

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G627	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/07/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 8044 DARTMOUTH RD INDIANAPOLIS, IN 46260
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 29, March 1, 2 and 7, 2012</p> <p>Facility Number: 001189 Provider Number: 15G627 AIM Number: 100245700</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/19/12 by Ruth Shackelford, 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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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 3 of 3 sampled clients (clients #1, #2 and #3), the facility failed to ensure the Qualified Mental Retardation Professional (QMRP) reviewed and revised as necessary the training objectives as specified in the Individual Program Plan (IPP).</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 3/1/12 at 12:50 PM. The Individualized Support Plan (ISP) dated 7/7/11 indicated client #1 had the following formal training goals:</p> <ol style="list-style-type: none"> 1. Say 20 words to communicate a want, need or emotion. 2. State the reason he takes his calcium pill. 3. Brush his teeth for two consecutive minutes. 4. Identify a quarter. 6. Rest his silverware on his plate between bites of food. 7. Write his name across a straight line. 8. Participate in an activity of his choice during leisure time. 	W0159	<p>CORRECTION: <i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</i></p> <p>Specifically, the QDDPD will be retrained regarding the need to revise clients' learning objectives as needed but no less than quarterly, and to request assistance from the Operations Team as needed. Training with the QDDPD will focus on time management and prioritization of essential tasks. PREVENTION: The Governing Body has modified the management model to include a Home Manager and QDDP to divide the professional and supervisory duties at the facility. Additionally, members of the Operations team will conduct periodic reviews of individual support plans and quarterly ISP reviews on an ongoing basis to assure the QDDP is monitoring progress on client's learning objectives and making appropriate modifications as needed. Responsible Parties: QDDPD, Operations Team</p>	04/06/2012	

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	<p>There was no QMRP review of the formal training goals after 4/29/11.</p> <p>The record review for client #2 was conducted on 3/1/12 at 11:11 AM. The ISP dated 4/20/11 indicated client #2 had the following formal training goals:</p> <ol style="list-style-type: none"> 1. Choose a physical exercise on his own. 2. Will brush his teeth. 3. Identify the name and one side effect of his Abilify medication. 4. Wash his entire body. 5. Participate in an activity of his choice. 6. Separate his colored clothing before placing them in the wash. <p>There was no QMRP review available for the above goals.</p> <p>The record review for client #3 was conducted on 3/1/12 at 2:02 PM. The ISP dated 10/9/11 indicated client #3 had the following formal training goals:</p> <ol style="list-style-type: none"> 1. Identify an appropriate solution to a problem. 2. Lay his utensils/cup down between each bite of food and each drink. 3. Prepare one item on menu once a week. 4. Hang his shirt properly on the hanger. 5. Complete a chosen relaxation technique for 10 consecutive minutes. 						

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	<p>6. Identify a side effect of his Risperdal medication.</p> <p>7. Combine various coins to equal the sum of one dollar.</p> <p>8. Brush his teeth.</p> <p>There was no QMRP review of the above goals.</p> <p>Interview with staff #2, Home Manager (HM) on 3/1/12 at 4:00 PM indicated she had not done the review of any of the clients' training goals since April, 2011. Staff #2, HM, indicated she knew the reviews needed to be done at least quarterly.</p> <p>9-3-3(a)</p>				

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 1 of 6 clients (client #5) receiving medication, the facility failed to ensure all the medications were administered per the physician's orders.</p> <p>Findings include:</p> <p>The medication administration was conducted on 3/1/12 starting at 6:00 AM. Staff #2, Home Manager (HM), checked the Medication Administration Record (MAR), checked the bubble pack against the MAR, popped the medication out of the bubble pack into a med cup and checked the MAR against the bubble pack again. Client #5 came to the medication area at 6:05 AM and received the following medications:</p> <ul style="list-style-type: none"> Claritin-D for allergies Wal-Tussin cough syrup for coughs Fiber Lax - Constipation Lisinopril - Hypertension Multivitamin - dietary supplement Risperidone - behavior <p>Client #5 took the above medications and left the medication area. Staff #2, HM, signed the MAR and put the bubble packs back into client #5's medicine basket.</p>	W0369	<p>CORRECTION: <i>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</i></p> <p>Specifically Staff number 2 will be retrained regarding the need to assure all medications –including liquid medications and suspensions— are administered as ordered. PREVENTION: The facility will conduct supervised medication administration sessions for all staff no less than quarterly. Additionally, members of the Operations Team will conduct periodic observations of medication administration sessions on an ongoing basis to assure staff administer medications without error.</p> <p>Responsible Parties: Support Associates, QDDPD, Operations Team, Health Services Team.</p>	04/06/2012

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	<p>The physician orders dated March 1 through March 31, 2012 were reviewed on 3/1/12 at 7:40 AM. The physician orders indicated client #5 was to receive Polyethylene Glycol (1 tablespoon in 8 ounces of water) for constipation at the morning medication pass.</p> <p>Interview with staff #2, HM on 3/1/12 at 8:45 AM indicated she forgot to give client #2 the Polyethylene Glycol and he should have gotten it when he was taking his other medications.</p> <p>9-3-6(a)</p>				