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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G321 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 01/16/2014 |
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| NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN | STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 335 WESTERN ROW DILLSBORO, IN 47018 |
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| W000000 | <p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of survey: January 13, 14 and 16, 2014.</p> <p>Facility Number: 000839 Provider Number: 15G321 AIM Number: 100244000</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/22/14 by Ruth Shackelford, QIDP.</p> | W000000 | | |
| W000159 | <p>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 record review and interview for 1 of 4 sampled clients (#1), the QIDPd (Qualified Intellectual Disabilities Professional designee) failed to integrate the client's risk plans into his program records and failed to address issues with fire evacuation drills.</p> | W000159 | <p>W159: Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Corrective action: Risk Plans for Client #1 have been printed out and</p> | 01/31/2014 |

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>Findings include:</p> <p>Client #1's record was reviewed on 1/14/14 at 1:00 PM. The review indicated an ISP/Individual Support Plan dated 4/25/13 by CS/Clinical Supervisor #1. The review indicated risk plans dated 4/18/13 by former LPN #2 but catheter care and dementia were not addressed. Client #1's record contained no risk plans for his indwelling suprapubic catheter or his dementia diagnosis. Review of fire evacuation drills on 1/14/14 at 12:00 PM indicated drills on 2/17/13 at 2:00 AM which lasted until 2:30 AM and 3/28/13 which lasted from 12:45 AM until 1:00 AM. There was no protocol in client #1's plan in regards to fire evacuation and his use of a gait belt, rollator walker (rolling walker with a seat), and the need for staff assistance when ambulating.</p> <p>CS/QIDPd #1 was interviewed on 1/14/14 at 10:23 AM and she contacted the current LPN #1 regarding the risk plans. The plans had been accidentally left out of client #1's program books.</p> <p>Interview on 1/14/14 at 12:15 PM with CS #1 stated a staff meeting was held and facility staff were informed fire evacuation drills should take "three</p> | | <p>placed in ISP (Attachment A). · Nursing Coordinator has been inserviced on ensuring that Risk Plans are available in group home (Attachment B). · Client #1's Consumer Profile has been updated to include one on one assistance during evacuation (Attachment C). How we will identify others: Nursing Coordinators will review Risk Plans to ensure that all plans are in place in group home. Clinical Supervisors will review Consumer Profiles to ensure that information for special assistance during evacuations is included. Measures to be put in place: Nurse's Weekly Checklist has been revised to include review of Risk Plans (Attachment D). Consumer Profiles will review Consumer Profiles to ensure that information for special assistance during evacuations is included. Monitoring of Corrective Action: Nursing Program Manager will review weekly Nursing checklist and perform bi-annual checklist, including ensuring that Risk Plans are available and current. Operations Manager will perform bi-monthly EDOM/Book review, including review of Consumer Profile. Completion Date: 1-31-2014</p> | | | | |

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| W000240 | <p>minutes." No other information was available.</p> <p>9-3-3(a)</p> <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 record review and interview for 1 of 4 sampled clients (#3), the facility failed to include methodology to address client #3's bathing protocol as related to seizure safety in the client's ISP/Individual Program Plan.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 1/14/14 at 10:00 AM. Client #3's diagnosis included, but was not limited to, Epilepsy. Client #3's record review indicated no risk plan developed by the facility's LPN to address how staff would supervise client #3 while showering/bathing. The level of supervision was not defined and the fact that client #3 showered in the bathroom which had a bathtub/shower combination and would not allow staff to be in the bathroom with him. Review</p> | | | W000240 | <p>W240: The individual program plan must describe relevant interventions to support the individual toward independence. Corrective action: Client #3's personal safety goal has been revised (Attachment E). Staff have been inserviced (Attachment E). How we will identify others: Clinical Supervisors will review personal safety goals to ensure that level of supervision is appropriate to client. Measures to be put in place: Clinical Supervisors will review personal safety goals to ensure that level of supervision is appropriate to client. Monitoring of Corrective Action: Operations Manager will perform bi-monthly EDOM/Book review, including review of personal safety goals. Completion Date: 1-31-2014</p> | | 01/31/2014 |

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| W000248 | <p>of client #3's Individual Support Plan/ISP dated 10/09/13, indicated a training objective for client #3 to state one reason why he was supervised during bathing with a verbal assistance. The ISP objective did not outline the level of supervision necessary to keep client #3 safe while using a bathtub/shower while in the bathroom alone.</p> <p>Interview with house manager/clinical supervisor/CS staff #1 on 1/14/14 at 10:23 AM indicated client #3 did not allow staff in the bathroom with him while bathing. The interview indicated client #3 used a bathtub/shower combination for showering. The interview indicated client #3 did have a seizure diagnosis and staff monitored him from outside of the bathroom during bathing.</p> <p>9-3-4(a)</p> <p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Based on record review and interview</p> | W000248 | W248: A copy of each individual | 01/31/2014 | | | |

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| W000316 | <p>for 1 of 4 sampled clients (#1), the facility failed to ensure the day services provider had copies of client #1's risk plans.</p> <p>Findings include:</p> <p>Review of client #1's day program record on 1/14/14 at 1:30 PM indicated no risk plans for his indwelling suprapubic catheter or his risk plan associated with his dementia diagnosis.</p> <p>Interview with the workshop staff #1 and #2 on 1/14/14 at 1:35 PM indicated the facility had not sent the risk plans for client #1's dementia diagnosis or his indwelling suprapubic catheter.</p> <p>9-3-4(a)</p> <p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually. Based on record review and interview for 2 of 3 sampled clients who used drugs to control behavior, (#2 and #3), the facility failed to ensure an attempt to gradually withdraw the drugs was made when the clients had met criteria for</p> | | | W000316 | <p>plan must be made available to all relevant staff of other agencies who work with the client, and to the client, parents (if client is a minor) or legal guardian. Corrective action: Client #1's risk plans have been given to workshop (Attachment F). How we will identify others: Nursing Coordinators will review Risk Plans at workshop to ensure that all are available. Measures to be put in place: Annual ISP Workshop receipt form has been implemented (Attachment F). Monitoring of Corrective Action: Clinical Supervisor or Operations Manager will perform weekly Day Training observations; including ensuring current ISP plans, including risk plans are available at workshop (Attachment G). Completion Date: 1-31-2014</p> <p>W316: Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually. Corrective action: Psychiatric appointments for Client #2, #3, have been scheduled, the first available, for 2-18-2014. IDT will be held after</p> | | 01/31/2014 |

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| | <p>withdrawal.</p> <p>Findings include:</p> <p>1. Review of client #3's record on 1/14/14 at 10:00 AM indicated he received Abilify (antipsychotic) 5 milligrams/mg. twice daily, Celexa (antidepressant) 40 mg. daily, and Trileptal (anticonvulsant) 150 mg. twice daily for behavior management. Client #3's behavior support program/BSP dated 10/9/13 indicated the behaviors of physical aggression, property destruction and verbal disruption were tracked and the drug withdrawal criteria were based on these behaviors. The BSP indicated a medication reduction would be considered when client #3 "exhibited 5 or fewer episodes of maladaptive behavior for 6 consecutive months." Review of all available behavior data records indicated for all behaviors combined (verbal disruption, non compliance property destruction, and physical aggression) the following: 12/13 two 11/13 four 10/13 zero 9/13 one 8/13 zero 7/13 zero. The record review indicated client #3 had been on the same dosages of</p> | | <p>receiving psychiatrist recommendation for medication reduction. How we will identify others: Clinical Supervisors will review behavior data records to ensure that if long term objective has been met, an appointment is made with Psychiatrist to discuss medication reduction. Measures to be put in place: Quarterly Reviews will be done to review behavior data records (Attachment H) to ensure that when long term objectives are met, a medication reduction is discussed. Monitoring of Corrective Action: Operations Manager will review Quarterly Review, including behavior data quarterly (Attachment H). Completion Date: 1-31-2014</p> | | |

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| | <p>behavior medications since 2/7/13 according to a psychiatric consult on that date.</p> <p>Interview with CS/Clinical Supervisor #1 on 1/14/14 at 10:30 AM indicated client #3 had not had an attempt at a behavior drug decrease in the past year.</p> <p>2. Review of client #2's record on 1/14/14 at 11:30 AM indicated his behavior support plan/BSP was dated 5/23/2013 and addressed the behaviors of physical aggression, property destruction, elopement, and self injurious behavior. Client #2 received Abilify (antipsychotic) 10 milligrams/mg. daily, and Zoloft (antidepressant) 150 mg. daily for behavior management. Client #2's behavior support program/BSP dated 10/9/13 indicated an attempt at a medication reduction would be done when client #2's defined behavior rates (physical aggression and property destruction) were 10 or fewer per month for 6 consecutive months. Review of all available behavior data records indicated for all behaviors combined (verbal disruption, non compliance property destruction, and physical aggression) the following: 12/13 seven</p> | | | |

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| | <p>11/13 four 10/13 one 9/13 zero 8/13 zero 7/13 five.</p> <p>The record review indicated client #2 had been on the same dosages of behavior medications since 2/7/13 according to a psychiatric consult on that date.</p> <p>Interview with CS #1 on 1/14/14 at 3:30 PM indicated there had not been an attempt to reduce client #2's behavioral medications in over a year.</p> <p>The interviews failed to indicate behavior data associated with the client's behaviors which would tend to contraindicate an attempt at a gradual reduction of the clients' behavioral medications.</p> <p>9-3-5(a)</p> | | | | |