

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2021
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
W 0000 Bldg. 00	<p>This visit was for the predetermined full recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>This visit was in conjunction with the investigation of complaint #IN00355924.</p> <p>Dates of Survey: July 12, 13, 14, 15, and 21, 2021.</p> <p>Facility Number: 000963 Provider Number: 15G449 AIMS Number: 100244740</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 8/2/21.</p>	W 0000		
W 0209 Bldg. 00	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN</p> <p>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>Based on record review and interview for 3 of 3 sampled clients (clients A, B, and C), the facility failed to ensure client A, B, and C's ISPs (Individual Support Plans) were signed by the client or client's guardian to ensure completion and agreement upon plans put in place.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 7/14/21 at 11:55 AM. Client A's ISP dated 6/19/21 did not indicate a signature by client A's guardian to ensure</p>	W 0209	<p>CORRECTION: <i>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. A review of documentation indicated this deficient practice affected all clients who reside at the facility. Specifically, the facility will obtain documentation confirming client and guardian participation in</i></p>	08/20/2021

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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W 0323 Bldg. 00	<p>completion and agreement upon plans put in place.</p> <p>Client B's record was reviewed on 7/14/21 at 9:55 AM. Client B's ISP dated 6/29/21 did not indicate a signature by client B's guardian to ensure completion and agreement upon plans put in place.</p> <p>Client C's record was reviewed on 7/14/21 at 10:46 AM. Client C's ISP dated 6/29/21 did not indicate a signature by client C to ensure completion and agreement upon plans put in place.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 7/15/21 at 12:30 PM. QAM #1 indicated all ISPs should be signed by the client or the client's guardian upon completion to verify agreement upon all plans put in place. QAM #1 indicated client A, B, or C's ISPs were not signed.</p> <p>9-3-4(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client B), the facility failed to ensure client B had completed annual vision and hearing examinations.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 7/14/21 at 9:55 AM. Client B's record did not indicate</p>	W 0323	<p>development of and agreement with all current support plans.</p> <p>PREVENTION: The QIDP will be retrained regarding the need for clients to participate in team meetings which involve and/or affect their daily lives.</p> <p>The QIDP will turn in copies of all interdisciplinary team meeting notes to the Quality Assurance Manager and QIDP Manager weekly for review. If review of meeting notes indicates meetings have occurred without client participation, the QIDP Manager will direct the QIDP to reconvene a team meeting to obtain client input and provide the client with the opportunity to participate in developing IDT consensus.</p> <p>RESPONSIBLE PARTIES: QIDP, Operations Team, Regional Director</p> <p>CORRECTION: <i>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</i> Specifically, client B will receive visual and audiological examinations. An audit of facility medical charts indicated this</p>	08/20/2021

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	<p>documentation of completed annual vision and hearing examinations.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 7/15/21 at 12:30 PM. QAM #1 indicated the annual vision and hearing examinations had not been completed for client B. QAM #1 stated, "The appointments are scheduled to occur."</p> <p>9-3-6(a)</p>		<p>deficient practice did not affect additional clients.</p> <p>PREVENTION:</p> <ul style="list-style-type: none"> The Facility nurse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review. The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up. The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. <p>Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) and nursing staff will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that medical follow-along including but not limited to visual examinations take place as required.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Heath Services Team, Direct Support Staff, Operations</p>	

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			Team, Regional Director	