

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G179	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/28/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 8206 BUCKRIDGE TR EVANSVILLE, IN 47715
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: April 25, 26, 27 and 28, 2016.</p> <p>Facility Number: 000712 Provider Number: 15G179 AIMS Number: 100243090</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/16/16.</p>	W 0000		
W 0312 Bldg. 00	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure Modafinil (sleep apnea) was included in the client's Behavior</p>	W 0312	W312	07/08/2016

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>Support Plan (BSP).</p> <p>Findings include:</p> <p>Client #4's record review was completed on 4/28/16 at 12:10 PM. The 4/1 - 4/30/16 physician's orders indicated client #4 received "Modafinil Tab - 200 mg (milligrams) (stimulant) q (every) morning for sleep apnea." Client #4's 8/1/15 BSP Behavior Medication Restrictions included "Trazodone 50 mg nightly". The BSP did not include the medication Modafinil.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 4/28/16 at 11:30 AM, she stated "I'm not really aware of what the medication is for. Nursing usually supplies the names of the medications that should be integrated into the client's BSP. The medication (Modafinil) had not been added to her plan and it should have been."</p> <p>9-3-5(a)</p>		<p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>- An IDT will be completed with Client #4 to discuss any updates to their Individuals Support Plan, Behavioral Support Plan in regards to Anxiety and the use of behavioral medications.</p> <p>- An IDT will be completed with all individuals living in the home to ensure that appropriate reduction plans are in place for all behavioral medications.</p> <p>-The Human Rights Committee will review any restrictions to Client #4's plan</p>	

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			<p>-The QIDP will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication</p> <p>-The Program Manager will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication</p> <p>-Residential Manager will oversee through daily visits in the home to assure programs and objectives are implemented appropriately</p> <p>-QIDP will oversee through weekly visits in the home to assure programs and objectives are implemented appropriately</p>	

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W 0460 Bldg. 00	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client #1 was provided with the physician and dietitian recommended diet consisting of a low fat diet and portion control.</p> <p>Findings include:</p> <p>During observation at the group home on 4/26/16 between 3:30 PM and 7:00 PM, the dinner meal included hamburger on whole wheat bread in lieu of buns, homemade steak fries, cole slaw, skim milk and juice. Client #1 was seated at the dinner table with the rest of the</p>	W 0460	<p>Persons Responsible: Residential Manager, QIDP, Program Manager, Executive Director</p> <p>W460-Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>In order to correct the deficiency with W460:</p> <p>-Staff will be retrained regarding all individual program plans and each</p>	07/08/2016

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	<p>clients at 6:00 PM. Client #1 served herself a hamburger patty on two slices of bread, a heaping 2/3 cup ladle of cole slaw and 13 steak fries, skim milk and juice.</p> <p>Client #1's record was reviewed on 4/27/16 at 2:30 PM. The 4/1 - 4/30, 2016 physician's orders indicated "regular (diet) with portion control, low fat."</p> <p>The Group Home Quarterly Nutrition Assessment for 1/28/16 indicated "current diet order - Reg. (regular diet) with P.C. (Portion Control), low fat." The goal assessment indicated "resident's weight is 204 lbs (pounds), has gained 7 pounds in 90 days, above IBW (ideal body weight), diet with portion control and low fat. Continue POC (plan of care). Encourage (client) to follow portion control on menu. Continue trying for graduated weight loss of 2 - 5 lbs. over next 90 days."</p> <p>Client #1's monthly weight chart completed by the group home staff indicated client #1 weighed 183 lbs (pounds) in January of 2015.</p> <p>Client #1's record also included an undated High Risk Plan that indicated "Problem: Above ideal body weight. Approach: 1). A regular with portion</p>		<p>individuals training program specific to modified and specially-prescribed diets. Emphasis will be placed on ensuring that each individual receives the appropriate supports to comply with their diet.</p> <p>-Specifically, for client #1, staff will be retrained regarding the specific diet plan with emphasis on portion control.</p> <p>- Residential Manger will ensure compliance through daily observations in the home to ensure appropriate involvement and supports are provided to each individual and diets followed as outlined.</p> <p>-QIDP will ensure compliance through weekly observations in the home to ensure appropriate involvement and supports are provided to each</p>	

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	<p>control diet, low fat will be provided per physicians (sic) orders. 2). Staff will weigh monthly and record weight on MAR (Medication Administration Record). Nurse will notify physician of significant weight loss or gain and document in nurse's notes. 3) Staff will monitor food intake and provide healthy food choices daily."</p> <p>An IDT (Interdisciplinary Team) note dated 2/4/16 indicated "Dietary Q1 (first quarter assessment) - Dietician recommends no changes. Continue POC (plan of care) and monitor. Follow portion sizes listed on menu."</p> <p>The [Name of Facility] Menu including portion sizes, signed by the dietitian on 3/11/15, was provided by the facility nurse and reviewed on 4/28/16 at 10:00 AM. The menu indicated the supper menu should consist of: Hamburger on bun 3 oz (ounces) Lettuce-tomato-onion 1 serving Steak fries - 6 each Creamy cole slaw - 1/3 cup Pudding with topping - 1/2 cup Skim milk 8 fluid oz. (ounces) Ketchup 2 Tbs. (tablespoons) LF (Low fat) mayonnaise/mustard - 1 Tbs.</p> <p>Interview with the Qualified Intellectual</p>		<p>individual and diets being followed as outlined.</p> <p>- Program Manager will ensure compliance through monthly observations in the home to ensure appropriate involvement and supports are provided to each individual and diets are being followed as outlined.</p> <p>Persons Responsible: Group Home Staff, Residential Manger, QIDP, Program MAnager, and Executive Director.</p>				

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	<p>Disabilities Professional (QIDP) was completed on 4/28/16 at 10:45 AM. She stated "the group home staff should have been monitoring [client #1] more closely to make sure she was complying with the recommended dietary portions."</p> <p>9-3-8(a)</p>			