

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G106	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/27/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 4122 TRIPLE CROWN NEWBURGH, IN 47630
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W 000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 23, 24, 25, 26, 27, 2015</p> <p>Provider Number: 15G106 Aims Number: 100234140 Facility Number: 000643</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/4/15 by Ruth Shackelford, QIDP.</p>	W 000		
W 104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the governing body failed to exercise operating direction over the facility to provide a safe and clean environment for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8) living in the group home.</p> <p>Findings include:</p>	W 104	<p>W104</p> <p>- The governing body must exercise general policy, budget and operating direction over the facility.</p>	03/29/2015

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>An observation of clients #1, #2, #3, #4, #5, #6, #7 and #8 (at the group home) was done on 2/23/15 from 4:27p.m. to 6:29p.m. The observation included the following environmental condition: the bathroom, on the right side of the home, had a worn and buckled vinyl flooring; the living room tile floor had a worn area through the tile by the door and had a large piece of wall paneling missing; the kitchen had an island with the trim torn off and chipped edges; the dining room had a large white plastered area on the blue wall.</p> <p>Interview of staff #2 on 2/26/15 at 3:22p.m. indicated the bathroom was in need of remodeling and the home needed to be painted. Staff indicated the painting had been requested but had been told it was on a list facility repairs.</p> <p>9-3-1(a)</p>		<p>- The facility will ensure that the group home is in good condition including walls being repaired.</p> <p>-The facility will ensure that all holes in the wall will be repaired and painted.</p> <p>- Staff will be retrained on submitting a work order to the maintenance department if any item in the home is in need of repair or replacement.</p> <p>- Residential Manager will be trained on reporting any repairs in the home to maintenance, Clinical Supervisor, and Executive Director.</p> <p>-QIDP will be retrained on reporting any environmental issues during home audits on a</p>		

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W 312 Bldg. 00	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral		<p>monthly basis.</p> <p>-Clinical Supervisor will be retrained on reporting any environmental issues during home audits on a monthly basis.</p> <p>-Property Manager will be retrained on reporting to the Executive Director any environmental issues during home audits.</p> <p>Persons Responsible: Staff, Residential Manager, Clinical Supervisor, Property Manager, & Executive Director.</p>	

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	<p>part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#1) who took behavior control drugs, to ensure the behavior control medication was part of client #1's individual support plan (ISP)/behavior support plan (BSP) which included a plan of reduction.</p> <p>Findings include:</p> <p>Review of the record of client #1 was done on 2/26/15 at 2:57p.m. Client #1's 1/5/15 BSP indicated client #1's diagnosis included, but was not limited to, Resistive Depression. Physician's orders on 2/4/15 indicated client #1 received the behavior control medication Abilify. The BSP failed to include the behavior control medication in a plan which included withdrawal criteria.</p> <p>Interview of professional staff #1 on 2/26/15 at 3:22p.m. indicated client #1 did not have his current behavior control medication (Abilify) addressed in a plan of reduction.</p> <p>9-3-5(a)</p>	W 312	<p>W312</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>- An IDT will be completed with Client #1 to discuss any updates to their Individuals Support Plan, Behavioral Support Plan in regards to Anxiety and the use of behavioral medications.</p> <p>- An IDT will be completed with all individuals living in the home to ensure that appropriate reduction plans are</p>	03/29/2015			

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			<p>in place for all behavioral medications.</p> <p>-The Human Rights Committee will review any restrictions to Client #1's plan.</p> <p>-The QIDP will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication.</p> <p>-The Clinical Supervisor will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication.</p> <p>-Residential Manager will oversee through daily visits in the home to assure programs and objectives are implemented appropriately.</p>	

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W 436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.		-QIDP will oversee through monthly visits in the home to assure programs and objectives are implemented appropriately. -Clinical Supervisor will oversee through monthly visits in the home to assure programs and objectives are implemented appropriately. Persons Responsible: Residential Manager, QIDP, Clinical Supervisor, and Executive Director	

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	<p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#2) residing in the group home with adaptive equipment, to ensure client #2 was provided training on using his walker correctly.</p> <p>Findings include:</p> <p>An observation was done on 2/23/15 from 4:27p.m. to 6:29p.m. at the group home. The clients returned home at 4:34p.m. Client #2 used his walker to enter the group home. Client #2 picked up his walker and walked holding it in the air. Throughout the observation client #2 would hold his walker up in the air instead of scooting it on the ground. Client #2 received verbal prompts at 5:48p.m. from staff #2 to keep his walker on the ground. Staff #2 indicated client #2 often holds his walker up off the ground and walks without the aid of the walker.</p> <p>Record review for client #2 was done on 2/26/15 at 1:24p.m. Client #2 had a 1/5/15 individual support plan (ISP). The ISP for client #2 did not include any training for the correct use of his walker.</p> <p>Interview of professional staff #1 on 2/26/15 at 3:22p.m. indicated client #2 was to use his walker when ambulating.</p>	W 436	<p>W436</p> <ul style="list-style-type: none"> - The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by client. - All staff will be trained to prompt clients to use their adaptive equipment according to doctor's orders. As well as providing clients the opportunity to maintain their own adaptive equipment including, but not limited to; dentures, eyeglasses, hearing aids, braces and other communication aids. - All staff will be retrained on client #2 goals for proper use of walker and maintenance. - Residential Manger will be trained on providing clients the opportunity to maintain their own adaptive equipment including, but not limited to; dentures, eyeglasses, hearing aids, braces and other communication aids as well as training their staff to 	03/29/2015

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	<p>Staff #1 indicated client #2 would often lift his walker in the air and walk without the assistance of the walker. Staff #1 indicated client #2 did not have a training program in place to address his misuse of the walker. Staff #1 indicated client #2 was in need of a training program to learn the correct way to use his walker.</p> <p>9-3-7(a)</p>		<p>prompt clients to use their adaptive equipment according to doctors' orders.</p> <p>- Residential Manager will monitor through weekly daily to ensure that all clients have the opportunity to maintain their own adaptive equipment including, but not limited to; dentures, eyeglasses, hearing aids, braces and other communication aids as well as ensuring staff are prompting clients to use their adaptive equipment according to doctors' orders.</p> <p>- QIDP will monitor through monthly observations to ensure that all clients have the opportunity to maintain their own adaptive equipment including, but not limited to; dentures, eyeglasses, hearing aids, braces, as well as ensuring Residential Manager and staff are prompting clients to use their adaptive equipment according to doctors' orders.</p> <p>- Clinical Supervisor will monitor through monthly observations to ensure that all clients have the opportunity to maintain their own adaptive equipment including, but</p>	

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			<p>not limited to; dentures, eyeglasses, hearing aids, braces, as well as ensuring Residential Manager and staff are prompting clients to use their adaptive equipment according to doctors' orders.</p> <p>- An IDT meeting will be completed with client # 2 to the use of adaptive equipment according to doctors' orders. If the IDT deems that a goal is needed for use of adaptive equipment according to doctors' orders, a goal will be put into place and all staff and Residential Manger will be trained on the new goals for each client.</p> <p>- The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home.</p> <p>Persons Responsible: Staff, Residential Manger, QIDP, Clinical Supervisor & Executive Director.</p>	