

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  01/06/2016
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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 0000  Bldg. 00	<p>This visit was for an investigation of Complaint #IN00186326.</p> <p>Complaint #IN00186326: Substantiated. Federal/State deficiency related to the allegation was cited at W186.</p> <p>Dates of Survey: 1/4, 1/5 and 1/6, 2016.</p> <p>Facility Number: 000643 AIM Number: 100234140 Provider Number: 15G106</p> <p>This federal deficiency reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 1/19/16 by #09182.</p>	W 0000		
W 0186  Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present</p>			

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>on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D) and 4 additional clients (E, F, G and H) the facility failed to provide sufficient direct care staff to manage and supervise the clients.</p> <p>Findings include:</p> <p>During observation at the group home on 1/5/16 between 6:30 PM and 7:40 PM, clients A, B, C, D, E, F, G and H were seated at the dining room table upon arrival. The house manager and the team lead were the staff on duty. Staff was observed assisting client F with a gait belt at all times while he was transferring in/out of a chair and while ambulating.</p> <p>Review of the facility's time cards for the group home for 10/25/15 - 11/5/15 and 12/5/15 - 12/11/15 was completed on 1/5/16 at 2:10 PM. The time cards indicated only one staff was on duty on 10/31/2015 from 6:00 PM until 8:55 PM. In regards to staffing on 12/10/15 the time cards indicated only one staff was on duty from 3:00 PM until 12:00 Midnight. Staff would be unable to pass medications in the med room and keep a watchful eye on client F as he has a</p>	W 0186	<p>W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>In order to correct the deficiency with W186:</p> <p>-The facility has a schedule assigned to each home that ensures proper deployment of staff. The schedule has been reviewed and remains appropriate.</p> <p>-Staff will be required to sign a copy of the schedule for their personnel files.</p> <p>-Residential Manager will be retrained on all job duties with specific attention to appropriate staffing for the home.</p> <p>-Staff will be retrained on proper supervision during all times</p> <p>-Residential manager will monitor through daily observations in the</p>	02/10/2016

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	<p>tendency to get up out of a chair with no advance warning.</p> <p>Review of the facility's reportable incident reports to BDDS (Bureau of Developmental Disabilities Services) on 1/4/16 at 10:15 AM indicated a BDDS report for 12/10/15. The report indicated client H's mother spoke with the local BDDS specialist and expressed concerns about staffing of the group home. The BDDS report indicated "[Client H's] mother came to the group home on 12/10/15 at 3:30 PM to pick up [client H]. [Name of Client H's Mother] states that only one staff (staff #2) was there and that all the clients were home at the time. When she brought [Client H] back to the group home at 7:30 PM, there was still only one staff (the group home manager) working in the home with the residents."</p> <p>Review of client's F's record on 1/5/16 at 10:59 AM indicated a Medical Consult Report from a local physical therapist's agency that indicated "Patient (client #F) would benefit from gait belt and assist of 1 when he is up and moving for safety."</p> <p>Interview with the Director of Nursing Services on 1/6/15 at 1:30 PM. She stated "the IDT (Interdisciplinary Team) met to discuss [Client F's] unsteady gait and,</p>		<p>group home.</p> <p>-QIDP will monitor through weekly observations in the group home.</p> <p>-Program Manager will monitor through monthly observations in the group home.</p> <p>Persons Responsible: Group Home Staff, Residential Manager, QIDP, Program Manager, Executive Director</p>	

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	<p>even though no physician order was obtained for the use of the gait belt, the team decided it best to utilize one (gait belt) at all times while the client is transferring in/out of a chair/sofa and also while ambulating." She also indicated it would be impossible for staff to effectively accomplish this when only one staff is on duty, especially if they (the staff) is conducting a medication pass. She also indicated two staff should be on duty every weekday evening when all clients are at the group home.</p> <p>Interview with the group home manager was completed on 1/5/16 at 7:20 PM. He stated "the group home should be staffed with 2 staff every weekday evening, as well as weekends and one staff through the night."</p> <p>This federal tag relates to complaint # IN00186326.</p> <p>9-3-3(a)</p>			

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