

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G184		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/01/2013	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 1818 H ST BEDFORD, IN 47421			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: June 27, 28, and July 1, 2013</p> <p>Facility Number: 000717 Provider Number: 15G184 AIM Number: 100234700</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed July 5, 2013 by Dotty Walton, 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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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 8 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6, #7 and #8), the governing body failed to exercise operating direction over the facility by not ensuring the living room and hallway carpets were cleaned or replaced.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 6/27/13 from 3:44 PM to 6:20 PM and 6/28/13 from 5:52 AM to 7:45 AM. During the observations, the carpet in the living room and hallway for the main entrance into the group home was discolored in areas. The discolored areas were dark gray and black in color. The carpeted stairs leading to the second level of the group home were discolored including black and brown areas on the carpet. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>A review of the 5/17/13 Week 3 Clinical Supervisor (CS) checklist was conducted on 6/28/13 at 8:40 AM. The checklist indicated, in part, "LR (living room) carpet needs cleaned. Bedrooms - [clients</p>	W000104	<p>Corrective action:</p> <ul style="list-style-type: none"> Cleaning of soiled carpets have been scheduled and will be completed by 7-31-2013. (Attachment A) <p>How we will identify others:</p> <ul style="list-style-type: none"> Clinical Supervisors will inspect homes to ensure carpet is clean and in good condition. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> Clinical Supervisor will conduct weekly checks (Attachment B), submitting Maintenance work order for any needed repairs, or noted maintenance issues. Maintenance personnel will conduct routine checklist for maintenance requests. (Attachment C) <p>Monitoring of Corrective Action: Program Manager will review maintenance requests, and maintenance checklist to ensure all maintenance is completed. Management personnel will perform periodic service reviews to ensure that carpet is clean and in good repair.</p> <p>Completion Date: 7-31-2013</p>	07/31/2013			

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	<p>#8, #4, #2, #7 and #5's] carpet needs cleaned." The checklist indicated, "Work orders in place."</p> <p>A review of the facility's Maintenance Request/Work Order, dated 5/24/13, was reviewed on 6/28/13 at 2:03 PM. The order indicated, "Carpets need cleaned: living room, hallway, bedrooms." The order was submitted by the Clinical Supervisor.</p> <p>A review on 6/28/13 at 2:03 PM of an email sent by the Program Manager indicated, "The maintenance man has brought a carpet cleaner to the GH (group home). If the carpets do not come clean, we will need to look at possibly replacing the carpet."</p> <p>An interview with the Clinical Supervisor (CS) was conducted on 6/28/13 at 8:45 AM. The CS indicated she had noted the carpet needed to be cleaned in her weekly checklist. The CS indicated work orders were submitted to address the cleaning of the carpet. The CS indicated maintenance staff brought a carpet cleaner to the group home for the third shift staff to use over the weekend. The CS indicated the carpet needed to be cleaned. The CS indicated the dark areas in the living room and hallway were from trash bags leaking onto the floor as the clients were taking</p>			

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	<p>the trash outside.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/1/13 at 9:59 AM. The QIDP stated she noted the carpets needed to be "pulled up" during the first week in June 2013. The QIDP indicated an order was submitted to either clean or replace the carpet.</p> <p>9-3-1(a)</p>			

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W000448	<p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on observation, record review and interview for 8 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6, #7 and #8), the facility failed to investigate all problems with evacuation drills.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 6/27/13 from 3:44 PM to 6:20 PM and 6/28/13 from 5:52 AM to 7:45 AM. During the observations, the group home was noted to have no sprinklers.</p> <p>A review of the facility's evacuation drills was conducted on 6/27/13 at 3:55 PM. The following drills indicated the evacuation time greater than 3 minutes with no investigation of the issues during the overnight shift (12:00 AM to 4:00 AM):</p> <ol style="list-style-type: none"> 1. On 8/25/12 at 3:45 AM, a fire drill was conducted. The duration of the drill was noted to be 5 minutes for client #7. There was no documentation on the form indicating the facility investigated the issues with client #7 evacuating within 3 minutes from the facility. 2. On 2/4/13 at 12:30 AM, a fire drill was conducted. The duration of the drill was noted to be 4 minutes. The back page of 	W000448	<p>Corrective action:</p> <ul style="list-style-type: none"> · Clinical Supervisor and staff will be inscribed on reviewing all drills upon completion. (Attachment D) <p>How we will identify others:</p> <ul style="list-style-type: none"> · Clinical Supervisor will review drills, and any plans of correction with staff at monthly meeting. (Attachment E and F) <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Drill form and investigation review will be implemented. (Attachment F) · Drill forms will be reviewed monthly. (Attachment E and F) <p>Monitoring of Corrective Action:</p> <p>Quality Assurance will review monthly drills to ensure all issues have been investigated and plan of correction completed.. Operations Manager and Quality Assurance will perform periodic service reviews to ensure that drills are being conducted, documented, and reviewed.</p> <p>Completion Date: 7-17-2013</p>	07/17/2013			

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	<p>the drill did not indicate, for each client, the time it took to complete the drill. There was no documentation on the form indicating the facility investigated the length of the drill. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>3. On 4/8/13 at 3:30 AM, a fire drill was conducted. The duration of the drill was noted to be 10 minutes. The back page of the form indicating the clients' names, time to evacuate, whether or not the clients completed a back-up strategy, and stayed at the designated location was blank. There was no documentation the facility investigated the length of the drill. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>An interview with the Clinical Supervisor (CS) was conducted on 6/28/13 at 8:50 AM. The CS indicated the targeted time for completing drills was 3 minutes. The CS indicated the group home did not have a sprinkler system. The CS indicated she was responsible for investigating issues noted during evacuation drills. The CS indicated when there were issues noted, a second drill should be conducted.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/1/13 at 9:59 AM. The QIDP indicated the facility should look into the evacuation drills due</p>						

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	<p>to the length of the drills. The QIDP stated, "Someone is going to be dead." The QIDP indicated the evacuation drills with issues should be investigated to find out what the hindrances were during the drills.</p> <p>9-3-7(a)</p>			