

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G492	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/11/2014
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1480 W 47TH ST JASPER, IN 47546
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: December 9, 10 and 11, 2014.</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>Facility Number: 001006 Provider Number: 15G492 AIMS Number: 100235270</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/13/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000315	<p>483.450(e)(4)(i) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be monitored closely for desired responses and adverse consequences by facility staff.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#3) who received behavior modification medications, the facility failed to provide evidence of preventive screening for EPS (Extrapyramidal Symptoms - a group of side effects associated with the use of</p>	W000315	<p>W315: Drugs used for control of inappropriate behavior must be monitored closely for desired responses and adverse consequences by facility staff.</p> <p>Corrective Action: (Specific): An appointment will be scheduled for Client #3 to</p>	01/25/2015

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>anti-psychotic medications including, but not limited to, restlessness and involuntary muscle movements).</p> <p>Findings include:</p> <p>During observations at the facility on 12/09/14 from 4:30 PM until 6:00 PM and on 12/10/14 from 5:45 AM until 7:45 AM client #3 was observed to use a roller walker and verbal prompts with standby physical assistance from staff to ambulate within her home environment. Client #3 was observed to consume a mechanically modified diet (soft with ground meat) during meals. During both meal observations, client #3 was observed to cough throughout the meal.</p> <p>Review of client #3's record on 12/10/14 at 11:00 AM indicated she was prescribed the following psychotropic medications, depakote and Prozac. The client's psychiatrist also prescribed rivastigamine and Namenda for dementia. The record review indicated no assessment of EPS (Extrapyramidal side effects) of the medications prescribed.</p> <p>The Director of Healthcare Services (LPN) #10 indicated (12/10/14 at 1:00 PM), the client's consulting psychiatrist screened her for EPS but there was no record of a screening in her record. LPN</p>		<p>follow up on current diet order. The home nurse will be in-serviced on the completion of a preventative screening for EPS for client #3 as well as all other client's in the home at least every quarter.</p> <p>How others will be identified: (Systemic): The Clinical Supervisor will follow up with the Residential Manager and ensure that an appointment and all ordered testing, if any is completed according to physician orders. The Clinical Supervisor will complete site visits at least weekly to ensure that a preventative screening for EPS is completed at least quarterly for Client #3 as well as all other clients in the home.</p> <p>Measures to be put in place: An appointment will be scheduled for Client #3 to follow up on current diet order. The home nurse will be in-serviced on the completion of a preventative screening for EPS for client #3 as well as all other client's in the home at least every quarter.</p> <p>Monitoring of Corrective Action: The Clinical Supervisor will follow up with the Residential Manager and ensure that an appointment and</p>		

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W000338	<p>#10 indicated she had no knowledge of any further EPS screening by the consulting psychiatrist and/or knowledge of monitoring of any adverse consequences/side effects of client #3's behavior modification medication by the facility staff.</p> <p>9-3-6(a)</p> <p>483.460(c)(3)(v) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems). Based on observation, record review and interview for 2 of 4 sampled clients, (#2 and #3), the facility's nursing services failed to ensure referrals for client's #3's gait issues and coughing during meals and client #2's skin condition were completed.</p> <p>Findings include:</p> <p>1. During observations at the facility on 12/10/14 from 5:45 AM until 7:45 AM client #2's lower legs were observed. Staff #5 applied Vaseline Intensive Care lotion to client #2's left calf. No other</p>	W000338	<p>all ordered testing, if any is completed according to physician orders. The Clinical Supervisor will complete site visits at least weekly to ensure that a preventative screening for EPS is completed at least quarterly for Client #3 as well as all other clients in the home.</p> <p>Completion date: 01/25/15</p> <p>W334: Nursing services must include, for this clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems).</p> <p>Corrective Action: (Specific): An appointment will be scheduled for Client #3 with her PCP to follow up on gait issues and coughing during meals. The home nurse will be in-serviced on providing necessary referrals to physician's as health status indicates and ensuring that timely follow up with all healthcare providers is completed.</p>	01/25/2015

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	<p>medication/treatment was applied to client #2's legs. The Left leg's calf skin area appeared to be a dark color.</p> <p>Client #2's record was reviewed on 12/10/14 at 1:30 PM. The record contained a doctor's visit form which indicated his lower leg had been evaluated on 5/23/14 to rule out venous thrombosis (blood clot). The diagnosis included, but was not limited to, venous stasis dermatitis. The doctor recommended elevating the leg three times daily and applying lotion. The client's venous stasis dermatitis had not been reevaluated since 5/23/14.</p> <p>The Director of Healthcare Services (LPN) #10 indicated (12/10/14 at 3:39 PM), client #2 should have been referred by LPN #2 for ongoing evaluation of his condition.</p> <p>2. During observations at the facility on 12/09/14 from 4:30 PM until 6:00 PM and on 12/10/14 from 5:45 AM until 7:45 AM client #3 was observed to use a roller walker and verbal prompts with standby physical assistance from staff to ambulate within her home environment. Client #3 was observed to consume a mechanically modified diet (soft with ground meat) during meals. During both meal observations, client #3 was observed to</p>		<p>How others will be identified: (Systemic) The nurse manager will visit the home at least weekly to ensure that client #3 as well as all other clients in the home are receiving appropriate and timely referrals to physicians in regards to changes in client's health conditions.</p> <p>Measures to be put in place: An appointment will be scheduled for Client #3 with her PCP to follow up on gait issues and coughing during meals. The home nurse will be in-service providing necessary referrals to physician's as health status indicates and ensuring that timely follow up with all healthcare providers is completed.</p> <p>Monitoring of Corrective Action: The nurse manager will visit the home at least weekly to ensure that client #3 as well as all other clients in the home are receiving appropriate and timely referrals to physicians in regards to changes in client's health conditions.</p> <p>Completion date: 01/25/15</p>				

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	<p>cough throughout the meal.</p> <p>Review of client #3's record on 12/10/14 at 11:00 AM indicated her diagnoses included, but were not limited to, ataxic gait, arthritis and Intermittent Explosive Disorder. She had fallen and was taken to a local emergency room/ER on 11/07/14. Testing proved to be negative for fractures at the ER. The ER doctor noted: "It is unclear what is causing your gait abnormality." Client #3 was told to follow up with her primary care physician or return to ER if needed. The record contained the most recent physical therapy evaluation dated 11/27/12 which indicated client #3 was not using a walker but was ambulating with a "shuffling gait with no assistive device." The record contained the most recent speech evaluation for client #3 dated 11/27/12 which indicated she received a mechanically altered diet with thin liquids. The client had not been referred to a specialist by the nurse to ascertain if additional methods could be utilized to diagnose/treat her gait issues or to follow up with her coughing during meals.</p> <p>The Director of Healthcare Services (LPN) #10 indicated (12/10/14 at 3:39 PM), client #3's issues should have been referred by LPN #2 for ongoing evaluation of her condition.</p>						

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W000488	<p>9-3-6(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview for 4 of 4 sampled clients, (#1, #2, #3 and #4), and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure clients prepared and packed their own lunches for day services.</p> <p>Findings include:</p> <p>During observations at the facility on 12/09/14 from 4:30 PM until 6:00 PM and on 12/10/14 from 5:45 AM until 7:45 AM clients #1, #2, #3, #4, #5, #6, #7 and #8 did not prepare their own lunches.</p> <p>Interview with nightshift staff #5 at 6:15 AM on 12/10/14 indicated she prepared all client lunches according to the posted menus in the home. This task had been assigned to her by supervisory staff to keep the clients on schedule. On 12/10/14 at 7:40 AM, client #5 stated "(we) don't pack our own lunches," and client #4 stated "they (the lunches) suck."</p>	W000488	<p>W488: The facility must assure that each client eats in a manner consistent with his or her developmental level. Corrective Action: (Specific) All staff at the home will be in-serviced on encouraging all client's to pack their own lunches in a manner that is consistent with their developmental level and according to the menu with substitutions being provided for those items that the client's may dislike.</p> <p>How others will be identified: (Systemic) The Residential Manager will visit the home five times weekly to ensure that all clients are packing their own lunches in a manner that is consistent with their developmental level and that substitutions are provided for those menu items that the clients may dislike. The Clinical Supervisor will make visits to the home at least weekly to ensure that all clients are packing their own lunches in a manner that is consistent with their developmental level and that substitutions are provided for those menu items that the clients may dislike.</p> <p>Measures to be put in place: All</p>	01/25/2015			

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	<p>Client #5 continued on 12/10/14 at 7:47 AM, "half the time there ain't enough in there to eat, I keep losin' weight, what can I do, nothin."</p> <p>The Director of Healthcare Services (LPN) #10 indicated (12/10/14 at 8:00 AM), clients should be packing their own lunches and substitutions could be made for menu items disliked by the clients.</p> <p>9-3-8(a)</p>				<p>staff at the home will be in-serviced onencouraging all client's to pack their own lunches in a manner that isconsistent with their developmental level and according to the menu withsubstitutions being provided for those items that the client's may dislike.</p> <p>Monitoring ofCorrective Action: The Residential Manager will visit the home five timesweekly to ensure that all clients are packing their own lunches in a mannerthat is consistent with their developmental level and that substitutions areprovided for those menu items that the clients may dislike. The Clinical Supervisor will make visits tothe home at least weekly to ensure that all clients are packing their ownlunched in a manner that is consistent with their developmental level and thatsubstitutions are provided for those menu items that the clients may dislike.</p> <p>Completion date: 01/25/15</p>		