

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G241	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/14/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 651 SOUTH 100 EAST WASHINGTON, IN 47501
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 11, 12, 13 and 14, 2012.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 000764 AIM Number: 100234870 Provider Number: 15G241</p> <p>The following deficiencies also reflect findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 12/21/12 by Tim Shebel, 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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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, for 1 of 8 incidents reviewed (client #4), the facility failed to ensure an episode of choking was fully investigated to ascertain the actual events to facilitate corrective measures.</p> <p>Findings include:</p> <p>Review of facility incident reports on 12/11/12 at 12:38 PM indicated an episode of choking with client #4 on 6/02/12, which was said to have been a "full airway blockage." The incident report made by the Director of Quality Assurance on 6/2/12 indicated client #4 was eating dinner on 6/02/12 at 6:00 PM when she "experienced a full airway blockage. Staff administered abdominal thrusts and dislodged the blockage. [Client #4] was transported to the (name) Hospital ER (emergency room) where she was evaluated and found to have no injuries with chest x-ray showing no concerns. She was released back to the group home with no recommendations." The plan to resolve component of the incident report indicated, "[Client #4] has a dining plan which was being followed at the time of the incident; food was</p>	W0154	<p>Corrective action:</p> <ul style="list-style-type: none"> Clinical Supervisor has been inserviced on investigations, including accurate documentation (Attachment A). Staff have been inserviced on dining plans, including modified diets and adaptive equipment. (Attachment B). <p>How we will identify others:</p> <p>Operation Manager and Quality Assurance Director will review incident reports to ensure investigations have been completed, if required.</p> <p>Measures to be put in place:</p> <p>Active treatment observations (Attachment C) will be performed weekly by Clinical Supervisors. Nursing observations will be completed quarterly to ensure that dining plans are</p>	01/07/2013			

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	<p>prepared according to (sic.) dining plan and staff were attending and providing prompts as indicated." The incident report indicated the client would be placed on a pureed diet pending the results of a swallow study as a precaution and her current dining plan would be reviewed. The incident report follow-up dated 6/11/12 (reviewed on 12/11/12 at 12:38 PM) indicated client #4 received a modified barium swallow study on 6/11/12 and the recommendation was for a mechanical soft #2 diet using small utensils. The incident documents contained an emergency room report dated 6/2/12 wherein the physician documented the client was being seen because she "choked on pizza." None of the facility incident reports indicated client #4 had choked while eating pizza. There was no investigation included with the incident reports.</p> <p>Review (12/12/12 9:15 AM) of client #4's record indicated an individual support plan/ISP and a dining plan/DP both dated 9/4/12. The dining plan indicated client #4 was at risk for choking due to her behaviors of eating too fast, taking big bites, and not pausing between bites of food before proceeding to the next one. The DP indicated the diet texture was a mechanical #2 soft diet with ground meat. The foods were to be of a soft texture</p>		<p>being followed (Attachment D).</p> <p>Monitoring of Corrective Action: Operation's Manager and Director of Health Services will review active treatment observations and nursing observations. Best in Class reviews will be completed periodically to ensure that investigations are completed, if required.</p>				

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	<p>which did not require chewing. Fruits/vegetables were to be soft and cut into 1/2 inch pieces. Breads should be cut into 1 inch squares and other bread items, (crackers, biscuits, buns, cookies) were to be broken "at table side" and "may need to be soaked."</p> <p>Interview with Quality Assurance Staff #1 on 12/14/12 at 2:46 PM indicated there had not been an investigation of the 6/02/12 incident because no evidence of staff to client neglect had been found. the incident was witnessed and client #4 was receiving a modified diet according to her plan.</p> <p>Interview with Clinical Supervisor staff #1 on 12/14/12 at 2:50 PM indicated client #4's diet had been a mechanical #2 chopped/soft diet at the time of the incident on 6/02/12 and the swallow study had recommended the same diet. Client #4's diet was appropriate before and after the incident. Clinical Supervisor #1 was asked if she had explored why, given client #4 was said to be eating the appropriate diet at the time, she had choked on a piece of pizza. Clinical Supervisor #1 could not offer evidence the incident had been fully investigated to learn if staff adequately supervised the client to eat slowly and take small bites or if the pizza was appropriately altered</p>				

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	(moistened crust) 9-3-2(a)			

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W0214	<p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to have the client's needs in regards to her visual deficits assessed for supports to aid in her skill acquisition and independence.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of 12/11/12 from 4:30 PM until 6:15 PM, the evening meal was observed. Client #3 spent her time in her bedroom listening to music except when she had medications and ate the evening meal. According to observation and interview with staff #1 (12/11/12 4:30 PM), client #3 was blind. Client #3 did not participate in group activities in the living/dining room area. At 5:30 PM, staff #5 led client #3 by the hand to the dining table for the meal. Staff prepared client #3's food in a high sided divided dish for her. Client #'s beverages were poured for her. The client ate quickly, not finishing her food and went back to her bedroom. The client used an adaptive dish for meals, but did not use any adaptive equipment or supports for accessing her</p>	W0214	<p>Corrective action:</p> <ul style="list-style-type: none"> · Active Treatment Schedule was updated to include new goals to meet the needs of client #3 (Attachment E) · A dining plan and mealtime safety goal has been implemented for client #3 and staff has been inserviced (Attachment F). · Staff has been inserviced on custodial care and active treatment (Attachment G). · Client #3 was referred for a consultation for a visual OT specialist. Appointment Thursday 01/10/13 (Attachment H). <p>How we will identify others:</p> <p>Nursing Coordinators will review High Risk Plans, Dining Plans, and ensure clients' needs are being met.</p>	01/07/2013			

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	<p>environment.</p> <p>Review (12/12/12 10:31 AM) of client #3's record indicated an individual support plan/ISP dated 5/25/12. The ISP and accompanying assessments indicated no evaluation by an expert in visual deficits (blindness) with recommendations for programming for client #3.</p> <p>Interview with staff #5 on 12/11/12 at 5:45 PM indicated client #3 did not sit at the dining table for long periods with the other clients and did not eat a lot. The client preferred listening to music in her bedroom and could become agitated if the other clients were loud.</p> <p>Clinical Supervisor staff #1 on 12/12/12 at 1:30 PM indicated client #3 was getting used to being in a facility with 7 other peers. the interview indicated she had been seen by an occupational therapist who recommended a massaging/vibrating tool to increase her tolerance to sensory input. There had not been an evaluation by someone with expertise in visual deficits with recommendations to build programming for client #3.</p> <p>9-3-4(a)</p>		<p>Measures to be put in place: IDT will complete quarterly review to ensure clients needs are being met (Attachment K).</p> <p>Monitoring of Corrective Action: Operation's Manager and Director of Health Services will review active treatment observations and nursing observations. Best in Class reviews will be completed periodically to ensure that dining plans and modified diets are being followed and adaptive equipment documented.</p>		

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W0240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#3 and #4), the facility failed to ensure methods for addressing clients' refusals for evaluations were included in their program plans.</p> <p>Findings include:</p> <p>Review (12/12/12 9:15 AM) of client #4's record indicated an individual support plan/ISP dated 9/4/12. The record review indicated client #4 refused a mammogram and a pap test on 11/29/11. The client's program plans contained no methods to assist the client with being more comfortable with medical examinations.</p> <p>Review (12/12/12 10:31 AM) of client #3's record indicated an individual support plan/ISP dated 5/25/12. The record review indicated client #3 refused an audio examination on 5/25/12. A letter from her dentist dated 4/18/12 indicated she had been treated on 3/4/11 in an out patient surgery center under sedation due to her behaviors which had occurred when office treatments were attempted. The ISP contained no methods to use to help client #3 be more compliant and less agitated with medical evaluations.</p>			W0240	<p>Corrective action: Desensitization goal has been implemented for Client #3 and #4, staff have been inserviced (Attachment I) (Attachment E).</p> <p>How we will identify others: Nursing coordinators will review medical appointments to ensure that appointments were kept and orders have been followed.</p> <p>Measures to be put in place: Nursing Coordinators will visit homes weekly and review charts. Nursing Coordinators will complete weekly visit checklist (Attachment J).</p> <p>Monitoring of Corrective Action: Director of Health Services will review medical</p>		01/07/2013

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	<p>Interview with Clinical Supervisor staff #1 on 12/12/12 at 1:30 PM indicated the clients had issues with certain medical evaluations and desentization programs to assist them had not yet been formulated.</p> <p>9-3-4(a)</p>		<p>appointments, nursing notes, and checklist to ensure that all have been followed.</p>				

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure the client's mealtime program was implemented consistently.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of 12/11/12 from 4:30 PM until 6:15 PM, the evening meal was observed. At 5:35 PM, staff #3 placed a plate of mechanically altered (chopped) food before client #4 at the dining table. Client #4 began consuming the food before staff #3 sat between her and client #3. Client #4 took additional bites of food before clearing her mouth of the previous bite. Client #4 would spoon bites of food and lower her spoon, but did not place it on her plate/table consistently. Staff #3 rose from the table at 5:39 PM while client #4 continued to eat. Client #4 required verbal prompts to take sips of fluids while eating. On 12/12/12 at 12:00 PM, client #4 was observed to have lunch at her day</p>	W0249	<p>Corrective action: · Client #4 Dining plan, including modification of diet has been inserviced with staff and workshop staff (Attachment B). How we will identify others: Clinical Supervisors will review dining plans, and adaptive equipment is documented (Attachment C). Clinical supervisors will review staff training to ensure staff are trained. Measures to be put in place: A weekly Nursing Coordinator checklist has been implemented (Attachment J) Clinical Supervisors will perform weekly active treatment observations (Attachment C) to ensure diet plans including modification of diets are being followed. Monitoring of Corrective Action: Operation's Manager and Director of Health Services will review active treatment observations and nursing observations. Best in Class reviews will be completed periodically to ensure that dining plans and modified diets are being followed.</p>	01/07/2013			

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	<p>program. The client was eating a lunch of egg salad sandwich and fruit salad prepared for her by residential staff. The sandwich had not been thoroughly cut-up; there were large pieces of soft white bread in the egg mixture. Client #4 ate a fruit salad of banana slices and pieces of peaches. Some of the peach pieces would not fit on her spoon (were larger than 1/2 inch) and client #4 made no attempt to cut the peaches or the bread with her spoon. Day program staff #10 assisted client #4 to cut the food into small, bite sized pieces. The DP (dining plan) indicated, "Supervision 1:1 (one to one staffing) at meals."</p> <p>Review (12/12/12 9:15 AM) of client #4's record indicated an individual support plan/ISP and a dining plan/DP both dated 9/4/12. The dining plan indicated client #4 was at risk for choking due to her behaviors of eating too fast, taking big bites, and not pausing between bites of food before proceeding to the next one. The DP indicated the diet texture was a mechanical #2 soft diet with ground meat. The foods were to be of a soft texture which did not require chewing. Fruits/vegetables were to be soft and cut into 1/2 inch pieces. Breads should be cut into 1 inch squares and other bread items, (crackers, biscuits, buns, cookies) were to be broken "at table side" and "may need</p>						

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	<p>to be soaked."</p> <p>Interview with Clinical Supervisor staff #1 on 12/12/12 at 1:00 PM indicated the facility staff responsible for making client #4's lunch should ensure the foods were altered into bite sized pieces. The peaches provided in client #4's lunch were too big if they required more cutting. The interview indicated client #4 was at risk for choking due to her behaviors of over filling her mouth, eating fast and being edentulous. The interview indicated client #4 required a mechanically altered/chopped diet and monitoring during meals.</p> <p>9-3-4(a)</p>						