

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G138	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/02/2016
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 4555 ELM ST NEWBURGH, IN 47630
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W 0000  Bldg. 00	<p>This visit was for an investigation of Complaint #IN00189056.</p> <p>Complaint #IN00189056: Substantiated. Federal/State deficiencies related to the allegation were cited at W149, W154 and W186.</p> <p>Dates of Survey: 1/28, 1/29, 2/1 and 2/2, 2016.</p> <p>Facility Number: 000675 AIM Number: 100234400 Provider Number: 15G138</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/15/16.</p>	W 0000		
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for</p>	W 0149	W149	03/25/2016

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>1 of 4 additional clients (F), the facility failed to develop and implement written policies and procedures that prohibit mistreatment, abuse, and/or neglect of the client in regard to a pattern of falls.</p> <p>Findings include:</p> <p>During review of the facility's incident reports, BDDS (Bureau of Developmental Disabilities Services) reportables and investigations on 1/28/16 at 2:15 PM,</p> <p>-- an incident report dated 12/2/15 indicated "at 1:55 PM, [Client F] fell in living room while walking from a chair in the living room to the restroom. She lost her balance and fell to her left side and hit the floor." A BDDS report dated 12/3/15 indicated "[Client F] fell and hit her head when she fell and was taken to the ER (emergency room) to be evaluated. She is safe. At the ER, blood work, U/A (urinalysis) chest X-ray, and CT (Computerized tomography) scan of her head were completed. She received IV fluids and was released. Staff completed head injury tracking for the next 24 hours. She will follow up with her PCP (primary care physician). An investigation has been initiated."</p> <p>--an incident report dated 12/12/15</p>		<p>The facility must ensure to follow all policies and procedures to prevent neglect of a client in regards to falls</p> <p>-QA will be retrained on conducting thorough investigations in regards to allegations of abuse, neglect, and injuries of unknown source</p> <p>-QA will review all investigations with Executive Director to determine appropriate recommendations</p> <p>-RM will be retrained on ensuring that all protective and preventive measures are put in place by recommendations of the QIDP</p> <p>-RM will be retrained on conducting an IDT meeting after each fall to review the high risk plan for appropriateness and training all staff on any updates made to the clients plans</p> <p>-RM will monitor through daily visits to the home</p> <p>-PM will be retrained on ensuring that all protective and preventive measures are put into place by recommendations of the QIPD</p> <p>-PM will be retrained on ensuring an IDT meeting after each fall to review the high risk plan for appropriateness and training all staff on any updates made to the clients plans</p>	

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	<p>indicated "at 2:45 PM, [Client F] tried to get off the toilet and fell, no marks or scratches visible." A BDDS report dated 12/12/15 indicated "[Client F] was on the commode when she got herself up without her walker and fell onto her front/left side in her bedroom. [Client F] is safe. She was checked and there were no noticeable injuries and no complaints of pain. Facility nurse assessed [Client F] and she has bruising to left knee with a marble sized knot. [Client F] has a fall prevention plan that remains appropriate. Staff will continue to monitor as a precautionary measure. [Client F's] PCP has been notified. An investigation has been initiated."</p> <p>--an incident report dated 12/12/15 indicated "at 8:00 PM, [Client F] was having a BM (bowel movement) and tried to get up and slipped and fell." A BDDS report dated 12/12/15 indicated "[Client F] was left unattended in the bathroom and she fell. [Client F] is safe. No reports of any injuries. Staff will be placed on leave pending an investigation." An Investigative Summary dated 12/12/2015 indicated "Conclusion: After review of all the statements and documentation, the investigative committee concludes that the allegation that it was [Staff #1's] actions that caused [Client F] to sustain</p>		<p>PM will monitor through weekly visits to the home.</p> <p>Persons responsible: Residential Manager (RM), Program Manager (PM), QIDP, Executive Director</p>				

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	<p>injury is substantiated.</p> <p>Recommendations: 1) Corrective action for [Staff #1] for leaving [Client F] unattended in the bathroom and she is on a gait belt, not using the chain of command (not calling the Residential Manager and reporting the incident before the end of her shift.) 2) In-service all staff on [Client F's] HRP (High Risk Plans), ISP (Individual Support Plan) and BSP (Behavior Support Plan) 3) Grievance policy and Bill of Rights with [Client F]."</p> <p>Interview with staff #1 was completed on 2/1/16 at 6:20 PM. She stated "I had to leave [Client F] in the bathroom and had to go help another client in the other bathroom. When I was helping the other client, I heard [Client F] fall in the bathroom. She had attempted to get up off the toilet when she fell. [Client F] utilizes a gait belt and a walker while ambulating. Since I was the only staff present at the home, I couldn't be in both places at one time."</p> <p>The facility's policy on neglect, mistreatment and/or abuse policy dated 10/8/12 was reviewed on 2/1/16 at 2:40 PM. The policy indicated "It is an absolute requirement of [Facility Name] that individuals who live in the home be shown every courtesy and treated with</p>			

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	<p>intelligent understanding. Any act, on the part of any employee, which may be construed as mistreatment, verbal, physical or psychological, of individuals receiving group home service is expressly prohibited and will constitute grounds for the immediate dismissal of the offending employee. If indicated, criminal charges may be pursued.</p> <p>Definition of Physical Abuse, Battery, Mistreatments: Includes knowingly or intentionally touching another in a rude, insolent or angry manner, including grabbing or shoving rudely or angrily, slapping or hitting, pushing, shoving, striking or kicking, throwing someone to the floor, etc.</p> <p>Definition of Neglect: Includes placing an individual in a situation that may endanger the person's life or health; failure to report a suspected abuse incident; depriving an individual of necessary support including food, clothing, shelter, medical care, supervision (access to staff), cannot be left unattended at group home, cannot be left unattended or out of eyesight of staff in a company owned/leased vehicle, etc."</p> <p>Interview with the Executive Director was conducted on 1/29/16 at 9:30 AM. He stated "we are trying to schedule</p>			

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W 0154 Bldg. 00	<p>staffing so that there are no gaps in the scheduling that allow for only one staff to be present in the home."</p> <p>This federal tag relates to Complaint #IN00189056.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 4 additional clients (F), the facility failed to conduct a thorough investigation in regard to staffing present at the group home when client F fell.  Findings include:</p>	W 0154	<p>W154</p> <p>-The facility must have evidence that all alleged violations are thoroughly investigated</p> <p>-The facility has a policy regarding abuse &amp; neglect which has been</p>	03/25/2016

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	<p>During review of the facility's incident reports, BDDS (Bureau of Developmental Disabilities Services) reportables and investigations on 1/28/16 at 2:15 PM,</p> <p>--an incident report dated 12/12/15 indicated "at 2:45 PM, [Client F] tried to get off the toilet and fell, no marks or scratches visible." A BDDS report dated 12/12/15 indicated "[Client F] was on the commode when she got herself up without her walker and fell onto her front/left side in her bedroom. [Client F] is safe. She was checked and there were no noticeable injuries and no complaints of pain. Facility nurse assessed [Client F] and she has bruising to left knee with a marble sized knot. [Client F] has a fall prevention plan that remains appropriate. Staff will continue to monitor as a precautionary measure. [Client F's] PCP has been notified. An investigation has been initiated."</p> <p>--an incident report dated 12/12/15 indicated "at 8:00 PM, [Client F] was having a BM (bowel movement) and tried to get up and slipped and fell." A BDDS report dated 12/12/15 indicated "[Client F] was left unattended in the bathroom and she fell. [Client F] is safe. No reports of any injuries. Staff will be placed on leave pending an</p>		<p>reviewed and remains appropriate</p> <p>-The facility has a policy regarding thorough investigations which has been reviewed and remains appropriate</p> <p>-Staff responsible for assuring proper implementation of this policy will be trained on this policy</p> <p>-The Training Director will assure that staff participate in training at least annually regarding abuse &amp; neglect policy to assure ongoing understanding and compliance</p> <p>-QA will be re-trained on assuring investigations are completed and that all investigations are completed and that all investigations are reviewed with the Executive Director within 5 business days</p> <p>-QA will ensure that thorough documentation is kept on file regarding any investigations</p> <p>-QA will review and oversee any incidents daily and ensure that all alleged incidents or abuse &amp; neglect are completed and that all investigations are reviewed within 5 business days</p> <p>-QA will ensure that all relevant parties are interviewed during an investigation to look for trends of abuse &amp; neglect</p>	

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	<p>investigation." An Investigative Summary dated 12/12/2015 indicated "Conclusion: After review of all the statements and documentation, the investigative committee concludes that the allegation that it was [Staff #1's] actions that caused [Client F] to sustain injury is substantiated.</p> <p>Recommendations: 1) Corrective action for [Staff #1] for leaving [Client F] unattended in the bathroom and she is on a gait belt, not using the chain of command (not calling the Residential Manager and reporting the incident before the end of her shift.) 2) In-service all staff on [Client F's] HRP (High Risk Plans), ISP (Individual Support Plan) and BSP (Behavior Support Plan) 3) Grievance policy and Bill of Rights with [Client F]."</p> <p>Interview with staff #1 was completed on 2/1/16 at 6:20 PM. She stated "I had to leave [Client F] in the bathroom and had to go help another client in the other bathroom. When I was helping the other client, I heard [Client F] fall in the bathroom. She had attempted to get up off the toilet when she fell. [Client F] utilizes a gait belt and a walker while ambulating. Since I was the only staff present at the home, I couldn't be in both places at one time."</p>		<p>-QIDP will be trained on ensuring that an environmental check is completed following any injury of unknown causes</p> <p>-RM will be trained on ensuring that an environmental check is completed following any injury of unknown causes</p> <p>-PM QIDP will be trained on ensuring that an environmental check is completed following any injury of unknown causes</p> <p>-The Executive Director shall assure through review of the incidents to assure proper documentation and review occurs within 5 business days. Any issues shall be dealt with through ResCare policy and procedure.</p> <p>-Persons responsible Executive Director, Program Manager, Training Coordinator &amp; QIDP &amp; QA</p>		

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W 0186  Bldg. 00	<p>Interview with the Executive Director was conducted on 1/29/16 at 9:30 AM. When asked about the lack of staff at the group home at the time of client F's 12/12/15 fall, he stated "we are trying to schedule staffing so that there are no gaps in the scheduling that allow for only one staff to be present in the home."</p> <p>The facility failed to investigate the issue of why only one direct support personnel was on duty on 12/12/15 when client F fell coming out of the bathroom.</p> <p>This federal tag relates to Complaint #IN00189056.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct</p>				

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	<p>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 record review and interview for 1 of 4 additional clients (F), the facility failed to provide sufficient direct care staff to effectively manage and supervise clients based on their individual needs.</p> <p>Findings include:</p> <p>During review of the facility's incident reports, BDDS (Bureau of Developmental Disabilities Services) reportables and investigations on 1/28/16 at 2:15 PM,</p> <p>--an incident report dated 12/12/15 indicated "at 8:00 PM, [Client F] was having a BM (bowel movement) and tried to get up and slipped and fell." A BDDS report dated 12/12/15 indicated "[Client F] was left unattended in the bathroom and she fell. [Client F] is safe. No reports of any injuries. Staff will be placed on leave pending an investigation." An Investigative Summary dated 12/12/2015 indicated "Conclusion: After review of all the</p>	W 0186	<p>W186:</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>In order to correct the deficiency with W186:</p> <p>-The facility has a schedule assigned to each home that ensures proper deployment of staff. The schedule has been reviewed and remains appropriate.</p> <p>-Staff will be required to sign a copy of the schedule for their personnel files.</p> <p>-Program Coordinator will be</p>	03/25/2016

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	<p>statements and documentation, the investigative committee concludes that the allegation that it was [Staff #1's] actions that caused [Client F] to sustain injury is substantiated.</p> <p>Recommendations: 1) Corrective action for [Staff #1] for leaving [Client F] unattended in the bathroom and she is on a gait belt, not using the chain of command (not calling the Residential Manager and reporting the incident before the end of her shift.) 2) In-service all staff on [Client F's] HRP (High Risk Plans), ISP (Individual Support Plan) and BSP (Behavior Support Plan) 3) Grievance policy and Bill of Rights with [Client F]."</p> <p>The facility's employee time cards were reviewed on 2/1/16 at 5:40 PM. On 12/12/15 staff #1 worked from 8:59 AM to 9:05 PM. staff #2 worked from 8:30 PM to midnight. staff #3 worked from 7:59 AM to 3:30 PM. staff #4 worked from 7:46 AM to 7:58 PM. Time card records for 12/12/15 indicated only one staff was on duty at the group home from 7:58 PM until 8:30 PM. According to the BDDS report, it was just after 8 PM when client F fell.</p>		<p>retrained on all job duties with specific attention to appropriate staffing for the home.</p> <p>-Nursing will retrain on client #2 &amp; client #4's health care plans with emphasis on diets.</p> <p>-Staff will be retrained on all individual support plans with emphasis on client specific diets.</p> <p>-Staff will be retrained on proper supervision during all meal times and on assisting the clients to follow the posted menu including appropriate portions.</p> <p>- Residential Manager will monitor through daily observations in the group home.</p> <p>-QIDP will monitor through weekly observations in the group home.</p> <p>-Program Director will monitor through weekly observations in the group home.</p>	

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	<p>Interview with staff #1 was completed on 2/1/16 at 6:20 PM. She stated "I had to leave [Client F] in the bathroom and had to leave to help another client in the other bathroom. When I was helping the other client, I heard [Client F] fall in the bathroom. She had attempted to get up off the toilet when she fell. [Client F] utilizes a gait belt and a walker while ambulating. Since I was the only staff present at the home, I couldn't be in both places at one time."</p> <p>Interview with the Executive Director was conducted on 1/29/16 at 9:30 AM. He stated "we are trying to schedule staffing so that there are no gaps in the scheduling that allow for only one staff to be present in the home."</p> <p>This federal tag relates to Complaint #IN00189056.</p> <p>9-3-3(a)</p>		<p>Persons Responsible: Group Home Staff, Nurse, Residential Manager, Program Manager, QIDP</p>	

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