

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G167	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/06/2015
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 749 SOUTH BEARS BEND ROAD FRENCH LICK, IN 47432
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: October 5 and 6, 2015.</p> <p>Facility Number: 000701 Provider Number: 15G167 AIM Number: 100248800</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/13/15.</p>	W 0000		
W 0240 Bldg. 00	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients, (#1), the facility failed to ensure methodologies were included in the Individual Support Plan/ISP for the client's support hose. The ISP also failed to have identification and tracking methods for the client's diagnoses of</p>	W 0240	<p>W240: The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Corrective Action: (Specific): The QIDP will be in-serviced on ensuring methodologies are included in individual support plans for</p>	11/05/2015

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>dementia and tardive dyskinesia for which medication was prescribed.</p> <p>Findings include:</p> <p>During the evening of 10/05/15 from 3:45 PM until 6:15 PM, client #1 was observed at the facility. Client #1 wore support stockings (knee high) on both lower extremities. Client #1 utilized a rolling walker with seat attachment during ambulation.</p> <p>On the afternoon of 10/06/15 at 1:40 PM, client #1 was observed at his day program. Client #1 sat at a table with his head bent down toward his chest. The front of his tee-shirt was wet. Day program/DP staff #1 indicated client #1's shirt should be changed and the wet area of his tee-shirt was from saliva.</p> <p>Client #1's record was reviewed on 10/06/15 at 10:50 AM. Client #1's record contained an ISP Medical Input assessment dated 7/17/15 completed by LPN #1. The Medical Input assessment indicated the client's diagnoses included, but were not limited to, "IED (Intermittent Explosive Disorder), BiPolar, Delusional D/O (disorder),...TD (Tardive Dyskinesia/neurologic disorder of involuntary movements caused by long term use of anti-psychotic drugs or</p>		<p>support hose and all other adaptive equipment as necessary. The nurse will be in-serviced on developing, training and implementing risk plans for all medical diagnosis which includes required care of any adaptive equipment and including the names of drugs in risk plans for client's who are prescribed medications for dementia and tardive dyskinesia. Client #1 will have a risk plan developed, trained and implemented for venous insufficiency that will include care of support hose and risk plan for dementia will be revised to include the names of drugs prescribed for the diagnosis. The BSP for client #1 will be revised to include the dosages of drugs prescribed based on the signs/symptoms of the disorders they were prescribed. Client #1 will have a neurological consultation scheduled to assess the diagnosis of tardive dyskinesia and dementia.</p> <p>How others will be identified: (Systemic): The QIDP and the nurse will review all client records to ensure that all medical diagnosis have risk plans and any risk plans for dementia include dosages of medications based on progressive symptoms. The QIDP will review all clients BSP's to ensure that medications and dosages for medications prescribed are included and any revisions needed will be made. The Program Manager will visit the home at least monthly to ensure that all BSP's are up to date</p>	

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	<p>neuroleptic drugs), (and) Dementia." Review of the client's 10/15 MAR/medication administration record indicated he was prescribed Sinemet (combination of Carbidopa/levodopa drugs) 25/100 milligrams/mg. twice daily and 50/200 mg. once daily to treat the client's movement disorder. The MAR indicated client #1 received donepezil (generic form of anti-Alzheimer's drug Aricept) 10 mg. daily for his diagnosis of dementia. The MAR indicated client #1 received diazepam (benzodiazepine) 2.5 mg in the morning and 5.0 mg. at night.</p> <p>Client #1's record review indicated a visit to the primary care physician on 9/4/15 wherein he was prescribed "compression hose (knee high) while up" with the diagnosis of "venous insufficiency." The record review indicated no care plan which addressed the "venous insufficiency" or the use and care of the compression hose (how to apply and launder them).</p> <p>The record included Care Plans dated 7/17/15 for dementia and EPS (Extrapyramidal Syndrome or side effects--drug induced movement disorders). The care plans did not include/name the drugs which client #1 was being prescribed for the dementia or the movement disorder (TD or EPS).</p>		<p>and include medication names and dosages for diagnoses they are prescribed. The nurse manager will visit the home at least monthly to ensure that all medical diagnosis have risk plans in place and include names of medications and dosages for those progressive disorders. The nurse will visit the home at least weekly to ensure that all medical appointments and consults are scheduled and completed.</p> <p>Measures to be put in place: The QIDP will be in-serviced on ensuring methodologies are included in individual support plans for support hose and all other adaptive equipment as necessary. The nurse will be in-serviced on developing, training and implementing risk plans for all medical diagnosis which includes required care of any adaptive equipment and including the names of drugs in risk plans for client's who are prescribed medications for dementia and tardive dyskinesia. Client #1 will have a risk plan developed, trained and implemented for venous insufficiency that will include care of support hose and risk plan for dementia will be revised to include the names of drugs prescribed for the diagnosis. The BSP for client #1 will be revised to include the dosages of drugs prescribed based on the signs/symptoms of the disorders they were prescribed. Client #1 will have</p>	

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	<p>Client #1's BSP (Behavior Support Plan) dated 7/17/15 (reviewed 10/06/15 10:50 AM) indicated client #1 received daily doses of Carbidopa/levodopa and donepezil to treat the signs/symptoms of mania (Bi Polar disorder), self injury and hitting others. The BSP listed these drugs along with withdrawal criteria based upon client #1's behavior rates. The client's BSP/ISP/Care Plans did not contain information in regards to the dosages of the drugs based on sign/symptoms of the progressive disorders for which they were prescribed.</p> <p>Client #1's record indicated a Human Rights Committee review of the BSP dated 9/6/15 which indicated the client's Carbidopa/levodopa medication would be monitored by the psychiatrist and the neurologist. The record review indicated no neurological consultation/assessment regarding the diagnoses of TD or dementia and the drugs Carbidopa/levodopa and donepezil.</p> <p>Interview with Program Director #1 on 10/06/15 at 12:00 PM indicated no neurological consultation for client #1.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/06/15 at 1:45 PM. QIDP #1 (acting for the facility's QIDP who was on medical</p>		<p>a neurological consultation scheduled to assess the diagnosis of tardive dyskinesia and dementia.</p> <p>Monitoring of Corrective Action: The QIDP and the nurse will review all client records to ensure that all medical diagnosis have risk plans and any risk plans for dementia include dosages of medications based on progressive symptoms. The QIDP will review all clients BSP's to ensure that medications and dosages for medications prescribed are included and any revisions needed will be made. The Program Manager will visit the home at least monthly to ensure that all BSP's are up to date and include medication names and dosages for diagnoses they are prescribed. The nurse manager will visit the home at least monthly to ensure that all medical diagnosis have risk plans in place and include names of medications and dosages for those progressive disorders. The nurse will visit the home at least weekly to ensure that all medical appointments and consults are scheduled and completed.</p> <p>Completion date: 11/05/2015</p>		

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W 0263 Bldg. 00	<p>leave) could not provide additional evidence regarding client #1's, BSP, Care Plans or the client's drug regimen.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 2 of 2 sampled clients who were prescribed psychotropic medication for behavior management (#1 and #2), the facility's HRC (Human Rights Committee/Specially Constituted Committee) failed to ensure clients #1 and #2's behavior management programs, which included the use of psychotropic medications, were conducted with their guardians' written informed consent.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 10/06/15 at 10:50 AM. Client #1's BSP (Behavior Support Plan) dated 7/17/15 indicated client #1 received daily doses of the following medications for behavior</p>	W 0263	<p>W263: The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Corrective Action: (Specific): The QIDP will be in-serviced on obtaining written informed consent for the use of all medications for behavior management. Client # 1 and #2 will have guardian written consent obtained for medications for behavior management. .</p> <p>How others will be identified: (Systemic): All client records will be reviewed to ensure that written</p>	11/05/2015

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	<p>management: Divalproex (anti-convulsant used for mood and behavior), olanzapine (anti-psychotic), quetiapine (anti-psychotic), and diazepam (benzodiazepine) used for "sleep disturbances." Client #1's ISP (Individual Support Plan) dated 7/17/15 indicated client #1 had a legal guardian.</p> <p>Client #1's record did not indicate documentation of client #1's guardian's written informed consent regarding the use of the medications for behavior management.</p> <p>2. Client #2's record was reviewed on 10/06/15 at 7:34 AM. Client #2's BSP dated 8/21/15 indicated client #2 received daily doses of Trazodone (anti-depressant) for behavior management. Client #2's ISP dated 8/21/15 indicated client #2 had a legal guardian.</p> <p>Client #2's record did not indicate documentation of client #2's guardian's written informed consent regarding client #2's use of Trazodone for behavior management.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/06/15 at 1:45 PM. QIDP #1 (acting for the facility's QIDP who was on medical</p>		<p>informed consent has been obtained for all medications used for behavior management. The Program Manager will visit the home at least monthly to ensure that all medications prescribed for behavior management have written informed consent from the guardian. All client plans will be reviewed during Behavior Review Committee to ensure that written informed consent has been obtained for all clients who have been prescribed medications for behavior management.</p> <p>Measures to be put in place: The QIDP will be in-serviced on obtaining written informed consent for the use of all medications for behavior management. Client # 1 and #2 will have guardian written consent obtained for medications for behavior management. .</p> <p>Monitoring of Corrective Action: All client records will be reviewed to ensure that written informed consent has been obtained for all medications used for behavior management. The Program Manager will visit the home at least monthly to ensure that all medications prescribed for behavior management have written informed consent from the guardian. All client plans will be reviewed during</p>	

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	leave) could not provide evidence regarding clients #1 and #2's guardians' written informed consent for their behavior medications. 9-3-4(a)		Behavior Review Committee to ensure that written informed consent has been obtained for all clients who have been prescribed medications for behavior management. Completion date: 11/05/15		