

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G551	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/05/2012
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE 8211 CHRISTIANA LN INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W0000	<p>This visit was for a post recertification revisit (PCR) to the PCR completed on 09/04/12 to the investigation of complaint #IN00111284 completed on 07/19/12 .</p> <p>Complaint #IN00111284: Not Corrected.</p> <p>Dates of Survey: October 3, 4 and 5, 2012.</p> <p>Facility number: 001065 Provider number: 15G551 AIM number: 100239840</p> <p>Surveyor: Claudia Ramirez, RN, Public Health Nurse Surveyor III</p> <p>This federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 10/15/12 by Tim Shebel, 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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W0331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.	W0331	<b>CORRECTION:</b> <i>The facility must provide clients with nursing services in accordance with their needs. Specifically,</i> 1.The nurse has updated Client A and Client B's comprehensive High Risk Plans for transferring and skin breakdown based on the recommendation of their physical therapist. 2.The nurse has developed a Comprehensive High Risk Plan for Glaucoma for Client C. <b>PREVENTION:</b> The Nurse Manager will review all revisions to facility nursing care plans for the next ninety days and thereafter will perform spot checks of facility nursing care plans as needed but no less than quarterly to assure the plans contain protocols developed by the appropriate medical discipline, as well as to assure all individuals have appropriately developed risk plans for all assessed needs. Additionally, members of the Operations and Quality Assurance Teams will review facility risk plans and assessment data as needed but no less than monthly to confirm the proper development of risk plans and protocols. <b>Responsible Parties:</b> QDDPD, Support Associates, Nursing Team, Operations Team, Quality Assurance Team	11/04/2012	

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	<p>Based on observation, record review and interview, the facility nursing services failed for 3 of 3 sampled clients (clients A, B and C) to ensure: the high risk plans based on PT (physical therapy) recommendations were updated for clients A and B); and for client C to have a high risk plan based on his diagnosis and treatment for glaucoma.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/03/12 from 4:00 PM until 6:30 PM. During the observation clients A and B were in wheelchairs. During the observation client A and B were not repositioned. At 6:20 PM staff #1 was stated to client B, "I'm looking for your gait belt, I don't know where it could be and I can't find it."</p> <p>Client A's records were reviewed on 10/04/12 at 2:23 PM and 10/05/12 at 3:30 PM. Client A's October 2012 Physician Orders indicated client A used a wheelchair. Client A's record contained a Physical Therapy evaluation dated 10/05/12 which included a Procedure For Transfers. Client A's record did not contain a Risk Plan based on the PT recommendations.</p> <p>Client B's records were reviewed on</p>						

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	<p>10/04/12 at 1:30 PM and 10/05/12 at 3:30 PM. Client B's October 2012 Physician Orders indicated client B used a gait belt and was non-ambulatory. Client B's record contained a Physical Therapy evaluation dated 10/05/12 which included a Procedure For Transfers. Client B's record did not contain a Risk Plan based on the PT recommendations.</p> <p>Client C's records were reviewed on 10/04/12 at 3:20 PM. Client C's October 2012 Physician Orders indicated client C diagnoses included was was not limited to glaucoma. A visual care progress report dated 09/14/12 indicated client C was ordered eye drop medication for his glaucoma. Client C's record did not contain a Risk Plan based for the glaucoma diagnosis and treatment orders. Client C's MAR (Medication Administration Record) indicated client C did not get one of his eye medications for glaucoma. The MAR indicated the medication was not given on 09/04, 06, 07, 10, 11, 12 and 13/2012 because, "out of them" "no supply."</p> <p>On 10/05/12 at 3:30 PM, an interview was conducted with the Quality Assurance Manager (QAM). The QAM indicated the risk plans for client A and B did not contain the new PT recommendations. The QAM further</p>						

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	<p>indicated there were not further risk plans for clients A, B or C for review.</p> <p>This federal tag relates to complaint #IN00112284.</p> <p>This deficiency was cited on 07/19/2012. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>				