

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G805	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/17/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 KELLAM RD CENTERVILLE, IN 47330
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W0000	<p>This visit was for the investigation of complaint #IN00101513.</p> <p>This visit was in conjunction with a post-certification revisit survey (PCR) to the initial certification and state licensure survey completed on 11/21/11.</p> <p>Complaint #IN00101513-Substantiated, Federal/state deficiency related to the allegation(s) is cited at W154.</p> <p>Dates of Survey: 1/9, 1/10, 1/11 and 1/17/12</p> <p>Facility Number: 0012633 Provider Number: 15G805 Aim Number: N/A</p> <p>Surveyor: Paula Chika, Medical Surveyor III-Team Leader</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 1/23/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
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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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W0154	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 10 of 11 allegations of abuse and/or neglect reviewed for clients A, B, C and D, the facility failed to conduct client to client investigations and/or to document an investigation in regard to an elopement incident where a client got tased by police.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The facility's reportable incident reports and/or investigations were reviewed on 1/10/12 at 8:54 AM and on 1/11/12 at 9:48 AM. The facility's 12/19/11 reportable incident report indicated "[Client A] was eating breakfast when a housemate became agitated and began throwing his shoes. Staff attempted to redirect [client A] to the kitchen to provide for his safety and he became combative and threw his plate (sic) Staff used You're Safe, I'm Safe (YSIS) personal safety techniques (physical restraints) per his Behavior Support Plan but [client A] remained upset and ran out of the home's unlocked front door. Staff followed him and attempted to convince him to return to the house as he approached [name of highway]. With staff accompanying him, 			W0154	<p>CORRECTION: <i>The facility must have evidence that all alleged violations are thoroughly investigated.</i> Specifically the facility has completed investigations on all past episodes of client to client aggression and an elopement incident on 12/19/11 that resulted in Client A being tased by the police. PREVENTION: The Program Coordinator/QDDP was retrained regarding agency investigation procedures, with emphasis immediate reporting and timely completion on 1/19/12. Retraining focused on the for the facility's team to complete all investigation into elopement, injuries of unknown origin and client to client aggression. Additionally, training stressed the importance of prioritizing facility support tasks to assure that alleged violations are investigated without delay. The Operations Team will monitor compliance with investigation reporting and completion timelines and coordinate corrective measures as needed. RESPONSIBLE PARTIES: QDDP, Support Associates, Operations Team</p>		02/16/2012

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	<p>he walked west on [name of highway], weaving between the grass and the edge of the road. Staff flagged down a police care (sic) for assistance and after assessing the situation, the police officer called for back-up. Staff and police attempted to help [client A] calm himself but he remained physically aggressive. Police instructed him to lie face down on the ground and he reached toward the officer's utility belt which held a firearm. The officer informed [client A] that if he reached for the belt again he would be tased. He continued to reach for the belt and police used a taser to subdue him..."</p> <p>The facility's 12/19/11 reportable incident report and/or investigations did not indicate the 12/19/11 incident was investigated as no documentation was provided an investigation had been completed. The 12/19/11 reportable incident report did not indicate how many staff were working at the group home at the time of the incident, indicate how many staff followed the client, indicate why staff did not utilize YSIS techniques to prevent the client from getting to the highway to prevent the police from having to tase the client. The 12/19/11 reportable incident report did not indicate/include any recommendations from the 12/19/11 incident.</p> <p>Interview with the Qualified Mental</p>			
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	<p>Retardation Professional (QMRP) on 1/10/12 at 12:16 PM indicated the 12/19/11 incident was investigated. The QMRP indicated there were 3 staff working at the time of the incident and client B was also having a behavior at the time client A eloped/ran off from the group home. The QMRP indicated the staff were attempting to deal with client A and protect the other clients when client B became upset and ran off. The QMRP stated client A got a "head start" on the staff so the client was able to get to the highway before staff could stop the client. The QMRP indicated police drove by the client and staff and then came to assist the staff with client A. The QMRP indicated the police tased client A after he had been instructed to not react toward the Police's belt which held the officer's gun. The QMRP indicated the investigation was with the office located in another city.</p> <p>Interview with administrative staff #2 on 1/11/12 at 9:55 AM indicated the QMRP should have conducted/documentated an investigation in regard to the 12/19/11 incident with client A. Administrative staff #2 indicated he did not have a documented for the 12/19/11 incident.</p> <p>2. The facility's reportable incident reports and/or investigations were reviewed on 1/10/12 at 8:54 AM and on</p>			
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	<p>1/11/12 at 9:48 AM. The facility's reportable incident reports indicated the following:</p> <p>-1/3/12 "[Client C] was assisting with carrying in groceries as he walked by [client D], he pushed [client C]. After being pushed [client D] laughed and stepped out of the way...Neither individual was injured as a result of the incident...."</p> <p>-12/26/11 "Staff was assisting [client C] with preparing breakfast when [client B] walked into the kitchen to refill his drink. [Client C] reached out and scratched [client B's] lower right arm...Neither individual was injured as a result of the incident...."</p> <p>-12/26/11 "Staff heard [client D] using profanity and when staff entered the room where [client D] was sitting, staff observed [client C] standing over [client D]. [Client D] said that [client C] had hit him on his cheek...."</p> <p>-12/25/11 "[Client C] had been agitated throughout the evening and at 7:30 PM, he began throwing objects. He threw a shoe which hit [client D] in the stomach...."</p> <p>-12/23/11 "...[Clients B and C] were</p>						

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	<p>walking through the house together and without provocation, [client C] reached out and hit [client B] on the stomach...Neither individual was injured as a result of the incident...."</p> <p>-12/23/11 client C hit client D in the face twice when client D walked beside client C to look into the kitchen.</p> <p>-12/16/11 "...[Client B] took a seat at the table and [client C] hit him (client B) twice in the face in quick succession before staff could intervene...No one was injured as a result of the incident...." The 12/16/11 reportable incident report indicated "...The Team has initiated an investigation into the circumstances of the incident...."</p> <p>-12/15/11 "...[Client C] pushed [client B] twice..." when client B walked past client C to get to the laundry room.</p> <p>-12/11/11 "[Client C] was standing at the med room door. One of his housemates, [client B] walked beside [client C]. [Client C] reached out and smacked [client B] on the right arm...." The above mentioned reportable incident reports did not indicate the facility conducted an investigation in regard to the client to client allegations of abuse/aggression.</p>						

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	<p>Interview with the QMRP on 1/10/12 at 12:16 PM indicated if the above mentioned client to client incidents were investigated they would be at the main office.</p> <p>Interview with administrative staff #2 on 1/11/12 at 9:55 AM indicated the QMRP was responsible for conducting investigations in regard to client to client aggression/incidents. Administrative staff #2 indicated the QMRP had not been conducting client to client investigations. Administrative staff #2 stated "[Name of QMRP] is still learning process and urgency."</p> <p>This federal tag is related to complaint #IN00101513.</p> <p>9-3-2(a)</p>			