

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/08/2013
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 2/4/13, 2/5/13, 2/6/13 and 2/8/13.</p> <p>Facility Number: 001000 Provider Number: 15G486 AIMS Number: 100245010</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 14, 2013 by Dotty Walton, Medical Surveyor III.</p>	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to secure a surrogate to assist client #2 with making informed choices and decisions.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 2/5/13 at 8:58 AM. Client #2's Person Centered Planning Profile Sheet (PCPPS) dated 11/29/12 indicated, "As of July 2007 we are currently seeking guardianship for [client #2] working together in conjunction with the Marion County Mental Health Association." The 11/29/12 PCPPS indicated, "Although [client #2] is an emancipated adult, serving as his own legal guardian, he has not been assessed as being able to give informed consent in major life decisions. In other words, there may be situations where decisions must be made that directly affect [client #2]'s life that go beyond his everyday routine (i.e. (That Is) surgical or medical procedures, chemical or physical interventions, legal claims, etc</p>	W0125	<p>CORRECTION: <i>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Specifically, the facility will secure a surrogate to assist client #2 with making informed choices and decisions.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the need to assure clients who cannot give informed consent, have an appropriate surrogate, based on their assessed level of competency, to assist with making major life decisions that go beyond the scope of everyday routines. Members of the Operations and Quality Assurance Teams will review client records including informed consent assessments on an ongoing basis to assure clients receive the appropriate level of assistance with decision making.</p>	03/01/2013			

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	<p>(And So On) that would require human rights committee approval before being undertaken. The QDDP (Qualified Developmental Disabilities Professional) will ensure that appropriate services are coordinated to facilitate [client #2]'s best interest." The 11/29/12 PCPPS indicated, "During the past year the PCPP team has worked, without success, toward finding an appropriate advocate for [client #2]. The team will continue with its efforts to this end...." Client #2's record indicated a guardian or surrogate had not been obtained for client #2.</p> <p>Interview with QDDP #1 on 12/5/13 at 12:45 PM indicated client #2 did not have a guardian or surrogate to assist him make informed choices and decisions. QDDP #1 indicated client #2 was assessed as needing a guardian or surrogate. QDDP #1 indicated the facility was in the process of obtaining a surrogate but had not been successful at the time of review.</p> <p>9-3-2(a)</p>		<p>RESPONSIBLE PARTIES: Clinical Supervisor, Quality Assurance Team, Operations Team</p>		

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 10 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to implement its policy and procedures to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding one injury of unknown origin for client #1. The facility failed to implement its policy and procedures to complete a thorough investigation regarding an injury of unknown origin for client #1.</p> <p>Findings include</p> <p>The facility's reportable incidents, BDDS reports and investigations were reviewed on 2/4/13 at 3:30 PM. The review indicated the following:</p> <p>-incident report dated 10/18/12, "While checking on [client #1] during his shower, [staff #1] had discovered a bruise on [client #1's] left thigh. Baseball size, redish (sic) purple, no complaint of pain."</p> <p>The review did not indicate documentation the 10/18/12 incident had</p>	W0149	<p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, the facility will investigate the origin of an injury sustained by client #1 discovered on 10/18/12.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the criteria for conducting investigations at the facility and will receive guidance toward developing of a tracking system to assure thorough investigations are conducted within required timeframes. The QDDP will turn in copies of completed investigations to the Program Manager and Quality Assurance Manager to allow for appropriate oversight and follow-up. Additionally, the facility's Clinical Supervisor will meet with the Quality Assurance Manager weekly to review incidents that require follow-up and investigation to assure timely completion.</p> <p>RESPONSIBLE PARTIES: Clinical Supervisor, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p>	03/01/2013	

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	<p>been reported to BDDS. The review did not indicate documentation the 10/18/12 incident had been investigated.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 2/5/13 at 12:45 PM indicated injuries of unknown origin should be reported to BDDS. QMRP #1 indicated injuries of unknown origin should be investigated.</p> <p>Electronic correspondence from AS #1 (Administrative Staff) dated 2/8/13 was reviewed on 2/8/13 at 1:57 PM. The 2/8/13 electronic correspondence indicated there was no documentation of BDDS reports regarding client #1's injury of unknown origin. AS #1 indicated there was no documentation of BDDS reports regarding client #1's injury of unknown origin. AS #1 indicated the company's abuse and neglect policy should be implemented.</p> <p>The facility's policy and procedures were reviewed on 2/8/13 at 2:00 PM. The facility's 9/14/07 policy and procedure entitled "Abuse, Neglect, Exploitation operating standard 1.26" indicated, "Following ResCare protocol for the exact process to report incidents, once the suspicion has been reported to the supervisor and/or PD (Program Director), the PD will report, within 24 hours, the</p>			

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	<p>suspected abuse, neglect or exploitation as follows:</p> <p>G. "To the BDDS central office...."</p> <p>The facility's 9/14/07 policy and procedure entitled, "Investigations" indicated, "Practices: 3. (b) Ensure alleged incident of abuse, neglect, mistreatment, exploitation or injuries of unknown origin are fully investigated within 5 calendar days from the date the allegations were made and investigation was initiated."</p> <p>9-3-2(a)</p>			

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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. Based on record review and interview for 1 of 10 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding one injury of unknown origin for client #1.</p> <p>Findings include:</p> <p>The facility's reportable incidents, BDDS reports and investigations were reviewed on 2/4/13 at 3:30 PM. The review indicated the following:</p> <p>-incident report dated 10/18/12, "While checking on [client #1] during his shower, [staff #1] had discovered a bruise on [client #1's] left thigh. Baseball size, redish (sic) purple, no complaint of pain." The review did not indicate documentation the 10/18/12 incident had been reported to BDDS.</p> <p>Interview with QMRP (Qualified Mental</p>	W0153	<p>CORRECTION: <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 facility will complete a BDDS incident report for client #1's injury of unknown origin discovered 10/18/12.</i></p> <p>PREVENTION: Direct Support staff will be retrained regarding the need to report incidents to supervisory staff immediately and complete appropriate documentation. Supervisory staff will review all facility documentation to assure incidents are reported as required. Additionally, internal and day service incident reports will be sent directly to the Quality Assurance Manager who will in turn coordinate and follow-up with the facility Clinical Supervisor to assure incidents are reported to state agencies as required.</p> <p>RESPONSIBLE PARTIES: Clinical Supervisor, Residential</p>	03/01/2013			

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	<p>Retardation Professional) #1 on 2/5/13 at 12:45 PM indicated injuries of unknown origin should be reported to BDDS.</p> <p>Electronic correspondence from AS #1 (Administrative Staff) dated 2/8/13 was reviewed on 2/8/13 at 1:57 PM. The 2/8/13 electronic correspondence indicated there was no documentation of BDDS reports regarding client #1's injury of unknown origin.</p> <p>9-3-1(b)(5) 9-3-2(a)</p>		<p>Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p>		

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 10 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to complete a thorough investigation regarding an injury of unknown origin for client #1.</p> <p>Findings include:</p> <p>The facility's reportable incidents, BDDS reports and investigations were reviewed on 2/4/13 at 3:30 PM. The review indicated the following:</p> <p>-incident report dated 10/18/12, "While checking on [client #1] during his shower, [staff #1] had discovered a bruise on [client #1's] left thigh. Baseball size, redish (sic) purple, no complaint of pain." The review did not indicate documentation the 10/18/12 incident had been investigated.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 2/5/13 at 12:45 PM indicated injuries of unknown origin should be investigated.</p> <p>Electronic correspondence from AS #1</p>	W0154	<p>CORRECTION: <i>The facility must have evidence that all alleged violations are thoroughly investigated. Specifically, the facility will investigate the origin of an injury sustained by client #1 discovered on 10/18/12.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the criteria for conducting investigations at the facility and will receive guidance toward developing of a tracking system to assure thorough investigations are conducted within required timeframes. The QDDP will turn in copies of completed investigations to the Program Manager and Quality Assurance Manager to allow for appropriate oversight and follow-up. Additionally, the facility's Clinical Supervisor will meet with the Quality Assurance Manager weekly to review incidents that require follow-up and investigation to assure timely completion.</p> <p>RESPONSIBLE PARTIES: Clinical Supervisor, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p>	03/01/2013	

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	(Administrative Staff) dated 2/8/13 was reviewed on 2/8/13 at 1:57 PM. The 2/8/13 electronic correspondence indicated there was no documentation an investigation had been initiated or completed regarding client #1's 10/18/12 injury of unknown origin. 9-3-2(a)			

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W0356	<p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2 received recommended follow up dental treatment.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 2/5/13 at 8:58 AM. Client #2's dental exam record of visit form dated 5/1/12 indicated the recommendation for client #2 to return in 6 months on 11/13/12 for an exam and cleaning. Client #2's record did not indicate client #2 had returned to the dentist for the recommended treatment.</p> <p>Interview with QMRP #1 (Qualified Mental Retardation Professional) on 2/5/13 at 12:45 PM indicated client #2 should receive recommended dental services. QMRP #1 indicated client #2 had not attended the scheduled visit.</p> <p>9-3-6(a)</p>	W0356	<p>CORRECTION: <i>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. Specifically, The facility will assist Client #2 with scheduling and attending a recommended follow-up dental appointment.</i></p> <p>PREVENTION: The facility nurse will maintain a tracking grid for all clients to assure that routine medical assessments and follow-up, including but not limited to dental examinations and treatments, occur within required time frames. Members of the Operations and Quality Assurance Teams will incorporate medical chart reviews into their formal audit process, which will occur no less than quarterly to assure appropriate medical follow-up takes place as required.</p> <p>RESPONSIBLE PARTIES: Clinical Supervisor, Residential Manager, Direct Support Staff, Nursing Team, Quality Assurance Team, Operations Team</p>	03/01/2013

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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-1 Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 10 allegations of abuse, neglect and mistreatment reviewed, the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) regarding emergency medical services for client #2.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 2/5/13 at 8:58 AM. Client #2's record of visit form dated 8/15/12 indicated client #2 was seen at the emergency room following a fall.</p>			W9999	<p>CORRECTION: <i>The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division. Specifically, the facility will complete a BDDS incident report for emergency medical services received by Client #2 on 8/15/12.</i></p> <p>PREVENTION: Direct Support staff will be retrained regarding the need to report incidents to supervisory staff immediately and complete appropriate documentation. Supervisory staff will review all facility documentation to assure incidents are reported as required. Additionally, internal and day service incident reports will be sent directly to the Quality Assurance Manager who will in turn coordinate and follow-up with the facility Clinical Supervisor to assure incidents are reported to state agencies as required.</p> <p>RESPONSIBLE PARTIES: Clinical Supervisor, Residential Manager, Direct Support Staff, Nursing Team, Quality Assurance Team, Operations Team</p>		03/01/2013

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	<p>The facility's reportable incidents, BDDS reports and investigations were reviewed on 2/4/13 at 3:30 PM. The review did not indicate client #2's emergency room visit dated 8/15/12 was reported to BDDS.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 2/5/13 at 12:45 PM indicated emergency medical treatment should be reported to BDDS.</p> <p>Electronic correspondence from AS #1 (Administrative Staff) dated 2/8/13 was reviewed on 2/8/13 at 1:57 PM. The 2/8/13 electronic correspondence indicated there was no documentation of BDDS reports regarding client #2's emergency medical services. AS #1 indicated there was no documentation of BDDS reports regarding client #2's emergency medical services.</p> <p>9-3-1(b)</p>				