

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G465	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/09/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 6025 BUCKSKIN CT INDIANAPOLIS, IN46250
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey dates: 1/3/12, 1/4/12, 1/5/12, 1/6/12 and 1/9/12.</p> <p>Facility Number: 000979 Provider Number: 15G465 AIMS Number: 100244860</p> <p>Survey Team: Keith Briner, Medical Surveyor III/QMRP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/13/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0125	<p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (#2, #3, #4) plus 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure the clients' rights were not violated by the use door alarms without due process through assessment of individual need.</p>	W0125	<p>CORRECTION: <i>The facility must ensure that the rights of all clients. Therefore the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints and the right to due process. Specifically, the facility's</i></p>	02/08/2012

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>Findings include:</p> <p>Observations were conducted at the group home on 1/3/12 from 4:45 PM through 6:15 PM. Clients #2, #3, #4, #5, #6, #7 and #8 were present in the group home throughout the observation period. At 4:45 PM upon entering the front door of the group home an alarm was activated with the opening of the front door. When the door was shut the alarm was deactivated. When Program Director (PD) #1 and staff #1 entered the group home through the front door at 5:00 PM, an alarm sounded each time the door was opened. When clients #3 and #8 entered the group home garage through a door located in the group home laundry area at 5:30 PM, an alarm sounded each time the door was opened.</p> <p>Observations were conducted at the group home on 1/4/12 from 6:30 AM through 8:15 AM. Clients #2, #3, #4, #5, #6, #7 and #8 were present in the group home throughout the observation period. At 4:45 PM upon entering the front door of the group home an alarm was activated with the opening of the front door. When the door was shut the alarm was deactivated. The front door alarm also sounded when PD #1, staff #2, clients #2, #3, #4, #5, #6, #7 and #8 exited the home to leave for day services.</p>		<p>door alarms have been removed. PREVENTION: Professional staff will be retrained regarding the expectation to periodically review the need for rights restrictions as well as the need to restore previously restricted rights when clients' health and safety is no longer at risk. Members of the Operations Team will perform periodic audits of the facility on an ongoing basis to assure rights are not restricted without appropriate due process. Responsible Parties: QDDPD, Support Associates, Operations Team</p>				

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	<p>Client #2's record was reviewed on 1/4/12 at 2:10 PM. Client #2's Individual Support Plan (ISP) dated 4/4/11 did not indicate client #2 needed/required the use of door alarms. Client #2's Behavior Support Plan (BSP) dated 4/4/11 did not indicate client #2 needed/required the use of door alarms. Client #2's Human Rights Committee (HRC) form dated 4/6/11 indicated the committee approved the use of door alarms in the group home.</p> <p>Client #3's record was reviewed on 1/4/12 at 10:01 AM. Client #3's ISP dated 6/3/11 did not indicate client #3 needed/required the use of door alarms. Client #3's BSP dated 6/1/11 did not indicate client #3 needed/required the use of door alarms. Client #3's HRC form dated 11/18/11 indicated the committee approved the use of door alarms in the group home.</p> <p>Client #4's record was reviewed on 1/5/12 at 11:11 AM. Client #4's ISP dated 6/1/11 did not indicate client #4 needed/required the use of door alarms. Client #4's BSP dated 6/1/11 did not indicate client #4 needed/required the use of door alarms. Client #4's HRC form dated 11/18/11 indicated the committee approved the use of door alarms in the group home.</p> <p>Client #5's record was reviewed on 1/3/12</p>			

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	<p>at 3:00 PM. Client #5's HRC form dated 1/8/11 indicated the committee approved the use of door alarms in the group home. Client #5's CFA (Comprehensive Functional Assessment) dated 10/6/11 did not indicate client #5 had demonstrated elopement behaviors.</p> <p>Client #6's record was reviewed on 1/3/12 at 3:10 PM. Client #6's HRC form dated 3/18/11 indicated the committee approved the use of door alarms in the group home. Client #6's BSP dated 3/18/11 did not indicate client #6 needed/required the use of door alarms.</p> <p>Client #7's record was reviewed on 1/3/12 at 3:15 PM. Client #7's HRC form dated 11/8/11 indicated the committee approved the use of door alarms in the group home. Client #7's ISP dated 9/8/11 did not indicate client #7 needed/required the use of door alarms.</p> <p>Client #8's record was reviewed on 1/3/12 at 3:20 PM. Client #8's HRC form dated 1/18/11 indicated the committee approved the use of door alarms in the group home. Client #8's BSP dated 1/18/11 did not indicate client #8 needed/required the use of door alarms.</p> <p>Interview with staff #3 on 1/3/12 at 5:40 PM indicated clients #2, #3, #4, #5, #6, #7</p>			

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	<p>and #8 had not demonstrated any incidents of elopement. When asked if the alarm was disruptive to the clients, staff #3 stated, "Oh, yes! The clients hate it. [Client #3] likes to go out into the garage to play on his computer but he really feels nervous about opening the door to the garage and setting off the alarm. [Client #7] gets nervous too when the alarm goes off and says that he 'doesn't like that thing.' I think it's disruptive at night too when the night shift comes into the house it wakes them up. I know [client #7] tries to sneak to the door and shut the alarm off whenever staff isn't paying attention."</p> <p>Administrative staff (AS) #1 was interviewed on 1/5/12 at 11:40 AM. AS #1 indicated clients #2, #3, #4, #5, #6, #7 and #8 had not demonstrated any incidents of elopement. AS #1 indicated the use of door alarms was considered a rights restriction.</p> <p>Client #2 was interviewed on 1/5/12 at 2:45 PM. Client #2 stated, "I don't like the alarm. It's too loud."</p> <p>Interview with day services staff #1 on 1/5/12 at 2:40 PM indicated she was unaware of any elopement behaviors from clients #6, #8, #4 and/or #2.</p> <p>9-3-2(a)</p>				

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W0217	<p>The comprehensive functional assessment must include nutritional status.</p> <p>Based on observation, record review and interview for 1 additional client (#7), the facility failed to ensure the client had a current chewing/swallowing assessment.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/3/12 from 4:45 PM through 6:15 PM. At 5:25 PM through 6:05 PM client #7 participated in the group home's family style dining with his peers. Throughout the meal client #7 was prompted by staff #3 and AS (Administrative Staff) #1 to put down his fork between his bites of food, count to five and take a drink of water before placing more food in his mouth. When prompted to do so, client #7 put down his fork, counted to five and took a drink of water between bites of his meal. Throughout the meal client #7 coughed and made gagging/gurgling sounds between each bite of food that he consumed.</p> <p>Client #7's record was reviewed on 1/5/12 at 11:56 AM. Client #7's ISP (Individual</p>	W0217	<p>CORRECTION: <i>The Comprehensive Functional Assessment must include nutritional status.</i> Specifically, the team assisted Client #7 with obtaining a swallow study and Client #7's diet has been modified per the results. Additionally, staff have been trained on implementation of Client #7's modified texture diet.</p> <p>PREVENTION: Professional staff will be trained on the need to monitor active treatment sessions, including but not limited to family style dining, on an ongoing basis to observe for indications that specialized assessment is indicated and to bring all elements of the team together to provide for the health, safety and independence of all clients. Members of the Operations Team will perform periodic reviews of active treatment sessions and assessment data on an ongoing basis to assure the facility provides comprehensive assessment of all clients. Responsible Parties: QDDPD, Support Associates, Operations Team</p>	02/08/2012

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	<p>Support Plan) dated 9/9/11 indicated staff were to prompt client #7 to count to five between his bites of food and to slow down his pace of eating. Client #7's ISP indicated client #7 would eat his meal without swallowing his food. Client #7's record did not indicate an assessment of the client's current chewing and swallowing abilities.</p> <p>Interview with staff #1 on 1/3/12 at 5:30 PM indicated client #7 needed to be prompted to slow down his rate of consumption or he would swallow his food without chewing. Staff #1 indicated client #7 was on a regular diet with regular consistency of food and drink.</p> <p>Interview with administrative staff #1 on 1/5/12 at 12:45 PM indicated client #7 needed to be scheduled for a swallow study.</p> <p>Interview with day services team leader #1 on 1/5/12 at 2:45 PM indicated client #7's meals while at the day services are monitored and he is prompted to slow his rate of consumption down but he continues to cough and make gagging sounds.</p> <p>9-3-4(a)</p>				

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W0264	<p>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (#2, #3, #4) plus 4 additional clients (#5, #6, #7 and #8), the facility's HRC (Human Rights Committee) failed to ensure the facility practice of door alarms was not approved without due process of individual client needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/3/12 from 4:45 PM through 6:15 PM. Clients #2, #3, #4, #5, #6, #7 and #8 were present in the group home throughout the observation period. At 4:45 PM upon entering the front door of the group home an alarm was activated with the opening of the front door. When the door was shut the alarm was deactivated. When Program Director (PD) #1 and staff #1 entered the group home through the front door at 5:00 PM, an alarm sounded each time the door was opened. When clients #3 and #8 entered the group home garage through a door</p>	W0264	<p>CORRECTION: <i>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, timeout rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee needs to be addressed.</i></p> <p>Specifically, the Operations Team will provide the human rights committee with a written review of the role of the committee, including but not limited to protecting the rights of all clients living in the facility, when a the interdisciplinary team proposes a restriction for one client that will affect the rights of other individuals residing at the facility.</p> <p>PREVENTION: Members of the Operations team will conduct quarterly face to face reviews of committee expectations and provide guidance as needed during conference calls between formal Human Rights Committee meetings. Responsible Parties: QDDPD, Support Associates, Operations Team</p>	02/08/2012

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	<p>located in the group home laundry area at 5:30 PM, an alarm sounded each time the door was opened.</p> <p>Observations were conducted at the group home on 1/4/12 from 6:30 AM through 8:15 AM. Clients #2, #3, #4, #5, #6, #7 and #8 were present in the group home throughout the observation period. At 4:45 PM upon entering the front door of the group home an alarm was activated with the opening of the front door. When the door was shut the alarm was deactivated. The front door alarm also sounded when PD #1, staff #2, clients #2, #3, #4, #5, #6, #7 and #8 exited the home to leave for day services.</p> <p>Client #2's record was reviewed on 1/4/12 at 2:10 PM. Client #2's Individual Support Plan (ISP) dated 4/4/11 did not indicate client #2 needed/required the use of door alarms. Client #2's Behavior Support Plan (BSP) dated 4/4/11 did not indicate client #2 needed/required the use of door alarms. Client #2's Human Rights Committee (HRC) form dated 4/6/11 indicated the committee approved the use of door alarms in the group home.</p> <p>Client #3's record was reviewed on 1/4/12 at 10:01 AM. Client #3's ISP dated 6/3/11 did not indicate client #3 needed/required the use of door alarms. Client #3's BSP</p>				

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	<p>dated 6/1/11 did not indicate client #3 needed/required the use of door alarms. Client #3's HRC form dated 11/18/11 indicated the committee approved the use of door alarms in the group home.</p> <p>Client #4's record was reviewed on 1/5/12 at 11:11 AM. Client #4's ISP dated 6/1/11 did not indicate client #4 needed/required the use of door alarms. Client #4's BSP dated 6/1/11 did not indicate client #4 needed/required the use of door alarms. Client #4's HRC form dated 11/18/11 indicated the committee approved the use of door alarms in the group home.</p> <p>Client #5's record was reviewed on 1/3/12 at 3:00 PM. Client #5's HRC form dated 1/8/11 indicated the committee approved the use of door alarms in the group home. Client #5's CFA (Comprehensive Functional Assessment) dated 10/6/11 did not indicate client #5 had demonstrated elopement behaviors.</p> <p>Client #6's record was reviewed on 1/3/12 at 3:10 PM. Client #6's HRC form dated 3/18/11 indicated the committee approved the use of door alarms in the group home. Client #6's BSP dated 3/18/11 did not indicate client #6 needed/required the use of door alarms.</p> <p>Client #7's record was reviewed on 1/3/12</p>				

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	<p>at 3:15 PM. Client #7's HRC form dated 11/8/11 indicated the committee approved the use of door alarms in the group home. Client #7's ISP dated 9/8/11 did not indicate client #7 needed/required the use of door alarms.</p> <p>Client #8's record was reviewed on 1/3/12 at 3:20 PM. Client #8's HRC form dated 1/18/11 indicated the committee approved the use of door alarms in the group home. Client #8's BSP dated 1/18/11 did not indicate client #8 needed/required the use of door alarms.</p> <p>Interview with staff #3 on 1/3/12 at 5:40 PM indicated clients #2, #3, #4, #5, #6, #7 and #8 had not demonstrated any incidents of elopement. When asked if the alarm was disruptive to the clients, staff #3 stated, "Oh, yes! The clients hate it. [Client #3] likes to go out into the garage to play on his computer but he really feels nervous about opening the door to the garage and setting off the alarm. [Client #7] gets nervous too when the alarm goes off and says that he 'doesn't like that thing.' I think it's disruptive at night too when the night shift comes into the house it wakes them up. I know [client #7] tries to sneak to the door and shut the alarm off whenever staff isn't paying attention."</p> <p>Administrative staff (AS) #1 was</p>				

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W0268	<p>interviewed on 1/5/12 at 11:40 AM. AS #1 indicated clients #2, #3, #4, #5, #6, #7 and #8 had not demonstrated any incidents of elopement. AS #1 indicated the use of door alarms was considered a rights restriction. AS #1 indicated the alarms were put in place due to a housemate's elopement behavior.</p> <p>Client #2 was interviewed on 1/5/12 at 2:45 PM. Client #2 stated, "I don't like the alarm. It's too loud."</p> <p>Interview with day services staff #1 on 1/5/12 at 2:40 PM indicated she was unaware of any elopement behaviors from clients #6, #8, #4 and/or #2.</p> <p>9-3-4(a)</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview for 1 additional client (#7), the facility failed to promote a client's independence, growth and dignity in regards to the client's appearance.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/3/12 from 4:45 PM through</p>	W0268	<p>CORRECTION: These policies and procedures must promote the growth, development, and independence of the client. Specifically, the facility will assist Client #7 with purchasing properly fitting clothes. PREVENTION: Direct Support staff will be retrained regarding the need to assure that clothing fits properly when assisting clients with shopping for new clothes. Professional staff and members</p>	02/08/2012	

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	<p>6:15 PM. Client #7 was observed in the group home throughout the observation period. Client #7 was wearing a pair of khaki cargo pants. Client #7 had a belt wrapped around his waist but not placed in the belt loops on his pants. Client #7's boxer shorts were exposed as his pants were sagging below his waistline 4 inches. Throughout the observation period when client #7 ambulated he used his left hand to hold the waistband of his pants to keep them from falling down. Staff #1, #2, #3, PC #1 and/or AS #1 (Administrative Staff) were not observed prompting or encouraging client #7 to fix his belt and/or change into another pair of pants.</p> <p>Observations were conducted at client #7's day service program on 1/5/12 from 2:25 PM through 3:10 PM. At 2:45 PM client #7 walked from his assigned work station to the restroom. As client #7 walked past two of his co-workers and the area team leader while en route to the restroom his pants fell down to his knees exposing his boxer shorts and thighs. Client #7 used his right hand, pulled the pants up to his waist and proceeded to the restroom. At 2:55 PM client #7 returned to his assigned work station from the restroom. Client #7 walked with his right hand holding his waist line to keep his pants pulled up.</p>		<p>of the Operations team will monitor active treatment on an ongoing basis to assure that clients are wearing properly fitting clothing. Responsible Parties:QDDPD, Support Associates, Operations Team</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G465	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/09/2012
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	<p>Day services team leader #1 was interviewed on 1/5/12 at 2:55 PM. Day services team leader #1 indicated client #7's pants did not fit him properly. Day services team leader #1 indicated client #7 uses a belt but it doesn't prevent his pants from sagging below his waist line and/or prevent the pants from falling down.</p> <p>Administrative staff #1 (AS) was interviewed on 1/5/12 at 12:15 PM. AS #1 indicated client #7 should be prompted to use his belt appropriately to prevent his pants from falling down. AS #1 indicated client #7 should not wear pants that do not fit properly.</p> <p>9-3-5(a)</p>				