it will determine if staff person(s) need further training in implementing resident's specific diets.</p>		