

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G431	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/06/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 525 S SKYVIEW DR JASPER, IN 47546
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W 0000 Bldg. 00	<p>This visit was for a full recertification and state licensure survey.</p> <p>This visit was in conjunction with a Post Certification Revisit (PCR) to the investigation of Complaint #IN00175974 completed on June 23, 2015.</p> <p>Dates of Survey: August 3, 4, 5 and 6, 2015.</p> <p>Facility Number: 000945 Provider Number: 15G431 AIM Number: 100235210</p> <p>The following federal deficiencies reflect state findings in accordance with 460 IAC 9.</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 record review and interview for 2 of 2 sampled clients (A and B) and 2</p>	W 0104	W104: Thegoverning body must exercise general policy, budget, and operating directionover the	09/05/2015

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>additional clients (C and D), the governing body failed to exercise general policy and operating direction over the facility. The governing body failed to implement the Employee Standards of Conduct requiring supervisory approval in regard to outside visitors to the group home.</p> <p>Findings include:</p> <p>During the observation period on 8/3/15 from 5:50 pm to 7:35 pm, four children belonging to staff #4 had been brought to work with her at the group home from 5:50 pm to 6:45 pm. Clients #1, #2, #3 and #4 were observed entertaining (drawing in a coloring book) and babysitting the 4 children while their mother, staff #4, administered medications in the medication room. Staff #6 was assisting with entertaining the children as well.</p> <p>The facility's Human Resources Policy and Practice Manual for Standards of Conduct dated 1/2/15 was reviewed on 8/4/15 at 4:55 pm. The Standards of Conduct indicated receiving visitors at the workplace without supervisory approval is subject to corrective action.</p> <p>During interview with the Program Manager on 8/4/2015 at 4:07 pm, she</p>		<p>facility.</p> <p>Corrective Action:(specific): Staff 4 was in-serviced on the code of conduct regarding receiving visitors in the workplace without prior supervisory approval.</p> <p>How others will be identified: (Systemic): The QIDP and/or Clinical Supervisor will complete random site visits to ensure the code of conduct is being upheld.</p> <p>Measures to be put in place: Staff 4 was in-serviced on the code of conduct regarding receiving visitors in the workplace without prior supervisory approval.</p> <p>Monitoring of Corrective Action: The QIDP and/or Clinical Supervisor will complete random site visits to ensure the code of conduct is being upheld.</p> <p>Completion date: 9.5.15</p>		

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W 0231 Bldg. 00	<p>stated "It is our Code of Conduct that employees are not to receive visitors at the group home without prior supervisory approval. She will be inserviced immediately on this."</p> <p>9-3-1(a)</p> <p>483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance. Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to track data in regards to the client's diagnosis of dementia.</p> <p>Findings include:</p> <p>During observation of the medication pass conducted on 8/4/15 at 6:20 am, client #3 was administered Namenda 10 mg (milligrams). The 8/15 Medication Administration Record (MAR), reviewed on 8/4/15 at 9:32 am indicated client #3</p>	W 0231	<p>W231: The objectives of the individual programplan just be expressed in behavioral terms that provide measurable indices ofperformance.</p> <p>Corrective Action:(specific): The BSP will be updated to include the Namenda 10mg for client#3 and a tracking sheet to monitor and track Dementia signs and symptoms willbe implemented. All staff will bein-serviced on the changes in the BSP and the tracking sheet.</p> <p>How others will beidentified:</p>	09/05/2015

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W 0249 Bldg. 00	<p>received "Namenda 10 mg once daily for Dementia."</p> <p>The Director of Nursing Services was interviewed on 8/6/15 at 9:58 am. She indicated client #3 received Namenda for a diagnosis of dementia. She stated "the facility has not implemented any system to track the client's dementia or the effectiveness of her memory medications."</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>Based on observation, record review and interview for 1 of 2 sampled clients (#1), the facility failed to ensure all clients</p>			W 0249	<p>(Systemic): All consumer plans will be reviewed to see if any updates need to be made. Staff will be trained on any updates. The QIDP will monitor all plans monthly to ensure any changes are added.</p> <p>Measures to be put in place: The BSP will be updated to include the Namenda 10mg for client #3 and a tracking sheet to monitor and track Dementia signs and symptoms will be implemented. All staff will be in-serviced on the changes in the BSP and the tracking sheet.</p> <p>Monitoring of Corrective Action: All consumer plans will be reviewed to see if any updates need to be made. Staff will be trained on any updates. The QIDP will monitor all plans monthly to ensure any changes are added.</p> <p>Completion date: 9.5.15</p> <p>W249: As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous</p>		09/05/2015

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	<p>received a continuous active treatment program at every available opportunity in order to support the achievement of the objectives identified in the client's Individual Support Plan.</p> <p>Findings include:</p> <p>During the observation period on 8/3/15 from 5:50 pm to 7:35 pm, four children belonging to staff #4 had been brought to work with her at the Group Home from 5:50 pm to 6:45 pm. Clients #1, #2, #3 and #4 were observed entertaining (drawing in a coloring book) and babysitting the 4 children while their mother, staff #4, administered medications in the medication room. Staff #6 was assisting with entertaining the children as well. The clients were not observed at any time during the observation period to be working on their goals or participating in any type of formal training.</p> <p>During client #1's record review completed on 8/4/15 at 9:55 am, the Individual Support Plan dated 9/2/14 indicated client #1's goals included learning her address with 3 or fewer verbal prompts, learning to budget money with 3 or fewer verbal prompts, and to walk with staff when prompted.</p>		<p>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:(specific): Staff 4 was in-serviced on the code of conduct regarding receiving visitors in the workplace without prior supervisory approval.</p> <p>How others will be identified: (Systemic): ADDENDUM The QIDP will visit the home three times weekly to ensure the code of conduct is being upheld.</p> <p>Measures to be put in place: Staff 4 was in-serviced on the code of conduct regarding receiving visitors in the workplace without prior supervisory approval.</p> <p>Monitoring of Corrective Action: ADDENDUM The QIDP will visit the home three times weekly to ensure the code of conduct is being upheld.</p> <p>Completion date: 9.5.15 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>		

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W 0369 Bldg. 00	<p>During interview with the Program Manager on 8/4/2015 at 4:07 pm, she stated "It is our Code of Conduct that employees are not to receive visitors at the group home without prior supervisory approval. She will be inserviced immediately on this."</p> <p>9-3-4(a)</p> <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, interview and record review for 1 of 27 doses administered, the facility failed to ensure a medication was administered at the proper time for client #3.</p> <p>Findings include: During the 8/4/2015 observation period</p>			W 0369	<p>Corrective Action:(specific): Staff 4 was in-serviced on the code of conduct regardingreceiving visitors in the workplace without prior supervisory approval. How others will beidentified: (Systemic): The QIDP and/or Clinical Supervisor will completerandom site visits to ensure the code of conduct is being upheld. Measures to be put inplace: Staff 4 was in-serviced onthe code of conduct regarding receiving visitors in the workplace without priorsupervisory approval. Monitoring ofCorrective Action: The QIDP and/orClinical Supervisor will complete random site visits to ensure the code ofconduct is being upheld. Completion date: 9.5.15</p> <p>W369: The system for drug administration mustassure that all drugs, including those that are self-administered, areadministered without error. Corrective Action: (Specific):All clients receiving the drug Levothyroxine have had their MedicationAdministration Record (MAR) reviewed and updated, if applicable, to state thatthe drug must</p>		09/05/2015

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	<p>between 6:00 AM and 8:00 AM at the group home, staff #5 administered Levothyroxin 100 mcg (micrograms) (given for low thyroid) to client #3 at 6:35 AM with 11 other medications. Client #3 was observed to be eating breakfast including two slices of bread with butter at 6:55 AM.</p> <p>Client #3's August 2015 Medication Administration Record (MAR) was reviewed on 8/4/15 at 9:32 AM. The MAR indicated client #3 was to receive Levothyroxin 100 mcg once daily at 6:00 AM.</p> <p>The Nursing 2015 Drug Handbook was reviewed on 8/5/15 at 8:30 am. It indicated Levothyroxin "is to be given at the same time each day on an empty stomach, preferably 1/2 to 1 hour before breakfast".</p> <p>During interview with the facility nurse on 8/6/15 at 9:10 AM, she stated "I learned in nursing school that Levothyroxin should be given on an empty stomach, not with other medications, and ideally one hour before breakfast".</p> <p>The Director of Nursing for the facility was interviewed on 8/6/15 at 9:15 AM. She stated "I will need to call [client #3's]</p>		<p>be given one hour prior to eating or taking other medications.</p> <p>How others will be identified: (Systemic): Nursing will monitor the MARs monthly to ensure the Levothyroxine is stated to be given one hour prior to eating or taking other medications. ADDENDUM – The Residential Manager will visit the home 5 times weekly to ensure medication is given at the appropriate time. Measures to be put in place: All clients receiving the drug Levothyroxine have had their Medication Administration Record (MAR) reviewed and updated, if applicable, to state that the drug must be given one hour prior to eating or taking other medications. Monitoring of Corrective Action: Nursing will monitor the MARs monthly to ensure the Levothyroxine is stated to be given one hour prior to eating or taking other medications. ADDENDUM – The Residential Manager will visit the home 5 times weekly to ensure medication is given at the appropriate time.</p> <p>Completion date: 9.5.15 W369: The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Corrective Action: (Specific): All clients receiving the drug Levothyroxine have had their</p>	

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	primary care doctor to get clarification on exactly when we should administer her Levothyroxin." 9-3-6(a)		MedicationAdministration Record (MAR) reviewed and updated, if applicable, to state thatthe drug must be given one hour prior to eating or taking othermedications. How others will be identified: (Systemic): Nursing will monitor theMARs monthly to ensure the Levothyroxine is stated to be given one hour priorto eating or taking other medications. Measures to be put in place: All clients receiving the drugLevothyroxine have had their Medication Administration Record (MAR) reviewedand updated, if applicable, to state that the drug must be given one hour prior to eating or taking other medications. Monitoring of Corrective Action: Nursing will monitor the MARsmonthly to ensure the Levothyroxine is stated to be given one hour prior toeating or taking other medications. Completiondate: 9.5.15		