

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G449	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/27/2012
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 7859 DELBROOK DR INDIANAPOLIS, IN 46260
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W0000	<p>This visit was for the investigation of complaint #IN00114069.</p> <p>Complaint #IN00114069: Substantiated, federal and state deficiencies related to the allegation(s) are cited at W186 and W189.</p> <p>Dates of Survey: 8/21/12, 8/22/12 and 8/27/12.</p> <p>Facility Number: 000963 Provider Number: 15G449 AIMS Number: 100244740</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed August 30, 2012 by Dotty Walton, Medical Surveyor III.</p>	W0000		

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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W0186	<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 (A), the facility failed to ensure DCS (Direct Care Staff) were appropriately deployed to provide necessary supervision of the client.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and Investigations were reviewed on 8/21/12 at 1:55 PM. The review indicated the following:</p> <p>-IR dated 7/29/12 indicated, "[Client A] was sitting on toilet in restroom about to be assisted with shower when [DCS #1] heard banging on front door. Other staff was with another consumer so [DCS #1] went to let consumer in from home visit and after talking with consumer family [client A] came down hallway bleeding from cuts on his foot. After [DCS #1] looked in bathroom shower door was</p>	W0186	<p><b>CORRECTION:</b> <i>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Specifically, the facility has added additional direct support staff on weekends to increase supervision and supplement active treatment services. When sufficient direct support staff are not available to cover a shift, professional/supervisory staff will provide active treatment services.</i></p> <p><b>PREVENTION:</b> The Operations Team will monitor facility staff schedules to assure adequate direct support staff are assigned to all shifts. Additionally, on an ongoing basis, members of the Operations and Quality Assurance Teams will spot check time and attendance records to assure hours worked match the facility schedule.</p> <p><b>RESPONSIBLE PARTIES:</b> QDDPD, Home Manger, Support Associates,</p>	09/26/2012			

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	<p>shattered and glass was everywhere."</p> <p>-BDDS report dated 7/30/12 indicated on 7/29/12, "Staff was assisting [client A] in preparing to shower, staff stepped out of the bathroom to answer the front door and let in one of [client A's] housemates who was returning from therapeutic leave. [Client A] walked down the hall and staff noted that his feet were bleeding and he had superficial scratches on his left leg. Staff entered the bathroom and observed that the Plexiglas (sic) shower door was broken and in pieces on the floor. [Client A] communicated through sign language that the door had fallen on him an broken (sic) and that he cut his feet as he walked through the debris. Per nurse instructions, staff transported [client A] to the [hospital] emergency department for evaluation and treatment. Emergency room personnel examined [client A's] injuries and released him with instructions for residential staff to assist him with cleansing the affected areas with soap and water, twice daily."</p> <p>-Investigation regarding the 7/30/12 BDDS incident for client A indicated there were 4 clients at the group home during the time of the incident. The investigation indicated there were 2 DCS on duty at the time of the incident. The investigation indicated both DCSs were in</p>		Operations Team, Quality Assurance Team		

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	<p>the process or assisting or preparing to assist clients with bathing/showering.</p> <p>QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 8/22/12 at 10:58 AM. When asked if there were sufficient number of DCS to provide needed care and services so that individuals do not injure themselves, others or destroy property, QMRP #1 stated, "Well, I have worked in the home with two people, It can be done. So, I don't really think having two people is a problem especially after the evening meal. During the meal they may need an extra staff but during the evenings it's not a problem. There was enough staff we just can't have everybody occupied." QMRP #1, in regard to staff bathing clients, "... someone observe and one shower instead of both showering at the same time."</p> <p>Interview with AS (Administrative Staff) #1 on 8/21/12 at 3:40 PM indicated she had completed the Investigation regarding the 7/29/12 incident for client A. AS #1 indicated staff had both been showering clients during the time of the incident. AS #1 indicated staff should have altered shower times with clients to provide continuity of supervision for the other consumers in the group home. AS #1 indicated 2 staff in the home was adequate if the staff are monitoring the</p>						

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	<p>clients while individual clients are being assisted with bathing.</p> <p>This federal tag relates to complaint #IN00114069.</p> <p>9-3-2(a)</p>			

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W0189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure all staff working with client A were trained to communicate with him.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/22/12 from 4:30 PM through 5:00 PM. Client A was observed in the group home throughout the observation period. Client A was non verbal in that he did not verbally communicate his wants, needs or emotions. Client A used gestures and ASL (American Sign Language) to communicate his wants, needs and emotions. DCS (Direct Care Staff) #1 and QMRP (Qualified Mental Retardation Professional) #1 did not use ASL to communicate with client A.</p> <p>Client A's record was reviewed on 8/22/12 at 12:26 PM. Client A's Person Centered Planning Profile (PCPP) dated 8/25/11 indicated, "Essentially non verbal, although [client A] makes a few understandable vocalizations such as uh</p>	W0189	<p><b>CORRECTION:</b> <i>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Specifically, the interdisciplinary team will develop a list of ASL signs with which Client A is familiar and train all facility staff on their use. Direct Support Staff will also be retrained toward proper implementation of Client A's communication objective and the use of his communication book.</i></p> <p><b>PREVENTION:</b> Professional staff will develop a training program to assure all facility staff become proficient in ASL finger spelling. Training toward appropriate support of Client A's communication needs will be incorporated into the facility's monthly inservice training. This training will include role play exercises to</p>	09/26/2012			

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	<p>oh, he does understand some sign language and has learned to finger spell..."</p> <p>Client A's ISP (Individual Support Plan) dated 8/25/11 indicated, "[Client A] will make some verbal sounds and uses gestures to indicate his wants and needs. [Client A] has some history of using sign language and has been taught the ASL alphabet, but his small hands make signing difficult. ...communication remains substantial barrier to independence."</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 8/22/12 at 10:58 AM indicated the group home previously had one staff that was able to communicate with client A using ASL. QMRP #1 indicated there was not currently any DCS trained to communicate with client A using ASL. QMRP #1 indicated she was not trained to communicate using ASL. QMRP #1 stated client A had a picture book that he also utilized for communication, "But only occasionally will use it and only with prompting."</p> <p>Interview with guardian #1 on 8/23/12 at 9:58 AM indicated the DCS working in the group home did not know how to communicate with client A.</p>		<p>improve staff's non-verbal communication skills. Additionally, members of the Operations and Quality Assurance team will observe active treatment sessions as needed but no less than monthly to assure staff support Client A's communication needs.</p> <p><b>RESPONSIBLE PARTIES:</b> QDDP, Home Manager, Support Associates, Quality Assurance Team, Operations Team</p>				

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