

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/18/2014
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
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W000000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of Survey: July 14, 15, 16 and 18, 2014.</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>Facility Number: 004615 AIM Number: 200528230 Provider Number: 15G723</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/22/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1's dignity was maintained by allowing him to wear blue</p>	W000137	<p>W137: The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use</p>	09/05/2014

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>jeans which fell down to ankles exposing himself on the front lawn of the facility.</p> <p>Findings include:</p> <p>During observations at the facility on 7/15/14 at 7:35 AM, client #1's medication administration began. The other clients (#2, #3, #4, #5, and #6) got onto the facility's van and left for day programs while client #1's medication administration continued. After medications were done, client #1 ran out the front door of the facility and staff #6 pursued him. Client #1 was on the front lawn of the facility (located in housing development with neighbors) and his blue jeans fell down around his ankles. Client #1's blue jeans had been identified by staff as being too large in the waist area but a belt had not been found for him. His blue jeans again fell down to his ankles on the front lawn of the facility. Client #1 was observed to be wearing an adult incontinency brief.</p> <p>Interview with staff #1 on 7/15/14 at 8:00 AM indicated client #1 was used to riding along with the other clients to workshop and was looking for the van. The interview indicated client #1 should have had a belt provided for his blue jeans.</p>		<p>appropriate personal possessions and clothing.</p> <p>Corrective Action: (specific): The direct care staff and residential manager will be in-serviced on ensuring that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>How others will be identified: (Systemic): The residential manager will be in the home five times weekly to ensure that the clients have the right to retain and use appropriate personal possessions and clothing. The clinical supervisor will visit the home once weekly to ensure the same.</p> <p>Measures to be put in place: The direct care staff and residential manager will be in-serviced on ensuring that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Monitoring of Corrective Action: The residential manager will be in the home five times weekly to ensure that the clients have the right to retain and use appropriate</p>	

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W000257	<p>9-3-2(a)</p> <p>483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility failed to address client #1's mealtime issues (agitation, leaving the dining table before finishing a meal).</p> <p>Findings include:</p> <p>The evening meal and its preparation were observed on 7/14/14 from 4:00PM until 5:45 PM. Staff #2 and staff #3 were observed in the facility assisting clients #1, #2, #3, #4, #5, and #6 in after workshop activities including preparing the evening meal,</p>			W000257	<p>personal possessions and clothing. The clinical supervisor will visit the home once weekly to ensure the same.</p> <p>Completion date: 9/5/14</p> <p>W257: The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</p> <p>Corrective Action: (specific): The QIDP (Qualified Intellectual Disabilities Professional) will be in-serviced on reviewing and revising objectives on an annual,</p>		09/05/2014

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	<p>setting the table and supervising the evening meal. Staff #2 prepared canned stewed tomatoes on the stovetop. Staff #2 placed fish sticks into the oven to cook and placed lima beans on to cook. Staff #2 made a Caesar type salad with dressing and placed salad into salad bowls instead of including clients #1, #2, #3, #4, #5, or #6 in the mealtime activities. During the meal staff #3 assisted client #4 in a one to one manner and staff #2 stood beside the table between clients #1 and #2. Staff #2 did not include clients in setting the table or cooking. Clients #1 and #6 ate their meal in a rapid manner. Client #5 was vocalizing throughout the meal. Client #1 ate 25% of his meal (according to staff #12) in a rapid manner and placed his plate in the kitchen sink. Client #1 left the kitchen/dining room and went into the living room. Client #1 returned and ate two scoops of lima beans from his plate which was in the sink. Clients #5 and #6 finished their meals and went into the living area and stood in front of the television; watching a program together and talking. Client #4 received one to one supervision and feeding assistance from staff #3 (client #4 had limited use of his upper extremities). Client #3 ate his meal without direct supervision.</p>		<p>quarterly and as need basis.</p> <p>How others will be identified: (Systemic): The QIDP will review and revise objectives on an annual, quarterly and as need basis.</p> <p>Measures to be put in place: The QIDP (Qualified Intellectual Disabilities Professional) will be in-serviced on reviewing and revising objectives on an annual, quarterly and as need basis.</p> <p>Monitoring of Corrective Action: The QIDP will review and revise objectives on an annual, quarterly and as need basis.</p> <p>Completion date: 9/5/14</p>				

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	<p>During observations of the noon meal on 7/15/14 at 11:45 AM until 12:15 PM, client #1 ate his meal (plus more meat) while sitting at the dining table. Client #1 was alone in the facility and the dining room was quiet with just staff in attendance.</p> <p>Client #1's record was reviewed on 7/15/14 at 10:00 AM. The review indicated an Individual Support Plan/ISP dated 8/20/13 with accompanying dining plan/DP dated 3/03/14. The plan indicated client #1 was to consume a ground meat, food cut into one inch bites, 60 ounce daily fluid restriction, with no hard or crunchy foods. Client #1 fed himself but required supervision to chew and swallow before taking additional bites of food. Client #1 was to be prompted to not talk with food/beverage in his mouth. No adaptive mealtime equipment was listed in the dining plan. The plan did not indicate family style dining methodologies (passing foods, serving himself, pouring beverages and cutting up foods) were contraindicated for client #1. Client #1's record indicated his weight was 140 pounds at the time of the survey. Client #1 had a dietary review dated 3/8/14 which indicated: "undesired wt. (weight) loss since 11/13. He is now (153.8 pounds) (below) IBWR (Ideal</p>			

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W000460	<p>Body weight Range) (155-189 pounds)...May have seconds and snacks Increase Ensure Plus to TID (three times daily) to see 1 - 2 # (pound wt. (weight) gain per month." A dietary review dated 6/6/14 indicated client #1 continued to lose weight and weighed 141 pounds.</p> <p>An interview was conducted with staff #3 on 7/15/14 at 1:40 PM. The interview indicated the clients making noise at the dining table agitated client #1 so he left the dining room. The interview indicated client #1 was below his ideal weight range and his program/dining plan had not been revised to ensure he was free of noise/stress during meals.</p> <p>9-3-4(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and</p>						

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	<p>specialty-prescribed diets.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure the clients were supplied with nourishing meals to maintain their healthy weight ranges as prescribed by their dietician.</p> <p>Findings include:</p> <p>The evening meal and its preparation were observed on 7/14/14 from 4:00 PM until 5:45 PM. Staff #2 and staff #3 were observed in the facility assisting clients #1, #2, #3, #4, #5, and #6 in after workshop activities including preparing the evening meal, setting the table and supervising the evening meal. Staff #1 prepared canned stewed tomatoes on the stovetop. Staff #2 placed fish sticks into the oven to cook and placed lima beans on to cook. Staff #2 made a Caesar type salad with dressing and placed salad into salad bowls instead of including clients #1, #2, #3, #4, #5, or #6 in the mealtime activities.</p> <p>Clients ate the portions listed on the menu and were not encouraged to have seconds until the surveyor questioned the staff about second helpings of food/milk.</p> <p>During the breakfast meal on 7/15/14 from 6:30 AM until 7:30 AM, clients</p>	W000460	<p>W460: Each client must receive a nourishing, well-balanced diet including modified and specialty-prescribed diets.</p> <p>Corrective Action: (specific): The dietician has been contacted to review current menu plans for the home. Changes will be made according to the dietician recommendations. Direct care staff and residential manager will be in-serviced on the recommendations.</p> <p>How others will be identified: (Systemic): The residential manager will be in the home five times weekly to monitor the diets according to the recommendations. The clinical supervisor will observe one meal weekly to ensure the dietician recommendations are being followed.</p> <p>Measures to be put in place: The dietician has been contacted to review current menu plans for the home. Changes will be made according to the dietician recommendations. Direct care staff and residential manager will be in-serviced on the</p>	09/05/2014			

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	<p>were not offered the complete menued foods, no juice and no English muffins with jelly/margarine. Clients were offered coffee and cold cereal with milk. Clients # 1 and #3 were not offered second helpings of breakfast foods.</p> <p>Review of the posted menu (7/16/14 2:00 PM) indicated the following for the 7/14/14 evening meal and the breakfast on 7/15/14:</p> <p>3 ounce Fish Fillet (3 fish sticks were served) 1/2 cup lima beans 1/2 cup stewed tomatoes 1 cup tossed salad 1 slice wheat bread 2 tbs/tablespoons low fat salad dressing 2 tbs tartar sauce/ketchup 1 cup skimmed milk 1/2 cup low fat ice cream</p> <p>1/2 cup grape juice 1/2 cup hot cereal or 3/4 cup cold cereal 1 English Muffin 1 cup coffee 1 cup skimmed milk 2 tbs jelly 1 tsp. margarine</p> <p>Client #2's record was reviewed on 7/15/14 at 11:23 AM and indicated client #2's dining plan of 4/09/14. The review</p>		<p>recommendations.</p> <p>Monitoring of Corrective Action: The residential manager will be in the home five times weekly to monitor the diets according to the recommendations. The clinical supervisor will observe one meal weekly to ensure the dietician recommendations are being followed.</p> <p>Completion date: 9/5/14</p>	

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	<p>indicated client #2 was at risk for choking due to his seizure diagnosis. He was to consume a regular diet, but avoid foods (tomatoes, chocolate, etc.) which could cause GI /Gastro Intestinal upset. Client #2 fed himself but required assistance to cut up his food into bite sized pieces. The dining plan did not list any adaptive mealtime equipment to promote client #2's independence. The plan did not indicate family style dining methodologies (passing foods, serving himself, pouring beverages and cutting up foods) were contraindicated for client #2.</p> <p>The record review for client #3 was conducted on 7/16/14 at 4:38 PM and indicated an Individual Support Plan/ISP dated 8/20/13 with accompanying dining plan/DP dated 7/09/13. The plan indicated client #3 was to consume a regular diet with chopped meat, fed himself but required supervision to chew and swallow before taking additional bites of food. Client #3 was to be prompted to not talk with food/beverage in his mouth. No adaptive mealtime equipment was listed in the dining plan. The plan did not indicate family style dining methodologies (passing foods, serving himself, pouring beverages and cutting up foods) were contraindicated for client #3. Client #3 had a dietary</p>			

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	<p>review dated 3/8/14 which indicated "unplanned weight loss;" client #3 weighed 158.6 pounds. One Ensure (nutritional supplement) or supplement of choice was recommended. A dietary review on 6/6/14 indicated client #3 was (160.1 pounds) 5 pounds below his ideal body weight range (166-202 pounds). The dietician recommended client #3 receive seconds at meals as well as snacks.</p> <p>Client #1's record was reviewed on 7/15/14 at 10:00 AM. The review indicated an Individual Support Plan/ISP dated 8/20/13 with accompanying dining plan/DP dated 3/03/14. The plan indicated client #1 was to consume a ground meat, food cut into one inch bites, 60 ounce daily fluid restriction, with no hard or crunchy foods diet. Client #1 fed himself but required supervision to chew and swallow before taking additional bites of food. Client #1 was to be prompted to not talk with food/beverage in his mouth. No adaptive mealtime equipment was listed in the dining plan. The plan did not indicate family style dining methodologies (passing foods, serving himself, pouring beverages and cutting up foods) were contraindicated for client #1. Client #1's record indicated his weight was 140 pounds at the time of the survey. Client #1 had a dietary review</p>			

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W000488	<p>dated 3/8/14 which indicated: "undesired wt. (weight) loss since 11/13. He is now (153.8 pounds) (below) IBWR (Ideal Body weight Range) (155-189 pounds)...May have seconds and snacks Increase Ensure Plus to TID (three times daily) to see 1 - 2 # (pound wt. (weight) gain per month." A dietary review dated 6/6/14 indicated client #1 continued to lose weight and weighed 141 pounds.</p> <p>An interview with staff #2 and #3 was conducted 7/14/14 at 5:40 PM. The interview indicated clients #1 and #3 were below their ideal body weight ranges. The interview indicated staff were trained to encourage portion control and were not to offer second helpings to clients.</p> <p>9-3-8(a)</p>				

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	<p>DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the facility failed to ensure clients were encouraged to participate in mealtime activities in accordance with their developmental capabilities.</p> <p>Findings include:</p> <p>The evening meal and its preparation were observed on 7/14/14 from 4:00PM until 5:45 PM. Staff #2 and staff #3 were observed in the facility assisting clients #1, #2, #3, #4, #5, and #6 in after workshop activities including preparing the evening meal, setting the table and supervising the evening meal. Staff #2 prepared canned stewed tomatoes on the stovetop. Staff #2 placed fish sticks into the oven to cook and placed lima beans on to cook. Staff #2 made a Caesar type salad with dressing and placed salad into salad bowls instead of including clients #1, #2, #3, #4, #5, or #6 in the mealtime activities. During the meal, staff #3 assisted client #4 in a one to one manner and staff #2 stood beside the table between clients #1 and #2. Staff #2 did not include clients in setting</p>	W000488	<p>W488: The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Corrective Action: (specific): Nursing will review and revise, as needed, all client dining plans to address adaptive mealtime equipment, special techniques or any contraindications. The direct care staff and residential manager will be in-serviced on each client's dining plan to ensure that each client eats in a manner consistent with his or her developmental level.</p> <p>How others will be identified: (Systemic): The residential manager will be in the home five times weekly to ensure client dining plans are being followed. The clinical supervisor will observe one meal weekly to ensure client dining plans are being followed.</p> <p>Measures to be put in place: Nursing will review and revise, as</p>	09/05/2014			

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	<p>the table or cooking. Clients #1 and #6 ate their meal in a rapid manner. Client #5 was vocalizing throughout the meal. Client #1 ate 25% of his meal (according to staff #3) in a rapid manner and placed his plate in the kitchen sink. Client #1 left the kitchen/dining room and went into the living room. Client #1 returned and ate two scoops of lima beans from his plate which was in the sink. Clients #5 and #6 finished their meals and went into the living area and stood in front of the television; watching a program together and talking. Client #4 received one to one supervision and feeding assistance from staff #3 (client #4 had limited use of his upper extremities). Client #3 ate his meal without direct supervision.</p> <p>Client #2's record was reviewed on 7/15/14 at 11:23 AM and indicated client #2's dining plan of 4/09/14. The review indicated client #2 was at risk for choking due to his seizure diagnosis. He was to was to consume a regular diet, but was to avoid foods (tomatoes, chocolate, etc.) which could cause GI /Gastro Intestinal upset. Client #2 fed himself but required assistance to cut up his food into bite sized pieces. The dining plan did not list any adaptive mealtime equipment to promote client #2's independence. The plan did not indicate family style dining</p>		<p>needed, all client dining plans to address adaptive mealtime equipment, special techniques or any contraindications. The direct care staff and residential manager will be in-serviced on each client's dining plan to ensure that each client eats in a manner consistent with his or her developmental level.</p> <p>Monitoring of Corrective Action: The residential manager will be in the home five times weekly to ensure client dining plans are being followed. The clinical supervisor will observe one meal weekly to ensure client dining plans are being followed.</p> <p>Completion date: 9/5/14</p>				

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
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(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
	<p>methodologies (passing foods, serving himself, pouring beverages and cutting up foods) were contraindicated for client #2.</p> <p>The record review for client #3 was conducted on 7/16/14 at 4:38 PM and indicated an Individual Support Plan/ISP dated 8/20/13 with accompanying dining plan/DP dated 7/09/13. The plan indicated client #3 was to consume a regular diet with chopped meat, fed himself but required supervision to chew and swallow before taking additional bites of food. Client #3 was to be prompted to not talk with food/beverage in his mouth. No adaptive mealtime equipment was listed in the dining plan. The plan did not indicate family style dining methodologies (passing foods, serving himself, pouring beverages and cutting up foods) were contraindicated for client #3.</p> <p>Client #1's record was reviewed on 7/15/14 at 10:00 AM. The review indicated an Individual Support Plan/ISP dated 8/20/13 with accompanying dining plan/DP dated 3/03/14. The plan indicated client #1 was to consume a ground meat, food cut into one inch bites, 60 ounce daily fluid restriction, with no hard or crunchy foods diet. Client #1 fed himself but required supervision to chew</p>			

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	<p>and swallow before taking additional bites of food. Client #1 was to be prompted to not talk with food/beverage in his mouth. No adaptive mealtime equipment was listed in the dining plan. The plan did not indicate family style dining methodologies (passing foods, serving himself, pouring beverages and cutting up foods) were contraindicated for client #1.</p> <p>An interview was conducted with staff #1 on 7/15/14 at 9:00 AM. The interview indicated family style dining with clients was encouraged as part of the active treatment process.</p> <p>9-3-8(a)</p>				