

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G206	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2014
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 4318 BADENSTRASSE JASPER, IN 47546
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W000000	<p>This visit was for a post certification revisit (PCR) to the investigation of complaint #IN00140398 completed on 1/3/14.</p> <p>Complaint #IN00140398 - Not corrected.</p> <p>Survey Dates: February 11, 13, 14 and 17, 2014</p> <p>Facility Number: 000734 Provider Number: 15G206 AIM Number: 100234100</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/26/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview</p>	W000104	ADDENDUM 3/28/14	03/28/2014

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>for 1 of 3 sampled clients (client A), the governing body failed to exercise operating direction over the facility to implement policies and procedures which prohibit abuse of client A. The governing body failed to exercise operating direction over the facility to prevent client A from being pulled off a couch by staff. The governing body failed to ensure sufficient staff were in the home with clients A and D when clients from another home (clients G and H) were there waiting for transport to day program.</p> <p>Findings include:</p> <p>Please see W149. The governing body neglected to implement policies and procedures which prohibit abuse of clients (client A). The governing body neglected to prevent a staff from pulling client A off a couch causing an injury.</p> <p>Please see W186. The governing body failed to ensure sufficient staff were in the home with clients A and D when clients from another home (clients G and H) were waiting for transport to day program.</p> <p>This deficiency was cited on 1/3/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility. Corrective Action: (Specific): The residential manager and staff will be in-serviced on the abuse/neglect/exploitation policy and procedure. How others will be identified: (Systemic). The residential manager will visit the site three times weekly and the program manager will visit the site weekly to ensure the abuse/neglect/exploitation policy and procedure is being followed. Measures to be put in place: The residential manager and staff will be in-serviced on the abuse/neglect/exploitation policy. Monitoring of Corrective Action: The residential manager will visit the site three times weekly and the program manager will visit the site weekly to ensure the abuse/neglect/exploitation policy and procedure is being followed.</p> <p>Completion date: 3.28.14</p>		

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W000149	<p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sampled clients (client A), the facility neglected to implement their Abuse/Neglect/Exploitation Policy and Procedure in regard to staff pulling client A off the couch by his leg and shoulder.</p> <p>Findings include:</p> <p>The facility BDDS (Bureau of Developmental Disability Services) reports were reviewed on 2/11/14 at 9:30 AM. The BDDS reports included an incident dated 1/31/14 for client A: "While assisting [client A] with hygiene, staff noticed an abrasion to [client A's]</p>	W000149	<p>ADDENDUM 3/28/14</p> <p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Corrective Action: (Specific): The residential manager and staff will be in-serviced on the abuse/neglect/exploitation policy and procedure as well as client A's BSP (Behavior Support Plan). How others will be identified: (Systemic). The residential manager will visit the site three times weekly and the program manager will visit the site weekly to ensure the abuse/neglect/exploitation policy and procedure are being followed as well as client A's BSP</p>	03/28/2014			

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	<p>mid-back, the area showed no sign or symptoms of infection but as a precautionary measure the nurse instructed the staff to take him to Urgent Care to have the area assessed. When the staff asked [client A] how it happened he told staff that he did not know. It was reported by another consumer that staff had pulled on [client A] to get him up off the couch. As an immediate protective measure the staff members in question have been placed on administrative leave and an investigation has been initiated."</p> <p>The Investigative Summary dated 2/4/14 was reviewed on 2/11/14 at 10:15 AM. The findings were as follows: "After reviewing witness statements and documentation, it was found that 2 individuals had witnessed staff 6 pull [client A] off of the couch. Staff 6 also admits to pulling [client A] off of the couch by the legs and shoulder due to a behavior.</p> <p>Behavior tracking shows no behavioral incidents for the day in question. The techniques in which were used, are not techniques underlined in [client A's] BSP (Behavior Support Plan) and are not approved YSIS (You're Safe I'm Safe) maneuvers. There is no evidence of prior knowledge of the incident by any of the staff."</p>		<p>(Behavior Support Plan) is being implemented as written. Measures to be put in place: The residential manager and staff will be in-serviced on the abuse/neglect/exploitation policy and procedure as well as client A's BSP (Behavior Support Plan). Monitoring of Corrective Action: The residential manager will visit the site three times weekly and the program manager will visit the site weekly to ensure the abuse/neglect/exploitation policy and procedure are being followed as well as client A's BSP (Behavior Support Plan) is being implemented as written. Completion date:3.28.14</p>				

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	<p>The BSP dated 8/1/13 for client A was reviewed on 2/11/14 at 11:00 AM. The BSP for client A indicated the following target behaviors:</p> <p>"Non-Compliance: any time he does not comply with or start complying with a programmatic request after 3 prompt spaced out at least 15 minutes apart.</p> <p>Hyperactive: [Client A] will continue to pace around and not focus on one particular task for any given amount of time regardless of prompting.</p> <p>Inappropriate sexual behavior: any time he is making verbal remarks of a sexual nature, or is physically attempting to touch others in their personal areas (e.g. breast, genitals, etc.), or attempt to masturbate in front of others.</p> <p>Leaving assigned areas: any time he leaves or attempts to leave a designated area without staff.</p> <p>Borrowing without permission: any time he is in possession of items that are clearly not his (e.g. items that have other consumer's initials on them etc.).</p> <p>Physical Aggression: any time he hits, kicks, others or is attempting to that leaves a red mark or has the potential to leave a red mark.</p> <p>Verbal Aggression: any time he is speaking in a tone louder than his normal speaking tone or is using inappropriate language towards</p>						

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	<p>individuals or while in the community.</p> <p>Tantrum: any time he is sitting on the floor and is engaging in verbal aggression, refusing to get up.</p> <p>Inappropriate Personal Space: any time [client A] is hugging kissing, rubbing, or any other inappropriate touching that does not already fall into inappropriate sexual behaviors."</p> <p>Interview with administrative staff #4 on 2/11/14 at 10:00 AM stated "[Staff #6] was left alone in the home with 2 ladies from another home [clients G and H] and [client A] and [client D]. They were waiting for their ride to the day program. [Client A] was bothering the 2 ladies while they were all sitting on the couch. [Client A] refused to get up and [staff #6] was trying to keep [client A] from being inappropriate with the ladies." Administrative staff #4 indicated client A was touching client G on the breast and clients G and H refused to move when staff #6 asked them to move to another area and client A refused to move away from clients G and H. Administrative staff #4 indicated staff #6 had been terminated.</p> <p>The Abuse/Neglect/Exploitation Policy and Procedure dated 8/1/07 with a revised date of 7/2/12 was reviewed on 2/17/14 at 3:00 PM. The policy was as</p>						

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	<p>follows: "Community Alternatives South East staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and/or exploitation shall be reported and thoroughly investigated. Community Alternatives South East strictly prohibits abuse, neglect and/or exploitation. All employees receive training upon hire and annually thereafter regarding the definition of different types of abuse, neglect and exploitation. The Elder Justice Act, how to identify abuse, neglect and exploitation and what to expect from an investigation."</p> <p>Interview with administrative staff #2 on 2/13/14 at 5:00 PM indicated the clients from the other home should not have been left without a staff from their home. Administrative staff #2 indicated there should have been two staff in the home with the four clients and retraining was in process.</p> <p>This deficiency was cited on 1/3/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>				

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W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client A), the facility failed to ensure sufficient direct care staff were deployed to manage and supervise clients A and D when visiting clients were in the home waiting on transport to day program (clients G and H).</p> <p>Findings include: The facility incident reports were</p>	W000186	<p>ADDENDUM 3/28/14 W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with the individual program plans. Corrective Action: (Specific): The residential manager will be in-serviced on the abuse/neglect/exploitation policy and procedure. In addition, the residential manager will be in-serviced on providing proper staffing ratios in the home in accordance with individual program plans. How others will</p>	03/28/2014	

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	<p>reviewed on 2/11/14 at 9:30 AM. The BDDS (Bureau of Developmental Disability Services) reports indicated the following incident on 1/31/14: "While assisting [client A] with hygiene, staff noticed an abrasion to [client A's] mid-back, the area showed no sign or symptoms of infection but as a precautionary measure the nurse instructed the staff to take him to Urgent Care to have the area assessed. When the staff asked [client A] how it happened he told staff that he did not know. It was reported by another consumer that staff had pulled on [client A] to get him up off the couch. As an immediate protective measure the staff members in question have been placed on administrative leave and an investigation has been initiated."</p> <p>Interview with administrative staff #4 on 2/11/14 at 10:00 AM stated "[Staff #6] was left alone in the home with 2 ladies from another home [clients G and H] and [client A] and [client D]. They were waiting for their ride to the day program. [Client A] was bothering the 2 ladies while they were all sitting on the couch. [Client A] refused to get up and [staff #6] was trying to keep [client A] from being inappropriate with the ladies." Administrative staff #4 indicated client A was touching client G on the breast.</p>		<p>be identified: (Systemic). The residential manager will prepare the staff schedule so as to provide sufficient direct care staff to manage and supervise clients in accordance with the individual program plans. The residential manager will visit the site three times weekly and the program manager will visit the site weekly to ensure the abuse/neglect/exploitation policy and procedure is being followed as well as proper staffing schedule is being followed in the home. Measures to be put in place: The residential manager will be in-serviced on the abuse/neglect/exploitation policy and procedure. In addition, the residential manager will be in-serviced on providing proper staffing ratios in the home in accordance with individual program plans. Monitoring of Corrective Action: The residential manager will prepare the staff schedule so as to provide sufficient direct care staff to manage and supervise clients in accordance with the individual program plans. The residential manager will visit the site three times weekly and the program manager will visit the site weekly to ensure the abuse/neglect/exploitation policy and procedure is being followed as well as proper staffing schedule is being followed in the home. Completion date: 3.28.14</p>				

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	<p>Interview with administrative staff #2 on 2/13/14 at 5:00 PM indicated the clients from the other home should not have been left without a staff from their home. Administrative staff #2 indicated there should have been two staff in the home with the four clients and retraining was in process.</p> <p>This deficiency was cited on 1/3/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p>			

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W000249	<p>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.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (client C), the facility failed to ensure staff implemented client C's program to use his walker.</p> <p>Findings include:</p> <p>During the observation period on 2/13/14 from 5:00 PM to 6:30 PM, client C was sitting at the dining table drinking a glass of tea. Client C got up from the table and walked with an unsteady gait to the kitchen and threw his cup away. Client C went to his room walking in an uneven rapid gait with his head more forward than the rest of his body. Client C did not use a walker. Staff #3 did not prompt client C to use a walker.</p> <p>The review of the care plan dated 4/1/13 and revised on 2/12/14 was conducted on 2/17/14 10:30 AM and indicated client C had a potential for injury due to falls. The care plan indicated staff was</p>	W000249	<p>ADDENDUM 3/28/14</p> <p>W249: 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 objectives identified in the individual program plan. The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes.</p> <p>Corrective Action: (Specific): Staff will be in-serviced on client C's care plan and ISP (Individual Support Plan). How others will be identified: (Systemic): The residential manager will complete observations three times weekly to ensure that staff is running plans as written.</p> <p>Measures to be put in place: Staff will be in-serviced on client C's care plan and ISP (Individual Support Plan).</p>	03/17/2014	

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W000488	<p>to encourage client C to use his rolling walker at all times, and to slow down when walking. The ISP (Individual Support Plan) dated 4/19/13 was reviewed on 2/17/14 at 1:00 PM. The ISP included a training objective as follows: "[Client C] will learn to use his walker with verbal prompt...".</p> <p>Interview with administrative staff #2 on 2/13/14 at 5:00 PM indicated client C should have been using his walker.</p> <p>9-3-4(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 3 of 3 sampled clients (clients A, B and C) and 2 additional clients (clients D and E), the facility failed to ensure the staff provided prompting and training</p>	W000488	<p>Monitoring of Corrective Action: The residential manager will complete observations three times weekly to ensure that staff is running plans as written. Completion date: 3.28.14</p> <p>ADDENDUM 3/28/14 W488: The facility must assure that each client eats in a manner consistent with his or her developmental level. Corrective Action: (Specific): Staff will be in-serviced on all client dining</p>	03/28/2014			

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	<p>during meal time.</p> <p>Findings include:</p> <p>During the observation period on 2/13/14 from 5:00 PM to 6:30 PM, dinner was served at 5:20 PM. The clients (clients A, B, C, D and E) all sat at the table with staff standing behind chairs and assisting with dipping and passing the bowls. After the clients had their bowls filled, staff went to other areas of the house and no staff ate with the clients or sat at the table while they were eating. There was no prompting on manners, correct bite size and table conversation.</p> <p>Interview with administrative staff #2 on 2/13/14 at 6:00 PM indicated the staff should have been with the clients at the table while they were eating.</p> <p>9-3-8(a)</p>		<p>plans. In addition, staff will be in-serviced on family dining to assure that staff will sit at the table during meal time, prompt on manners, follow dining plans and engage in table conversation.</p> <p>How others will be identified: (Systemic): The residential manager will complete observations three times weekly to ensure that staff is implementing plans as written.</p> <p>Measures to be put in place: Staff will be in-serviced on all client dining plans. In addition, staff will be in-serviced on family dining to assure that staff will sit at the table during meal time, prompt on manners, follow dining plans and engage in table conversation. Monitoring of Corrective Action: The residential manager will complete observations three times weekly to ensure that staff are implementing plans as written.</p> <p>Completion date: 3.28.14</p>				