

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G422	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE 5843 N SHERMAN AVE INDIANAPOLIS, IN 46220		
(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	
W000000	<p>This visit was for a predetermined full annual recertification and state licensure survey.</p> <p>Dates of Survey: June 10, 11, 12 and July 11, 2013.</p> <p>Facility number: 000936 Provider number: 15G422 AIMS number: 100244610</p> <p>Surveyor: Kathy J. Wanner, QIDP.</p> <p>This federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/18/13 by Ruth Shackelford, QIDP.</p>	W000000			

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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W000312	<p>483.450(e)(2) DRUG USAGE 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. Based on record review and interview, the facility failed to include specific criteria as part of a plan of reduction for medication used for the management of behaviors and failed to include medications as part of the plan for 1 of 2 sampled clients (client #2) who was prescribed medications for management of behaviors.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 7/11/13 at 9:50 A.M. Client #2's Physician's Orders (PO) dated for July 2013 indicated he was prescribed Escitalopram (Lexapro) (anti-depressant) for Intermittent Explosive Disorder (IED), Risperidone (anti-psychotic) for IED, and Exelon (Alzheimer). Client #2's Behavior Support Plan (BSP) dated 8/28/12 indicated he had the targeted behaviors of verbal aggression, physical aggression, property destruction, self-injurious behaviors and excessive tobacco usage. Client #2's BSP did not include the use of Lexapro or Exelon. Client #2's BSP did</p>	W000312	<p>CORRECTION: <i>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. Specifically, Client #2's Behavior Support Plan will be updated to include short term and long term plans for the reduction of psychotropic medications.</i></p> <p>PREVENTION: The QIDP will be retrained on the development of Medication Reduction Plans. The retraining will focus on the need to target a specific medication for reduction, prioritize the order in which attempts will be made to reduce behavior controlling medications as well as the need to maintain current behavior data with which to determine the criteria for reduction attempts. Members of the Operations Team will review Behavior Support Plans as part of an ongoing internal audit process that will include assuring that behavior support programs include specific plans to reduce the use of behavior controlling</p>	08/10/2013			

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	<p>not include what specific behaviors/symptoms Lexapro and Exelon addressed. Client #2's BSP did not indicate what specific criteria needed to be achieved for Lexapro to be considered for a possible reduction.</p> <p>An interview was conducted with the facility Quality Assurance Manager (QAM) on 7/11/13 at 11:58 A.M. When asked about plans of reduction for behavior medication, the QAM stated, "Now that's a problem if there is not one. We have a new behavior consultant and things are changing, it must be a plan which has not been revised." The QAM indicated client #2's BSP would be coming up for revision, and he would address the need for plans of reduction and specific criteria to assess the effectiveness of medications with the program managers at the next meeting.</p> <p>9-3-5(a)</p>		<p>drugs. Operations Team members will conduct site visits that incorporate BSP reviews no less than monthly.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>		

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