

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G492	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/26/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1480 W 47TH ST JASPER, IN 47546
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W 0000 Bldg. 00	<p>This visit was for the investigation of Complaint #IN00193697.</p> <p>Complaint #IN00193697: Substantiated, Federal/state deficiencies related to the allegations are cited at W186, W249 and W9999.</p> <p>Dates of survey: February 18, 19, and 26, 2016.</p> <p>Facility Number: 001006 Provider Number: 15G492 AIMS Number: 100235270</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/15/16.</p>	W 0000		
W 0186 Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p>			

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>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 observation, record review and interview for 4 of 4 sampled clients (A, B, C and D), and four additional clients (E, F, G and H), the facility failed to ensure sufficient staff were available to provide supervision to ensure therapeutic outings were provided, haircuts were accomplished and attendance at day services.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 2/18/16 from 12:50 PM until 4:45 PM. Clients A, B, C, D, E, F, G and H were observed to be home during the above time period. Staff (House Manager/HM) #1 was the only staff on duty to supervise the eight clients until 4:00 PM, when staff #3 arrived and HM #1 left for the day. During this time period, clients were left alone in the living room and dining room/kitchen areas as HM #1 assisted clients with bathing or completed managerial tasks in the office area. Clients G, H and D's hair appeared long and unkept.</p>	W 0186	<p>W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plan.</p> <p>Corrective Action: (Specific): Staff has been hired to fill vacant positions. The staff at the home will be in-serviced on ensuring that all clients attend workshop on scheduled days, that all clients participate in therapeutic outings as scheduled and receive haircuts outside the home as scheduled. The Residential Manager will be in-serviced on ensuring that staffing levels in the home are consistent with scheduled hours.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to ensure that all clients are attending workshop as scheduled, participating in therapeutic outings as scheduled and receiving haircuts as scheduled. The</p>	03/27/2016			

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	<p>When staff #3 arrived at the facility, she was observed to have bruising under her left eye area. The bruising was blue, reddish, and yellow. It appeared to be a fading black eye which staff #3 verified (2/18/16 at 4:05 PM) as having received the black eye from client B on February 7, 2016 during a behavior episode. Clients A, B, C, D, E, F, and G were observed to be supervised by one staff, staff #3, on 2/18/16 from 5:23 PM until 9:30 PM.</p> <p>Staff #3 was observed to be on duty alone with clients A, B, C, D, E, F, and G on 2/19/16 at 7:00 AM. Staff #3 clocked out at 9:10 AM and left the facility at 9:26 AM on 2/19/16 after working a double shift alone. Clients were at the facility alone with HM #1 until 11:26 AM when staff arrived to help with transport to the day programs.</p> <p>Review of day program attendance records on 2/18/16 at 4:40 PM indicated clients were home on 2/1, 8, 9, 15, 16, 17 and 18/16 due to lack of transport (staff available to drive clients to day programs).</p> <p>Review of incident/accident reports on 2/18/16 at 3:00 PM and on 2/19/16 at 2:00 PM indicated an incident dated 2/7/16 at 12:35 (PM). The report indicated staff #3 was the only staff on</p>		<p>Residential Manager will be at the home at least times weekly to ensure that staffing levels in the home are consistent with scheduled hours. The QIDP will be at the home at least weekly to ensure that all clients are attending workshop as scheduled, participating in therapeutic outings as scheduled and receiving haircuts as scheduled.</p> <p>Measures to be put in place: Staff has been hired to fill vacant positions. The staff at the home will be in-serviced on ensuring that all clients attend workshop on scheduled days, that all clients participate in therapeutic outings as scheduled and receive haircuts outside the home as scheduled. The Residential Manager will be in-serviced on ensuring that staffing levels in the home are consistent with scheduled hours.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to ensure that all clients are attending workshop as scheduled, participating in therapeutic outings as</p>				

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	<p>duty with all eight clients. According to the report before the incident "staff was fixing lunch, [client B] was playing video game in bedroom alone." During the incident: "[Client B] came out cussing & (and) ranting & raving, staff tried to talk to him, he went back in room & came out 10 min. (minutes) later ranting & raving and cussing still. I followed him back to room & asked him if it was his T. V. & he pushed me & punched staff in L (left) eye X (times) 2 & nose & mouth." The injury was described on the report as "Black & blue L. (left) eye w (with) sm. (small) cut (and) red marks on nose."</p> <p>Review of client A's record on 2/19/16 at 8:55 AM indicated an Individual Support Plan/ISP dated 9/29/15. The ISP indicated client A's diagnoses included, but were not limited to, ADHD (attention deficit hyperactive disorder) and Oppositional Defiant Disorder. The ISP indicated the client received psychotropic medications to manage his inappropriate behaviors.</p> <p>Review of client B's record on 2/19/16 at 9:30 AM indicated an Individual Support Plan/ISP dated 10/13/15. The ISP indicated client B's diagnoses included, but were not limited to, Autism, Deafness, and Disruptive Behavior Disorder. The ISP indicated the client</p>		<p>scheduled and receiving haircuts as scheduled. The Residential Manager will be at the home at least times weekly to ensure that staffing levels in the home are consistent with scheduled hours. The QIDP will be at the home at least weekly to ensure that all clients are attending workshop as scheduled, participating in therapeutic outings as scheduled and receiving haircuts as scheduled.</p> <p>Completion date: 03/27/2016</p>		

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	<p>received psychotropic medications to manage his inappropriate behaviors.</p> <p>Client C's record reviewed on 2/19/16 at 9:45 AM indicated a dining program dated 10/13 15 in which client C required prompts to stay at the table when dining and he was to avoid raw, hard vegetables such as carrots.</p> <p>Client D's record reviewed on 2/19/16 at 10:15 AM indicated a dining plan dated 5/29/15 in which he required prompting to eat slowly, swallow, and take sips of liquids after 2-3 bites of food.</p> <p>Interview with staff #3 on 2/18/16 at 4:00 PM indicated night shift staff #4 was off for the night so staff #3 would be working a double shift (16 hours) alone. The interview indicated the facility was attempting to recruit and train staff, but in the meantime, the core staff (HM #1, #3 and #4) worked double shifts at the facility.</p> <p>Interview with client A on 2/18/16 from 1:15 PM until 2:15 PM indicated the facility was short of staff and client A stated the dinner meal was served at "8:00 PM" by staff #3. The interview indicated the normal time for the evening meal was between 5:30 PM and 6:00 PM. The interview indicated the staff who</p>			

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W 0249 Bldg. 00	<p>drove the clients to workshop was unavailable so the clients stayed home today. Client A indicated the staff shortage affected evening outings and haircuts.</p> <p>Confidential interview/CI #1 indicated 3 staff were needed in the evenings at the facility to ensure clients could go on outings in the community and to get haircuts on the weekends.</p> <p>Confidential interview/CI #2 indicated at least two staff were needed to supervise the morning activities.</p> <p>This federal tag relates to complaint #IN00193697.</p> <p>9-3-3(a)</p> <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>			
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	<p>Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D), and four additional clients (E, F, G and H), the facility failed to ensure sufficient staff were available to provide supervision and implementation of programming.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 2/18/16 from 12:50 PM until 4:45 PM. Clients A, B, C, D, E, F, G and H were observed to be home during the above time period and did not attend outside day services. Staff (House Manager/HM) #1 was the only staff on duty to supervise the eight clients until 4:00 PM, when staff #3 arrived and HM #1 left for the day. During this time period, clients were left alone in the living room and dining room/kitchen areas as HM #1 assisted clients with bathing or completed managerial tasks in the office area. Clients H and C were observed to sit in their bedrooms watching television or listening to music. Client B sat rocking in a rocker/recliner chair with his back to the television as his peers watched programming. The closed captioning feature of the television was not engaged for client B's use. Clients G and F sat on the living room couches watching the television or sitting with</p>	W 0249	<p>W249: As soon as the interdisciplinary team has formulated a client's individual program plan each client must receive 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 individuals program plan.</p> <p>Corrective Action: (Specific): The Residential Manager will be in-serviced on ensuring staffing levels are consistent with scheduled hours for the home. All staff at the home will be in-serviced on active treatment, ensuring that all clients attend workshop as scheduled, that all clients participate in community outings as scheduled. New staff has been hired for the home.</p> <p>How others will be identified: (Systemic) The Residential Manager will be in the home at least five times weekly to ensure that all clients are attending workshop as scheduled, participating in therapeutic outings as scheduled and receiving haircuts as scheduled. The Residential Manager will be at the home at least times weekly to ensure that staffing levels in</p>	03/27/2016			

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	<p>their eyes closed. Clients A, E and D watched television.</p> <p>Clients A, B, C, D, E, F, and G were observed to be supervised by one staff, staff #3, on 2/18/16 from 5:23 PM until 9:30 PM. The evening meal consisting of baked pork chops, biscuits, green beans with potatoes, spinach and fruit cocktail was from 5:25 PM until 6:30 PM. Staff #3 prepared the meals for clients with modified consistency diets, clients C, D, E, and G. Meat was cut up custodially, vegetables placed on the plates and biscuits were modified by staff #3 for clients. Clients C, D, E and G sat together on one end of the dining table so staff #3 could supervise their eating. Clients A, B, F, and H who ate regular consistency diets, sat at the opposite end of the dining table.</p> <p>Staff #3 was observed to be on duty alone with clients A, B, C, D, E, F, and G on 2/19/16 at 7:00 AM. Staff #3 clocked out at 9:10 AM and left the facility at 9:26 AM on 2/19/16 after working a double shift alone. Clients H and C were observed to sit in their bedrooms watching television or listening to music. Client B sat rocking in a rocker/recliner chair with his back to the television as his peers watched programming. The closed captioning feature of the television was</p>		<p>the home are consistent with scheduled hours. The QIDP will be at the home at least weekly to ensure that all clients are attending workshop as scheduled, participating in therapeutic outings as scheduled and that active treatment is being implemented according to individual plans.</p> <p>Measures to be put in place: The Residential Manager will be in-serviced on ensuring staffing levels are consistent with scheduled hours for the home. All staff at the home will be in-serviced on active treatment, ensuring that all clients attend workshop as scheduled, that all clients participate in community outings as scheduled. New staff has been hired for the home.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to ensure that all clients are attending workshop as scheduled, participating in therapeutic outings as scheduled and receiving haircuts as scheduled. The Residential Manager will be at the home at least times weekly to ensure that staffing levels in the home are</p>				

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	<p>not engaged for client B's use. Clients G and F sat on the living room couches watching the television or sitting with their eyes closed. Client E sat so he could look out the front door of the facility for visitors or local traffic. Clients A and D watched a movie on client A's television. Clients were at the facility alone with HM #1 until 11:26 AM when staff arrived to help with transport to the day programs. Client B was observed to send and receive text messages on his personal phone. But the closed captioning feature of the television was not engaged for his use during all observation periods.</p> <p>Review of client A's record on 2/19/16 at 8:55 AM indicated an Individual Support Plan/ISP dated 9/29/15. The ISP indicated client A's diagnoses included, but were not limited to, ADHD (attention deficit hyperactive disorder) and Oppositional Defiant Disorder. The ISP indicated the client received psychotropic medications to manage his inappropriate behaviors. The record review indicated ISP training programs to learn the appropriate stovetop temperature for cooking, budget for proper spending of personal money, identify usage/dosage of medication, increase safety awareness by not talking to strangers, and to increase fitness and awareness of the community by taking 15 minute walks with staff.</p> <p>Review of client B's record on 2/19/16 at 9:30 AM indicated an Individual Support Plan/ISP dated 10/13/15. The ISP indicated client B's diagnoses included, but were not limited to, Autism, Deafness, and Disruptive Behavior</p>		<p>consistent with scheduled hours. The QIDP will be at the home at least weekly to ensure that all clients are attending workshop as scheduled, participating in therapeutic outings as scheduled and that active treatment is being implemented according to individual plans.</p> <p>Completion date: 03/27/16</p>	

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	<p>Disorder. The ISP indicated the client received psychotropic medications to manage his inappropriate behaviors. The ISP contained the following training programs: increase skill using microwave to prepare food, take temperature of water prior to showering, brush teeth, stay with the group when on community outings, come into medication room when prompted, interact with peers during leisure time and budget his money.</p> <p>Client C's record reviewed on 2/19/16 at 9:45 AM indicated a dining program dated 10/13 15 in which client C required prompts to stay at the table when dining and he was to avoid raw, hard vegetables such as carrots. The review indicated an ISP dated 10/13/15 which contained the following training objectives: safely using cleaning products, increasing table manners, state name/dosage/reason for medication, learn to use his walker appropriately, and use the shower chair when bathing.</p> <p>Client D's record reviewed on 2/19/16 at 10:15 AM indicated a dining plan dated 5/29/15 in which he required prompting to eat slowly, swallow, and take sips of liquids after 2-3 bites of food. The review indicated an ISP dated 10/08/15. The ISP indicated client D's diagnoses included, but were not limited to, blindness in right eye and profound hearing loss. The ISP contained training in self medication, communication, meal preparation, traffic safety and leisure and domestic skills.</p> <p>Interview with staff #3 on 2/18/16 at 4:00 PM indicated night shift staff #4 was off for the night so staff #3 would be working a double shift (16 hours) alone. The interview indicated the facility was attempting to recruit and train staff, but in the meantime, the core staff (HM #1, #3 and #4) worked double shifts at the facility.</p>			

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W 9999	<p>Interview with client A on 2/18/16 from 1:15 PM until 2:15 PM indicated the facility was short of staff and client A stated the dinner meal was served at "8:00 PM" by staff #3. The interview indicated the normal time for the evening meal was between 5:30 PM and 6:00 PM. The interview indicated the staff who drove the clients to workshop was unavailable so the clients stayed home today. Client A indicated the staff shortage affected evening outings and haircuts.</p> <p>Confidential interview/CI #1 indicated 3 staff were needed in the evenings at the facility to ensure clients could go on outings in the community and to get haircuts on the weekends. The interview indicated activities of daily living, bathing, meals and medication were prioritized. There was not enough staff to ensure all training programs, especially those to be implemented in the community could be accomplished until more trained staff were available at the facility.</p> <p>Confidential interview/CI #2 indicated at least two staff were needed to supervise the morning activities and direct active treatment.</p> <p>This federal tag relates to complaint #IN00193697.</p> <p>9-3-4(a)</p>			

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Bldg. 00	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-4 Active Treatment Services.</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (A).</p> <p>Findings include:</p>	W 9999	<p>W9999: The provider shall obtain day services for each resident which: 1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day services providers; 2) meet the resident's active treatment needs set forth in the residents individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p>Corrective Action: (Specific): All staff will be in-serviced on ensuring that all individuals attend day service/workshop as scheduled.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to ensure that all clients are attending day service/workshop as scheduled. The QIDP will be in the home at least weekly to ensure that all clients are attending workshop/day service as scheduled.</p> <p>Measures to be put in place: All staff will be in-serviced on ensuring that all individuals attend day service/workshop as scheduled.</p>	03/27/2016			

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	<p>Observations were conducted at the facility on 2/18/16 from 12:50 PM until 4:45 PM. Client A was at home during the observations. No day service was observed to be provided.</p> <p>Client A indicated (2/18/16 1:15 PM until 2:15 PM) he had been suspended from the workshop in July of 2015 prior to being transferred to his current placement in August of 2015.</p> <p>An interview with Home Manager (HM) #1 was conducted on 2/18/16 at 3:30 PM. HM #1 indicated client A did not attend outside day programs and this needed to be addressed.</p> <p>This state tag relates to complaint #IN00193697.</p> <p>9-3-4(b)(1)(2)</p>		<p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to ensure that all clients are attending day service/workshop as scheduled. The QIDP will be in the home at least weekly to ensure that all clients are attending workshop/day service as scheduled.</p> <p>.</p> <p>.</p> <p>Completion date: 03/27/16</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G492	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 02/26/2016
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN			STREET ADDRESS, CITY, STATE, ZIP CODE 1480 W 47TH ST JASPER, IN 47546		
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