

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G194	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/11/2014
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 115 STONEGATE BEDFORD, IN 47421
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: August 5, 6, 7, 8, and 11, 2014</p> <p>Facility Number: 000724 Provider Number: 15G194 AIM Number: 100243320</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/14/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 7 of 7 clients living at the group home (#1, #2, #3, #4, #5, #6 and #7), the facility's governing body failed to exercise operating direction over the facility by failing to ensure the use of a powdered chemical for bed bugs was safe (the</p>	W000104	<p>PROVIDER IDENTIFICATION #: 15G194 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 115 Stonegate Court, Bedford, IN 47421 SURVEY EVENT ID #: LQ2X11</p>	09/10/2014

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>facility applied pool grade instead of food grade diatomaceous earth (DE)) to use in the group home.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/5/14 from 4:21 PM to 6:00 PM and 8/6/14 from 5:56 AM to 7:56 AM. During the observations, there was a white powder on the floor against the baseboards throughout the group home. This affected clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 8/5/14 at 4:36 PM, staff #3 indicated the white powder was diatomaceous earth (DE - a naturally occurring, soft, chalk-like sedimentary rock that is easily crumbled into a fine white to off-white powder) which was being used to prevent bed bugs specifically. Staff #3 indicated a local exterminator recommended its use due to on-going issues with bed bugs in the home.</p> <p>On 8/5/14 at 4:41 PM, the Residential Manager (RM) indicated the white powder on the floor was DE. The RM indicated the local health department recommended using DE on floors to prevent bed bugs during a bed bug seminar. The RM indicated the facility was treated for bed bugs on 12/21/13,</p>		<p>DATE SURVEY COMPLETED: 8/11/2014</p> <p>PROVIDER'S PLAN OF CORRECTION <u>W104:The governing body must exercise general policy, budget, and operating direction over facility.</u> Corrective action:</p> <ul style="list-style-type: none"> · Chemical removed from home. (Attachment A) · Chemical cleaned from all areas of use in home. (Attachment A) <p>How we will identify others:</p> <ul style="list-style-type: none"> · Residential Manager/ Clinical Supervisor will research any chemical recommended by educational seminars before use. (Attachment B) <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Residential Manager will conduct weekly maintenance checks (Attachment B) · Residential Manager will submit maintenance work order for any needed repairs, or noted maintenance issues. (Attachment B) · Maintenance personnel will conduct routine checklist for maintenance requests. (Attachment C) <p>Monitoring of Corrective Action: Program Manager will review maintenance requests, and maintenance checklist to ensure all maintenance is completed.</p>				

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	<p>4/17/14, 4/25/14 and 7/3/14. The RM indicated the RM, staff #2 and staff #8 attended a seminar on bed bugs presented by the local health department.</p> <p>On 8/5/14 at 4:49 PM, the bag containing the white powder used throughout the home was reviewed. The product was called Diatomite Filter Media for Swimming Pools. A review of the warnings indicated the product could cause respiratory issues.</p> <p>On 8/5/15 at 4:59 PM, staff #8 indicated the local health department recommended using DE to prevent bed bugs.</p> <p>On 8/6/14 at 6:18 AM, staff #4 indicated the powder sprinkled around the home was DE. Staff #4 indicated the facility applied the powder as a precaution due to on-going issues with bed bugs. Staff #4 indicated the powder was safe to use in the home and the local health department recommended its use.</p> <p>On 8/6/14 at 1:17 PM, a review of a website (ehow.com) indicated, in part, "Diatomaceous earth, also called diatomite or kieselguhr, is the fossilized skeletal remains of tiny unicellular diatoms and plants that lived millions of years ago. Diatoms are tiny organisms that have a protective glassy shell, which</p>		Management personnel will perform periodic service reviews to ensure that only approved chemicals are being used.				

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	<p>is formed by silicon dioxide in the water. When they die, diatoms leave their shell behind, creating large deposits that form diatomite. This substance is mined and then crushed to make either fresh water or salt water diatomaceous earth. Pool Grade: Diatomaceous earth used for pool filters is milled into different sizes and shapes to make it useful for filtration purposes. The shape of the particles is tube-like, with openings large enough to allow water to pass, but to catch small bits of debris. This type of diatomaceous earth is treated with chemicals and the size and shape of the grains make it dangerous to inhale or ingest. When using pool grade diatomaceous earth, protective clothing such as gloves and a mask must be worn. Food Grade: Although lethal to insects because of the razor sharp shell particles in diatomaceous earth that cut into their exoskeletons, food-grade diatomaceous earth can be safely consumed by people and animals. To be considered food grade, diatomaceous earth can have a crystalline silica content of no more than 1 to 1 1/2 percent. It must be 100 percent natural, with no chemical treatment in order to be considered safe when ingested and to use for indoor pest control as well as in your garden. It's never safe to inhale the dust of any type of diatomaceous earth. Processing: One</p>			

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	<p>major difference between food-grade and pool-grade diatomaceous earth is in how it is processed. Diatomaceous earth used in pool filters has long crystalline structures, which are formed while it is heated, increasing its free crystalline silica content. These particles are harmful if ingested or inhaled. It has also been chemically treated and partially melted, making it toxic as well. Food-grade diatomaceous earth is milled as well, but it is not treated with chemicals or heat."</p> <p>On 8/6/14 at 1:23 PM, a review of the Material Safety Data Sheet (MSDS) for pool grade DE, dated 7/1/04, indicated, in part, "Flux-calcined diatomaceous earth (Kieselguhr) contains crystalline silica which is a known cause of silicosis, a progressive, sometimes fatal lung disease... 'Carcinogenic to humans.'" The Personal Protective Equipment section included the use of respirators fitted with filters certified to standard 42CFR84 under series N95 should be worn when dust is present. The Leak and Spill Procedure indicated, "Vacuum clean spillage, wet sweep or wash away. Avoid creating dust."</p> <p>On 8/6/14 at 12:45 PM, the local health department's Environmental Sanitarian (ES) indicated she recalled a discussion regarding the use of DE for treating bed</p>			

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	<p>bugs. The ES indicated she had read conflicting information indicating whether DE was effective or not. The ES indicated she could not recall exactly what was recommended during the seminar on bed bugs. The ES indicated DE needed to be applied according to the label. The ES indicated the pool grade DE should not be used in a residential setting. On 8/7/14 at 12:56 PM, the ES indicated the pool grade DE could be an inhalation hazard. The ES stated DE "could easily be misapplied" since it only took a small amount of food grade DE to treat for bed bugs. The ES indicated the pool grade DE was not effective for treating for bed bugs. The ES indicated the facility should have read the label prior to applying the product.</p> <p>On 8/7/14 at 9:44 AM, the Residential Manager (RM) indicated the facility had a Material Safety Data Sheet (MSDS) in the home. The RM indicated she was not aware there were two kinds of DE. The RM stated she "made a mistake" in applying the pool grade DE in the home instead of the food grade DE.</p> <p>On 8/7/14 at 3:31 PM, the Clinical Supervisor (CS) indicated she was made aware the RM and direct care staffing attended a meeting by the local board of health for bed bugs. The CS indicated</p>						

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W000227	<p>she was aware, prior to the staff applying DE, the staff were going to apply DE in the home. The CS indicated she was told by the staff who attended the meeting the product was safe to use to keep bed bugs at bay. The CS indicated she never noticed the use of the white powder in the home but was aware in was being used. The CS indicated she was not aware there were two kinds of DE. The CS indicated the staff never mentioned there was more than one type of DE.</p> <p>9-3-1(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview and record review for 1 of 4 clients in the sample (#3), the facility failed to implement a plan to address client #3's on-going issues with food seeking.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 8/5/14 from 4:21 PM to 6:00 PM. At 5:29 PM, client #3 used his</p>	W000227	<p>PROVIDER IDENTIFICATION #: 15G194 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 115 Stonegate Court, Bedford, IN 47421 SURVEY EVENT ID #: LQ2X11 DATE SURVEY COMPLETED: 8/11/2014 <u>W227 Individual Program Plan:</u> <u>The individual program plan</u> <u>states the specific objectives</u></p>	09/10/2014

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	<p>fingers to eat out of the serving bowl on the table. At 5:39 PM, client #3 used his fingers to eat out of a serving bowl on the table.</p> <p>On 8/5/14 at 5:39 PM, the Residential Manager (RM) indicated client #3's food seeking has gotten worse over the past few months. The RM indicated she was not sure if there was a plan for food seeking. The RM indicated food seeking was a new behavior which started after client #3 started taking seizure medication.</p> <p>On 8/7/14 at 10:52 AM, client #3's record was reviewed. There was no documentation in client #3's Individual Support Plan, dated 5/14/14, and Behavior Support Plan, dated 5/15/14, addressing food seeking. There was no documentation in client #3's record addressing food seeking as a maladaptive behavior.</p> <p>On 8/7/14 at 3:31 PM, the Clinical Supervisor (CS) indicated client #3 should have a plan to address his food seeking. The CS indicated an on-going issue should be addressed in a plan after assessing the issue.</p> <p>On 8/7/14 at 9:16 AM, the RM indicated client #3 needed a plan to address food</p>		<p><u>necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</u></p> <p>Corrective action:</p> <ul style="list-style-type: none"> · Food seeking goal has been added to programming for client #3. (Attachment D) · All staff have been trained on the new food seeking goal. (Attachment E) · The new food seeking goal has been implemented. (Attachment B) <p>How we will identify others:</p> <ul style="list-style-type: none"> · Residential Manager will conduct monthly house meetings for the purpose of offering staff continued updates and trainings on all plans for all individuals. . (Attachment F) · QDIP will complete assessment packets for each individual upon admission.(Attachment J) · QIDP will review with IDT any identified changes to assessed skill set quarterly.(Attachment K) · QIDP will update assessment packets for each individual annually. (Attachment J) · QIDP will complete/train/implement formal programming goals for each individual based on assessed skill set. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · QDIP will complete assessment packets for each individual upon admission.(Attachment J) · QIDP will review with IDT any identified changes to assessed skill 				

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W000249	<p>seeking. The RM indicated food seeking became an issue after client #3 started taking Topamax for seizures in March 2014.</p> <p>9-3-4(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>		<p>set quarterly.(Attachment K)</p> <ul style="list-style-type: none"> · QIDP will update assessment packets for each individual annually. (Attachment J) · QIDP will complete/train/implement formal programming goals for each individual based on assessed skill set. · All staff will be trained on all programming implemented for each individual.. (Attachment F) · All staff will be trained on active treatment and continuous training at all opportunities based on each individuals assessed skill set.. (Attachment L/F) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> ·Clinical Supervisor and appropriate Management personnel will l perform periodic service reviews to ensure that assessments are being completed, reviewed, and updated as indicated. ·Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all formal goals are being implemented correctly. (Attachment H) 		

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	<p>Based on observation, interview and record review for 1 of 3 clients observed to receive their medications (#2), the facility failed to ensure staff implemented his dining plan to thicken his water during the medication pass.</p> <p>Findings include:</p> <p>On 8/6/14 at 6:11 AM, client #2 received his medications from staff #4. Prior to ingesting his medications, client #2 was given a cup with water. Staff #4 was not observed to thicken client #2's water prior to giving the cup of water to client #2 to take his medications.</p> <p>On 8/6/14 at 6:26 AM, staff #4 indicated she received training indicating client #2 needed to have nectar thickened liquids. Staff #4 indicated she did not thicken client #2's water prior to the medication pass. Staff #4 indicated she did not think client #2 would take his medications with thickened water. Staff #4 indicated client #2 received a small amount of non-thickened water with his medications.</p> <p>On 8/7/14 at 10:24 AM, client #2's record was reviewed. Client #2's 3/11/14 Dining Plan indicated he was to receive nectar thickened liquids due to a moderate aspiration risk. Client #2's</p>	W000249	<p>PROVIDER IDENTIFICATION #: 15G194 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 115 Stonegate Court, Bedford, IN 47421 SURVEY EVENT ID #: LQ2X11 DATE SURVEY COMPLETED: 8/11/2014</p> <p>W249: 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> <p>Corrective action:</p> <ul style="list-style-type: none"> · All staff have been in-serviced on passing and administering all meds correctly. . (Attachment G) · All staff have been in-serviced on all individuals dining plans, and the need to ensure all thickened liquid requirements are met during med pass. (Attachment G) · All staff have been in-serviced on all med pass procedures. (Attachment G) · All staff will complete Core A and Core B during orientation and training. · Prior to being able to pass meds independently: <ul style="list-style-type: none"> ○ All staff will show 100% proficiency during two supervised Medication Passes. ○ Both supervised passes will be 	09/10/2014			

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	<p>5/21/14 Physician's Orders indicated client #2 was to receive nectar thickened liquids.</p> <p>On 8/7/14 at 3:31 PM, the Clinical Supervisor (CS) indicated all of client #2's liquids should be thickened to a nectar consistency.</p> <p>On 8/7/14 at 9:48 AM, the Residential Manager (RM) indicated client #2 should get his water thickened during his medication pass as well as during his meals. The RM indicated the staff should implement client #2's Dining Plan as written.</p> <p>9-3-4(a)</p>		<p>done with a Residential Manager within 14 days of completing Orientation.</p> <ul style="list-style-type: none"> o All staff will complete 1 Medication Pass with the Nurse during training and prior to being able to pass medication independently. o The third and final proficiency pass with the nurse must be completed within 14 days of the completion of orientation. · Clinical Supervisor will perform Active Treatment Observations two (2) times weekly to ensure all medication passes are being completed correctly. . (Attachment H) · Nurse will be in home weekly and perform Medication Room Weekly Checklist one (1) time weekly to ensure compliance. · Nurse will observe one (1) Medication pass weekly in home. · All staff will demonstrate MAR/ Medication Pass compliance annually. <p>How we will identify others:</p> <ul style="list-style-type: none"> · Residential Manager will do Active Treatment observations including medication pass weekly to ensure staff are providing continuous active treatment, following required liquid modifications during med pass. (Attachment H) <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Residential Manager will complete Active Treatment Observations weekly to ensure 		

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W000369	<p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview for 1 of 5 medications administered to client #1, the facility</p>	W000369	<p>compliance will all medication policies and procedures. (Attachment H)</p> <ul style="list-style-type: none"> · Residential Manager will offer immediate training and correction as needed to ensure all medications are being administered correctly. · Residential Manager will conduct monthly house meetings for the purpose of offering staff continued updates and trainings on all plans for all individuals. (Attachment F) · Nursing Coordinators will perform Medication Administration Active Treatment observations Bi-annually. <p>Monitoring of Corrective Action: Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that Active Treatment observations and staff trainings are being completed. Director of Health Services will review Nursing Active Treatment observations to ensure that medications are dispensed correctly.</p> <p>PROVIDER IDENTIFICATION #: 15G194 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS:</p>	09/10/2014	

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	<p>failed to ensure staff administered client #1's cream as ordered.</p> <p>Findings include:</p> <p>On 8/6/14 at 6:31 AM, client #1 received Ketoconazole cream (rash) from staff #4. Staff #4 applied the cream to client #1's face. Staff #4 did not apply the cream to client #1's neck and chest.</p> <p>A review of client #1's Physician's Orders (POs), dated 5/21/14, was conducted on 8/7/14 at 11:05 AM. The PO's indicated Ketoconazole cream was to be applied to client #1's neck, face and chest twice daily.</p> <p>On 8/7/14 at 3:31 PM, the Clinical Supervisor (CS) indicated client #1's medication should be administered as ordered.</p> <p>On 8/7/14 at 9:54 AM, the Residential Manager (RM) indicated client #1's medication should be administered as ordered.</p> <p>9-3-6(a)</p>		<p>115 Stonegate Court, Bedford, IN 47421 SURVEY EVENT ID #: LQ2X11 DATE SURVEY COMPLETED: 8/11/2014</p> <p><u>W369: Drug Administration: The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</u></p> <p>Corrective action:</p> <ul style="list-style-type: none"> · All staff have been in-serviced on passing and administering all meds correctly. (Attachment G) · All staff have been in-serviced on all med pass procedures. (Attachment G) · All staff will complete Core A and Core B during orientation and training. · Prior to being able to pass meds independently: <ul style="list-style-type: none"> ○ All staff will show 100% proficiency during two supervised Medication Passes. ○ Both supervised passes will be done with a Residential Manager within 14 days of completing Orientation. ○ All staff will complete 1 Medication Pass with the Nurse during training and prior to being able to pass medication independently. ○ The third and final proficiency pass with the nurse must be completed within 14 days of the completion of orientation. · Clinical Supervisor will perform Active Treatment 				

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			<p>Observations two (2) times weekly to ensure all medication passes are being completed correctly. (Attachment H)</p> <ul style="list-style-type: none"> · Nurse will be in home weekly and perform Medication Room Weekly Checklist one (1) time weekly to ensure compliance. · Nurse will observe one (1) Medication pass weekly in home. · All staff will demonstrate MAR/ Medication Pass compliance annually. <p>How we will identify others:</p> <ul style="list-style-type: none"> · Residential Manager will do Active Treatment observations including medication pass weekly to ensure staff are providing continuous active treatment, following all policies and procedures during med pass. (Attachment H) <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Residential Manager will complete Active Treatment Observations weekly to ensure compliance will all medication policies and procedures. (Attachment H) · Residential Manager will offer immediate training and correction as needed to ensure all medications are being administered correctly. · Residential Manager will conduct monthly house meetings for the purpose of offering staff continued updates and trainings on all plans for all individuals. (Attachment F) 	

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W000488	<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 and interview for 4 of 7 clients living at the group home (#1, #2, #3 and #5), the facility failed to ensure the clients were involved with preparing breakfast and client #2 assisted with the preparation of his pureed food.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/5/14 from 4:21 PM to 6:00 PM and 8/6/14 from 5:56 AM to 7:56 AM. On 8/5/14 at 5:26 PM, staff #3 used a food processor to puree client #2's food. Client #2 was sitting in the living</p>	W000488	<p>Nursing Coordinators will perform Medication Administration Active Treatment observations Bi-annually. Monitoring of Corrective Action: Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that Active Treatment observations and staff trainings are being completed. Director of Health Services will review Nursing Active Treatment observations to ensure that medications are dispensed correctly.</p> <p>PROVIDER IDENTIFICATION #: 15G194 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 115 Stonegate Court, Bedford, IN 47421 SURVEY EVENT ID #: LQ2X11 DATE SURVEY COMPLETED: 8/11/2014 W 488: DINING AREAS AND SERVICE; the facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> All home staff in-serviced on active treatment (Attachment L/F) All staff have been 	09/10/2014

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	<p>room and available to assist however staff #3 did not prompt him to assist. At 5:34 PM, staff #3 used the food processor to puree food for client #2. Staff did not prompt client #2, who was sitting in the living room, to assist.</p> <p>On 8/6/14 at 5:56 AM, staff #7 was in the kitchen removing English muffins from the toaster. Staff #7 buttered and then put jelly on the English muffins. Client #2 was in the living room and available to assist. Client #1 was in his bedroom and available to assist. Clients #3 and #4 were sleeping. None of the clients were asked to assist with breakfast preparation of the English muffins. At 6:03 AM, staff #7 started cutting up the English muffins. Staff #7 did not prompt clients #1, #2, #3 and #5 to assist her.</p> <p>On 8/7/14 at 9:31 AM, the Residential Manager (RM) indicated the clients should be involved, or prompted to participate, in all aspects of meal preparation. The RM indicated client #2 should be involved with pureeing his food.</p> <p>On 8/7/14 at 3:31 PM, the Clinical Supervisor (CS) indicated the staff should involve the clients in meal preparation to the best of the clients' skill set. The CS indicated the clients should</p>		<p>in-serviced on individual dining plans. (Attachment F/M)</p> <ul style="list-style-type: none"> · All staff have been in-serviced on all individuals' formal dining goals. (Attachment F/M) · All staff have been in-serviced on family style dining/prep/clean-up. (Attachment F) · All staff will attend monthly house meetings to receive any needed trainings and updates on all programming for each individual. (Attachment F) · All staff will complete Food Prep Training during orientation and training. (Attachment F) · Prior to being able to participate in meal prep/dining plan implementation independently: <ul style="list-style-type: none"> ○ All staff will show 100% proficiency during supervised Food Prep Skills Competency in all food modifications. ○ Supervised Food Prep / modification Skills Competency will be done with a certified trainer or nurse during Orientation. · Clinical Supervisor will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (Attachment H) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (Attachment H) 				

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	<p>be encouraged and prompted to participate in all aspects of meal preparation. The CS indicated client #2 should participate in pureeing his food.</p> <p>9-3-8(a)</p>		<ul style="list-style-type: none"> · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (Attachment H) · Residential Manager, Clinical Supervisor, and Program Manager will offer immediate correction, training and feedback to all staff during observations. · All staff will take a written competency exam and do a skills demonstration for food prep and modification for compliance annually. (Attachment N) · QDIP will complete assessment packets for each individual upon admission. (Attachment J) · QIDP will review with IDT any identified changes to assessed skill set quarterly. (Attachment K) · QIDP will update assessment packets for each individual annually. (Attachment J) · QIDP will complete/train/implement formal programming goals for each individual based on assessed skill set. <p>How we will identify others:</p> <ul style="list-style-type: none"> · Clinical Supervisor will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (Attachment H) · Residential Manager will perform two (2) Active Treatment 		

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			<p>Observations weekly in home weekly to ensure all dining plans are being completed correctly. (Attachment H)</p> <ul style="list-style-type: none"> · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (Attachment H) · Residential Manager, Clinical Supervisor, and Program Manager will offer immediate correction, training and feedback to all staff during observations. · QDIP will complete assessment packets for each individual upon admission. (Attachment J) · QIDP will review with IDT any identified changes to assessed skill set quarterly. (Attachment K) · QIDP will update assessment packets for each individual annually. (Attachment J) · QIDP will complete/train/implement formal programming goals for each individual based on assessed skill set. · All individuals' ability to participate in mealtime activities will be assessed in accordance with their developmental capabilities. Upon admission, annually, and with any change in dining needs reviewed quarterly. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Clinical Supervisor will perform Active Treatment 		

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			<p>Observations 1 times weekly to ensure all dining plans are being completed correctly. (Attachment H)</p> <ul style="list-style-type: none"> · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (Attachment H) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (Attachment H) · Residential Manager, Clinical Supervisor, and Program Manager will offer immediate correction, training and feedback to all staff during observations. · Residential Manager will conduct monthly house meetings for the purpose of offering staff continued updates and trainings on all plans for all individuals. (Attachment F) · Nursing Coordinators will perform quarterly reviews on all dining plans. · Nursing Coordinator will make any needed alterations to dining plans as they are identified. · Nursing Coordinator will train Residential Manager on all dining plan changes immediately. · Residential Manager or Nursing Coordinator will train all dining plan changes to all staff in a timely manner. 	

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			<ul style="list-style-type: none"> · Residential Manager will ensure all dining plans are implemented as training is completed. (Attachment H) · All staff will be trained on all current dining plans before independently implementing any dining plan. (Attachment F) · QDIP will complete assessment packets for each individual upon admission. (Attachment J) · QIDP will review with IDT any identified changes to assessed skill set quarterly. (Attachment K) · QIDP will update assessment packets for each individual annually. (Attachment J) · QIDP will complete/train/implement formal programming goals for each individual based on assessed skill set. · All staff will be trained on all programming implemented for each individual. QDIP will complete assessment packets for each individual upon admission. (Attachment J) · All staff will be trained on active treatment and continuous training at all opportunities based on each individuals assessed skill set. · All staff will be trained on dining plans upon admission, annually, and with any implemented changes quarterly. · Residential Manager will do Active Treatment Observations two times weekly to ensure all plans are being followed. (Attachment H) 	

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			<p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Clinical Supervisor will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. . (Attachment H) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. . (Attachment H) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. . (Attachment H) · Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that Active Treatment observations and staff trainings are being completed. · QDIP will complete assessment packets for each individual upon admission. (Attachment J) · QIDP will review with IDT any identified changes to assessed skill set quarterly. (Attachment K) · QIDP will update assessment packets for each individual annually. (Attachment J) · QIDP will complete/train/implement formal programming goals for each individual based on assessed skill set. 	

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W009999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-1(a) Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division:</p> <p>6. A service delivery site with a structural or environmental problem that jeopardizes or compromises the health or welfare of an individual and 15. A fall resulting in injury, regardless of the severity of the injury.</p>	W009999	<ul style="list-style-type: none"> All staff will be trained on all programming implemented for each individual. (Attachment F) Residential Manager and QIDP will review plans quarterly with IDT to ensure all issues are being addressed Clinical Supervisor and or appropriate parties will perform quarterly service reviews to ensure that plans are being monitored, changed when needed, and implemented appropriately. <p>PROVIDER IDENTIFICATION #: 15G194 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 115 Stonegate Court, Bedford, IN 47421 SURVEY EVENT ID #: LQ2X11 DATE SURVEY COMPLETED: 8/11/2014</p> <p><u>W 9999: Final Observations: State Findings; 460 Governing Body; The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: 6. A service delivery site with a structural or environmental problem that jeopardizes or compromises the health or welfare of an individual and 15. A fall resulting in injury, regardless of the severity of the injury.</u></p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Clinical Supervisor will report 	09/10/2014	

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	<p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 2 of 22 incident reports reviewed affecting clients #1, #2, #3, #4, #5, #6 and #7, the facility failed to report to the Bureau of Developmental Disabilities Services (BDDS), in accordance with state law, bed bugs being found in the group home and a fall resulting in injury of client #3.</p> <p>Findings include</p> <p>A review of the facility's incident/investigative reports was conducted on 8/5/14 at 3:33 PM and indicated the following:</p> <p>1. On 5/10/14 at 2:30 PM, client #3 fell while in the shower. The Incident Report, dated 5/10/14, indicated, in part, "Staff stepped (sic) out of the bathroom to give [client #3] privacy while he used the toilet (sic). [Client #3] then turned on the shower and attempted to step in without staff assistance. Staff entered the bathroom as soon as she heard the shower come on. [Client #3] was sitting in the bathtub stating that his (right) hip hurt. Staff assisted [client #3] out of the bathtub and checked for injuries." The Describe the injury or injuries section</p>		<p>all incidents of bed bugs will be reported to the state in the time frame specified. (Attachment I)</p> <ul style="list-style-type: none"> · Clinical Supervisor will report all falls with injury to the state in the time frame specified. (Attachment I) <p>How will we identify others:</p> <ul style="list-style-type: none"> · Residential Manager will review all incident reports daily. (Attachment B) · Residential Manager will ensure all incident reports have been sent to the appropriate parties, and that they have been received.. (Attachment B) <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · All staff will be re-trained completing all documentation completely. (Attachment B/F) · All staff will be re-trained on sending all incident reports to the appropriate parties in the required time frames.(Attachment B/F) · Residential Manager will review any and all incident reports daily and ensure they have been received by the appropriate parties. (Attachment B) <p>Monitoring of Corrective Action: Clinical Supervisor will and or appropriate management personnel will do periodic reviews to ensure all policies and procedures for incident reporting are being completed as required by the state.</p>				

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	<p>indicated, "Light bruise low on (right) hip approx (approximately) 1/2 inch in size. There was no documentation the facility submitted a BDDS report for the fall with injury.</p> <p>On 8/7/14 at 5:07 PM, the Clinical Supervisor indicated in an email, "Also the BDDS for fall with injury was not reported to the QA department so I do not have a BDDS for that either." The Clinical Supervisor indicated in an email on 8/7/14 at 5:19 PM, "This report was not received by QA, the Nurse came out on the same day of incident to examine consumer and found no injury present. If it had been received by QA with an injury observed on examination by nurse it would have been reported to BDDS."</p> <p>On 8/7/14 at 9:22 AM, the Residential Manager indicated a fall with injury should be reported to BDDS within 24 hours.</p> <p>On 8/7/14 at 3:31 PM, the Clinical Supervisor indicated falls with injury should be reported to BDDS within 24 hours.</p> <p>2) On 5/3/14 at 7:30 AM, an Incident Report indicated, in part, for client #4, "Was getting meds and I found a live bed bug crawl out of [client #4's] shirt. I</p>			

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	<p>killed it." This incident also affected clients #1, #2, #3, #5, #6 and #7. There was no documentation the facility submitted a BDDS report.</p> <p>On 8/7/14 at 9:22 AM, the Residential Manager indicated the incident should have been reported to BDDS within 24 hours.</p> <p>On 8/7/14 at 3:31 PM, the Clinical Supervisor indicated the incident should have been reported to BDDS within 24 hours.</p> <p>9-3-1(b)</p>						