

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G193	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/29/2013
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 13711 BENNETTSVILLE RD MEMPHIS, IN 47143		
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: October 16, 17, 18 and 29, 2013</p> <p>Facility Number: 000723 Provider Number: 15G193 Aim Number: 100234760</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed November 5, 2013 by Dotty Walton, 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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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 3 additional clients (clients #5, #6 and #7), the facility failed to maintain an accurate financial record for the clients' money kept in the home.</p> <p>Findings include:</p> <p>The financial records in the home were reviewed on 10/18/13 at 10:55 AM. The records did not show a reconciliation of deposits or withdrawals or current balance.</p> <ol style="list-style-type: none"> <li>Client #1's record indicated he had a deposit of a \$30.00 check and a \$5.25 check deposited into his home cash account. There was no beginning balance. The actual cash on hand was \$21.25.</li> <li>Client #2's record indicated he had a \$5.25 check deposited and withdrawals of \$2.93, \$ 0.95, \$4.31, and \$2.06. The actual cash on hand was \$ 0.09. There was no beginning balance.</li> <li>Client #3 did not have a beginning</li> </ol>	W000140	<p>W140: The facility must establish and maintain a system that assures a full and complete accounting of clients personal funds entrusted to the facility on behalf of clients. Corrective Action: (Specific): All staff will be in-serviced on the finance procedure in regards to client finances How others will be identified: (Systemic): The residential manager will review client finances daily to ensure that the finance procedure related to client finances is being followed appropriately. The program manager will review client finances at least weekly to ensure that the finance procedure related to client finances is being followed. Measures to be put in place: All staff will be in-serviced on the finance procedure in regards to client finances</p> <p>Monitoring of Corrective Action: The residential manager will review client finances daily to ensure that the finance procedure related to client finances is being followed appropriately. The program manager will review client finances at least weekly to ensure that the finance procedure related to client finances is being followed. Completion date: 11/28/13</p>	11/28/2013			

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	<p>balance. The record did show he had checks deposited of \$5.25 and \$30.00 and withdrawals of \$2.06 and \$10.00. The actual cash on hand was \$19.84.</p> <p>4. Client #4 did not have a beginning balance. The record did show checks were deposited of \$5.25 and \$30.00 and withdrawals of \$10.16 and \$9.84. The actual cash on hand was \$9.25.</p> <p>5. Client #5 did not have a beginning balance and his record showed a check deposit of \$50.00. There was no cash on hand.</p> <p>6. Client #6 did not have a beginning balance. The record did show checks deposited of \$40.00, \$5.25 and \$30.00. There were no withdrawals. The actual cash on hand was \$30.00.</p> <p>7. Client #7 did not have a beginning balance and showed no checks deposited. The actual cash on hand was \$ 0.60.</p> <p>Interview with staff #2 on 10/18/13 at 11:30 AM indicated she did not work in this home and could not explain why the clients' financial records were so "messed" up. Interview with Administrative staff #3 on 10/18/13 at 2:30 PM indicated they were aware the books were incorrect and they had tried to</p>						

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	<p>get them corrected. Administrative staff #3 indicated the residential manager, who was no longer with them, had brought a box of receipts to the office without any identification on them. Administrative staff #3 did indicate the \$5.25 check that was marked deposited should not have been included on the in house cash ledger. The \$5.25 check was for Special Olympics. Administrative staff #3 did indicate they had not brought any cash into the office with the books when they tried to update/correct the accounts.</p> <p>9-3-2(a)</p>			

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 3 of 4 sampled clients (clients #1, #2 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to review training objectives and make any necessary changes.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 10/17/13 at 10:13 AM. The record indicated client #1 had an ISP (Individual Support Plan) dated 11/5/12. The training objectives were as follows:</p> <ol style="list-style-type: none"> <li>1. Independently display understanding of budgeting.</li> <li>2. Separate his clothes into two piles.</li> <li>3. Throw away the trash in his bedroom daily.</li> <li>4. Identify 2 ingredients in completing a meal with staff assistance.</li> <li>5. State the name of the medication taken during medication pass.</li> <li>6. Brush his teeth with staff physical assistance.</li> </ol> <p>There was no indication in the record the QIDP had reviewed the data and made any changes since 11/5/12.</p>	W000159	<p>W159: Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional</p> <p>Corrective Action: (Specific): The Residential Manager will be in-serviced on reviewing all client program plans at least quarterly to evaluate progress toward goals and make necessary changes as indicated. All goals and progress toward goals will be reviewed and changes will be made as indicated. How others will be identified: (Systemic): The Program Manager will review all client programs at least weekly to ensure that quarterly reviews are scheduled and completed and any changes are implemented as indicated. Measures to be put in place: The Residential Manager will be in-serviced on reviewing all client program plans at least quarterly to evaluate progress toward goals and make necessary changes as indicated. All goals and progress toward goals will be reviewed and changes will be made as indicated. Monitoring of Corrective Action: The Program Manager will review all client programs at least weekly to ensure that quarterly reviews are</p>	11/28/2013			

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	<p>The record review for client #2 was conducted on 10/17/13 at 11:04 AM. The record indicated client #2 had an ISP dated 3/26/13. The training objectives were as follows:</p> <ol style="list-style-type: none"> <li>1. Every time he spends money, he will turn receipts into staff.</li> <li>2. Shave with verbal prompts.</li> <li>3. Mark his own medication sheet.</li> <li>4. Complete 20 minutes of exercising.</li> <li>5. Make a grocery list.</li> <li>6. Brush his teeth.</li> </ol> <p>There was no indication the QIDP had reviewed the data and made any changes since 3/26/13.</p> <p>The record review for client #4 was conducted on 7/12/13 at 10/17/13 at 11:53 AM. The record indicated client #4 had an ISP dated 7/12/13. The training objectives were as follows:</p> <ol style="list-style-type: none"> <li>1. Identify his "Divalproex."</li> <li>2. Brush his teeth daily.</li> <li>3. Prepare his own lunch sandwich.</li> <li>4. Learn the next dollar strategy.</li> <li>5. Bathe.</li> <li>6. Display pedestrian and safety skills.</li> </ol> <p>There was no indication the QIDP had reviewed the data and made any changes since 7/12/13.</p>		<p>scheduled and completed and any changes are implemented as indicated. Completion date: 11/28/13</p>				

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	<p>Interview with Administrative staff #2 on 10/18/13 at 2:00 PM indicated there was no documentation the data sheets had been reviewed and any changes made.</p> <p>9-3-3(a)</p>			

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W000250	<p>483.440(d)(2) PROGRAM IMPLEMENTATION</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on observation, record review and interview for 2 of 4 sampled clients (clients #1 and #3), the facility failed to provide and active treatment schedules for the time they did not attend their day programs.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 10/17/13 at 10:13 AM. The active treatment schedule (undated) indicated client #1 attended a day program on Monday through Friday from 9:00 AM to 4:00 PM.</p> <p>The record review for client #3 was conducted on 10/17/13 at 1:20 PM. The active treatment schedule (undated) indicated client #3 attended a day program on Monday through Friday from 9:00 AM to 4:00 PM.</p> <p>During the observation period on 10/17/13 from 6:00 AM to 2:30 PM client #3 was observed getting on the van with clients #2, #4, #5, #6 and #7 at 7:45 AM to go to his day program. Client #1 indicated he was not going to day</p>	W000250	<p>W250: The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Corrective Action: (Specific): The Residential Manager will be in-serviced on the development of active treatment schedule outlines structured around each consumers work program and daily active treatment goals. The Residential Manager will be in-serviced on having all client active treatment schedule outlines readily available for all staff to review. Active treatment schedule outlines will be developed for clients #1 and client #3 as well as all other clients in the home. How others will be identified: (Systemic): The Program Manager will review all client's active treatment schedule outlines at weekly visits to the home to ensure that they are in place for all individuals, are structured around each client's work program and daily active treatment goals and are readily available for all staff to access and review. The Program Manger will also ensure at the weekly home visits that all client active treatment schedules are</p>	11/28/2013	

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	<p>program because of surgery. Client #1 did go on the van with his peers but returned to the home at 9:00 AM. Client #1 and staff #2 and #3 left at 11:30 AM to go to day program to pick up client #3.</p> <p>Interview with staff #2 on 10/17/13 at 7:30 AM indicated client #1 and #3 did not attend a full day at the workshop. Staff #2 indicated client #3 went to work in the mornings and client #1 went in the afternoons. Staff #2 indicated they did not have an active treatment schedule for the time they did not attend the workshop.</p> <p>9-3-4(a)</p>		<p>consistent and based on the needs of each client. Measures to be put in place: The Residential Manager will be in-serviced on the development of active treatment schedule outlines structured around each consumers work program and daily active treatment goals. The Residential Manager will be in-serviced on having all client active treatment schedule outlines readily available for all staff to review. Active treatment schedule outlines will be developed for clients #1 and client #3 as well as all other clients in the home. Monitoring of Corrective Action: The Program Manager will review all client's active treatment schedule outlines at weekly visits to the home to ensure that they are in place for all individuals, are structured around each client's work program and daily active treatment goals and are readily available for all staff to access and review. The Program Manger will also ensure at the weekly home visits that all client active treatment schedules are consistent and based on the needs of each client.</p> <p>Completion date: 11/28/13</p>		

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (client #4), nursing services failed to amend the diet plan as recommended by the physician.</p> <p>Findings include:</p> <p>The record review for client #4 was conducted on 10/17/13 at 11:53 AM. The record included a Dining Plan dated 10/3/13 which indicated client #4 was to receive "Boost" (a dietary supplement) one can twice daily. The record included a physician's order dated 12/11/12 indicating client #4 was to have the "Boost" dropped to 1 can per day.</p> <p>Interview with staff #6, LPN (Licensed Practical Nurse), on 10/17/13 at 12:30 PM indicated the dining plan should have been changed to indicate only 1 can of "Boost" per day.</p> <p>9-3-6(a)</p>	W000331	<p>W331: The facility must provide clients with nursing services in accordance with their needs. Corrective Action: (Specific): The nurse will be in-serviced on amending all client nursing risk plans and dining plans according to physician's orders and client needs. Client #4's dining plan will be revised to include current orders prescribed by the physician. How others will be identified: (Systemic): The Residential Manager and the nurse will review all client dining plans and risk plans at least weekly to ensure that all client risk plans and dining plans are current and reflect client needs and include any physician orders as indicated. The Program Manager will review all client dining plans and risk plans at least monthly to ensure that all client risk plans and dining plans are current and reflect client needs and include any physician orders as indicated. Measures to be put in place: The nurse will be in-serviced on amending all client nursing risk plans and dining plans according to physician's orders and client needs. Client #4's dining plan will be revised to include current orders prescribed by the physician. Monitoring of Corrective Action: The Residential Manager and the</p>	11/28/2013	

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			nurse will review all client dining plans and risk plans at least weekly to ensure that all client risk plans and dining plans are current and reflect client needs and include any physician orders as indicated. The Program Manager will review all client dining plans and risk plans at least monthly to ensure that all client risk plans and dining plans are current and reflect client needs and include any physician orders as indicated. Completion date: 11/28/13		

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 3 additional clients (clients #5, #6 and #7), the facility failed to conduct evacuation drills quarterly for each shift of personnel.</p> <p>Findings include:</p> <p>The record review of evacuation drills was conducted on 10/17/13 at 9:48 AM. The facility was unable to provide documentation evacuation drills had been conducted on the 1st shift (6:00 AM to 2:00 PM) after 5/29/13. There was no record a drill had been conducted for clients #1, #2, #3, #4, #5, #6 and #7 in June, July, August, September, October, November and December, 2013 on 1st shift. The overnight shift (12 midnight to 6:00 AM) had only one drill on 6/21/13. There was no record of a drill being conducted for clients #1, #2, #3, #4, #5, #6 and #7 in January, February, March, April, May, July, August, September, October, November and December, 2013 on the overnight shift.</p> <p>Interview with Administrative staff #3 on 10/17/13 at 1:00 PM indicated there were no other drills available for review.</p>	W000440	<p>W440: The facility must hold evacuation drills at least quarterly for each shift of personnel. Corrective Action: (Specific): The Residential Manager will be in-serviced on the completed of evacuation drills at least quarterly for each shift of personnel. How others will be identified: (Systemic): The Quality Assurance Department will track all evacuation drills to ensure that the Residential Manger is holding evacuation drills at least quarterly for each shift of personnel. The Program Manager will review all evacuation drills at least monthly to ensure that evacuation drills are completed at least quarterly for each shift of personnel. Measures to be put in place: The Residential Manager will be in-serviced on the completed of evacuation drills at least quarterly for each shift of personnel. Monitoring of Corrective Action: The Quality Assurance Department will track all evacuation drills to ensure that the Residential Manger is holding evacuation drills at least quarterly for each shift of personnel. The Program Manager will review all evacuation drills at least monthly to ensure that evacuation drills are completed at least quarterly for each shift of personnel.</p> <p>Completion date: 11/28/13</p>	11/28/2013			

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