STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	7919 SAN RICARDO DR INDIANAPOLIS, IN 46256

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W000000	This visit was for an annual recertification and state licensure survey. This visit included the investigation of complaint #IN00142217. Complaint #IN0014227: Substantiated, no deficiencies related to the allegation are cited. Dates of Survey: 1/29/14, 1/30/14, 1/31/14, 2/3/14 and 2/4/14. Facility Number: 001000 Provider Number: 15G486 AIMS Number: 100245010 Surveyor: Keith Briner, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/13/14 by Ruth Shackelford, QIDP.	W000000		
W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 4 additional clients (#5, #6, #7 and #8), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the group home was maintained in a clean manner and in good repair. Findings include: Observations were conducted at the group home on 1/29/14 from 4:35 PM through 5:45 PM. Clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed in the home throughout the observation period. Clients #1 and #7's bedroom door had a 2.5 inch circular hole in the middle bottom section of the door, client #3's bedroom door had three circular 2.5 inch holes in the middle bottom section of the door and one 3.0 inch circular hole in middle upper portion and client #2's bedroom door had two circular 2.5 inch holes in the middle bottom portion. The group home kitchen had a laundry closet which contained a washer and dryer. The laundry closet had a frame and track system for sliding doors. The laundry closet doors were missing. The front foyer room of the group home had a circular 4.0 inch stain on the entry wall. The hallway section of the home which connected the clients' bedrooms	W000104	CORRECTION:The Governing body must exercise general policy, budget and operating direction over the facility. Specifically, the governing body has provided direction and oversight to assure that: The bedroom doors have been replaced. The urine and fecal odors present in the hallway has been resolved A curtain will be installed to separate the laundry closet from the dining area. PREVENTION:Daily room checks have been implemented as part of the shift responsibility list to quickly locate and resolve the source of odors and identify repair. Staff will be retrained regarding the need to submit work orders for all necessary repairs as damage occurs and supervisory staff will complete a Home Environment Safety checklist no less than monthly to be reviewed by the Program Manager. Additionally, members of the Operations Team, including the Executive Director and Program Manager, will maintain an increased presence at the facility, performing unscheduled visits to the facility to observe the home's environment and facilitate needed improvements no less than weekly for the next 30 days, no less than twice monthly for an additional 60 days to assure that medications are administered per physician's orders. After three months the administrative team will evaluate the ongoing support	03/06/2014

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	presented with an odor of urine and feces. QIDP #1 (Qualified Intellectual Disabilities Professional) was interviewed on 1/29/14 at 4:45 PM. QIDP #1 indicated the bedroom doors had been kicked by client #2. QIDP #1 stated, "The bathroom (hallway area) has a smell...." QIDP #1 indicated the bedroom doors had been damaged for over one month. CS (Clinical Supervisor) #1 was interviewed on 1/29/14 at 4:50 PM. CS #1 indicated the clients' bedroom doors had been kicked by client #2. CS #1 indicated the laundry closet in the kitchen did not have a sliding door. When asked about the urine/fecal odor in the hallway, CS #1 stated, "[Client #1] urinates on pieces of paper in his bedroom. We try to really keep an eye on him but that's where it's coming from." CS #1 indicated the group home should be clean and free of overt odor. 9-3-1(a)		needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Operations Team	

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W000159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor client #3's ISP (Individual Support Plan)/Fall Risk Plan to indicate how staff were to monitor client #3's bed alarm and audio monitor. The QIDP failed to integrate, coordinate and monitor clients #1, #2, #3, #4, #5, #6 and #7's active treatment program by failing to ensure staff implemented the clients' training objectives during formal/informal training opportunities. Findings include: 1. The QIDP failed to integrate, coordinate and monitor client #3's ISP /Fall Risk Plan to indicate how staff were to monitor client #3's bed alarm and audio monitor. Please see W240. 2. The QIDP failed to integrate, coordinate and monitor clients #1, #2, #3, #4, #5, #6 and #7's active treatment program by failing to ensure staff	W000159	CORRECTION:Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically, the QIDP will receive additional training to improve integration, coordination, and monitoring of Client #1 - #7's active treatment programs. The training will focus on: The need for support plans to include procedures for monitoring adaptive equipment including but not limited to bed alarms and audio monitors. The need to assure that staff implement learning objectives and to provide additional; informal training during active treatment. PREVENTION:The Nurse Manager and QIDP will review all revisions to facility nursing care plans for the next ninety days and thereafter will perform spot checks of facility nursing care plans as needed but no less than quarterly. Additionally, Operations Team members will review medical documentation while auditing active treatment sessions, no less than monthly, and make recommendations to the QIDP and Health Services Team as appropriate. The QIDP will be	03/06/2014

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	implemented the clients' training objectives during formal/informal training opportunities. Please see W249. 9-3-3(a)		expected to observe no less than two morning and two evening active treatment sessions per week to assess direct support staff interaction with clients and to provide hands on coaching and training to assure staff implement learning objectives and informal training at every reasonable opportunity. Additionally, members of the Operations Team, including the Executive Director and Program Manager, will maintain an increased presence at the facility, performing unscheduled observation of active treatment, including medication administration no less than weekly for the next 30 days, no less than twice monthly for an additional 60 days to assure that continuous active treatment occurrs. After three months the administrative team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly. RESPONSIBLE PARTIES: QIDP, Operations Team	
W000240	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 (#3), the facility failed to ensure client #3's ISP (Individual Support Plan)/Fall Risk	W000240	CORRECTION:The individual program plan must describe relevant interventions to support the individual toward independence. Specifically, the	03/06/2014

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	Plan indicated how staff was to monitor client #3's bed alarm and/or bedroom audio monitor. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 1/29/14 at 12:50 PM. The review indicated the following: -BDDS report dated 11/20/13 indicated, "[Client #3] self reported on 11/19/13 he had fallen into a window sill in his bedroom." The BDDS report indicated client #3 had sustained a fractured rib as a result of falling into his bedroom window. The BDDS report indicated, "History of falls with risk plan." -Follow up BDDS report dated 11/22/13 indicated, "IDT (Interdisciplinary Team) meeting, 11/22/13: to implement protective measures- staff will maintain and document line of sight. Staff will redirect attempts to ambulate without his walker. Implement use of bedroom audio monitor and bed alarm with the risk plan updated as a result of the 11/22/13 IDT." -BDDS report dated 1/27/14 indicated, "Staff discovered [client #3] had fallen		team will modify Client #3's Comprehensive High Risk plan for Falls to include procedures for monitoring Client #3's bed alarm and audio monitor. PREVENTION:The facility nurse will be trained regarding the need to include specific care procedures as appropriate when developing comprehensive high risk and care plans. The Nurse Manager will review all revisions to facility nursing care plans for the next ninety days and thereafter will perform spot checks of facility nursing care plans as needed but no less than quarterly. Additionally, Operations Team members will review medical documentation while auditing active treatment sessions, no less than monthly, and make recommendations to the Health Services Team as appropriate. RESPONSIBLE PARTIES:QIDP, Direct Support Staff, Behavior Therapist, Health Services Team, Operations Team	

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	in the bathroom without anyone hearing him." The 1/27/14 BDDS report indicated client #3 was taken to a local [med check] clinic with a one half inch abrasion over his right eye lid. The 1/27/14 BDDS report indicated, "Staff will monitor more closely and follow his high risk plan." Observations were conducted at the group home on 1/29/14 from 4:35 PM through 5:45 PM. Client #3 had a 1.5 inch circular purple to black right eye. Client #3 was interviewed on 1/29/14 at 4:40 PM. Client #3 stated, "I fell in the bathroom. Hit my eye. I hollered but they didn't come. Well, they came later." QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/30/14 at 2:33 PM. QIDP #1 indicated client #3 had a history of falls. QIDP #1 indicated facility staff should assist client #3 with his gait belt during ambulation. When asked if staff assisted client #3 to the restroom on 1/27/14, QIDP #1 stated, "No, she didn't. [Client #3] tends to turn his alarms off without us knowing. [Staff #1] didn't know he, [client #3], would turn it off. He got up and fell." Client #3's record was reviewed on			

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	1/30/14 at 11:24 AM. Client #3's Fall High Risk Plan dated 11/23/13 indicated, "[Client #3] may ambulate with walker and gait belt with staff assist. Gait belt is to be worn while [client #3] is ambulating and assist (sic) of staff. Staff should have hands on gait belt every time [client #3] ambulates." Client #3's Fall Risk Plan did not indicate how and when staff should monitor client #3's alarms and audio equipment to ensure the equipment was turned on and functioning properly. Client #3's ISP dated 11/15/13 did not indicate how and when staff should monitor client #3's alarms and audio equipment to ensure it was turned on and functioning properly. 9-3-4(a)			
W000249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review and interview for 3 of 4 sampled clients (#1,	W000249	CORRECTION:As soon as the interdisciplinary team has formulated a client's individual	03/06/2014

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	#3 and #4) plus 3 additional clients (#5, #6 and #7), the facility failed to implement clients #1, #3, #4, #5, #6 and #7's training objectives during formal/informal training opportunities. Findings include: Observations were conducted at the group home on 1/30/14 from 6:00 AM through 8:00 AM. At 6:10 AM, QIDP (Qualified Intellectual Disabilities Professional) #1 prompted client #7 to the medication administration area. QIDP #1 administered client #7's Buspirone 15 milligram tablet (anxiety), Fluoxetine 20 milligram capsule (depression), Metoprolol 50 milligram tablet (hypertension) and Spironolactone (hypertension). QIDP #1 did not encourage or coach client #7 to participate in the administration of his medications. At 6:19 AM QIDP #1 prompted client #5 to the medication administration area. QIDP #1 administered client #5's Phenytoin 100 milligram capsule (seizure), Fluoxetine 20 milligram capsule (psychosis) and Amlodipine 5 milligram tablet (hypertension). QIDP #1 did not encourage or coach client #5 to participate in the administration of his medications. At 6:25 AM, QIDP #1 prompted client #1 to the medication		program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Specifically, staff will be retrained regarding the need to implement medication learning objectives and to provide additional; informal training each time medication is administered. PREVENTION:Th e QIDP will be expected to observe no less than two morning and two evening active treatment sessions per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement medication education objectives and informal medication education training. Additionally, members of the Operations Team, including the Executive Director and Program Manager, will maintain an increased presence at the facility, performing unscheduled observation of active treatment, including medication administration no less than weekly for the next 30 days, no less than twice monthly for an additional 60 days to assure that continuous active treatment occurrs. After three months the administrative team will evaluate	

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	administration area. QIDP #1 administered client #1's Fluoxetine 20 milligram capsule (psychosis) and Glipizide 5 milligram tablet (diabetes). QIDP #1 did not encourage or coach client #1 to participate in the administration of his medications. At 6:28 AM, QIDP #1 prompted client #4 to the medication administration area. QIDP #1 administered client #4's Benazepril 10 milligram tablet (hypertension), Fluoxetine 20 milligram tablet (depression), Lamotrigine 25 milligram tablet (psychosis), Natural Fiber Powder (constipation) and Oxybutynin 5 milligram tablet (incontinence). QIDP #1 did not encourage or coach client #4 to participate in the administration of his medications. At 6:34 AM, QIDP #1 prompted client #6 to the medication administration area. QIDP #1 administered client #6's Gemfibrozil 600 milligram tablet (hyperlipidemia). QIDP #1 did not encourage or coach client #6 to participate in the administration of his medications. At 6:36 AM, QIDP #1 prompted client #3 to the medication administration area. QIDP #1 administered client #3's Aspirin 325 milligram tablet (heart health), Buspirone 10 milligram tablet (personality disorder), Divalproex 500 milligram tablet (seizure), Docusate		the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly. RESPONSIBLE PARTIES:QIDP, Direct Support Staff, Health Services Team, Behavior Therapist, Operations Team	

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	Sodium 100 milligram tablet (constipation), Fluoxetine 20 milligram capsule (depression), Milk of Magnesium (constipation), Poly Glyco Powder (constipation) and Vimpat 50 milligram tablet (seizure). QIDP #1 did not encourage or coach client #3 to participate in the administration of his medications. 1. Client #1's record was reviewed on 1/30/14 at 8:53 AM. Client #1's ISP (Individual Support Plan) dated 7/23/13 indicated client #1 was not independent regarding self administration of medication. Client #1's ISP dated 7/23/13 indicated client #1 should receive training to increase his independence with medication administration. Client #1's ISP dated 7/23/13 indicated client #1 should be encourage to state the side effects of his Zyprexa. 2. Client #3's record was reviewed on 1/30/14 at 11:24 AM. Client #3's ISP dated 11/22/13 indicated client #3 was not independent regarding self administration of his medications. Client #3's ISP dated 11/22/13 indicated client #3 should receive training to increase his independence with medication administration. Client #3's ISP dated 11/22/13 indicated client #3 should be			

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	encouraged to identify his depakote by reading the pharmacy bubble pack during medication administration. 3. Client #4's record was reviewed on 1/30/14 at 12:24 PM. Client #4's ISP dated 7/21/13 indicated client #4 was not independent regarding self administration of his medications. Client #4's ISP dated 7/21/13 indicated client #4 should receive training to increase his independence with medication administration. Client #4's ISP dated 7/21/13 indicated client #4 should be encouraged to state the daily dosage of his Fluoxetine. 4. Client #5's record was reviewed on 1/30/14 at 1:08 PM. Client #5's ISP dated 7/16/13 indicated client #5 was not independent regarding self administration of his medications. Client #5's ISP dated 7/16/13 indicated client #5 should receive training to increase his independence with medication administration. Client #5's ISP dated 7/16/13 indicated client #5 should be encouraged to identify his Fluoxetine and state the side effects of taking the medication. 5. Client #6's record was reviewed on 1/30/13 at 1:15 PM. Client #6's ISP dated 8/30/13 indicated client #6 was			

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	not independent regarding self administration of medications. Client #6's ISP dated 8/30/13 indicated client #6 should receive training to increase his independence with medication administration. Client #6's ISP dated 8/30/13 indicated client #6 should be encouraged to state the side effects of his Zyprexa medication. 6. Client #7's record was reviewed on 1/30/14 at 1:20 PM. Client #7's ISP dated 4/4/13 indicated client #7 was not independent regarding self administration of his medication. Client #7's ISP dated 4/4/13 indicated client #7 should receive training to increase his independence with medication administration. Client #7's ISP dated 4/4/13 indicated client #7 should be encouraged to state the dosage of his Fluoxetine. QIDP #1 was interviewed on 1/30/14 at 6:43 AM. When asked if the clients had medication administration goals, QIDP #1 stated, "Yes, they do. We do their medication goals at the 5:00 PM pass." CS (Clinical Supervisor) #1 was interviewed on 1/30/14 at 2:33 PM. CS #1 indicated clients should receive formal and informal training at each available opportunity.			

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	9-3-4(a)			
W000322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure client #3 had an annual physical examination. Findings include: Client #3's record was reviewed on 1/30/14 at 11:24 AM. Client #3's record did not indicate documentation of annual physical examination. LPN (Licensed Practical Nurse) #1 was interviewed on 1/30/14 at 10:44 AM. LPN #1 indicated client #3 should have an annual physical assessment completed yearly. LPN #1 indicated there was not additional documentation regarding client #3's annual physical examination. 9-3-6(a)	W000322	CORRECTION:The facility must provide or obtain preventive and general medical care. Specofically, the facility has obtained an annual physical examination for Client #3. PREVENTION:The facility nurse will maintain a tracking grid for all clients to assure that routine medical assessments, including but not limited to physical evaluations, occur within required time frames. Members of the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than quarterly to assure that examinations including but not limited to visual evaluations take place as required. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Health Services Team, Operations Team	03/06/2014

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	7919 SAN RICARDO DR INDIANAPOLIS, IN 46256

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W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 2 of 4 sampled clients (#1 and #3), the facility's nursing services failed to ensure client #1's glucose testing orders matched the MAR (Medication Administration Record), ensure staff completed routine glucose testing for client #1, ensure client #1's labs were completed as ordered and ensure client #3's dental recommendations were addressed. Findings include: 1. Client #1's record was reviewed on 1/30/14 at 8:53 AM. Client #1's Endocrinology Prescription Order dated 7/30/13 indicated an order to use Freestyle lancets and strips to test and record blood glucose levels on Monday and Friday at 6:00 AM, 5:00 PM and before bed. Client #1's MAR dated January 2014 did not indicate which days the glucose testing should be completed. Client #1's MAR sheet dated December 2013 did not indicate documentation of glucose testing being completed on 12/6/13 at 9:00 PM, on 12/9/13 at 6:00 AM, 5:00 PM and 9:00 PM, on 12/13/13	W000331	CORRECTION:The facility must provide clients with nursing services in accordance with their needs. Specifically: For Client #1, the Medication Administration Record (MAR) has been revised to include glucose testing orders that match current physician's orders. For Client #1, current ordered lab results will be obtained. For Client #3, the team will assure that dental cleanings occur every three months and will provide Client #3 with an electric toothbrush. PREVENTION:The facility nurse check the Medication Administration record against the current physician's orders each month prior to providing the records to assure the MAR corresponds to the orders. The nurse will provide ongoing training to facility staff to assure that glucose monitoring and other routine testing occurs as ordered. The Nurse Manager will assist the facility nurse and direct support medical coach with tracking routine apopointments and lab tests to assure they occur as recommended. Additionally, Operations Team members will review medical documentation while auditing active treatment sessions, no less than monthly, and make recommendations to the Health Services Team as appropriate. RESPONSIBLE	03/06/2014

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	at 5:00 PM and on 12/30/13 at 6:00 AM. Client #1's MAR sheet dated January 2014 did not indicate documentation of glucose testing being completed on 1/3/14 at 6:00 AM, on 1/6/14 at 9:00 PM, on 1/13/14 at 6:00 AM and on 1/27/14 at 9:00 PM. Client #1's Diabetes High Risk plan dated 8/23/13 indicated, "Nurse will assure A1C is obtained quarterly." Client #1's Pharmacy consultation note dated 1/9/13 indicated, "A1C should be completed every 3 months." Client #1's POF (Physician's Orders Form) dated 12/27/13 indicated, "HVA1C every 3 months." Client #1's record indicated documentation of the following dates of HVA1C testing: 9/7/12, 1/30/13, 4/5/13 and 9/9/13. 2. Client #3's record was reviewed on 1/30/14 at 11:24 AM. Client #3's Dental Summary Progress Note dated 11/8/12 indicated, "Recommendations... maintain dental cleanings and cut back on smoking. Future appointment date: 2/14/13." Client #3's Dental Hygienist note undated indicated, "Upon examination, [client #3's] gums were very infected. This concerns me because		PARTIES: QIDP, Direct Support Staff, Health Services Team, Operations Team	

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	his infection is so severe that it will have effects on his entire body. There is a direct link between gum disease and heart attacks and strokes. [Client #3] really needs to be seen every three months for a cleaning." Client #3's Dental Summary Progress Report dated 4/12/13 indicated,"[Client #3] would benefit from electric toothbrush and should be see every 3 months at our office." Client #3's record did not indicate additional documentation of dental services. LPN (Licensed Practical Nurse) #1 was interviewed on 1/30/14 at 10:44 AM. LPN #1 indicated client #1's glucose testing prescription orders should be reconciled to the MAR to reflect the recommended dates of testing. LPN #1 indicated staff should complete client #1's glucose testing on Monday and Friday at 6:00 AM, 5:00 PM and 9:00 PM. LPN #1 indicated client #1's HVA1C should be tested every three months. LPN #1 indicated there was no additional documentation of HVA1C labs for client #1. LPN #1 indicated client #3 should have receive dental services every 3 months. LPN #1 indicated there was not additional documentation of dental visits for client #3.			

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	9-3-6(a)			
W000336	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility's nursing services failed to conduct quarterly nursing assessments of clients' health status and medical needs for clients #1, #2, #3 and #4. Findings include: 1. Client #1's record was reviewed on 1/30/14 at 8:53 AM. Client #1's POF (Physician's Order Form) dated 12/27/13 indicated client #1's diagnoses included but were not limited to moderate mental retardation, non insulin dependent diabetes mellitus, dementia secondary to head trauma and psychosis. Client #1's QNA (Quarterly Nursing Assessment) form for the year 2013 did not indicate documentation of a quarterly nursing physical assessment of client #1's health status and medical needs from 8/7/13 through 12/31/13.	W000336	CORRECTION:Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Specifically, the facility has a new nurse that has been trained on expectations for quarterly nursing physicals and nursing physicals for the current quarter. PREVENTION:Copies of quarterly nursing physical examinations will be placed in the each individual's medical chart upon completion. The Nurse Manager will maintain a tracking system to assure quarterly nursing physical examinations are completed as required. Additionally, Administrative Team members will review nursing documentation while conducting routine audits in the home, no less than monthly, to assure records of quarterly nursing evaluations are completed and filed appropriately. Copies of audits of medical charts will be provided to the facility nurse and	03/06/2014

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	2. Client #2's record was reviewed on 1/30/14 at 10:25 AM. Client #2's POF dated 12/27/13 indicated client #2's diagnoses included but were not limited to moderate mental retardation, adjustment disorder with depressed mood, folliculitis, psychotic disorder, hypertension, osteoporosis and venous stasis dermatitis. Client #2's QNA form for the year 2013 did not indicate documentation of a quarterly nursing physical assessment of client #2's health status and medical needs from 8/7/13 through 12/31/13. 3. Client #3's record was reviewed on 1/30/14 at 11:24 AM. Client #3's POF dated 12/27/13 indicated client #3's diagnoses included but were not limited to borderline to mild mental retardation, intermittent explosive disorder, history of explosive personality disorder, history of schizophrenia, depression, seizures, hypertension, constipation, abnormal gait and sensorimotor peripheral neuropathy. Client #3's QNA form for the year 2013 did not indicate documentation of a quarterly nursing physical assessment of client #3's health status and medical needs from 8/7/13 through 12/31/13. 4. Client #4's record was reviewed on 1/30/14 at 12:24 PM. Client #4's POF		nurse manager to facilitate appropriate follow-up. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Health Services Team, Operations Team	

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	dated 12/27/13 indicated client #4's diagnoses included but were not limited to psychosis, urinary dysfunction, depression, neuropathy, anxiety disorder, constipation and asthma. Client #4's QNA form for the year 2013 did not indicate documentation of a quarterly nursing physical assessment of client #4's health status and medical needs from 8/7/13 through 12/31/13. LPN (Licensed Practical Nurse) #1 was interviewed on 1/30/14 at 10:44 AM. LPN #1 indicated nursing physical assessments of clients' health status and medical needs should be conducted on a quarterly basis. LPN #1 indicated there were no additional nursing physical assessments available for review regarding clients #1, #2, #3 and #4. 9-3-6(a)			
W000342	483.460(c)(5)(iii) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. Based on record review and interview for 1 of 4 sampled clients (#1), the	W000342	CORRECTION:Nursing services must include implementing with other members of the	03/06/2014

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	facility nurse failed to ensure staff knew how to operate client #1's blood glucose testing machine. Findings include: Client #1's record was reviewed on 1/30/14 at 8:53 AM. Client #1's POF (Physician's Order Form) dated 12/27/13 indicated, "Check blood sugar before meals and at bedtime every Monday and Friday." Client #1's MAR (Medication Administration Record) for the month of January 2014 indicated staff had circled their initials on the following dates of blood sugar testing: 1/6/14 at 6:00 AM and 1/27/14 at 5:00 PM. Client #1's Medication Notes Narrative section indicated the following entries: -1/6/14, 6:00 AM, "Blood glucose, machine not present." -1/27/14, 5:00 PM, "Meter (glucose), not working." LPN (Licensed Practical Nurse) #1 was interviewed on 1/30/14 at 10:44 AM. LPN #1 stated, "I just went to the group home and pricked my own finger, used the meter. It's there in the house and working. I think it may be a training issue with the staff. We recently switched meters for him and they may not know how to use the new one." LPN		interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. Specifically, staff have been retrained on the proper operation of Client #1's blood glucose monitor. PREVENTION:The facility nurse will has been trained on the need to assure that all direct support staff receive sufficient initial and ongoing training to meet the healthcare needs of all clients. Supervisory and nursing staff will monitor active treatment on all shifts to assure that staff are implementing healthcare supports consistent with established risk plans, current physicians' orders and other protocols as appropriate. Additionally, members of the Operations Team will conduct active treatment observations on a weekly basis for the next 60 days and after two months, no less than monthly to assure staff are following established healthcare protocols.. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Health Services Team, Operations Team	

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	#1 indicated she had not provided staff with training regarding how to use client #1's blood glucose meter. 9-3-6(a)			
W000368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #7 and #8), the facility failed to ensure staff administered medications as ordered by the physician. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/29/14 at 12:50 PM. The review indicated the following: -BDDS report dated 11/12/13 indicated, "[Client #3] received double dose of Buspirone 10 milligram (explosive personality disorder) at 6:00 AM from 11/1/13 through 11/11/13." -BDDS report dated 11/12/13 indicated, "[Client #3] missed Buspirone 10 milligrams at 5:00 PM and Vimpat	W000368	CORRECTION:The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Specifically, the staff members responsible for the pattern of medication errors no longer work at the facility. Current staff members have received training toward proper implementation of the agency's medication administration procedures to assure that all medications are administered as prescribed. PREVENTION:The QIDP will be expected to observe no less than two morning and two evening active treatment sessions per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff administer medication as prescribed. Members of the Operations Team, including the Executive Director and Program Manager, will maintain an increased presence at the facility, performing unscheduled	03/06/2014

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	(convulsions) 200 milligrams and Vimpat 50 milligrams at 9:00 PM." -BDDS report dated 11/12/13 indicated, "[Client #4] missed 9:00 PM dose of Clozapine 100 milligrams (depression/psychosis) on 11/2/13." -BDDS report dated 11/12/13 indicated, "[Client #7] received half dose of his Buspirone 15 milligrams tablets (anxiety) and did not receive his Amlodipine 5 milligram tablet (hypertension) at 5:00 PM on 11/2/13." -BDDS report dated 1/10/14 indicated, "[Client #1] did not receive his Glipizide 5 milligram (diabetes) at 5:00 PM on 1/6/14. [Staff #3] signed the MAR (Medication Administration Record) that the medication was given but the pill was still in the bubble pack." -BDDS report dated 1/10/14 indicated, "[Client #2] did not receive (his) 5:00 PM dose of Lorazepam (psychosis/bipolar) tablet 0.5 milligrams on 1/6/14." -BDDS report dated 1/10/14 indicated, "[Client #3] received an extra dose of his Vimpat 50 milligram tablet on 12/31/13 at 6:00 AM. [Staff #3] gave two pills when the prescription on the		observation of active treatment, including medication administration no less than weekly for the next 30 days, no less than twice monthly for an additional 60 days to assure that medications are administered per physician's orders. After three months the administrative team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Health Services Team, Administrative Team	

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	bubble pack instructed to give one tablet at 6:00 AM." -BDDS report dated 1/10/14 indicated, "[Client #4] had two pills missing form his 9:00 PM Clozapine 100 milligram bubble pack, The #29 pill was given on 12/30/13 but pills #28 and #27 was missing from the bubble pack and pill #26 was given on 12/31/13. There were no initials on the bubble pack to indicate that the pills were given by an employee. [Staff #2] gave the pills on 12/30/13 and 12/31/13 but did not report the missing pills to the supervisor." -BDDS report dated 1/10/14 indicated, "[Client #5] did not receive his Triamt/HCTZ 37.5-25 medication (hypertension) at 6:00 AM on 1/1/14. [Staff #4] signed the MAR sheet that she gave the medication but the pill was still in the bubble pack." -BDDS report dated 1/10/14 indicated, "[Client #7] did not receive his Amlodipine 5 milligram medication at 5:00 PM on 1/6/14." -BDDS report dated 1/10/14 indicated, "On 1/5/14, [client #8], did not receive his 9:00 PM Atorvastatin (hypercholesterolemia) 10 milligrams."			

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	1. Client #1's record was reviewed on 1/30/14 at 8:53 AM. Client #1's POF (Physician's Orders Form) dated 12/27/13 indicated client #1's orders included the following: -"Date: 4/28/03, Glipizide tablet 5 milligrams. Take one tablet by mouth twice daily before breakfast and dinner for non insulin dependent diabetes mellitus." 2. Client #2's record was reviewed on 1/30/14 at 10:25 AM. Client #2's POF dated 12/27/13 indicated client #2's included the following physician's orders: -"Date: 9/23/09, Lorazepam tablet 0.5 milligrams. Give one tablet by mouth twice daily for psychosis/bipolar disorder." 3. Client #3's record was reviewed on 1/30/14 at 11:24 AM. Client #3's POF dated 12/27/13 indicated client #3 had the following physician's orders: -"Date: 3/29/12: Buspirone tablet 10 milligram. Give one tablet by mouth three times daily for explosive disorder." -"Date: 1/30/13: Vimpat tablet 200 milligrams. Give one tablet by mouth			

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	twice daily for convulsions (6:00 AM and 9:00 PM)." -"Date: 3/28/13: Vimpat tablet 50 milligrams. Give one tablet by mouth twice daily. Give with 200 milligrams (7:00 AM and 9:00 PM)." 4. Client #4's record was reviewed on 1/30/14 at 12:24 PM. Client #4's POF dated 12/27/13 indicated client #4 had the following physician's orders: -"Date: 2/9/12: Clozapine tablet 100 milligram. Give two (2) tablets (200 milligrams) by mouth at bedtime for major depression with psychotic features." 5. Client #5's record was reviewed on 1/30/14 at 1:08 PM. Client #5's POF dated 12/27/13 indicated client #5 had the following physician's orders: -"Date: 2/26/04, Triamt/HCTZ tablet 37.5-25. Take one tablet by mouth once daily for hypertension." 6. Client #7's record was reviewed on 1/30/14 at 1:20 PM. Client #7's POF dated 12/27/13 indicated client #7 had the following physician's orders: -"Date: 7/31/2007, Amlodipine tablet 5			

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	milligrams. Take one tablet by mouth every evening (5:00 PM) for hypertension." -"Date: 6/15/12, Buspirone tablet 15 milligrams. Give two (2) tablets (30 milligrams) by mouth twice daily at 6:00 AM and 5:00 PM for anxiety." 7. Client #8's record was reviewed on 1/30/14 at 1:25 PM. Client #8's POF dated 12/27/13 indicated client #8 had the following physician's orders: -"Date: 4/21/04, Atorvastatin tablet 10 milligrams. Take one tablet by mouth at bedtime for hypercholesterolemia." LPN (Licensed Practical Nurse) #1 was interviewed on 1/30/14 at 10:44 AM. LPN #1 indicated medications should be administered as ordered by the physician. 9-3-6(a)			
W000436	483.470(g)(2) SPACE AND EQUIPMENT 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. Based on observation, record review and	W000436	CORRECTION:The facility must	03/06/2014

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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256	

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	interview for 1 of 4 sampled clients with adaptive equipment (#1), the facility failed to ensure client #1 had a pair of prescription eyeglasses. Findings include: Observations were conducted at the group home on 1/29/14 from 4:35 PM through 5:45 PM. Client #1 was observed throughout the observation period. Client #1 did not wear prescription eyeglasses. Observations were conducted at the group home on 1/30/14 from 6:00 AM through 8:00 AM. Client #1 was observed throughout the observation period. Client #1 did not wear prescription eyeglasses. Client #1's record was reviewed on 1/30/14 at 8:53 AM. Client #1's Vision Examination Form (VEF) dated 1/30/13 indicated the recommendation for prescription eyeglasses. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/30/14 at 2:33 PM. QIDP #1 indicated client #1 did not have a pair of prescription eyeglasses. 9-3-7(a)		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 facility will assist Client #1 with obtaining eyeglasses. PREVENTION:Facility professional staff will be expected to observe no less than two morning and two evening active treatment sessions per week to assure all clients possess and are using prescribed adaptive equipment. Additionally, members of the Operations Team will conduct active treatment observations on a weekly basis for the next 60 days and after two months, no less than monthly to assure that clients are utilizing adaptive equipment as recommended. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Operations Team	

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W009999	State Findings The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met. 460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by division (15) A fall resulting in injury, regardless of the severity of the injury; (18) Use of any PRN (as needed) medication related to an individuals behavior; (19) Use of any physical or manual restraint regardless of: (a) planning; (b) human rights committee approval; (c) informed consent). This state rule was not met as evidenced by: Based on record review and interview for 6 of 23 incidents of falls with injuries, medication administration errors and ER (Emergency Room) visits reviewed, the facility failed to	W009999	CORRECTION:The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by division (15. A fall resulting in injury, regardless of the severity of the injury). Specifically, the QIDP has been retrained regarding BDDS reporting procedures and internet service has been established at the facility to assist with facilitating timely reporting. PREVENTION:All internal incident reports and medication error reports will be submitted directly to the Program Manager and Clinical Supervisor who will assist with determining when an incident meets reportable criteria and reporting responsibilities will be assigned upon receipt of the internal reports. The Operations Team will maintain an incident tracking spreadsheet and send out a daily report needs update via email to the supervisors responsible for submitting each report. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Operations Team	03/06/2014

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	immediately notify the BDDS (Bureau of Developmental Disabilities Services) regarding a fall with injury for client #3, medication administration errors for clients #3, #4 and #7 and two ER visits for clients #1 and #7. Findings include: The facility's BDDS reports and investigations were reviewed on 1/29/14 at 12:50 PM. The review indicated the following: -BDDS report dated 9/5/13 indicated on 8/30/13 client #3 fell while walking in the group home driveway. The 9/5/13 BDDS report indicated client #3 received a "quarter size bruise on left knee" as a result of the fall. The 9/5/13 BDDS report indicated the facility staff reported client #3's fall with injury to the facility nurse on 8/30/13 and to the CS (Clinical Supervisor) on 9/4/13. -BDDS report dated 11/12/13 indicated, "[Client #7] received half dose of his Buspirone 15 milligrams (anxiety) and did not receive his Amlodipine 5 milligram medication (blood pressure) at 5:00 PM on 11/2/13." The 11/12/13 BDDS report indicated, "The next staff (on duty) found and notified the nurse on 11/3/13."			

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	-BDDS report dated 11/12/13 indicated client #4 had missed his 9:00 PM dose of Clozapine 100 milligrams (schizophrenia) on 11/2/13. The 11/12/13 BDDS report indicated the facility nurse was notified on 11/3/13 of client #4's medication administration error. -BDDS report dated 11/22/13 indicated, "[Client #7] was exiting the bathtub and knocked a picture on the wall down on his foot causing a deep cut on (his) left foot." The 11/22/13 BDDS report indicated client #7 was taken to the ER where he received sutures for the laceration to his foot on 11/15/13. -BDDS report dated 11/12/13 indicated client #3 was not administered his Buspirone 10 milligrams (anxiety) at 5:00 PM and Vimpat 200 milligram and 50 milligrams (seizures) at 9:00 PM. The 11/12/13 BDDS report indicated the facility nurse was notified of client #3's medication administration error on 11/3/13. -BDDS report dated 12/29/13 indicated client #1 was taken to the ER on 12/27/13 regarding evaluation for a UTI (Urinary Tract Infection).			

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	Interview with QIDP #1 (Qualified Intellectual Disability Professional) on 1/30/14 at 2:17 PM indicated falls with injuries, ER visits and medication administration errors should be reported to BDDS within 24 hours. 9-3-1(b)			