

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G449	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/08/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 7859 DELBROOK DR INDIANAPOLIS, IN 46260
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W 0000 Bldg. 00	<p>This visit was for the PCR (Post Certification Revisit) to the PCR completed 1/28/16 to the annual recertification and state licensure survey and to the investigation of complaint #IN00185435 completed on 11/16/15.</p> <p>Complaint #IN00185435: Not Corrected.</p> <p>Date of Survey: 2/8/16.</p> <p>Facility Number: 000963 Provider Number: 15G449 AIMS Number: 100244740</p> <p>These deficiencies also 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 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 1 of 3 sampled clients (A),</p>	W 0104	CORRECTION:	03/09/2016

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>the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disability Professional) integrated, coordinated and monitored client A's active treatment program by failing to convene all elements of client A's IDT (Interdisciplinary Team), failing to ensure client A had sufficient clothing at the day services to meet his needs and failed to assess client A's urinary incontinence needs.</p> <p>Findings include:</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored client A's active treatment program by failing to convene all elements of client A's IDT, failing to ensure client A had sufficient clothing at the day services to meet his needs and failed to assess client A's urinary incontinence needs. Please see W159.</p> <p>This deficiency was cited on 1/28/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00185435.</p>		<p><i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically, the governing body has facilitated the following:</i></p> <p>The QIDP has been retrained regarding the need to bring all elements of the interdisciplinary team together to develop appropriate supports as needed in response to incidents but no less than quarterly. Training included the need to include day service personnel in all team meetings which address issues that involve clients' participation in day service programs. A review of facility practices indicated that, in along with Client A, this deficient practice affected four additional clients –B, C, D and E.</p> <p>The QIDP has been retrained regarding the need to provide sufficient oversight of facility direct support and front line supervisory staff to assure that Client A has no less than 2 extra sets of clothing on hand at day service at all times. A review of facility practices indicated that, in along with Client A, this deficient practice affected three additional clients –B, C and E. Therefore the QIDP will assure that these</p>				

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	9-3-1(a)		<p>clients also have no less than 2 sets of clothing on hand at day service at all times.</p> <p>PREVENTION:</p> <p>The QIDP will communicate with the Day Service Manager as needed but no less than weekly to assure that facility and day service staff cooperate to assure the needs of participants are met, including but not limited to the provision of adequate, presentable clothing at all times. The QIDP will conduct on-site observations at day service programs as needed but no less than monthly to assure that the facility is providing adequate materials including clothing for participants and to assure all emerging issues are addressed through the interdisciplinary process. The Quality Assurance Manager will meet face to face with the Day Service Manger as needed but no less than weekly for the next 90 days. The focus of these meetings will include but not be limited to assuring the facility is meeting day service expectations for the provision of clothing and other necessary materials, that the QIDP is including day service personnel in a collaborative interdisciplinary process, as well as assuring that</p>	

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W 0159 Bldg. 00	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. Based on observation, record review and interview for 1 of 3 sampled clients (A), the QIDP (Qualified Intellectual Disability Professional) failed to integrate, coordinate and monitor client A's active treatment program by failing to	W 0159	thorough investigations occur as required. After 90 days the governing body will determine if day service supervisors and the QIDP demonstrate sufficient competencies to decrease the Quality Assurance Department presence to as needed but no less than monthly. Additionally, the Operations Team, comprised of the Executive Director, Quality Assurance Manager, Program Manager, Nurse Manager, Quality Assurance Coordinator and Training Coordinator, has incorporated monthly day service reviews into its formal audit rotation. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team CORRECTION: <i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation</i>	03/09/2016

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	<p>convene all elements of client A's IDT (Interdisciplinary Team), failing to ensure client A had sufficient clothing at the day services to meet his needs and failed to assess client A's urinary incontinence needs.</p> <p>Findings include:</p> <p>Observations were conducted at client A's day service provider on 2/8/16 from 11:30 AM through 11:53 AM. At 11:30 AM, client A was in his classroom eating lunch. Day Service Staff (DSS) #1, who was working with client A in the classroom, indicated the group home should send a change of clothing in client A's backpack. DSS #1 opened client A's backpack and stated, "It's empty, they must not have sent any today." Client A's backpack did not contain a change of clothing for client A.</p> <p>At 11:40 AM, Day Services Qualified Intellectual Disabilities Professional (DSQIPD) #1 indicated client A had additional clothing in the day services clothing room. Client A's day service clothing bin contained one pair of sweatpants, 3 pairs of adult briefs and 1 shirt.</p> <p>DSQIDP #1 was interviewed on 2/8/16 at 2:45 PM. DSQIDP #1 indicated client A should have 2 changes of clothing.</p>		<p><i>professional.</i> Specifically:</p> <p>The QIDP has been retrained regarding the need to bring all elements of the interdisciplinary team together to develop appropriate supports as needed in response to incidents but no less than quarterly. Training included the need to include day service personnel in all team meetings which address issues that involve clients' participation in day service programs. A review of facility practices indicated that, in along with Client A, this deficient practice affected four additional clients –B, C, D and E.</p> <p>The QIDP has been retrained regarding the need to provide sufficient oversight of facility direct support and front line supervisory staff to assure that Client A has no less than 2 extra sets of clothing on hand at day service at all times. A review of facility practices indicated that, in along with Client A, this deficient practice affected three additional clients –B, C and E. Therefore the QIDP will assure that these clients also have no less than 2 sets of clothing on hand at day service at all times.</p>	

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	<p>DSQIDP #1 indicated client A had multiple incidents of incontinence during the day.</p> <p>HM (Home Manager) #1 was interviewed on 2/8/16 at 12:08 PM. HM #1 indicated the facility had begun sending a change of clothing in client A's backpack. HM #1 indicated the day services also had a change of clothing in his personal clothing bin. HM #1 stated, "I was surprised when they said [client A] was having problems with incontinence at the day program. He's never had incontinence issues here at the house. He goes to the toilet. I don't know what is different at day services." HM #1 indicated client A had not been assessed to determine why he has incontinence issues at the day services and not at the home.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 2/8/16 at 12:21 PM. QIDP #1 indicated she had convened an IDT meeting on 1/28/16 to review and make recommendations to address client A's clothing needs since a fall on 1/14/16 while wearing clothing which did not fit while at his day service provider. QIDP #1 indicated day service personnel did not attend client A's 1/28/16 IDT. QIDP #1 indicated client A should have 2 changes of clothing at day services due to</p>		<p>PREVENTION:</p> <p>The QIDP will communicate with the Day Service Manager as needed but no less than weekly to assure that facility and day service staff cooperate to assure the needs of participants are met, including but not limited to the provision of adequate, presentable clothing at all times. The QIDP will conduct on-site observations at day service programs as needed but no less than monthly to assure that the facility is providing adequate materials including clothing for participants and to assure all emerging issues are addressed through the interdisciplinary process. The Quality Assurance Manager will meet face to face with the Day Service Manger as needed but no less than weekly for the next 90 days. The focus of these meetings will include but not be limited to assuring the facility is meeting day service expectations for the provision of clothing and other necessary materials, that the QIDP is including day service personnel in a collaborative interdisciplinary process, as well as assuring that thorough investigations occur as required. After 90 days the governing body will determine if day service supervisors and the</p>	

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	<p>multiple incontinence incidents while at day services.</p> <p>Client A's record was reviewed on 2/8/16 at 12:25 PM. Client A's IDT note dated 1/28/16 indicated client A's IDT convened to make recommendations to address his clothing needs following a fall with injury on 1/14/16 due to wearing pants that were too long in length. Client A's 1/28/16 IDT note did not address or make recommendations regarding client A's incontinence incidents while at day program.</p> <p>This deficiency was cited on 1/28/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p>		<p>QIDP demonstrate sufficient competencies to decrease the Quality Assurance Department presence to as needed but no less than monthly. Additionally, the Operations Team, comprised of the Executive Director, Quality Assurance Manager, Program Manager, Nurse Manager, Quality Assurance Coordinator and Training Coordinator, has incorporated monthly day service reviews into its formal audit rotation.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	