

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G492	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/20/2016
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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 post certification revisit (PCR) to the investigation of Complaint #IN00193697 completed 2/26/16.</p> <p>Complaint #IN00193697: Not corrected.</p> <p>Dates of survey: April 19 and 20, 2016.</p> <p>Facility Number: 001006 Provider Number: 15G492 AIMS Number: 100235270</p> <p>These federal deficiencies reflect findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/26/16.</p>	W 0000		
W 0122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview for 1 additional client (F), the facility failed to meet the Condition of Participation: Client Protections. The facility failed to ensure their neglect policy was</p>	W 0122	<p>W122: The facility must ensure specific client protection requirements are met.</p> <p>Corrective Action: (Specific):</p>	05/20/2016

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>implemented in regards to the protocol for emergency services during a health crisis for client F.</p> <p>Findings include:</p> <p>Please refer to W149 for 1 additional client (F), for the facility's failure to implement written policies and procedures which prohibited medical neglect of clients.</p> <p>9-3-2(a)</p>		<p>All staff at the home will be re-trained on the operation standard for reporting and investigating allegation of abuse neglect exploitation mistreatment or violation of individual's rights. All staff at the home will be re-trained on the 911 policy.</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 staff is following the operation standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual's rights and the 911 protocol. The QIDP will be in the home at least two times weekly to ensure that all staff is following the operation standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual's rights and the 911 protocol. The Program Manager will be in the home at least once times weekly to ensure that all staff is following the operation standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or</p>	

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			<p>violation of individual's rights and the 911 protocol.</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 staff is following the operation standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual's rights and the 911 protocol. The QIDP will be in the home at least two times weekly to ensure that all staff is following the operation standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual's rights</p>	

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W 0149 Bldg. 00	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 additional client (F), the facility failed to ensure the facility's neglect policy was implemented in regards to the protocol for emergency services during a health	W 0149	and the 911 protocol. The Program Manager will be in the home at least once times weekly to ensure that all staff is following the operation standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual's rights and the 911 protocol. Completion date: 5/20/16 W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.	05/20/2016	

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	<p>crisis for client F.</p> <p>Findings include:</p> <p>Review of facility investigations and Bureau of Developmental Disabilities Services/BDDS reports on 4/19/16 at 2:30 PM and 4/20/16 at 11:00 AM indicated the following:</p> <p>A BDDS report dated 3/11/16 indicated on 3/10/16 at 12:45 PM: "[Client F] is a 51 year old male with diagnosis (sic) of I/DD (Intellectual/Developmental Disability), hyperlipidemia, hypothyroidism, psoriasis, fluid retention, down syndrome, mood disorder, venus (sic) insufficiency, gout and left hand tremors. Staff reported that [client F] fell against the wall and onto the floor, staff went to him, he had urinated on himself and staff reports he would not talk to them but had his eyes open looking at them. Staff reports that they felt for a pulse and could feel a strong pulse, staff clapped their hands in front of his face and he blinked. A supervisor arrived at the home, went to check on [client F], she noted a weak pulse, immediately started CPR (cardiopulmonary resuscitation) and called 911. EMS (emergency medical services) arrived (sic) took over CPR and transported to ER (emergency room of local hospital).</p>		<p>Corrective Action: (Specific): All staff at the home will be re-trained on the operation standard for reporting and investigating allegation of abuse neglect exploitation mistreatment or violation of individual's rights. All staff at the home will be re-trained on the 911 policy.</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 staff is following the operation standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual's rights and the 911 protocol. The QIDP will be in the home at least two times weekly to ensure that all staff is following the operation standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual's rights and the 911 protocol. The Program Manager will be in the home at least once times weekly to ensure that all staff is following the operation standard for reporting and investigating</p>	

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	<p>CPR continued at ER, the hospital was unable to revive him. He was pronounced dead at approximately 2pm. Staff working at the time of the incident has been placed on leave and an investigation has been initiated."</p> <p>The accompanying investigation into the incident was dated 3/10-16/16 and indicated the following: "INCIDENT DESCRIPTION On Thursday, 03/10/16 at approximately 12:45pm [client F] was noted to be lying on the floor in the hallway. Staff reported that they continued to check on [client F] and at 1pm it was noted that [client F] did not have a pulse. The Residential Manager immediately initiated CPR and 911 were (sic) notified for ambulance assistance. The paramedics arrived and provided care to [client F] and [client F] was transported to [hospital]. On 03/10/16 at approximately 2:00pm [client F] was pronounced deceased."</p> <p>The investigation indicated an interview with staff #7 who was supervising client F at the time of his medical crisis. Client F was lying on the floor in his bedroom hallway on 3/10/16 "around" 12:45 PM and Team Lead staff #6 was with him. Staff #6 called Residential Manager/RM #1 who told her "it was just a behavior and it wasn't anything to worry about."</p>		<p>allegations of abuse neglect exploitation mistreatment or violation of individual's rights and the 911 protocol.</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 staff is following the operation standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual's rights and the 911 protocol. The QIDP will be in the home at least two times weekly to ensure that all staff is following the operation standard for reporting and investigating allegations of abuse</p>	

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	<p>The investigation indicated the staff checked client F's pulse and it was "strong." The report indicated RM #8 had been at the facility on 3/10/16 but had gone to the facility's office. She indicated she left the office at 12:52 pm and it took her five minutes to get to the facility. When she arrived, she was informed client F was having behavior and the staff had already called RM #1. "They (staff #6 and #7) informed her that he was laying down and wouldn't get up." RM #8 indicated she walked back to check on client F and had expected to see him in bed but he was on the floor with towels around his head. She moved the towels and took his hand "and he was cold." She touched his face beside his eyes "and he didn't blink." "When she touched his eyelid it stayed closed, his ears were blue, she felt for a pulse and couldn't feel one and then told staff to get her a stethoscope and call 911." RM #8 indicated she listened for a heartbeat as she called 911. Staff #7 "attempted to check for a blood pressure and that is when [RM #8] states she started CPR."</p> <p>The investigation included an interview with RM #1 which indicated, in part: "[RM #1] states staff, [TL #6], called her at 12:34 pm on 3.10.16 and said [client F] was down on the floor, had urinated on himself and was looking at staff but</p>		<p>neglect exploitation mistreatment or violation of individual's rights and the 911 protocol. The Program Manager will be in the home at least once times weekly to ensure that all staff is following the operation standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual's rights and the 911 protocol.</p> <p>Completion date: 5/20/16</p>				

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	<p>[client F] wouldn't talk to her. [RM #1] told staff that he does that sometimes and to let him lay there a few minutes and check on him....[RM #1] states when she got to the home after staff called at 1:21 pm. (sic) [RM #8] was outside and said that the paramedics were trying to revive him in the ambulance and found out once she walked in the house that it was [client F]. [RM #1] states [TL #6] did tell her on the phone that [client F] had urinated on himself and states it is not the first time he has done that and if you don't give in to [client F], such as by giving him a coke, etc. he will throw himself on the floor. [RM #1] states that staff did tell her on the phone that he had a pulse....[RM #1] states staff never told her [client F] had fell (sic) on 3.10.16, they said he had his mouth closed like he wasn't going to talk and if they would have said he fell she would have told them to call 911. [RM #1] states she never asked staff if he was moving or making eye contact but they never said anything about him not doing so."</p> <p>The "Factual Findings" component of the investigation indicated: "After review of all documentary evidence collected, the following is the consensus of the investigation committee:</p>			

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	<p>1. Team Lead [#6] noted a change in [client F's] health status and she failed to contact emergency services.</p> <p>2. Direct Support Professional [#7] noted a change in [client F's] health status and she failed to contact emergency services."</p> <p>The investigation's conclusion component indicated, in part: "After review of all documentary evidence collected, the following is the consensus of the investigation committee:</p> <p>1. It is substantiated that [Agency] Policy and Procedure were not appropriately implemented as evidence (sic) by [staff #6] and [staff #7's] failure to contact emergency services in a timely manner....</p> <p>3. Team Lead [#6] will be terminated for violation of [Agency] Policy 7.1 A. 1.</p> <p>4. Direct Support Professional [#7] will be terminated for violation of [Agency] Policy 7. 1 A. 1."</p> <p>Review of the agency's human resources policy and procedure manual on 4/20/16 at 10:39 AM indicated the following policy dated 01/01/07:</p> <p>"7.1 Policy [Agency] maintains that certain rules and regulations regarding employee behavior are necessary for the efficient operation of the Company and</p>			

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	<p>for the benefit and safety of all employees and the persons we serve. Conduct that interferes with operations or is offensive is not acceptable. Each supervisor is responsible for communicating the Company's standards of conduct and for ensuring compliance.</p> <p>Practice</p> <p>A. The following is a list of actions which will be a violation of this policy and subject to corrective action up to and including termination of employment:</p> <p>1. Any acts of disrespect, exploitation, abuse and/or neglect toward the individuals we serve."</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 08/01/07 Operational Policy and Procedure Manual (revised 01/09/2015) was reviewed on 4/19/2016 at 3:45 PM. The review indicated the agency prohibited staff neglect of clients. The policy indicated all allegations would be investigated and addressed. The definition of medical neglect was as follows:</p> <p>"G Neglect--Medical</p> <p>Definition:</p> <p>1. Failure to provide goods and/or services necessary for the individual to avoid physical harm.</p> <p>2. Failure to provide necessary medical</p>			

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	<p>attention, proper nutritional support or administering medication as prescribed."</p> <p>Interview with the Qualified Intellectual Disabilities Professional/QIDP #1 on 4/20/16 at 10:30 AM indicated the agency had policies which forbid abuse/neglect of clients and there were personnel policies which governed staff conduct and training.</p> <p>Interview with the Executive Director on 4/20/16 at 11:27 AM indicated TL #6 and DSP staff #7 did not follow agency policy during client F's health crisis on 3/10/16 and they had been terminated accordingly.</p> <p>9-3-2(a)</p>			

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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> <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 three additional clients (E, G and H), the facility failed to ensure sufficient staff were available to provide supervision to ensure therapeutic outings were provided and haircuts were accomplished.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 4/20/16 from 6:45 AM until 8:35 AM. Clients A, C, D, E, G and H were observed to be home during the above time period and only one direct contact staff (#4) was supervising them from 6:45 AM until 7:45 AM.</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>	05/20/2016

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	<p>During this time period, clients were left alone in the living room and dining room/kitchen areas as staff #4 assisted clients with breakfast or activities of daily living. Clients A, C, D, G, and H's hair appeared long and unkept and they had not shaven.</p> <p>Residential Manager/RM #1 drove the clients to workshop because Direct Contact Staff #5 had called in sick.</p> <p>According to review of the facility's weekly 4/02/16 through 4/22/16 staffing schedules on 4/20/16 at 8:40 AM there was an opening on the afternoon shift. The schedules had staff working double shifts. RM #1 worked a double shift on Tuesdays 6:00 AM to 10:00 PM and sometimes 8:00 AM until 12:00 AM. Staff #5 worked a double shift on Wednesdays 8:00 AM until 12:00 AM. Staff #3 worked a double shift on Tuesdays 8:00 AM until 12:00 AM. Staff #2 worked a double shift on Thursdays 4:00 PM until 8:00 AM alone. Staff #4 worked a double shift on Fridays 4:00 PM until 8:00 AM alone.</p> <p>Review of client A's record on 4/19/16 at 3:30 PM 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</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 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</p>	

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	<p>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 4/19/16 at 1:15 PM 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 received psychotropic medications to manage his inappropriate behaviors.</p> <p>Client C's record reviewed on 4/20/16 at 9:40 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 client had a risk plan dated 4/13/15 which indicated he had the potential for choking and should be monitored at all meals/snacks. The review indicated a risk plan dated 4/13/15 which indicated client C used a rolling walker for ambulation with a gait belt and staff assistance for ambulation due to falls.</p> <p>Client D's record reviewed on 4/19/16 at 1:55 PM indicated a risk plan dated 10/01/15 in which he was identified as having the potential to choke. Client D</p>		<p>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 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: 5/20/16</p>		

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	<p>required supervision during meals.</p> <p>Client G's record was reviewed on 4/19/16 at 2:18 PM and on 4/20/16 at 8:45 AM. The review indicated a Dining Plan dated 3/29/16 which indicated he received a regular diet with pureed meat. Staff were to sit at the table with client G and cue him to swallow 2-3 bites of food then take sips of liquid. He was to be prompted to dry swallow. According to a nurses' note dated 4/5/16 by LPN #1, client G was to use child size silverware and his sandwiches were to be cut into 16 pieces.</p> <p>Interview with staff #3 on 4/19/16 at 1:30 PM indicated a staff had recently quit so facility staff were working double shifts (16 hours) to provide coverage.</p> <p>Interview with client A on 4/19/16 at 3:56 PM indicated they had tried to get haircuts at a local place but they were not served by the establishment. Client A indicated they usually went to another place for haircuts but had not gone. Client A stated: "I need this (his hair) cut off."</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</p>			

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W 0249 Bldg. 00	<p>haircuts on the weekends. The interview indicated staff #5 was sick the previous weekend so only one staff worked at the facility 4/16 and 17/16 for all three shifts of staff. The clients could not go on outings that weekend.</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>This deficiency was cited on 2/26/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</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. Based on observation, record review and</p>	W 0249	W249: As soon as the	05/20/2016	

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	<p>interview for 3 of 4 sampled clients (A, C and D), and three additional clients (E, 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 4/20/16 from 6:45 AM until 8:35 AM. Clients A, C, D, E, G and H were observed to be home during the above time period and only one direct contact staff (#4) was supervising them from 6:45 AM until 7:45 AM. During this time period, clients were left alone in the living room and dining room/kitchen areas as staff #4 assisted clients with breakfast or activities of daily living. Clients A, C, D, G, and H's hair appeared long and unkept and they had not shaven. Clients C, D and G were observed (4/20/16 at 6:45 AM) to be alone eating their breakfast of juice and toast at the table. Staff was busy making toast or checking on other clients but did not sit with clients to implement dining plans or risk plans. Staff #4 custodially made toast with butter and/or jelly for the clients, poured their cranapple juice and served the toast and juice to them at the dining table.</p>		<p>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 the home are consistent with scheduled hours. The QIDP will</p>				

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	<p>Review of client A's record on 4/19/16 at 3:30 PM 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. Review of client A's record 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>Client C's record reviewed on 4/20/16 at 9:40 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 client had a risk plan dated 4/13/15 which indicated he had the potential for choking and should be monitored at all meals/snacks. The review indicated a risk plan dated 4/13/15 which indicated client C used a rolling walker for ambulation with a gait belt and staff assistance for ambulation due to falls. The review indicated an ISP dated</p>		<p>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 consistent with scheduled hours. The QIDP will be at the home at</p>	

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	<p>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 4/19/16 at 1:55 PM indicated a risk plan dated 10/01/15 in which he was identified as having the potential to choke. Client D required supervision during meals. 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>Client G's record was reviewed on 4/19/16 at 2:18 PM and on 4/20/16 at 8:45 AM. The review indicated a Dining Plan dated 3/29/16 which indicated he received a regular diet with pureed meat. Staff were to sit at the table with client G and cue him to swallow 2-3 bites of food then take sips of liquid. He was to be prompted to dry swallow. According to a nurses' note dated 4/5/16 by LPN #1, client G was to use child size silverware and his sandwiches were to be cut into 16 pieces.</p>		<p>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: 05/20/16</p>		

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W 9999 Bldg. 00	<p>Interview with staff #3 on 4/19/16 at 1:30 PM indicated staff were to implement client plans and supervise clients according to their needs. The interview indicated one staff had recently quit so facility staff were working double shifts (16 hours) to provide coverage.</p> <p>This federal tag relates to complaint #IN00193697.</p> <p>This deficiency was cited on 2/26/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p>	W 9999	<p>W9999: The provider shall obtain day services for each resident which:</p> <p>1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day services</p>	05/20/2016

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	<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> <p>Observations of client A were conducted at the facility on 4/19/16 from 3:10 PM until 5:00 PM and on 4/20/16 from 6:45 AM until 8:35 AM. Client A accompanied his peers on transport to the workshop and day program. Client A did not attend workshop or day program.</p>		<p>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> <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</p>	

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	<p>An interview with Home Manager (HM) #1 was conducted on 4/19/16 at 2:30 PM. HM #1 indicated client A did not attend outside day programs and would ride along during day services transport. The interview indicated the facility was actively pursuing workshop placement for client A.</p> <p>This state tag relates to complaint #IN00193697.</p> <p>This state tag was cited on 2/26/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(b)(1)(2)</p>		<p>as scheduled.</p> <p>Completion date: 5/20/16</p>	

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

PRINTED: 06/30/2016

FORM APPROVED

OMB NO. 0938-0391

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