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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G459 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 04/28/2016 |
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| NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT | STREET ADDRESS, CITY, STATE, ZIP CODE 1330 W SHAWNEE INDIANAPOLIS, IN 46260 |
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| W 0000 Bldg. 00 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 4/20, 4/21, 4/25, 4/26 and 4/28/16.</p> <p>Facility number: 000973 Provider number: 15G459 AIM number: 100244810</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/12/16.</p> | W 0000 | | |
| W 0149 Bldg. 00 | <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 9 of 10 allegations of abuse and neglect, the facility neglected to implement its written policy and procedures to prevent neglect of clients #1, #2, #3, #4, #5, #6,</p> | W 0149 | <p>CORRECTION:</p> <p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of</i></p> | 05/28/2016 |

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>and #7 when staff fell asleep on shift while working alone and to prevent abuse when client #2 was slapped by a staff. The facility neglected to implement its written policy and procedures to report all allegations of abuse/neglect in a timely manner for clients #1, #2, #3, #4, #5, #6, and #7.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports and investigations were reviewed on 4/21/16 at 12:20pm. The 12/21/15 reportable incident reports for clients #1, #2, #3, #4, #5, #6, and #7 indicated "On 12/15/15, at 12:15am, the Residential manager entered the home and observed [staff #8] appearing to sleep. The manager suspended [staff #8] immediately pending investigation. At the time of the discovery, an additional staff person was on duty and the incident was treated as a policy violation as apposed to alleged neglect. During the course of the investigation, however, it was determined that the allegedly sleeping staff had been on duty by herself for a period not exceeding 2 hours. Therefore an initial report of alleged neglect has been initiated".</p> <p>The 12/15/15 -12/21/15 Investigation Summary indicated staffs #7 and #8 and</p> | | <p><i>the client.</i> Specifically:</p> <p>All staff will be retrained towards detection and prevention of abuse, neglect, mistreatment and exploitation.</p> <p>The staff responsible for failing to report the allegation has received written corrective action. All facility staff will receive additional retraining regarding procedures for immediate notification of supervisors and the Operations Team (including the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator), which will in turn facilitate reporting of incidents to outside state agencies as required. The training will focus on identifying observed and suspected abuse, neglect and mistreatment to facilitate immediate reporting. The training will stress that facility staff who fail to report allegations of abuse, neglect and mistreatment immediately will receive corrective action up to and including termination of employment.</p> | | | | |

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| | <p>the Residential Manager (RM) were all interviewed on 12/18/15. The investigation indicated during the 12/18/15 interview staff #8 indicated "I was working alone". The 12/21/15 reportable incident did not indicate the neglect was reported until 12/21/15 when the investigation was completed.</p> <p>An interview was conducted on 4/25/16 at 4:18pm with the Program Head and the QIDP (Qualified Intellectual Disabilities Professional). When asked if the staff should follow the facility's abuse/neglect policy, the program head stated "Yes". When asked when suspected abuse and/or neglect should be reported, the Program Head stated "immediately".</p> <p>2. The facility's reportable incident reports and investigations were reviewed on 4/21/16 at 12:20pm. The 11/25/15 reportable incident report indicated "A co-worker reported observing [staff #9] hit [client #2]. [Staff #9] has been suspended pending investigation. [Client #2] was assessed for injuries and none were (sic) noted. The team is providing [client #2] with ongoing emotional support".</p> <p>The 11/24/15 to 12/2/15 Investigation Summary indicated "The evidence substantiates that [staff #9] physically</p> | | <p>PREVENTION:</p> <p>Supervisory staff will review all facility documentation to assure incidents are reported as required. Specifically, the Residential Manager will conduct daily reviews of progress notes and behavior support plan tracking as well as the staff communication log and report findings to the Operations Team, as appropriate. Internal and day service incident reports will be sent directly to the Quality Assurance Manager and the Program Manager, who will in turn coordinate and follow-up with the facility QIDP to assure incidents are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report an allegation of abuse, neglect, mistreatment or exploitation the governing body will administer written corrective action up to and including termination of employment. Members of the Operations Team will conduct active treatment observations and documentation reviews no less than weekly for the next 30 days, and twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative</p> | |

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| | <p>abused [client #2] on 11/24/15. Witness statements of 3 individuals supported by [Name of facility] and one staff state they witnessed [staff #9] hit [client #2] on the head after she refused to get up when prompted. [Staff #9] was terminated".</p> <p>An interview was conducted on 4/25/16 at 4:18pm with the Program Head and the QIDP (Qualified Intellectual Disabilities Professional). When asked if the staff should follow the facility's abuse neglect policy, the program head stated "Yes".</p> <p>The facility's policies and procedures were reviewed on 4/21/16 at 11:53 AM. The facility's policy entitled, "Abuse, Neglect, Exploitation, Mistreatment" dated 2/26/11 indicated the following:</p> <p>- "Adept staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Adept, ResCare and local and state and federal guidelines."</p> <p>- "Program intervention neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm.</p> | | <p>monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility, which will occur no less than monthly. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team</p> | |

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| | <p>Failure to implement a support plan, inappropriate application of intervention without a qualified person notification/review."</p> <p>9-3-2(a)</p> | | <p>Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff are awake and alert, supporting a neglect free environment and are providing continuous active treatment during formal and informal opportunities. Administrative documentation reviews will focus on identifying potentially reportable incidents, providing opportunities for training and on site coaching of direct support staff to assure all incidents are reported in a timely manner.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager,</p> | |

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| W 0153 Bldg. 00 | <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on interview and record review for 1 of 10 allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to immediately report the allegations of neglect to the administrator and/or to state officials (Bureau of Developmental Disabilities Services-BDDS for clients #1, #2, #3, #4, #5, #6, and #7 in accordance with state law.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and investigations were reviewed on 4/21/16 at 12:20pm. The 12/21/15 reportable incident report for clients #1, #2, #3, #4, #5, #6, and #7 indicated "On 12/15/15, at 12:15am, the Residential manager entered the home and observed [staff #8] appearing to sleep. The manager suspended [staff #8] immediately pending investigation. At the time of the discovery, an additional staff person was on duty and the incident</p> | W 0153 | <p>Direct Support Staff, Operations Team</p> <p>CORRECTION:</p> <p><i>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Specifically the staff responsible for failing to report the allegation has received written corrective action. All facility staff will receive additional retraining regarding procedures for immediate notification of supervisors and the Operations Team (including the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator), which will in turn facilitate reporting of incidents to outside state agencies as required. The training will focus on identifying observed and suspected abuse, neglect and mistreatment to facilitate</i></p> | 05/28/2016 |

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| | <p>was treated as a policy violation as apposed to alleged neglect. During the course of the investigation, however, it was determined that the allegedly sleeping staff had been on duty by herself for a period not exceeding 2 hours. Therefore an initial report of alleged neglect has been initiated".</p> <p>The 12/15/15 -12/21/15 Investigation Summary indicated staffs #7 and #8 and the Residential Manager (RM) were all interviewed on 12/18/15. The investigation indicated during the 12/18/15 interview staff #8 indicated "I was working alone". The 12/21/15 reportable incident did not indicate the neglect was reported until 12/21/15 when the investigation was completed.</p> <p>An interview was conducted on 4/25/16 at 4:18pm with the Program Head and the QIDP (Qualified Intellectual Disabilities Professional). When asked when suspected abuse and/or neglect should be reported, the Program Head stated "immediately".</p> <p>9-3-2(a)</p> | | <p>immediate reporting. The training will stress that facility staff who fail to report allegations of abuse, neglect and mistreatment immediately will receive corrective action up to and including termination of employment.</p> <p>PREVENTION:</p> <p>Supervisory staff will review all facility documentation to assure incidents are reported as required. Specifically, the Residential Manager will conduct daily reviews of progress notes and behavior support plan tracking as well as the staff communication log and report findings to the Operations Team, as appropriate. Internal and day service incident reports will be sent directly to the Quality Assurance Manager and the Program Manager, who will in turn coordinate and follow-up with the facility QIDP to assure incidents are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report an allegation of abuse, neglect, mistreatment or exploitation the governing body will administer written corrective</p> | |

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| W 0156 Bldg. 00 | 483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on interview and record review for 1 of 4 investigations of abuse, neglect | W 0156 | action up to and including termination of employment. Members of the Operations Team will conduct documentation reviews no less than weekly for the next 30 days, and twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility, which will occur no less than monthly. These administrative documentation reviews will focus on identifying potentially reportable incidents, providing opportunities for training and on site coaching of direct support staff to assure all incidents are reported in a timely manner. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team CORRECTION: | 05/28/2016 |

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| | <p>and/or injuries of unknown source reviewed, the facility failed to complete investigations within 5 working days for client #2.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and investigations were reviewed on 4/21/16 at 12:20pm. The 11/25/15 reportable incident report indicated "A co-worker reported observing [staff #9] hit [client #2]. [Staff #9] has been suspended pending investigation. [Client #2] was assessed for injuries and none were (sic) noted. The team is providing [client #2] with ongoing emotional support".</p> <p>The 11/24/15 to 12/2/15 Investigation Summary indicated "The evidence substantiates that [staff #9] physically abused [client #2] on 11/24/15. Witness statements of 3 individuals supported by [Name of facility] and one staff state they witnessed [staff #9] hit [client #2] on the head after she refused to get up when prompted". The investigation indicated it was signed and dated by the program manager on 12/2/15 indicating the investigation took 7 working days to complete.</p> <p>An interview was conducted on 4/25/16</p> | | <p><i>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Specifically the staff responsible for failing to report the allegation has received written corrective action. All facility staff will receive additional retraining regarding procedures for immediate notification of supervisors and the Operations Team (including the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator), which will in turn facilitate reporting of incidents to outside state agencies as required. The training will focus on identifying observed and suspected abuse, neglect and mistreatment to facilitate immediate reporting. The training will stress that facility staff who fail to report allegations of abuse, neglect and mistreatment immediately will receive corrective action up to and including termination of employment.</i></p> | | |

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| | <p>at 4:18pm with the Program Head and the QIDP (Qualified Intellectual Disabilities Professional). When asked how many days the facility had to complete an investigation, the Program Head stated "5 days".</p> <p>9-3-2(a)</p> | | <p>PREVENTION:</p> <p>Supervisory staff will review all facility documentation to assure incidents are reported as required. Specifically, the Residential Manager will conduct daily reviews of progress notes and behavior support plan tracking as well as the staff communication log and report findings to the Operations Team, as appropriate. Internal and day service incident reports will be sent directly to the Quality Assurance Manager and the Program Manager, who will in turn coordinate and follow-up with the facility QIDP to assure incidents are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report an allegation of abuse, neglect, mistreatment or exploitation the governing body will administer written corrective action up to and including termination of employment. Members of the Operations Team will conduct documentation reviews no less than weekly for the next 30 days, and twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility, which will</p> | |

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| W 0227 Bldg. 00 | <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview and record review for 1 of 4 sampled clients (#1) the facility failed to address client #1's identified need of a repositioning schedule.</p> <p>Findings include:</p> <p>During the 4/20/16 observation period between 3:57pm and 6:15pm and the 4/21/16 observation period between 7:15am and 8:41am client #1 sat in his wheelchair during all activities in the</p> | W 0227 | <p>occur no less than monthly. These administrative documentation reviews will focus on identifying potentially reportable incidents, providing opportunities for training and on site coaching of direct support staff to assure all incidents are reported in a timely manner.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p> <p>CORRECTION: <i>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment. Specifically, the facility nurse will develop a repositioning schedule for Client #1. Through observation and review of documentation, the team determined that this deficient practice did not affect additional clients.</i></p> | 05/28/2016 |

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| | <p>group home.</p> <p>Client #1's record was reviewed on 4/21/16 at 2:32pm. Client #1's 12/1/15 Infection risk plan indicated client #1 was at an increased risk for infection due to skin tears. The Infection risk plan indicated staff will "encourage 8oz (ounces) of water with each med pass. Encourage 8oz of water with each meal. Monitor for, note, record, and report to nurse immediately any of the triggers to notify symptoms noted. Monitor [client #1] daily for open areas during ADL (Activities of Daily Living) care and notify nurse immediately for open areas/skin tears/bruising. Should open areas/skin tears occur provide first aid as ordered until healed unless otherwise specified by the nurse/physician. Provide nail care at least weekly and as needed to ensure nails are short and free from jagged edges. Keep skin moisturized. Staff to assist [client #1] to apply lotion daily at bedtime. Nurse will assure routine examinations are scheduled with the physician". The infection risk plan did not indicate client #1 should be repositioned while in his wheelchair.</p> <p>Client #1's 8/20/15 internal accident report indicated "While getting out of van staff noticed [client #1's] left leg trunk, below the knee swollen. Staff proceeded</p> | | <p>PERVENTION:</p> <p>The agency will retrain QIDP and facility nurse regarding the need to develop necessary supports to support clients toward independence. Members of the Operations Team (including the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator) will incorporate audits of support documents into visits to the facility weekly for the next 30 days and twice monthly visits for an additional 60 days to assure appropriate supports are included in each client's support plan. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Health Services Team, Direct Support Staff, Operations Team</p> | |

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| W 0249 Bldg. 00 | <p>(sic) to prop his legs for an hour. Once an hour passed staff called the nurse due to swelling not going down and nurse asked staff to take [client #1] to med check". The 8/20/15 investigation related to the swollen leg indicated "[Client #1] is in a wheelchair and his leg dangles at times and poor circulation could have caused the swelling".</p> <p>Client #1's 10/1/15 record of visit form indicated client #1 saw an internal medicine doctor. The record of visit form indicated client #1 had a "stage II right buttock friction ulcer".</p> <p>An interview was conducted on 4/26/16 at 8:48am with the facility RN (Registered Nurse). When asked if client #1 had a repositioning schedule to help prevent skin break down, the RN stated "No, I don't think he does".</p> <p>9-3-4(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 (#1, #2, #3 and #4) the facility failed to implement the clients' Individual Support Plans when formal and/or informal training opportunities existed.</p> <p>Findings include:</p> <p>1. During the 4/20/16 observation period between 3:57pm and 6:15pm and the 4/21/16 observation period between 7:15am and 8:41am clients #1, #2, #3, and #4 sat in the living room watching TV (television) and working on individual projects while meals were being prepared.</p> <p>Client #1's record was reviewed on 4/21/16 at 2:32pm. Client #1's 5/22/16 ISP (Individualized Support Plan) indicated client #1 had an objective to "prepare simple foods requiring no mixing or cooking for 1 meal per week".</p> <p>Client #2's record was reviewed on 4/21/16 at 12:55pm. Client #2's 8/22/15 ISP indicated client #2 had the following objectives: 1. "[Client #2] will get her communication book and turn to the pages indicating eat or drink then give the appropriate sign for eat or drink prior to eating or drinking". and 2. "[Client #2] will prepare a simple meal once a week".</p> | W 0249 | <p>CORRECTION: <i>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.</i> Specifically, all direct support staff will be retrained and receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for all clients including but not limited to meal preparation, family style dining, other domestic skills and meaningful leisure activities. Through observation, the team has determined that this deficient practice affected all clients who reside at the facility.</p> <p>PREVENTION: The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation, family style dining, other domestic skills and meaningful leisure activities. ADENDUM: For the next 30 days, the QIDP Will monitor active treatment sessions on varied shifts no less tan 3 times weekly to</p> | 05/28/2016 | | | |

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| | <p>Client #3's record was reviewed on 4/25/16 at 2:27pm. Client #3's 5/9/15 ISP indicated client #3 "will assist in preparing 1 side dish for dinner once a week".</p> <p>An interview was conducted on 4/25/16 at 4:18pm with the Program Head and the QIDP (Qualified Intellectual Disabilities Professional). When asked if staff should implement client #1's, #2's, and #3's ISP objectives when opportunities existed, the Program Head stated "yes".</p> <p>2. During the 4/20/16 medication pass observation at 5:09pm the RM (Residential Manager) administered client #3's medications. Client #3 was administered Lorazepam (Panic Disorder) 0.5mg (milligrams), Naproxen 375mg (Joint Pain), Olanzapine (Mood) 2.5mg, Oxybutynin (Incontinence) 5mg, Oyster Calcium (Supplement) 500mg, and Deep Sea Spray (Dry Nose). The RM placed all of client #3's medication except the nasal spray in a medication cup with a spoonful of applesauce. The RM spoon fed client #3 her medication.</p> <p>Client #3's record was reviewed on 4/25/16 at 2:27pm. Client #3's 5/9/15 ISP indicated client #3 had a formal objective to "grab the med cup and put her pills in her mouth".</p> | | <p>monitor skills training and provide hands-oncoachig including but not limited to meal preparation, family style dining, other domestic skills and meaningful leisure activities. The QIDP will monitor active Treatment no less than twice weekly for an additional 30 days and then as needed but no less than weekly. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator, will conduct observations during active Treatment sessions and documentation reviews no less than weekly for the next 30 days, and no less than two times per month for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day</p> | | |

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| | <p>An interview was conducted on 4/25/16 at 4:18pm with the Program Head and the QIDP (Qualified Intellectual Disabilities Professional). When asked if staff should implement client #3's medication objective during her medication pass, the Program Head stated "Yes".</p> <p>3. During the 4/20/16 medication pass observation at 4:46pm the RM administered client #1's medications. Client #1 was administered Oyster Calcium 500mg and 1 can of ensure. During the 4/21/16 medication pass observation at 7:34am staff #6 administered client #1's medications. Client #1 was administered Amlodipine (Hypertension) 5mg, Oyster Calcium 500mg, and One tablespoon liquid Certivite (Multivitamin). All of client #1's medications including the liquid Certivite were placed in a medication cup of applesauce and spoon fed to him. Client #1 was not offered 8oz (ounces) of water during the 4/20/16 or the 4/21/16 medication passes.</p> <p>Client #1's record was reviewed on 4/21/16 at 2:32pm. Client #1's 12/1/15 Infection risk plan indicated client #1 was at an increased risk for infection due to skin tears. The Infection risk plan indicated staff will "encourage 8oz</p> | | <p>and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p> | |

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| | <p>(ounces) of water with each med pass. Encourage 8oz of water with each meal. Monitor for, note, record, and report to nurse immediately any of the triggers to notify symptoms noted. Monitor [client #1] daily for open areas during ADL (Activities of Daily Living) care and notify nurse immediately for open areas/skin tears/bruising. Should open areas/skin tears occur provide first aid as ordered until healed unless otherwise specified by the nurse/physician. Provide nail care at least weekly and as needed to ensure nails are short and free from jagged edges. Keep skin moisturized. Staff to assist [client #1] to apply lotion daily at bedtime. Nurse will assure routine examinations are scheduled with the physician".</p> <p>Client #1's 12/15/15 Skin breakdown plan indicated client #1 was at risk for skin breakdown. The skin breakdown plan indicated staff will "Encourage at least 8 ounces of water with each med pass. Encourage at least 8 ounces of fluid with each meal. Monitor, note, record and report to nurse immediately any of the aforementioned symptoms noted. Monitor [client #1] daily for open areas, redness, rash during ADL care and notify nurse immediately for areas of concern. Keep skin clean and dry".</p> | | | |

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| W 0322 Bldg. 00 | <p>An interview was conducted on 4/25/16 at 4:18pm with the Program Head and the QIDP (Qualified Intellectual Disabilities Professional). When asked if client #1 should be offered 8 ounces of water during medication passes as indicated in his risk plans, the Program Head stated "yes".</p> <p>9-3-4(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#3) the facility failed to complete client #3's annual physical.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 4/25/16 at 2:27pm. Client #3's record indicated client #3 had her last annual physical completed on 4/8/15.</p> <p>An interview was conducted on 4/26/16 at 8:48am with the facility RN (Registered Nurse). When asked if client #3 had an current annual physical, the RN stated "I'll have to check". The facility was unable to provide a current</p> | W 0322 | <p>CORRECTION:</p> <p>The facility must provide or obtain preventive and general medical care. Specifically, the facility has obtained an annual physical examination for Client #3. A review of medical records indicated this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>The facility nurse will maintain a tracking grid for all clients to assure that routine medical assessments, including but not limited to physical evaluations,</p> | 05/28/2016 |

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| W 0323 Bldg. 00 | <p>physical for client #3 to review.</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 1 of 4 sampled clients (#3) the facility failed to obtain client #3's recommended annual eye exam.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 4/25/16 at 2:27pm. Client #3's record indicated client #3 had her last eye exam on 2/19/15. Client #3's 2/19/15 record of visit form indicated client #3 was to be</p> | W 0323 | <p>occur within required time frames. Members of the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than Monthly to assure that examinations including but not limited to annual physical examinations take place as required.</p> <p>RESPONSIBLE PARTIES:</p> <p>Health Services Team, QIDP, Residential Manager, Direct Support Staff, Operations Team</p> <p>CORRECTION:</p> <p><i>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Specifically, Client #3 will receive a visual evaluation. A review of medical records indicated this deficient practice did not affect additional clients.</i></p> | 05/28/2016 |

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| W 0331 Bldg. 00 | <p>monitored annually by her optometrist.</p> <p>An interview was conducted on 4/26/16 at 8:48am with the facility RN (Registered Nurse). When asked if client #3 had a current eye exam, the RN stated "I'll have to check." The facility was unable to provide a current eye exam for client #3 to review.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 2 of 4 sampled clients (#1 and #4) the facility's nursing staff failed to meet the needs of the clients by not monitoring chronic illnesses and assuring recommended medical appointments were made.</p> | W 0331 | <p>PREVENTION:</p> <p>The QIDP will work with the facility nurse will coordinate with the facility direct support medical coach and Residential Manager to assure that all medical assessments and evaluations occur as required. Members of the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that examinations including but not limited to visual evaluations take place as required.</p> <p>RESPONSIBLE PARTIES: Health Services Team, QIDP, Residential Manager, Direct Support Staff, Operations Team</p> <p>CORRECTION:</p> <p><i>The facility must provide clients with nursing services in accordance with their needs. Specifically, the facility nurse will be retrained regarding the required level of monitoring for Client # 1 and Client #4 as well</i></p> | 05/28/2016 |

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| | <p>Findings include:</p> <p>1. Client #1's record was reviewed on 4/21/16 at 2:32pm. Client #1's record indicated client #1 had a weight management protocol. Client #1's 12/1/15 weight protocol indicated staff will "Encourage adherence to mechanical soft diet with ground meat and healthy eating menu. Maintain a healthy weight. Encourage double portion as recommended by dietician (sic). Consume 1 bottle of Ensure 3x daily between meals. Check weight weekly as indicated on MAR (medical tracking sheet) and record result. Notify nurse if weight is below 115 lbs (pounds). Nurse will monitor weight trend at least monthly and document in medical record. Nurse will notify physician of unexplained weight loss greater than or equal to 10 lbs. Nurse will assure that labs are obtained as ordered by the physician. Nurse will assure routine medical appointments and follow up are carried out as ordered. Provide snacks three times daily (cheese and crackers, yogurt, pudding). If weight falls below 115 lbs give one can of nutritional supplement of ensure daily and notify nurse".</p> <p>Client #1's MAR's indicated "Notify nurse if weight falls below 115 lbs, check</p> | | <p>as the need to include specific details of care given in the monthly nursing summary, with emphasis on Client #1's history of weight loss and Client #4's hypertension and the need to assure all clients are scheduled for and attend recommended medical appointments. A review of facility medical records indicated this deficient practice did not affect additional clients.</p> <p>PERVENTION: The facility nurse will maintain a tracking grid for all clients to assure that routine medical assessments, including but not limited to physical evaluations, occur within required time frames. The nurse manager will review the tracking sheet no less than monthly.</p> <p>The nurse manager will review all facility monthly nursing summaries for the next 90 days to assure they contain appropriate detail and that the facility nurse is providing an appropriate level of care. Thereafter the Nurse Manager will perform spot checks of nursing monthlies as part of the normal oversight process.</p> | |

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| | <p>weight". Client #1's MAR indicated the following weights:</p> <p>-2/9/16: 114 lbs -2/16/16: 113 lbs -2/23/16: 111 lbs -3/1/16: 109 lbs -3/8/16: 108 lbs</p> <p>Client #1's MAR did not indicate client #1 was re-weighed.</p> <p>Client #1's February 2016 nurses monthly summary indicated client #1's weight was 111 lbs. The sections of the form for client #1's weight 3 months ago, 6 months ago, 1 year ago and any significant changes were left blank. The February 2016 monthly summary did not indicate client #1 dropped below 115 lbs 3x's in February and if client #1 was re-weighed by the nurse at anytime the month of February.</p> <p>Client #1 did not have a March 2016 nurses monthly summary to review.</p> <p>Client #1's record did not indicate the nurse was contacted during the months of February 2016 and March 2016 when his weight dropped below 115 lbs. Client #1's record did not indicate the nurse monitored or assessed client #1 when his weight dropped below 115 lbs.</p> | | <p>Members of the Operations Team (including Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator) will conduct documentation reviews no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility, which will occur no less than monthly. These administrative documentation reviews will include assuring all clients have receive recommended medical follow-along, that nursing summaries include sufficient detail, describing the level of care that has been provided. When deficiencies are noted, the Operations Team will work directly with the facility nurse to make prompt and thorough corrections.</p> <p>RESPONSIBLE PARTIES: Health Services Team, QIDP, Residential Manager, Direct Support Staff, Operations Team</p> | |

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| NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT | STREET ADDRESS, CITY, STATE, ZIP CODE 1330 W SHAWNEE INDIANAPOLIS, IN 46260 |
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| | <p>An interview was conducted on 4/26/16 at 8:48am with the facility RN (Registered Nurse). When asked if she had nurses notes indicating she assessed client #1 when his weight dropped below 115 lbs, the RN stated "I'll have to check". The facility was unable to provide nurses notes for review.</p> <p>2. Client #4's record was reviewed on 4/25/16 at 1:48pm. Client #4's record indicated she had a hypertension protocol. Client #4's 12/1/15 hypertension protocol indicated staff will "Give Atenolol and Hydrochlorothiazide as ordered on the MAR. Check blood pressure weekly as indicated on MAR and record result. Nurse will check blood pressure at least quarterly and as needed and record. Notify nurse if blood pressure is above or below the therapeutic range of 100-140/60-90. Blood pressure above or below indicated range will warrant daily monitoring and recording for at least 3 consecutive days. Nurse will check blood pressure to confirm reading and document in medical record. Nurse will notify physician should blood pressure remain elevated longer than 3 days and document in medical record".</p> <p>Client #4's MARs indicated the following</p> | | | |

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| W 0368 Bldg. 00 | <p>blood pressures.</p> <p>-2/16/16: 125/130 -3/15/16: 155/120 -3/22/16: 144/101</p> <p>Client #4's MARs did not indicate staff took client #4's blood pressure for 3 consecutive days after a high reading.</p> <p>Client #4's February 2016 monthly nurses summary did not indicate the nurse took client #4's blood pressure to confirm high readings. Client #4's record did not indicate the nurse had completed a March 2016 monthly nurses summary.</p> <p>An interview was conducted on 4/26/16 at 8:48am with the facility RN (Registered Nurse). When asked if the RN had any nurses notes to indicate that she was monitoring client #4's high blood pressure readings, the RN stated "I'll have to check". The facility was unable to provide any nurses notes for client #4 to review.</p> <p>9-3-6(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must</p> | | | |

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| | <p>assure that all drugs are administered in compliance with the physician's orders. Based on observation, interview and record review for 2 of 4 sampled clients (#1 and #3), the facility failed to ensure clients' medications were administered as ordered by the clients' doctor.</p> <p>Findings include:</p> <p>1. During the 4/20/16 medication pass observation at 5:09pm the RM (Residential Manager) administered client #3's medications. Client #3 was administered Lorazepam (Panic Disorder) 0.5mg (milligrams), Naproxen 375mg (Joint Pain), Olanzapine (Mood) 2.5mg, Oxybutynin (Incontinence) 5mg, Oyster Calcium (Supplement) 500mg, and Deep Sea Spray (Dry Nose). At 5:26pm client #3 took her Oyster Calcium in applesauce along with her other medications. At 6:03pm client #3 took her first bite of dinner.</p> <p>Client #3's record was reviewed on 4/25/16 at 2:27pm. Client #3's 2/22/16 physicians order indicated client #3 took Oyster Calcium 500mg 1 tab three times daily with meals.</p> <p>An interview was conducted on 4/26/16 at 8:48am with the facility RN (Registered Nurse) and on 4/25/16 at</p> | W 0368 | <p>CORRECTION: The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Specifically, facility staff, including direct support staff #6 and the Residential Manager, will receive training toward proper implementation of the agency's medication administration procedures to assure that all medications are administered as prescribed, with emphasis on provision of topical treatments.</p> <p>PREVENTION:ADDENDUM: The facility nurse will provide ongoing medication administration training at monthly staff meetings and will assure that all staff complete an medication pass observed by a designated trainer, no less than quarterly. Additionally the nurse will perform unscheduled medication pass observations at the facility no less than monthly. The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring medications are administered without error. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality</p> | 05/28/2016 |

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| 9-3-6(a) | <p>4:18pm with the Program Head and the QIDP (Qualified Intellectual Disabilities Professional). When asked if staff should follow client #3's physician orders, the Nurse stated "Yes".</p> <p>2. During the 4/21/16 medication pass observation at 7:34am staff #6 administered client #1's medications. Client #1 was administered Amlodipine (Hypertension) 5mg, Oyster Calcium 500mg, and One table spoon liquid Certivite (Multivitamin). All of client #1's medications including the liquid Certivite were placed in a medication cup of applesauce and spoon fed to him.</p> <p>Client #1's record was reviewed on 4/21/16 at 2:32pm. Client #1's 2/22/16 physician's order indicated "use thick-it for all fluids including med pass honey thickened".</p> <p>An interview was conducted on 4/26/16 at 8:48am with the facility RN (Registered Nurse). When asked if applesauce could be used as a thickener for honey thick liquids, the RN stated "No". When asked if thick-it should be used in client #1's liquid certivite to ensure it was at the proper consistency, the RN stated "Yes".</p> | | <p>Assurance Manager, Training Coordinator and Quality Assurance Coordinator, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied</p> | |

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| | | | <p>times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff administer medications without error. Administrative oversight will include direct observation of the Residential Manager administering medication, to assure the supervisor demonstrates the skills necessary to administer medication per physicians' orders as well as the ability to train and supervise direct support staff. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p> | |