

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G229	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2011
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 307 JOSEPHINE ST MILAN, IN47031
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W0000	<p>This visit was for the annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 31, November 1, 2, 4 and 15, 2011</p> <p>Facility Number: 000753 Provider Number: 15G229 AIM Number: 100243350</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W0000		
W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #1), the governing body failed to exercise operating direction over the facility to ensure the client's personal funds were not used to provide a dental treatment.</p>	W0104	W104: The governing body must exercise general policy, budget, and operating direction over facility.	12/09/2011

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>Findings include:</p> <p>The review of client #1's finances was conducted on 11/2/11 at 9:20 AM. The Resident Fund Management Service (RFMS) account for client #1 indicated on 10/6/11 \$140.38 was deducted from her account for a non-covered Medicaid expense.</p> <p>Interview with staff #3, Home Manager, on 11/2/11 at 9:30 AM indicated the charge was for a dental treatment that was not covered by Medicaid.</p> <p>Interview with staff #10, Accounts Payable, on 11/4/11 at 4:00 PM indicated the money was used from the clients personal account to pay the charge that Medicaid would not cover. Staff #10, Accounts Payable, indicated after they paid the charge, they would enter a liability reduction request. Staff #10 indicated if and when they got the reduction, they would reimburse the client.</p> <p>9-3-1(a)</p>		<p>Corrective action:</p> <ul style="list-style-type: none"> Social Services Director, Accounts Payable staff have been inserviced on no longer paying for non covered Medicaid services, within per diems, out of client RFMS accounts (Attachment A). <p>How we will identify others:</p> <p>Social Services Director will review client non covered Medicaid services, within per diems, to ensure that non covered Medicaid services, within per diem, have not been paid out of RFMS accounts.</p> <p>Measures to be put in place:</p> <p>Social Services Director will review client non covered Medicaid services, within per diems, to ensure that they are being paid by ResCare.</p> <p>Monitoring of Corrective Action:</p> <p>Executive Director will review client non covered</p>		

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W0130	<p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 6 of 6 clients (clients #1, #2, #3, #4, #5 and #6) receiving medication, the facility failed to ensure privacy during the medication pass.</p> <p>Findings include:</p> <p>The morning medication pass was observed on 11/2/11 from 6:30 AM to 7:10 AM. Client #3 came to the medication room at 6:30 AM and proceeded to get her med (medicine) box out of the cabinet. The medication room door was left open and client #6 stood outside the open door waiting for her turn to come into the room. Client #6 listened to staff #4 and client #3 discussing the medication. Client #6 came into the medication room at 6:32 AM. The medication room door was left open and client #5 stood outside the door waiting her turn. Client #4 walked into the</p>	W0130	<p>Medicaid services, within per diem, to ensure that services are paid for correctly</p> <p>Completion Date: 12-9-2011</p> <p>W130: The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · Staff have been inserviced on providing privacy during medication administration (Attachment B). · <p>How we will identify others:</p> <p>Program Coordinators will review medication administration policies, including the need for privacy, to ensure that staff have been trained per policy and procedure.</p>	12/09/2011	

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	<p>medication room while client #6 was selecting her morning medications. Client #4 talked to staff #4 and was redirected to go into the other room and to wait her turn. Client #5 came to the medication room at 6:35 AM, selected her medication book and selected her morning medications. Client #4 came back into the room and stood behind client #5 as client #5 was trying to select her morning medications from her med (medicine) box. Staff #4 redirected client #4 to the other room to wait until client #5 was done. Client #4 entered the medication room at 6:42 AM and selected her medication book, Staff #4 got client #4's medication box and asked client #4 to select her Sertraline (for anxiety). Client #1 was standing at the door waiting her turn to come in while staff #4 and client #4 were discussing the medication. Client #1 came into the medication room at 6:45 AM. Client #4 came into the room while client #1 was receiving her medication. Client #2 came into the room at 6:52 AM. Client #4 was standing at the door of the medication room waiting for staff #4 and observed client #2 using her inhaler, requesting Ibuprofen for a headache, and getting all her other medications. The medication room door was left open during the entire medication pass.</p> <p>Interview with staff #4 on 11/2/11 at 7:10</p>		<p>Measures to be put in place: Program Coordinators, Nursing Coordinators will perform weekly Active Treatment observations to ensure that privacy is being provided during medication administration (Attachment C).</p> <p>Monitoring of Corrective Action: Director of Supervised Group Living will review Active Treatment observations to ensure that medication administration is being performed per policy and procedure.</p> <p>Completion Date: 12-9-2011</p>				

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W0210	<p>AM indicated she "never" closed the medication room door and because they were rushed for time in the mornings, the clients always lined up outside the door to wait their turn.</p> <p>Interview with staff #3, Home Manager, on 11/2/11 at 9:00 AM indicated the medication room door should be closed during the medication pass to ensure privacy for the clients receiving their medication.</p> <p>9-3-2(a)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview for 1 of 3 sampled clients (client #3), the facility failed to provide a Comprehensive Functional Assessment (CFA) to accurately identify the functional abilities.</p> <p>Findings include:</p> <p>The record review for client #3 was conducted on 11/2/11 at 11:42 AM. The Community Residential Facility Surveyor Worksheet dated 10/31/11 indicated client</p>	W0210	<p>W210: Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Corrective Action:</p>	12/09/2011	

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	<p>#3 was admitted to the facility in 2009. The record did not contain the CFA.</p> <p>Interview with staff #2, Program Coordinator, on 11/2/11 at 1:00 PM indicated he was sure there had been a CFA, but it was not in the file. Interview with staff #3, Home Manager, on 11/2/11 at 1:00 PM indicated the CFA had to be misfiled, but they had looked in the file. Staff #3, Home Manager, indicated client #3 may have put the CFA in her room because she liked to keep all her information together.</p> <p>9-3-4(a)</p>		<ul style="list-style-type: none"> · Program Coordinators have been inserviced on maintaining copies of assessments to ensure that assessments are completed and available (Attachment D). · Client #3's comprehensive functional assessment has been completed. (Attachment E). <p>How we will identify others: Program Coordinators will review assessments to ensure that all have been completed.</p> <p>Measures to be put in place: Program Coordinators will review assessment binders in home during completion of weekly checklists to ensure that all assessments are completed and available.</p> <p>Monitoring of Corrective Action: Director of Supervised Group Living, Quality Assurance will perform</p>		

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W0249	<p>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>Based on observation, record review and interview for 2 of 3 sampled clients (clients #2 and #3), the facility failed to ensure the medication goals were conducted.</p> <p>Findings include:</p> <p>During the observation period on 11/2/11 from 6:00 AM to 7:30 AM, the morning medication pass was started at 6:30 AM. Client #3 came to the medication room at 6:30 AM and removed her medication box from the medicine cabinet. Staff #4 took the morning medication out of the medication box and compared the bubble packs to the Medical Administration Record (MAR). Staff #4 popped the pills from the bubble pack and gave the pill cup to client #3 to take the medication.</p>	W0249	<p>periodic service reviews to ensure that all assessments are completed and available.</p> <p>Completion Date: 12-9-2011</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"> Staff have been inserviced providing active treatment at all medication administration opportunities 	12/09/2011	

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	<p>Client #3 received Paroxetine for anxiety, Seasonique to regulate menses, and Crestor for high cholesterol. Staff #4 did not review any of the medication with client #3. Client #2 received her medication at 6:52 AM. Client #2 received Advair inhaler for Chronic Obstructive Pulmonary Disease (COPD), Certavite (a dietary supplement), Citrus Calcium (a calcium supplement), Dilantin for seizures, Metazodone for Pre Menstrual Syndrome (PMS), Reguloid for Constipation, Senna S for Constipation and Vesicare for Urinary incontinence.</p> <p>The record review for client #3 was conducted on 11/2/11 at 11:49 AM. The record indicated client #3 had a formal training objective for medication administration. The record indicated the training objective was "[Client #3] will name 2 side effects of Paxil (Paroxetine) for anxiety."</p> <p>The record review for client #2 was conducted on 11/2/11 at 10:42 AM. The record indicated client #2 had a formal training objective for medication administration. The training objective for client #2 was "[Client #2] will pick out 3 med packs highlighted to match MAR for AM meds."</p> <p>Interview with staff #4 on 11/2/11 at 7:00</p>		<p>(Attachment B).</p> <p>How we will identify others: Program Coordinators will review medication administration goals with staff, including the need for active treatment, to ensure that staff are providing active treatment during all medication administration opportunities.</p> <p>Measures to be put in place: Program Coordinators, Home Managers will perform weekly Active Treatment observations to ensure that active treatment is being provided during medication administration (Attachment C).</p> <p>Monitoring of Corrective Action: Director of Supervised Group Living, Quality Assurance will perform periodic service reviews to ensure that active treatment is being provided during medication administration.</p>		

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W0365	<p>AM indicated she did not do the med goals. Interview with staff #3, Home Manager, on 11/2/11 at 8:00 AM indicated the medication goals should have been conducted during the medication pass.</p> <p>9-3-4(a)</p> <p>An individual medication administration record must be maintained for each client. Based on observation and interview for 1 of 6 clients (client #2) receiving medication, the facility failed to ensure a PRN (as needed medication) was recorded as being given.</p> <p>Findings include:</p> <p>During the observation period on 11/2/11 from 6:00 AM to 7:30 AM, the morning medication administration was started at 6:30 AM. Client #2 received her medication at 6:52 AM and indicated to staff #4 that she had a headache and wanted an Ibuprofen. Staff #4 removed the medication from the PRN medicine and administered the pill with the routine morning medication. Staff #4 documented on the Medical Administration Record (MAR) page the routine morning meds were taken, but</p>	W0365	<p>Completion Date: 12-9-2011</p> <p>W365: An individual medication administration record must be maintained for each client. Corrective Action: · Staff have been inserviced on documentation of PRN medications (Attachment F). How we will identify others: Program Coordinators will review PRN medication documentation with staff., to ensure that staff are documenting PRN medications per policy and procedure. Measures to be put in place: Home Managers will review medication administration records daily to ensure that PRN medications are documented when given. Monitoring of Corrective Action: Director of Supervised Group Living, Quality Assurance, Nursing coordinators will perform periodic service reviews to ensure that PRN medication administration is being documented per policy and</p>	12/09/2011

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	<p>failed to document the Ibuprofen had been given.</p> <p>Interview with staff #3, Home Manager, at 8:00 AM on 11/2/11 indicated the Ibuprofen should have been documented as being given in the MAR.</p> <p>9-3-6(a)</p>		<p>procedure. Completion Date: 12-9-2011</p>		