

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G193	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/25/2014
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13711 BENNETTSVILLE RD MEMPHIS, IN 47143
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W000000	<p>This visit was for the investigation of complaint #IN00149988.</p> <p>Complaint #IN00149988 - Substantiated. Federal/state deficiencies related to the allegation(s) are cited at W124 and W277.</p> <p>Dates of Survey: July 17, 18 and 25, 2014.</p> <p>Facility Number: 000723 Provider Number: 15G193 AIM Number: 100234760</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>These deficiencies reflect state findings in accordance 460 IAC 9. Quality Review completed 8/15/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000124	<p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all</p>			

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>clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure the client's surrogate who assisted him with decision making, had been informed and consented to the 7/10/14 BSP/Behavior Support Plan.</p> <p>Findings include:</p> <p>Review of client A's record on 7/18/14 at 2:15 PM indicated he had a 7/10/14 BSP which contained restrictive measures of medications, limits on phone calls, room sweeps/searches, and YSIS/You're Safe I'm Safe physical intervention/holds by staff. The client had been prescribed the following psychotropic medications: Xanax (antianxiety) for agitation/impulse control, Invega Sustenna (injectable antipsychotic) for impulse control/physical aggression/property destruction, Invega (pill form antipsychotic) for impulse control/physical aggression/property destruction, Effexor (antidepressant) for impulse control/physical aggression/property destruction, and Geodon (antipsychotic) for impulse control/physical</p>	W000124	<p>W124: The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>Corrective Action: (specific): The QIDP and Residential Manager will be in-serviced on informing the client and legal guardian of any team meetings and/or programming updates and required signatures.</p> <p>How others will be identified: (Systemic): The QIDP will follow up with the Residential Manager within one week to ensure all required signatures have been obtained after team meetings and/or programming updates.</p> <p>Measures to be put in place: The QIDP and Residential Manager will be in-serviced on informing the client and legal guardian of any team meetings and/or programming updates and required signatures.</p> <p>Monitoring of Corrective Action: The QIDP will follow up with the</p>	08/29/2014

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W000277	<p>aggression/property destruction.</p> <p>The record review indicated client A had a POA/power of attorney who helped him with decision making to protect his rights. The review on 7/18/14 at 2:15 PM indicated the POA had not reviewed and approved of the BSP dated 7/10/14.</p> <p>Interview with Residential Manager #1 on 7/18/14 at 2:30 PM indicated no evidence the client's surrogate (POA/power of attorney) had been involved in the implementation of the 7/10/14 Behavior Support Plan for client A.</p> <p>This federal tag relates to complaint #IN00149988.</p> <p>9-3-2(a)</p> <p>483.450(b)(1)(ii) MGMT OF INAPPROPRIATE CLIENT</p>		<p>Residential Manager within one week to ensure all required signatures have been obtained after team meetings and/or programming updates.</p> <p>Completion date: 8/29/14</p>		

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	<p>BEHAVIOR Procedures that govern the management of inappropriate client behavior must designate these interventions on a hierarchy to be implemented, ranging from most positive or least intrusive, to least positive or most intrusive.</p> <p>Based on record review and interview for 1 of 2 sample clients requiring a BSP (Behavior Support Plan) (A), the facility failed to incorporate pro-active strategies/interventions and systematic reactive interventions to manage each of client A's identified targeted inappropriate behaviors.</p> <p>Findings include:</p> <p>Review of client A's record on 7/18/14 at 2:15 PM indicated he had a 7/10/14 BSP which contained the following targeted behaviors:</p> <p>Physical aggression, anytime client A makes contact with an open or closed hand or foot with a peer or staff that produces an audible sound, red mark, or had the potential to do so.</p> <p>Property destruction, throwing, kicking, hitting or otherwise affecting property such that it no longer works as it was designed.</p> <p>Verbal aggression, cursing or yelling at</p>	W000277	<p>W277: Procedures that govern the management of inappropriate client behavior must designate these interventions on a hierarchy to be implemented, ranging from most positive or least intrusive, to least positive or most intrusive.</p> <p>Corrective Action: (specific): The QIDP will be in-serviced on ensuring the BSP (Behavior Support Plan) follows the hierarchy of ranging from most positive or least intrusive, to least positive or most intrusive. Client A's BSP has been amended to address the positive incentive steps for achieving lunch with office staff.</p> <p>How others will be identified: (Systemic): The IDT (Interdisciplinary Team) will review the BSP to ensure it follows the hierarchy of ranging from most positive or least intrusive, to least positive or most intrusive.</p> <p>Measures to be put in place: The</p>	08/29/2014			

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	<p>others.</p> <p>Verbal threats, making statements that he will engage in other targeted behaviors.</p> <p>SIB/self injurious behavior, hitting/banging (or attempting to do so) his head on hard surfaces.</p> <p>Making allegations, any time he makes a statement regarding abuse/neglect.</p> <p>Noncompliance, any time he does not start a programmatic request within 3 verbal prompts spaced 15 seconds apart.</p> <p>Eating non-food items, any time he has a non food item in his mouth, trying to ingest a non-food item, or verbally reporting he has ingested a non-food item.</p> <p>Attempted elopement, any time client A leaves the assigned area or the group home without staff accompanying him.</p> <p>The BSP contained an "Incentive Plan" which was supposed to give a reward to the client so he would not exhibit his targeted behaviors.</p> <p>"Incentive Plan [Client A] will have an incentive plan where he can earn access to meals at the</p>		<p>QIDP will ensure the BSP (Behavior Support Plan) follows the hierarchy of ranging from most positive or least intrusive, to least positive or most intrusive. Client A's BSP has been amended to address the positive incentive steps for achieving lunch with office staff.</p> <p>Monitoring of Corrective Action: The IDT (Interdisciplinary Team) will review the BSP to ensure it follows the hierarchy of ranging from most positive or least intrusive, to least positive or most intrusive.</p> <p>Completion date: 8/29/14</p>	

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	<p>office with office staff.</p> <p>When he has gone 6 days with zero occurrences of physical aggression, non compliance, property destruction, and verbal threats he will be able to schedule a lunch with office staff. Once he has scheduled the lunch with the office staff, he will have to continue to have zero target behaviors as listed above from the time he earned the lunch to the day of the lunch. Any target behaviors that occur between the time he has earned the lunch to the time of the lunch will reset the schedule."</p> <p>The BSP did not contain any incentive that was attainable for client A in that he had to be free of the targeted behaviors for 6 days to first schedule a lunch. The lunch may not be for a few days and he had to continue to be behavior free for an unknown additional amount of time.</p> <p>There was no hierarchy of positive incentive steps which were attainable for client A in the BSP.</p> <p>Interview with staff #1 on 7/18/14 at 2:30 PM indicated the BSP incentive plan was not attainable for client A in that he had to have zero behaviors to even schedule a lunch with facility office staff.</p> <p>This federal tag relates to complaint #IN00149988.</p>						

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

PRINTED: 09/16/2014
FORM APPROVED
OMB NO. 0938-0391

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	9-3-5(a)				