

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G151		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/17/2013	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 1550 EAGLE POINT DR NEW SALISBURY, IN 47161			
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 12, 13, and 17, 2013.</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>Facility Number: 000687 AIM Number: 100234460 Provider Number: 15G151</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/24/13 by Ruth Shackelford, QIDP.</p>			W000000			

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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W000216	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include physical development and health.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients (#1 and #4), the facility failed to ensure the clients' feet were assessed for properly fitting shoes which addressed their individual needs.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 6/12/13 from 3:30 PM until 5:45 PM and on 6/13/13 from 5:50 AM until 8:00 AM. Client #1 had scars and healing sores on his arms and his feet. At 4:30 PM on 6/12/13, client #1 took off his socks and treated his ankles with Voltaren gel (nonsteroidal anti-inflammatory) for pain. Client #1 had a sore on the heel of his left foot which he indicated was due to ill fitting shoes. Client #1's feet were observed to be small (size unknown). Client #4 was observed to use a wheelchair for mobility (collapsible type) and he held his legs out without benefit of footrests or other modification to support his feet/legs. Client #4's shoes were worn and the tongue was missing from the right shoe. Client #4's lower extremities and feet appeared to be swollen.</p>	W000216	<p>Tag: W216 – The comprehensive functional assessment must include physical development and health Corrective Action: Staffing and Residential Manager will be in-serviced on abuse and neglect as well as ensuring that consumers are dressed in appropriate attire per individual's needs and completing Comprehensive Functional Assessments in a timely manner. Comprehensive Functional Assessment will be completed on all clients to address physical development and health. Client will be assessed for proper fitting shoes and new shoes will be purchased. How others will be identified: In-services will be conducted to ensure importance of proper attire of the consumers. Staffing and Residential Manager will be in-serviced on abuse and neglect as well as ensuring that consumers are dressed in appropriate attire per individual's needs and completing Comprehensive Functional Assessments in a timely manner. Comprehensive Functional Assessment will be completed on all clients to address physical development and health. Measures to be put in place: Daily checks of the consumer's attire will be conducted to ensure that</p>	07/17/2013

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	<p>Review (6/13/13 9:15 AM) of client #1's record indicated a Nutritional evaluation dated 2/4/13 which listed his height as 62 inches and his weight range of 106 to 130 pounds for a small framed individual. The client's record indicated his current weight to be 249 pounds. The record contained no evaluation of client #1's footwear needs so as to minimize stress on his feet from work activities and to keep his skin intact.</p> <p>Review (6/13/13 10:15 AM) of client #4's record indicated his diagnoses included, but were not limited to, paralysis and decreased range of motion, aortic insufficiency and edema of lower extremities. The record contained no evaluation of client #4's footwear needs with his health issues in mind.</p> <p>Interview with staff #6 on 6/13/13 at 6:55 AM indicated a pair of new shoes had been purchased for client #4 in his usual size. The new shoes did not fit because his feet were chronically swollen due to health issues; so he continued to wear his old shoes.</p> <p>Interview with the Qualified Intellectual Disabilities Professional/QIDP on 6/13/13 at 12:45 PM indicated clients #1 and #4's footwear needs had not been assessed.</p>		<p>footwear and clothing are appropriate for the needs of the individuals. Adaptive equipment forms will be completed addressing that equipment is properly setup. Client will be assessed for proper fitting shoes and new shoes will be purchased.</p> <p>Monitoring of Corrective Action: Residential Manager will conduct weekly observations of the checks to ensure staffing is monitoring attire. Program Manager will review monthly to ensure checks are being completed.</p> <p>Completion Date: 7.17.2013</p>				

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	9-3-4(a)			

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W000218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review and interview for 2 of 4 sampled clients (#2 and #4), the facility failed to ensure the clients' sensorimotor needs were assessed in regards to adaptive equipment needs/modifications.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 6/12/13 from 3:30 PM until 5:45 PM and on 6/13/13 from 5:50 AM until 8:00 AM. Client #2 had limited use of his left hand and an uneven gait. During the evening meal, client #2 had difficulty loading food onto his utensil. Client #4 was observed to use a wheelchair for mobility (collapsible type/not modified) and he held his legs out without benefit of footrests or other modification to support his feet/legs. The armrests of the wheelchair were worn and frayed. Client #4's lower extremities and feet appeared to be swollen.</p> <p>Review (6/13/13 11:15 AM) of client #2's record indicated his diagnosis included, but was not limited to, left side CP/Cerebral Palsy. The record contained a nursing yearly information assessment dated 4/5/13 which recommended client</p>	W000218	<p>Tag: W218 – The comprehensive functional assessment must include sensorimotor development Corrective Action: Staffing and Residential Manager will be in-serviced on abuse and neglect as well as ensuring that consumers have occupational and physical therapy completed in a timely manner and completing Comprehensive Functional Assessments in a timely manner. Comprehensive Functional Assessment will be completed on all clients to address sensorimotor development. How others will be identified: Staffing and Residential Manager will be in-serviced on abuse and neglect as well as ensuring that consumers have occupational and physical therapy completed in a timely manner and completing Comprehensive Functional Assessments in a timely manner. Comprehensive Functional Assessment will be completed on all clients to address sensorimotor development. Measures to be put in place: Nursing staff will ensure that occupational and physical therapy is completed and proper follow up from doctor recommendations are completed with primary care physicians. Monitoring of Corrective Action:</p>	07/17/2013			

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	<p>#2 receive an updated "OT/PT" occupational/physical therapy evaluations for his hands to ascertain any adaptive equipment needs.</p> <p>Review (6/13/13 10:15 AM) of client #4's record indicated his diagnoses included, but were not limited to, paralysis and decreased range of motion, aortic insufficiency, worsening venous insufficiency and edema of lower extremities. The record contained a Physical Therapy evaluation of 10/3/12 which indicated the client was "wheelchair bound" but the evaluation had no information in regards to the suitability of his wheelchair for his individual needs (support for lower extremities).</p> <p>Interview with staff #6 on 6/13/13 at 6:55 AM indicated client #4's lower legs and feet were chronically swollen due to health issues and he resisted the use of wheelchair footrests.</p> <p>Interview with the Qualified Intellectual Disabilities Professional/QIDP on 6/13/13 at 12:45 PM indicated client #2 had not had the updated OT/PT assessment as recommended by his LPN. The interview indicated the wheelchair client #4 used had not been evaluated for his individual health needs.</p>		<p>Residential Manager will schedule occupational and physical therapy appointments and complete comprehensive functional assessment. Residential Manager will review doctor recommendations with nurse monthly to ensure recommendations are followed. Program Manager will conduct monthly checks on observations. Completion Date: 7.17.13</p>				

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure methods for addressing the client's skin picking/lesions was included in his program plan.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 6/12/13 from 3:30 PM until 5:45 PM and on 6/13/13 from 5:50 AM until 8:00 AM. Client #1 had scars and healing sores on his arms and his feet. At 4:30 PM on 6/12/13 and on 6/13/13 at 6:25 AM, client #1 treated the skin lesions on his feet/lower legs and arms with fluocinonide (glucocorticoid steroid topical used as an anti-inflammatory agent) cream.</p> <p>Review (6/13/13 9:15 AM) of client #1's record indicated an individual support plan/ISP dated 2/22/13, and a 1/16/13 risk plan for the client's diagnosis of Prader-Willi Syndrome (genetic disorder). Neither the ISP nor the risk plan contained information or guidance with regard to the skin picking/lesions client #1 had on his arms and lower legs or the</p>	W000240	<p>Tag: w240 - The individual program plan must describe relevant interventions to support the individual toward independence. Corrective Action: Goal for ISP will be created to guide staff and consumer to decrease skin picking and to monitor activity. Risk Plan will be updated to include nursing measures and guidance in regards to results of skin picking. BSP will be updated to address the target behavior of self-injurious behavior (skin picking) and ABC tracking sheet will be updated. Staff will be trained on ISP, BSP, and risk plan. Nursing and Residential manager will be trained on completing the ISP and health plans in a timely manner for the wellbeing of the client. How others will be identified: Nursing and Residential manager will be trained on completing the ISP and health plans in a timely manner for the wellbeing of the all clients. Residential manager will review ISP, BSP, and CFA for all clients to ensure all health, safety, and wellbeing concerns are met. Nursing staff will review health care plans to ensure doctor recommendations are addressed. Measures to be put in place: Goal for ISP will be created to guide staff and consumer to decrease skin</p>	07/17/2013

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	<p>medication the client used.</p> <p>Interview with the Qualified Intellectual Disabilities Professional/QIDP on 6/13/13 at 12:45 PM indicated the medical risk plan should contain the information regarding the skin lesions since the skin was addressed via body scans and with medicinal ointment.</p> <p>9-3-4(a)</p>		<p>picking and to monitor activity. Risk Plan will be updated to include nursing measures and guidance in regards to results of skin picking. BSP will be updated to address the target behavior of self-injurious behavior (skin picking) and ABC tracking sheet will be updated. Staff will be trained on ISP, BSP, and risk plan. Nursing and Residential manager will be trained on completing the ISP and health plans in a timely manner for the wellbeing of the client.</p> <p>Monitoring of Corrective Action: Residential Manager will complete revision of ISP and BSP to address target. Program Manager will review completed plans and complete monthly observations to ensure updated plans are being implemented as written by staffing and residential manager.</p> <p>Completion Date: 7.17.13</p>		