

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G550	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/09/2012
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES- ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256		
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W0000	<p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 4/25/12, 4/26/12, 4/27/12, 5/2/12, 5/3/12 and 5/9/12.</p> <p>Facility Number: 001064 Provider Number: 15G550 AIM Number: 10024544</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 5/14/12 by Tim Shebel, Medical Surveyor III.</p>	W0000			

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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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#2 and #4) plus 2 additional clients (#6 and #7), the facility failed to implement its policy and procedure to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding an incident of client to client aggression for 2 of 4 sampled clients (#2 and #4). The facility failed to implement its policy and procedure to immediately notify BDDS in accordance with state law regarding an allegation of neglect for 2 additional clients (#6 and #7).</p> <p>Findings include:</p> <p>A review of the facility's BDDS reports, internal incident reports and investigations was conducted on 4/25/12 at 2:56 PM. The review indicated the following:</p> <p>1. Internal incident report dated 1/14/12, "[Client #1] was on the van calling her housemates names like [expletive]. [Staff #1] asked her to stop saying mean things to them and also telling the girls to ignore her. And [client #1] kept on saying stuff to them and [client #4] punched [client</p>	W0149	<p>CORRECTION: The facility must develop and implement written policies and procedures that prohibit mistreatment, abuse or neglect of the client. Specifically, Direct Support Staff have been retrained regarding immediate reporting of incidents to supervisory personnel and the agency's Operations Team. Professional staff will be retrained regarding the need to follow-up with Operations Team members to assure that the facility reports required incidents in a timely manner to the Indiana Bureau of Quality Improvement Services and the Bureau of Developmental Disability Services.</p> <p>PREVENTION: The agency has added an additional level of supervision at the facility to supplement staff training and oversight. The facility's management will review documentation and maintain contact with staff on all shifts to assure timely incident reporting occurs. Quality Assurance and Operations Team members will review staff training documentation and meet face to face with facility management on an ongoing basis to assure supervisors and direct support staff maintain an understanding of incident reporting</p>	06/08/2012			

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	<p>#2] in the face. She said she did it because [client #2] kept calling her [expletive]. Then she called [client #7] an [expletive] because [client #7] said, 'leave them the [expletive] alone.' [Client #7] turned around and punched [client #1] three times on the leg. [Staff #1] redirected [client #1] to the next seat. As we got in the house [client #1] called out [staff #1] name and said, 'get [client #4] off me.' [Staff #1] ran back there and they both had each other's hands on their arms. [Staff #1] redirected them back to their rooms... [Client #1] sustained a small red spot ontop under lip (sic)."</p> <p>-BDDS report dated 1/17/12 indicated on 1/14/12, "[Client #1] was on the van calling her housemates names like [expletive]. [Staff #1] asked her to stop saying mean things to them and also telling the girls to ignore her. And [client #1] kept on saying stuff to them and [client #4] punched [client #2] in the face. She said she did it because [client #2] kept calling her [expletive]. Then she called [client #7] an [expletive] because [client #7] said, 'leave them the [expletive] alone.' [Client #7] turned around and punched [client #1] three times on the leg. [Staff #1] redirected [client #1] to the next seat. As we got in the house [client #1] called out [staf #1's] name and said, 'get [client #4] off me.'</p>		<p>requirements. Responsible Parties: QDDPD, Home Manager, Support Associates, Quality Assurance Team, Operations Team</p>	

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	<p>[Staff #1] ran back there and they both had each other's hands on their arms. [Staff #1] redirected them back to their rooms... [Client #1] sustained a small red spot ontop under lip (sic)."</p> <p>2. BDDS report dated 2/7/12 indicated on 2/4/12 client #6 and client #7 reported to the program coordinator they were left unattended on the facility van during a shopping outing at a local department store on 2/4/12.</p> <p>Interview with HM (Home Manager) #1 and AS (Administrative Staff) #1 on 4/30/12 at 3:15 PM indicated client #1, #4 and #7 had been involved in an altercation on 1/14/12. HM #1 indicated direct care staff working on 1/14/12 had not properly notified her of the incident. HM #1 indicated the incident should have been reported to AS #2 for BDDS completion within 24 hours of the incident. AS #2 indicated he received information regarding the incident on 1/17/12 and then submitted the report. AS #2 indicated the report should have been submitted within 24 hours of the incident.</p> <p>Interview with HM #1 on 4/30/12 at 3:25 PM indicated that she was the program coordinator on 2/4/12 that received the allegation from client #6 and client #7. HM #1 indicated she had not reported the</p>				

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	<p>allegation in a, "timely" manner. HM #1 indicated the allegations should have been reported to BDDS within 24 hours of knowledge of the incident.</p> <p>The facility's policy and procedures were reviewed on 5/3/12 at 2:00 PM. The facility's 9/14/07 policy and procedure entitled Abuse, Neglect, Exploitation operating standard 1.26 indicated, "Following [agency] protocol for the exact process to report incidents, once the suspicion has been reported to the supervisor and/or PD (Program Director), the PD will report, within 24 hours, the suspected abuse, neglect or exploitation as follows:</p> <p>G. "To the BDDS central office...."</p> <p>9-3-2(a)</p>				

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 2 of 11 allegations of abuse, neglect, mistreatment and/or injuries of unknown origin reviewed, the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding an incident of client to client aggression for 2 of 4 sampled clients (#2 and #4). The facility failed to immediately notify BDDS in accordance with state law regarding an allegation of neglect for 2 additional clients (#6 and #7).</p> <p>Findings include:</p> <p>A review of the facility's BDDS reports, internal incident reports and investigations was conducted on 4/25/12 at 2:56 PM. The review indicated the following:</p> <p>1. Internal incident report dated 1/14/12, "[Client #1] was on the van calling her housemates names like [expletive]. [Staff #1] asked her to stop saying mean things to them and also telling the girls to ignore</p>			W0153	<p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, abuse or neglect of the client. Specifically, Direct Support Staff have been retrained regarding immediate reporting of incidents to supervisory personnel and the agency's Operations Team. Professional staff will be retrained regarding the need to follow-up with Operations Team members to assure that the facility reports required incidents in a timely manner to the Indiana Bureau of Quality Improvement Services and the Bureau of Developmental Disability Services.</i></p> <p>PREVENTION: The agency has added an additional level of supervision at the facility to supplement staff training and oversight. The facility's management will review documentation and maintain contact with staff on all shifts to assure timely incident reporting occurs. Quality Assurance and Operations Team members will review staff training documentation and meet face to face with facility management on an ongoing basis to assure</p>		06/08/2012

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	<p>her. And [client #1] kept on saying stuff to them and [client #4] punched [client #2] in the face. She said she did it because [client #2] kept calling her [expletive]. Then she called [client #7] an [expletive] because [client #7] said, 'leave them the [expletive] alone.' [Client #7] turned around and punched [client #1] three times on the leg. [Staff #1] redirected [client #1] to the next seat. As we got in the house [client #1] called out [staff #1] name and said, 'get [client #4] off me.' [Staff #1] ran back there and they both had each other's hands on their arms. [Staff #1] redirected them back to their rooms... [Client #1] sustained a small red spot ontop under lip (sic)."</p> <p>-BDDS report dated 1/17/12 indicated on 1/14/12, "[Client #1] was on the van calling her housemates names like [expletive]. [Staff #1] asked her to stop saying mean things to them and also telling the girls to ignore her. And [client #1] kept on saying stuff to them and] [client #4] punched [client #2] in the face. She said she did it because [client #2] kept calling her [expletive]. Then she called [client #7] an [expletive] because [client #7] said, 'leave them the [expletive] alone.' [Client #7] turned around and punched [client #1] three times on the leg. [Staff #1] redirected [client #1] to the next seat. As we got in</p>		<p>supervisors and direct support staff maintain an understanding of incident reporting requirements. Responsible Parties: QDDPD, Home Manager, Support Associates, Quality Assurance Team, Operations Team</p>				

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	<p>the house [client #1] called out [staf #1's] name and said, 'get [client #4] off me.' [Staff #1] ran back there and they both had each other's hands on their arms. [Staff #1] redirected them back to their rooms... [Client #1] sustained a small red spot ontop under lip (sic)."</p> <p>2. BDDS report dated 2/7/12 indicated on 2/4/12 client #6 and client #7 reported to the program coordinator they were left unattended on the facility van during a shopping outing at a local department store on 2/4/12.</p> <p>Interview with HM (Home Manager) #1 and AS (Administrative Staff) #1 on 4/30/12 at 3:15 PM indicated client #1, #4 and #7 had been involved in an altercation on 1/14/12. HM #1 indicated direct care staff working on 1/14/12 had not properly notified her of the incident. HM #1 indicated the incident should have been reported to AS #2 for BDDS completion within 24 hours of the incident. AS #2 indicated he received information regarding the incident on 1/17/12 and then submitted the report. AS #2 indicated the report should have been submitted within 24 hours of the incident.</p> <p>Interview with HM #1 on 4/30/12 at 3:25 PM indicated that she was the program coordinator on 2/4/12 that received the</p>						

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	<p>allegation from client #6 and client #7. HM #1 indicated she had not reported the allegation in a, "timely" manner. HM #1 indicated the allegations should have been reported to BDDS within 24 hours of knowledge of the incident.</p> <p>9-3-2(a)</p>			

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 11 incidents of abuse, neglect or injuries of unknown origin reviewed for 1 of 4 sampled clients (#4), the facility failed to complete a thorough investigation in regards to client #4 being poisoned by a peer. The facility failed to complete a thorough investigation in regards to client #4's possible sexual involvement with a male coworker.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports, internal incident reports and investigations was conducted on 4/25/12 at 2:56 PM. The review indicated the following:</p> <p>1. BDDS report dated 12/15/11 indicated on 12/14/11, "[Client #4] reported to staff that her power aid drink tasted funny and had bubbles in it and she suggested that someone put something in it. Earlier in the evening [client #4] had been observed arguing with [former client], [client #2] and [client #5]. Staff observed an empty container of body wash spray in the trash and when staff spoke to the individuals</p>	W0154	<p>CORRECTION: <i>The facility must have evidence that all alleged violations are thoroughly investigated. Specifically, investigations will be completed for: the incident of peers attempting to cause Client #4 to drink body was on 12/14/11 and the incident of client #4's alleged sexual involvement with a co-worker on 4/17/12.</i></p> <p>PREVENTION: <i>The Program Coordinator/QDDP will be retrained on the facility's process for investigating incidents of client to client aggression and injuries of unknown origin. The Operations Team has established a tracking system for facility investigations and the QDDP will submit copies of investigation reports and interdisciplinary team follow-up to the Licensure and Compliance Coordinator.</i></p> <p>Responsible Parties: <i>QDDPD, Home Manager, Support Associates, Quality Assurance Team, Operations Team</i></p>	06/08/2012			

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	<p>who had been arguing they indicated body wash had been poured into [client #4's] drink. Staff could not immediately determine which of the three individuals with who [client #4] had been arguing was responsible for putting the body wash in her drink...." A facility summary of investigation was not provided for review regarding this incident.</p> <p>2. BDDS report dated 4/18/12 indicated on 4/17/12, "At approximately 3:00 PM [client #4] and a male co-worker were observed sitting next to each other and behaving in a suspicious manner. Staff [day service staff #1] investigated and observed [client #4] sitting with her coat over her lap with her and in the lap of the male co-worker (the male co-workers penis was exposed). Staff also observed the male co-worker's hand beneath [client #4's] coat. Staff separated [client #4] and the male co-worker...."</p> <p>The Investigation regarding the incident on client #4, undated indicated the investigation of the BDDS report dated 4/18/12. The investigation did not indicate the scope of the investigation, where the alleged incident took place, the level of supervision at he time of the alleged incident, who witnessed the incident, who specifically was interviewed, what each witness who was interviewed said and the level of consent for the level of physical contact that allegedly occurred.</p> <p>Interview with HM (Home Manager) #1 and AS (Administrative Staff) #1 on 4/30/12 at 3:15 PM indicated the incident dated 12/14/11 regarding client #4, client #2 and client #5 was an allegation of client to client aggression and should have been investigated. AS #1 indicated the incident dated 4/17/12 regarding client #4 and a peer from day</p>			

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	services was not considered a, "thorough" investigation. 9-3-2(a)			

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W0198	<p>483.440(b)(1) ADMISSIONS, TRANSFERS, DISCHARGE Clients who are admitted by the facility must be in need of and receiving active treatment services.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure the client was in need of aggressive and consistent active treatment services.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/25/12 from 4:50 PM through 6:15 PM. At 5:30 PM client #1 returned to the group home with staff #1 from her community based job. Client #1 was self directing in her activity and initiated and engaged in conversations with staff and peers. At 5:35 client #1 joined her peers for a bingo activity. At 5:40 PM client #1 assisted in preparing the group homes evening meal. Client #1 rinsed vegetables for salad, stirred a pot of soup that was cooking on the stove and placed the cutlery and plates on the dinning room table. Client #1 served herself portions of food, poured her own drink, used utensils and independently chose which dressing she preferred on her salad. Client #1 consumed her meal with the utensils, wiped her mouth, and finished chewing food before attempting to join in conversations. Client #1 finished her meal</p>	W0198	<p>CORRECTION: <i>Clients who are admitted by the facility must be in need of and receiving active treatment services. Specifically regarding client #1, with assistance from the facility, the client and his family are exploring providers, roommates and housing for Supported Living.</i></p> <p>PREVENTION: The facility will continue to work with the client, family members and the Bureau of Developmental Disability Services until such time that a provider has been determined and the transition process completed. Responsible Parties: BDDS Service Coordinator, QDDPD, Home Manger, Support Associates, Quality Assurance Team, Operations Team</p>	12/08/2012

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	<p>and independently took her dishes, utensils and cup to the sink where she rinsed them before placing them in the dishwasher.</p> <p>Observations were done at the group home on 4/26/12 from 5:00 AM through 7:45 AM. Client #1 was observed throughout the observation period. Client #1 was self directing in activity. Client #1 completed her morning hygiene tasks independently. At 5:37 am client #1 reminded her staff of her dental appointment at 9:50 AM that morning. Client #1 independently set the dining room table for the morning meal. At 5:50 AM client #1 was prompted to receive her morning medications. Client #1 was able to describe her morning medication, Adderall XR (Extended Release) Capsule 15 milligrams (Attentions Deficit Hyper Activity). Client #1 independently washed her hands prior to coming to the medication administration area and poured her own cup of water for the medication. Client #1 described the reason she takes the medication, side effects and described the physical appearance of the pill for identification. At 6:50 AM Client #1 participated in card game with her peers and staff until it was time for her peers to begin transport to day services.</p>			

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	<p>Client #1's record was reviewed on 4/26/12 at 10:35 AM. Client #1's Physicians Order Form (PDF) dated 3/20/12 indicated the following diagnosis:</p> <p>-pervasive development disorder, attention deficit hyperactivity disorder and mild mental retardation, history of bladder/ kidney reflux, tonsillectomy and galactorrihea.</p> <p>Client #1's PDF dated 3/20/12 indicated the following medication regime:</p> <p>-Adderall XR (Extended Release) Capsule 15 milligrams (Attentions Deficit Hyper Activity).</p> <p>-Docusate Sodium Capsule 100 milligrams (Constipation)</p> <p>-Lexapro 10 milligrams (Anxiety)</p> <p>-Melatonin Tablet 3 milligrams (Sleep Disorder)</p> <p>-Seroquel XR Tablet 300 milligrams (Anxiety/Aggression)</p> <p>Client #1's Comprehensive Functional Assessment (CFA) dated 4/1/12 indicated the following:</p> <p>-Domain #1, Independent Functioning:</p>				

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	<p>a. Eating: Independent in all items.</p> <p>b. Toilet Use: Independent in all items.</p> <p>c. Cleanliness: Independent in all items.</p> <p>d. Appearance: Independent in all items.</p> <p>e. Care of Clothing: Independent in all items.</p> <p>f. Dressing and Undressing: Independent in all items.</p> <p>g. Travel: Independent in all items.</p> <p>h. Other Independent Functioning: Independent in all items.</p> <p>-Domain #2, Physical Development:</p> <p>a. Sensory Development: Highest Score on all items.</p> <p>b. Motor Development: Highest Score on all items.</p> <p>-Domain #3, Economic Activity:</p> <p>a. Money Handling and Budgeting: Highest Score on all items.</p> <p>b. Shopping Skills: Highest Score on all items, does not have a Credit Card.</p> <p>.-Domain #6, Domestic Activity:</p> <p>a. Cleaning: Highest Score on all items.</p> <p>b. Kitchen: Highest Score on all items.</p> <p>c. Other Domestic Duties: Highest Score on all items.</p>			

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	<p>Client #1's CFA indicated client #1 was able to independent with regard to cleaning, laundry, table setting, food preparation, dishes. Client #1 was not late for work, was careful to avoid accidents, initiated most of her own activities, did not need constant encouragement to complete tasks, was able to pay attention to purposeful activities for more than 15 minutes. Client #1 was able to organize tasks, was very dependable and takes care of personal belongings and was able to organize leisure time activities on a, "fairly complex level."</p> <p>Client #1's ISP (Individual Support Plan) dated 4/15/11 indicated, "[Client #1] has been living with her parents and has been administrating her own medication at home." Client #1's ISP indicated she had worked at a community based job for one year.</p> <p>Client #1's BSP (Behavior Support Plan) dated 4/13/11 indicated, "[Client #1's] parents stated that, '[Client #1] would stay at home by herself while they were at work and she would ride the [public bus] to her job.'" Client #1's BSP indicated client #1 graduated from high school in 2006 with a certificate of completion. Client #1's BSP indicated, "[Client #1] is currently works (sic) at [community</p>			

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	<p>store]. [Client #1] is a verbal individual who is able (sic) convey her wants and needs. [Client#1] has alone time from 7:45 AM until 9:30 AM unless there is an appointment and staff will not be available to be back at the house."</p> <p>Client #1's record indicated a written recommendation from client #1's supervisor at her community based job undated. Client #1's store manager wrote, "[Client #1] has worked for me for the last two years. I have seen a great improvement in how [client #1] handle's herself in many different situation in this time. [Client #1] has improved her interpersonal skills as well as her problem solving skills by leaps and bounds. [Client #1] takes her job and her goal to succeed very serious. I believe a supported living program would serve [client #1's] life needs at this time very well. She is certainly ready for the next challenge."</p> <p>Client #1 was interviewed on 4/26/12 at 7:10 AM. Client #1 was orientated to time and place. Client #1 indicated she had been working on her goals and was ready to move into her own apartment. Client #1 indicated she had worked a community based job for two years. Client #1 indicated she was independent in meal preparation, laundry, dressing, bathing</p>						

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	<p>and cleaning. Client #1 indicated she knew her medications, how to take them and how to make her appointments. Client #1 indicated she, "feels that the group home is too restrictive for me. I am too high functioning to be here." Client #1 indicated she has her own cell phone and manages the monthly bill with assistance from her mother. Client #1 indicated she could use the microwave and stove and dishwasher. Client #1 indicated she knew how to use the washing machine and dryer. Client #1 indicated she was working on making a budget for spending and enjoyed shopping in the community with her friends. Client #1 indicated she would like to work toward being a cashier at the store she works at.</p> <p>Direct Care Staff (DCS) #1 and DCS #2 were interviewed on 4/26/12 at 7:30 AM. DSC #1 indicated client #1 was ready to into a, "less restrictive" arrangement. DSC #1 and DCS #2 indicated client #1 was independent with bathing, was able to cook simple meals, worked at a community based job for two years and knew her medications. DCS #1 and DCS #2 indicated client #1 was able to handle her money but needed assistance with budgets. DCS #1 indicated client #1 was able to stay at the group home alone during the day without staff.</p>						

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	<p>Home Manager (HM) #1 was interviewed on 4/26/12 at 7:35 AM. HM #1 indicated client #1 would benefit from a less restrictive environment. HM #1 indicated client #1 was independent in cooking, bathing, household chores, dressing and worked at a community based job. HM #1 indicated client #1 was able to stay in the group home with unsupervised time. HM #1 indicated client #1 was able to use the washing machine, dryer, microwave and stove.</p> <p>DCS #3 was interviewed on 4/26/12 at 7:40 AM. DCS #3 indicated client #1 was very clean and independent in keeping her room and area clean. DCS #1 indicated client #1 enjoyed cleaning the group home yard and would pick up trash and debris independently.</p> <p>PD (Program Director) #1 was interviewed on 4/27/12 at 11:30 AM. PD #1 indicated client #1 moved to the group home one year ago from her parents home. PD #1 indicated client #1 had been independent with in establishing her routine. PD #1 indicated client #1 was independent in bathing, cleaning and could cook some, "simple" meals. PD #1 indicated client #1 could manage her money but did need assistance to make and keep a budget. PD #1 indicated client #1 had friends from the community and</p>			

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	<p>would coordinate activities for herself with her friends to go into the community for shopping and meals. PD #1 indicated client #1 would benefit from a less restrictive environment.</p> <p>AS #1 (Administrative Staff) was interviewed on 4/30/12 at 11:42 AM. AS #1 stated, "[Client #1] wants to be promoted to a cashier. [Client #1] came from home and is usually very expressive about what she wants and goals. [Client #1] worked through some medication changes but was stable." AS #1 indicated client #1 was ready to move to a less restrictive environment.</p> <p>Client #1's MG (maternal guardian) was interviewed on 5/2/12 at 11:58 AM. Client #1's maternal guardian stated, "I feel that [client #1's] group home is too restrictive. When she lived with me she knew consistently her medications and milligrams on her own. [Client #1] knew her medications, the milligrams and was calling in her refills to [pharmacy]. Since she has been at the group home she has not been kept up on what she is taking. The pills have been different and she calls me when she is not sure what the pills are. [Client #1] recognizes new or different pills and will call to make sure they are the correct medications. [Client #1] knows to track and keep her own</p>				

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	<p>appointments." Client #1's MG indicated client #1 was able to stay at her home by herself independently and would work at her community job. Client #1's MG indicated client #1 was independent with her laundry, could cook meals, was working on keeping her check book and track and make her medical appointments. Client #1's MG indicated client #1 was able to go to the mall and was allowed to receive money on her own, shop and then meet her mother at a designated time and place within the mall. Client #1's MG indicated client #1 was active in her community and would walk to the community pool, walk to the store and take walks in the community independently.</p> <p>Client #1's PG (Paternal Guardian) was interviewed on 5/2/12 at 1:00 PM. Client #1's PG indicated client #1 was independent with her medications. Client #1's PG stated, "[Client #1] knows them by heart, notices if at the group home a pill size and shape is different she will not take it. When [client #1] comes to my place she takes the trash, vacuums the floors, keeps her room very orderly, she makes the bed everyday. [Client #1] is really good at keeping up cleaning independently. [Client #1] is independent with laundry, bathing, dressing and can cook. [Client #1] has a set of foods that</p>						

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	<p>she makes like hamburger helper, macaroni and cheese or nachos in the microwave. [Client #1] knows how to use the microwave and stovetop. [Client #1] can make a budget, not sophisticated but she knows to have enough money for things that she wants. [Client #1] stayed alone at my home and had her own set of keys to come and go. [Client #1] would walk to the store, walk to the pool and arrange to get together with her friends. I wouldn't hesitate to leave her alone at my house for 3 or 4 days at a time. No issue is being alone over night. The group home is like being incarcerated for [client #1]."</p> <p>9-3-4(a)</p>			

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W0262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to have their HRC (Human Rights Committee) review and make suggestions in regards to the use of psychotropic medication used for behavior management.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 4/30/12 at 1:31 PM. Client #4's Physicians Order form dated 3/20/12 indicated the use of Bupropion/Wellbutrin HCL (Hydrochloric Acid) 300 milligrams Extended Release (Depression). Client #4's BSP (Behavior Support Plan) dated 12/13/11 indicated the use of Wellbutrin HCL 300 milligrams for the management of targeted behaviors of excessive crying and suicidal thoughts. Client #4's Medication Script dated 10/19/11 indicated a prescription for Wellbutrin HCL 300 milligrams. Client #4's Informed Consent form dated 12/13/11 did not indicate Wellbutrin HCL 300 milligrams. Client #4's record did not</p>	W0262	<p>CORRECTION: <i>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Specifically, the interdisciplinary team has obtained Human Rights Committee approval for Client #4's Wellbutrin Extended Release 300 mg.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the need to include all psychotropic medications on all clients' Consent for Medication Forms and to assure that all medications are included when rights restrictions are reviewed annually with the human Rights Committee. Members of the Quality Assurance and Operations Teams will periodically review Physician Orders at the facility and compare them to consent forms and Human Rights Committee Records to assure the committee reviews all restrictive programs.</p> <p>Responsible Parties: QDDPD, Home Manager, Support Associates, Quality Assurance Team, Operations Team</p>	06/08/2012

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	<p>indicated HRC approval for the use of Wellbutrin HCL 300 milligrams.</p> <p>HM #1 (Home Manager) and AS #2 (Administrative Staff) were interviewed on 4/30/12 at 3:15 PM. AS #2 and HM #1 indicated client #4 received Bupropion HCL 300 milligrams during her daily medication regimen. HM #1 and AS #2 indicated Bupropion HCL 300 milligrams was a psychotropic medication used to manage client #4's behavior. HM #1 and AS #2 indicated psychotropic medications should be HRC approved prior to use. HM #1 and AS #2 indicated client #4's Bupropion HCL 300 milligrams had not been approved by HRC.</p> <p>9-3-4(a)</p>				

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#1 and #4), the facility failed to provide an annual vision evaluation for client #1. The facility failed to provide an annual physical examination for client #4.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 4/26/12 at 10:35 AM. Client #1's record did not indicate an annual vision screening evaluation.</p> <p>Interview with AS #1 (Administrative Staff) on 4/30/12 at 2:30 PM. AS #1 indicated there was not an annual vision screening evaluation available for review for client #1.</p> <p>2. Client #4's record was reviewed on 4/30/12 at 1:31 PM. Client #4's record indicated the most recent annual physical assessment was completed on 11/28/10.</p> <p>Interview with AS #1 on 4/30/12 at 2:30 PM indicated client #4 did not have a more current annual physical assessment for review. AS #1 indicated the annual</p>	W0323	<p>CORRECTION: <i>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Specifically, The team has assisted Client #1 with scheduling a vision appointment and Client #4 has had an annual physical.</i></p> <p>PREVENTION: Day shift direct support staff and the home manager will create a monthly medical appointment calendar based on a tracking form developed by facility nurse. On an ongoing basis, members of the Operations and Quality Assurance Teams will periodically review medical charts and compare them to the medical tracking grid and appointment calendar to assure required medical assessments are scheduled and attended in a timely manner. Responsible Parties: QDDPD, Home Manager, Support Associates, Health Services Team, Quality Assurance Team, Operations Team</p>	06/08/2012			

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	physical assessment should be completed yearly. 9-3-6(a)			

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 5 clients with adaptive equipment (#4), the facility failed to address client #4's refusal to use prescription eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/25/12 from 4:50 PM through 6:15 PM. Client #4 was observed throughout the observation period. Client #4 did not wear eyeglasses.</p> <p>Observations were done at the group home on 4/26/12 from 5:00 AM through 7:45 AM. Client #4 was observed throughout the observation period. Client #4 did not wear eyeglasses.</p> <p>Client #4's record was reviewed on 4/30/12 at 1:31 PM. Client #4's visual care form dated 3/22/12 indicated full time use of prescription eyeglasses. Client #4's ISP (Individual Support Plan) dated 12/13/11 did not indicate a training</p>	W0436	<p>CORRECTION: <i>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Specifically, the team has developed a learning objective to support Client #4 with learning to make informed choices about the use of eyeglasses.</i></p> <p>PREVENTION: Professional staff have been trained on proper implantation of Client #4's adaptive equipment objective. Facility supervisors and members of the Quality Assurance and Operations Teams will conduct active treatment observations on an ongoing basis to assure all clients receive training on the use and care of adaptive equipment.</p> <p>Responsible Parties: QDDPD, Home Manager, Support Associates, Quality Assurance Team, Operations Team</p>	06/08/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G550	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/09/2012
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES- ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256		
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	<p>objective to teach client #4 to use her prescription eyeglasses.</p> <p>Interview with HM #1 (Home Manager) on 4/30/12 at 3:15 PM indicated client #4 had two pairs of eyeglasses for her use. HM #1 indicated client #4 will not use the eyeglasses. HM #1 indicated client #4 did not have a formal training goal to teach her to use her eyeglasses. HM #1 indicated client #4 needed additional supports to assist her to use her eyeglasses.</p> <p>9-3-7(a)</p>				