

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G080	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/16/2014
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SOUTH CENTRAL	STREET ADDRESS, CITY, STATE, ZIP CODE 725 CARR ST MILAN, IN 47031
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of survey: April 14, 15 and 16, 2014.</p> <p>Facility Number: 000623 Provider Number: 15G080 AIM Number: 100233870</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/22/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN 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 observation, record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure the client's assessments included a current assessment of mobility skills.</p> <p>Findings include:</p>	W000210	<p><b>W210: <u>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the the preliminary evaluation conducted prior to admission.</u></b> Corrective action: Physical</p>	04/30/2014

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>Client #3 was observed at his place of work on 4/16/14 at 1:45 PM. Client #3 was observed to walk with a slow shuffling gait and held onto a table as he passed beside it at the workshop area. The client worked in a large open area and used a chair while working instead of standing. Workshop staff #3 (4/16/14 1:45 PM) expressed concern regarding client #3's gait and stated he had "depth perception" issues and his gait had worsened in the past "six months." The interview indicated client #3 had to walk distances to access his lunch/break area and the restrooms. The interview indicated the client was supervised but there was a concern regarding the possibility of falling.</p> <p>Client #3's record was reviewed on 4/15/14 at 11:30 AM. The review indicated an Individual Support Plan/ISP dated 9/05/13 with accompanying physical therapy home exercise program. The record did not include the accompanying physical therapy/PT assessment. The most recent sensory motor evaluations (PT/OT/Occupational Therapy) assessments were dated 6/22/11. There were no more assessments by health care professionals in regards to his gait.</p>		<p>Therapy Assessment dated 7/23/2013 located and attached to BSP. (Attachment A) · PT appointment made to have gait issues reassessed. <b>How we will identify others:</b> Clinical Supervisor will review BSP's to ensure appropriate measures are documented. Clinical Supervisors will review any noted issues and schedule appropriate therapy/Doctor appointments to have issues assessed.</p> <p><b>Measures to be put in place:</b> Clinical Supervisors will complete quarterly reviews (Attachment B), and active treatment observations (AttachmentC) to ensure all noted issues are being documented.</p> <p><b>Monitoring of Corrective Action:</b> Management personnel willperform quarterly service reviews to ensure that any noted issues are beingdocumented and strategies are being implemented consistently. <b>Completion Date:</b> <b>04/30/2014</b></p>				

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W000312	<p>Interview (April 16, 2014 at 4:20 PM) with staff #3, who coordinated clients' evaluation/assessment appointments, indicated client #3's motor skills had been assessed in the past year by a physical therapist but the most recent evaluation/notes were not in his record. The interview indicated his "shuffling" type gait or holding onto furniture had not been assessed in regards to a diagnosis or medical reason for these outside of the depth perception issue which was documented.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE 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 2 sampled clients who used drugs for inappropriate behavior, (#1), the facility failed to ensure the use of the behavior drug (risperadone) was included in the client's plans.</p>	W000312	<b><u>W312: Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is</u></b>	04/30/2014	

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	<p>Findings include:</p> <p>Client #1's record was reviewed on 4/15/14 at 1:18 PM. His 4/14 MAR (Medication Administration Record) indicated a generic form of the anti-psychotic drug Risperdal (risperadone) 0.25 mg/milligrams was prescribed daily for IED (Intermittent Explosive Disorder).</p> <p>Client #1's record review indicated a BSP/Behavior Support Program dated 6/20/13; the BSP did not contain the use of risperadone as a behavioral medication.</p> <p>An interview with staff #1 was conducted on 4/15/14 at 2:15 P.M. The interview indicated the 6/20/13 BSP was the most current; the reason the medication was not included in the BSP was unknown.</p> <p>9-3-5(a)</p>		<p><b><u>directed specifically toward the reduction of and eventual elimination of the behavior for which the drugs are employed.</u></b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>• Clinical Supervisor has been inserviced that all psychotropic medications prescribed by and followed by the Psychiatrist must be included in the BSP or a BSP Addendum as soon as medication is prescribed, and before it can be given. (Attachment D)</li> </ul> <p><b>How we will identify others:</b></p> <p>Clinical Supervisor will review all medications to ensure that they have been included in the BSP. (Attachment D1)</p> <p><b>Measures to be put in place:</b></p> <p>Operations Manager will perform service reviews to ensure all addendums have been completed. (Attachment D1)</p>		

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the facility failed to ensure evacuation drills were conducted at least quarterly for all shifts of personnel.</p> <p>Findings include:  Fire evacuation drills from 1/06/13 until</p>	W000440	<p><b>Monitoring of CorrectiveAction:</b> The appropriate Management Personnel willperform quarterly service reviews to ensure that addendums and plans arecurrent and implemented timely. Best inClass reviews will be completed quarterly to ensure that addendums and plansare completed timely.</p> <p><b>Completion Date:</b> <b>4/30/2014</b></p> <p><b><u>W440:The facility must hold evacuation drills at least quarterly for each shift of personnel.</u></b></p> <p><b>Corrective Action:</b> ·Clinical Supervisor inserved on fire drill procedures and requirements (Attachment E)</p>	04/30/2014

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	<p>the time of the survey with clients #1, #2, #3, #4, #5 and #6 as participants, were reviewed on 4/15/14 at 9:45 AM. The review indicated no sleeptime drill for the first quarter of 2014, (January, February, March) and no daytime or evening shift drills for the third quarter of 2013 (July, August and September).</p> <p>Interview with House Manager staff #1 on 4/15/14 at 1:00 PM indicated no additional drills were in the facility but to check with the general office. An evacuation drill inquiry was made of administrative staff #1 and #3 on 4/16/14 at 3:35 PM. Administrative staff #1 and #3 indicated (4/16/14 4:00 PM) there were no additional drill records for the facility for the above mentioned times.</p> <p>9-3-7(a)</p>		<p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor will review drills, and any plans of correction with staff at monthly meeting. (Attachment F)</li> <li>Clinical Supervisors will schedule drills to account for each staff each shift each quarter, and review at monthly meeting. (Attachment F)</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Drillschedule will be assessed monthly. (Attachment F)</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <p>ClinicalSupervisor will review monthly drills to ensure all staff have completed alldrills. Operations Manager and or appropriate parties will perform periodicservice reviews to ensure that drills are being conducted, documented, andreviewed following Life Safety Code</p>				

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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, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the facility failed to ensure clients were encouraged to participate in mealtime activities in accordance with their developmental capabilities.</p> <p>Findings include:</p> <p>The evening meal and its preparation were observed on 4/15/14 from 3:45 PM until 5:45 PM. Staff #2 and client #3 prepared the evening meal consisting of vanilla instant pudding, pizza and tossed salad. Client #1 set the table. Client #1 was not directed to add table knives to the place settings. Staff #2 placed plates onto the table instead of directing client #1 to do this task. The salad and pizza were placed upon the table and staff #2 started to fill clients' plates and salad bowls at 4:45 PM. Staff #3 and #4 were busy doing a medication "buddy check" in the office</p>	W000488	<p>Standards.</p> <p><b>Completion Date: 4/30//2014</b></p> <p><b>PROVIDER'S PLAN OF CORRECTION ADDENDUM 2</b></p> <p><b><u>W 488: DINING AREAS AND SERVICE; the facility must assure that each client eats in a manner consistent with his or her developmental level.</u></b></p> <p><b>Corrective Action:</b> ·All home staff inserved on Family Style Dining and active treatment (Attachment 1 )</p> <p><b>How will we identify others?</b> ·All meals will be prepared, eaten, and cleaned up after family style.</p>	05/13/2014
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	<p>area. Staff #2 did not wait for the other two staff to join clients #1, #2, #3, #4, #5, and #6 at the dining room table, so food could be passed in a family style manner. Staff #3 and #4 were also not present to assist the clients in passing food and serving themselves in the initial stages of the meal in a family style manner.</p> <p>Staff #2 carried the salad bowl around the table and custodially filled the clients' bowls. Pizza was custodially served onto clients' plates. Staff #2 walked around the table custodially cutting up the clients' pizza. Staff #2 carried a knife and fork and went from client to client cutting up their pieces of pizza without allowing them an opportunity to self initiate cutting or using physical assistance if required.</p> <p>Staff #2 cut up client #2's pizza, then client #1's pizza, next client #6's pizza and salad, and on to client #5's pizza, using the same knife and fork. Staff #4 cut up client #3's pizza custodially. Client #4 ate pizza/salad with a fork. He did not have a knife to cut cheese from a bite of pizza; he was directed to use his spoon to hold the food bites to pull them apart. Staff #4 left the area at 4:53 PM; shortly she returned but did not eat with the clients. Staff #2 and #3 sat with the clients and ate the meal (salad and cut up pizza) with spoons.</p>		<ul style="list-style-type: none"> <li>·All individuals will be given the opportunity to participate in family style dining.</li> <li>·All individuals will be observed during Family Style Dining Active Treatment and assessed on programming needs.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>·All staff will be trained to follow a family style dining plan for all meals. (attachment 1)</li> <li>·All identified programming needs will be addressed in ISP.</li> <li>·Clinical Supervisor will do Active Treatment Observations two times weekly to ensure all plans are being followed. Both of these observations will cross a meal period for at least the first month, and at least one time weekly moving forward.</li> <li>·Clinical Supervisor will give immediate feedback to staff during observations.</li> <li>·Any staff observed not following programming plans, including family style</li> </ul>				

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	<p>Client #1's record was reviewed on 4/15/14 at 1:18 PM. The review indicated an Individual Support Plan/ISP dated 6/20/13 with accompanying dining plan/DP dated 6/20/13. The plan indicated client #1 was to consume a regular diet with chopped meat, feed himself but required supervision to chew and swallow before taking additional bites of food. Client #1 was to be prompted to not talk with food/beverage in his mouth. No adaptive mealtime equipment was listed in the dining plan. The plan did not indicate family style dining methodologies (passing foods, serving himself, pouring beverages and cutting up foods) were contraindicated for client #1.</p> <p>Client #2's record was reviewed on 4/15/14 at 10:30 AM. The review indicated an Individual Support Plan/ISP dated 8/29/13 with accompanying dining plan/DP dated 3/03/14. The plan indicated client #2 was to consume ground meat, food cut into one inch bites, 60 ounce daily fluid restriction, with no hard or crunchy foods. Client #2 fed himself but required supervision to chew and swallow before taking additional bites of food. Client #2 was to be prompted to not talk with food/beverage in his mouth. No adaptive mealtime</p>		<p>dinning, will be subject to corrective action up to and including termination.</p> <p><b>Monitoring of Corrective Action:</b> Clinical Supervisor will review plansquarterly with IDT to ensure all issues are being addressed. Operations Managerand or appropriate parties will perform quarterly service reviews to ensurethat plans are being monitored changed when needed, and implementedappropriately.</p> <p><b>Completion Date: 5/13/2014</b></p>				

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	<p>equipment was listed in the dining plan. The plan did not indicate family style dining methodologies (passing foods, serving himself, pouring beverages and cutting up foods) were contraindicated for client #2.</p> <p>Client #3's record was reviewed on 4/15/14 at 11:30 AM. The review indicated an Individual Support Plan/ISP dated 9/05/13 with accompanying dining plan/DP dated 8/29/13. The plan indicated client #3 was to consume chopped meat, food cut into one inch bites, with second helpings. Client #3 fed himself but required supervision to chew and swallow before taking additional bites of food. Client #3 was to be prompted to set his utensil down between bites of food. No adaptive mealtime equipment was listed in the dining plan. The plan did not indicate family style dining methodologies (passing foods, serving himself, pouring beverages and cutting up foods) were contraindicated for client #3.</p> <p>Client #4's dining plan of 1/30/14 was reviewed on 4/16/14 at 8:30 AM. The review indicated client #4 was to consume a regular diet, but was to avoid foods (tomatoes, chocolate, etc.) which could cause GI /Gastro Intestinal upset. Client #4 fed himself but required</p>			

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	<p>assistance to cut up his food. The dining plan did not list any adaptive mealtime equipment to promote client #4's independence. The plan did not indicate family style dining methodologies (passing foods, serving himself, pouring beverages and cutting up foods) were contraindicated for client #4.</p> <p>Client #5's dining plan of 3/03/14 was reviewed on 4/16/14 at 8:15 AM. The review indicated client #5 was to consume a regular diet with ground meats. Client #5 fed himself but required supervision to cut his food into inch bites. He was to be assisted to chew, take fluids and swallow without talking. He required close supervision due to his propensity for eating too fast and refusing to wear his dentures. No adaptive mealtime equipment was listed in the dining plan.</p> <p>The plan did not indicate family style dining methodologies (passing foods, serving himself, pouring beverages and cutting up foods) were contraindicated for client #5.</p> <p>Client #6's dining plan of 8/29/13 was reviewed on 4/16/14 at 8:00 AM. The review indicated client #6 was to consume a regular diet with chopped meat, feed himself but required supervision to chew and swallow before</p>			

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	<p>taking additional bites of food. No adaptive mealtime equipment was listed in the dining plan. The plan did not indicate family style dining methodologies (passing foods, serving himself, pouring beverages and cutting up foods) were contraindicated for client #6.</p> <p>An interview was conducted with administrative staff #1 on 4/16/14 at 3:40 PM. The interview did not indicate contraindications for clients to participate in mealtime activities or family style dining. All clients could participate in mealtime activities (cooking, serving themselves) given assistance from staff. The interview indicated the use of table knives should have been encouraged (no sharps restrictions were in place at the facility). The interview indicated the facility expected staff to participate in the family style dining experience with the clients.</p> <p>9-3-8(a)</p>						