

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 WEST ST NEW ALBANY, IN 47150
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Survey dates: 6/14/21, 6/15/21, 6/16/21, 6/17/21, 6/18/21 and 6/21/21.</p> <p>Facility Number: 000664 Provider Number: 15G127 AIM Number: 100234310</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/6/21.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and 5 additional clients (#4, #5, #6, #7 and #8), the facility's governing body failed to exercise operating direction over the facility to ensure 1) the home's air temperature was maintained at a comfortable level upstairs, 2) the repair of client #3's bedroom window and removal of shards of broken glass from 3 exterior windows, 3) the alarms on exterior doors were functional.</p> <p>Findings include:</p> <p>Observations were completed on 6/14/21 from</p>	W 0104	<p>1. The Governing Body will ensure the home air conditioner is in working order. Area Supervisor will train staff on monitoring the temperature of the home both up and downstairs. Any temp that is seemingly uncomfortable or if a Resident complains of home temperature staff will report concerns to the Area Supervisor. In the event a system failure Aramark will be contacted to request prompt repair service. If the system failure cannot be repaired in a timely manner</p>	07/21/2021

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 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>4:05 PM to 6:25 PM and on 6/15/21 from 6:38 AM to 8:51 AM. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8. The observations indicated the following:</p> <p>-At 4:10 PM, a 2 foot wide by 3 foot tall section of drywall was leaning against the wall between the kitchen and dining room. Staff #1 and staff #2 indicated a local heating and cooling company had visited the home and had to cut out a section of the wall to access the air conditioning system to change the filter.</p> <p>-At 5:07 PM, the upper level air temperature where clients #3, #5 and #8 bedrooms were located was hot. Client #5 and client #8 shared a bedroom across from client #3 bedroom. Client #3's window was covered with plywood. Clients #5 and #8 had a fan running to circulate air. Staff #1 and staff #2 had indicated client #3 was on a leave of absence due to a family member's illness.</p> <p>-At 5:12 PM, client #5 and staff #2 were in the kitchen preparing the evening meal. Client #5 and staff #2 were asked if the air temperature upstairs was hot. Client #5 stated, "Oh yeah". Staff #2 stated, "They used to put window units in. I guess they put (central air) a new unit in and we had to get approval. I think they're hoping the new unit will correct it". Staff #2 was asked if she had been upstairs during her shift. Staff #2 stated, "Yes, I have. To be honest it has been worse than that. The unit froze up. That's why he (heating and cooling repairman) was here yesterday".</p> <p>-At 5:17 PM, the Qualified Intellectual Disabilities Professional (QIDP #2) was asked to come upstairs to review the environmental</p>		<p>window air conditioning will be installed within the home to control the temperature.</p> <p>2. The Governing Body will continue to communicate with Aramark regarding the replacement windows that are on back order. Area Supervisor will ensure that the home is free of any shards of glass noted around the broken window area. Area Supervisor will make random visits in the home to ensure there are no environmental concerns.</p> <p>3. The Governing Body will ensure there are operating door alarms on all exterior doors. The Area Supervisor will train staff to test the door alarm system at the beginning and end of each shift to ensure they are operating properly. Staff will notify the Area Supervisor if the alarms become damaged or do not operate correctly. The Area Supervisor will make random visits in the home to ensure the alarms are in good working condition and report to Program Manager if they become damaged or do not operate correctly.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, and DSP.</p>	

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	<p>condition at the home. The QIDP #2 was asked about client #3's window being covered with plywood and if that was the same state of condition from a previous survey in April 2021. The QIDP #2 stated, "Yes sir. I guess it had been kicked (knocked) out so much it needs to be completely rebuilt. I know they ordered the bricks". The QIDP #2 was asked about the temperature of the upper level for clients #3, #5 and #8's bedrooms. The QIDP #2 stated, "The A/C (thermostat) for this side is in [client #6's] bedroom". The QIDP #2 took the surveyor downstairs to client #6's bedroom. The thermostat downstairs for this side of the converted duplex home had a temperature reading of 79 degrees Fahrenheit. At 5:21 PM, QIDP #2 stated to staff #2 to call maintenance. The QIDP #2 stated, "We'll have to look at storage". The QIDP #2 was asked what she meant by the instruction to staff #2 to call maintenance. The QIDP #2 indicated the home had window units that could be installed that were kept in storage.</p> <p>-At 5:25 PM, three exterior windows on the backside of the home had Plexiglas covering broken window panes from the inside and gray duct tape on the outside. Numerous broken shards of glass were visible from the inside of the home. Upon review of the exterior of the three broken windows on the backside, shards of glass were visible and could be felt when the hand was rubbed over the gray duct tape. The QIDP #2 was asked about the removal of the broken shards of glass prior to placing a clear Plexiglas covering from the inside. The QIDP #2 stated, "I get what you're saying about the broken windows. It's not safe, the shards of glass should have been removed".</p>			

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	<p>-At 5:33 PM, client #8 was asked about the temperature of the upstairs and if it was hot. Client #8 stated, "Yes, they said someone turned the A/C down too much and it froze. This building needs an overhaul. It's hot upstairs like an Attic".</p> <p>Morning observation:</p> <p>-At 7:28 AM, the upstairs remained hot. At 7:31 AM, QIDP #2 was asked about her instruction to staff #2 to contact maintenance and the window units. QIDP #2 stated, "[Maintenance] came last night and said nothing was wrong with it. They replaced the filter. I suspect that when the doors are left open here in the back and in the front that allowed for hot air to come in".</p> <p>-At 7:44 AM, staff #1 entered the home from the back door into the office area between the living room and kitchen. A faint sound was made when staff #1 entered from outside. The exterior door had a white plastic alarm on the top right corner. The QIDP #2 was asked if she heard the audible sound produced by the alarm. The QIDP #2 stated, "That's not loud enough to alert you".</p> <p>-At 7:48 AM, the front door adjacent to the dining room had a white plastic alarm on the top right corner. The front door was opened several times and no audible alarm sounded.</p> <p>-At 8:04 AM, staff #5 was asked about audible sound of the alarms on the front and back doors. Staff #5 stated, "The front door is almost always locked". Staff #5 pointed to the back of the home and stated, "That one, that one is faint. It would not alert you".</p> <p>On 6/15/21 at 3:51 PM, the Qualified</p>			

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	<p>Intellectual Disabilities Professionals (QIDP #1 and QIDP #2) were interviewed. The QIDPs were asked about the environmental concerns noted above. QIDP #1 indicated further follow up was required with the Interim Associate Director (IAD) in regard to client #3's bedroom window not being repaired. The QIDPs were asked if the clients living at the home assessed support needs indicated functional audible alarms were needed. QIDP #1 shook her head yes and stated, "I would say so". QIDP #2 stated, "I think so too". The QIDPs were asked about the upstairs air temperature. QIDP #2 indicated she had spoken with staff #1 about ensuring the exterior doors at the home were not left open and stated, "I don't know if that A/C unit can keep up. [IAD] called to put the window units in". The QIDPs were asked about the broken shards of glass that were taped over in three broken exterior windows. QIDP #2 stated, "Someone said they're over there putting in new windows and the glass is put into the frames". QIDP #1 and QIDP #2 indicated further follow up was needed for the environmental concerns noted above.</p> <p>On 6/15/21 at 4:25 PM, the IAD was interviewed. The IAD was asked about the environmental concerns noted above. The IAD indicated client #3's window repair had been quoted and the estimate totaled \$6,000. The IAD indicated further follow up was being pursued which included request for further bids and a rebidding of the project for the repair. The IAD indicated shards of broken glass should not have left in the three exterior windows at the time of the initial covering and repair with the Plexiglas. The IAD indicated the window units to assist the climate control upstairs had been requested. The IAD indicated the repair of the home's alarms had also been requested. The IAD provided</p>			

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	<p>workorder history for review and indicated the home should be maintained and good repair.</p> <p>On 6/15/21 at 4:45 PM, a review of the home's workorder history was conducted. The workorder history indicated the following:</p> <p>-Workorder dated 3/24/21 indicated, "Service Category: Security Systems ... Job Description: Site is requesting to have a security alarm system set up".</p> <p>-Workorder dated 3/31/21 indicated, "Service Category: Windows and glass ... Job Description: Need to replace / modernized (6-8) windows at this site".</p> <p>-Workorder dated 5/21/21 indicated, "Service Category: HVAC (Heating and Cooling) ... Job Description: Window units need to be installed in the upstairs bedrooms. The units are in their storage shed".</p> <p>Observation was completed on 6/17/21 from 12:38 PM to 3:48 PM. At 12:38 PM, the 3 exterior windows on the backside of the home had been reworked and the gray tape with shards of broken glass removed. The repair to the windows included Plexiglas inserted into the window frames. At 12:47 PM, the upper level of the home was not as hot. Staff #3 was asked if the air conditioning had been repaired at the home. Staff #3 stated, "[Maintenance] said they want the thermostat moved upstairs. They taped off the windows (to prevent hot air from coming in through the window seals) and it's getting better. They're going to put in the window units".</p> <p>9-3-1(a)</p>			

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W 0140 Bldg. 00	<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 6 of 8 clients living at the group home (#2, #3, #4, #5, #6 and #8), the facility failed to ensure a full and complete accounting of clients #2, #3, #4, #5, #6 and #8's personal funds entrusted to the facility.</p> <p>Findings include:</p> <p>On 6/14/21 at 5:43 PM, a review of the clients' finances was completed. The review indicated the following unaccounted for account balances:</p> <p>1) Client #2's June 2021 ledger had an ending balance of \$4.75. Client #2's actual cash on hand balance totaled \$4.15. (\$.60 unaccounted for).</p> <p>2) Client #3's June 2021 ledger had an ending balance of \$4.64. Client #3's actual cash on hand balance totaled \$1.92. (\$2.72 unaccounted for).</p> <p>3) Client #4's June 2021 ledger had an ending balance of \$4.95. Client #4's actual cash on hand balance totaled \$0.00. (\$4.95 unaccounted for).</p> <p>4) Client #5 did not have a June 2021 ledger. Client #5's May 2021 ledger indicated an ending balance of \$1.76. Client #5's actual cash on hand balance totaled \$2.75. (\$.99 unaccounted for).</p> <p>5) Client #6 did not have a ledger for accounting. Client #6's actual cash on hand balance totaled \$6.10. (\$6.10 unaccounted for). Client #6 also had gift cards the QIDP #2 totaled as \$47.59.</p>	W 0140	<p>1. The Program Manager will re-train the Area Supervisor on proper policy and procedure for funds accountability and proper client fund documentation.</p> <p>2. The Area Supervisor will retrain staff on the standard of maintaining the system of accounting for client's funds entrusted to the facility. All receipts for the purchases must be returned to the facility and identified in the client finance book.</p> <p>3. The Area Supervisor will train the Residential Manager on proper policy and procedure for funds accountability and proper client fund documentation.</p> <p>4. Staff will be trained on stewardship of client monies and the requirement to maintain 100% accountability and proper documentation of funds.</p> <p>5. The Residential Manager will conduct weekly reviews of the Client Financial Record's to ensure all transactions have been recorded and account is balanced.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, and DSP.</p>	07/21/2021			

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	<p>6) Client #8's June 2021 ledger had an ending balance of \$64.16. Client #8's actual cash on hand balance totaled \$17.41. (\$46.75 unaccounted for). The Qualified Intellectual Disabilities Professional (QIDP #2) found a receipt dated 6/2/21 and indicated client #8 had made a purchase spending \$45.00 and received \$2.14 change. Client #8's ledger did not include the accounting with reconciliation of the receipt from 6/2/21 as described by QIDP #2.</p> <p>On 6/14/21 at 5:49 PM, the Qualified Intellectual Disabilities Professional (QIDP #2) was interviewed. The QIDP #2 indicated financial accounting should be maintained accurately. The QIDP #2 stated, "It should be accounted for. Anytime money is spent it should be documented". The QIDP #2 further stated, "[Client #6] has no ledger, but his gift cards total \$47.59 in gift cards". The QIDP #2 indicated the clients' financial accounting should be accurately documented and maintained.</p> <p>On 6/14/21 at 6:18 PM, staff #2 was asked about the financial accounting of the clients' funds. Staff #2 indicated the direct support staff did not have access to the clients' ledgers, that receipts and change from expenditures were placed in a drop box at the home, and the Home Manager monitored and maintained the clients' financial ledgers. Staff #2 indicated the staff person who had been maintaining the clients' financial ledgers was on vacation and would not be available for interview.</p> <p>On 6/15/21 at 4:25 PM, the Interim Associate Director (IAD) was interviewed. The IAD was asked about the financial accounting at the home. The IAD indicated he had spoken with the Area</p>			

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W 0157 Bldg. 00	<p>Supervisor and a vacancy for the Home Manager position did exist. The IAD stated, "We need that accountability (monitoring of client financials)". The IAD indicated the clients' personal funds should be accurately documented and maintained.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to develop and implement effective corrective measures to address client #3's pattern of elopements.</p> <p>Findings include:</p> <p>On 6/14/21 at 3:20 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying investigations was completed. The reports indicated:</p> <p>-BDDS report dated 6/2/21 indicated, "It was reported [client #3] refused meds (medicines) at med pass. Staff went to prompt [client #1] to come inside and take medication. A housemate of [client #3's] told staff [client #3] had just left the property. Staff was able to see [client #3] walking down the street. When staff lost sight of [client #3], she contacted police for assistance. Police located [client #3] and transported him to [name] ER (emergency room) for evaluation. [Client #3] was then transitioned to [name] hospital for evaluation ...".</p> <p>-Investigation summary dated 6/10/21 indicated, "Briefly describe the incident and any sustained</p>	W 0157	<p>1.The Residential Manager, QIDP, Area Supervisor, and Program Manager will monitor home activities and client interactions daily to ensure there are no suspected ANE/Mistreatments of clients in the Facility.</p> <p>2.The Program Manager will retrain staff in the Facility on the Abuse, Neglect, and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect, and Exploitation Policy is followed. Monitoring of ANE will be done by The Program Manager, Area Supervisor, and Residential Manager to ensure all incidents of possible abuse, neglect, and exploitation are reported to the QA department.</p> <p>3.The governing body will ensure recommendations/corrective measures are implemented</p>	07/21/2021

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	<p>injury if any. [Client #3] was outside in patio area of home. Staff sent another client to ask [client #3] to come take his evening meds. Client came back and reported that [client #3] had walked away and was going down the street. Staff ran to see the direction that client was going and called the police ... Does this consumer have a history of elopement and is it addressed appropriately in the ISP (Individual Support Plan) / BSP (Behavior Support Plan) and Health Care Plan? Yes, he has a history of elopement and it is addressed in the ISP/BSP ... Do any changes need to be made to prevent future occurrences? No changes were made at this time ...</p> <p>Recommendations: Staff continue to follow the BSP to ensure client's safety and the safety of others".</p> <p>On 6/17/21 at 9:08 AM, the provider informed client #3 had another incident of elopement. The incident report of client #3's elopement was provided for review on 6/17/21 at 5:54 PM.</p> <p>On 6/18/21 at 9:30 AM, a review of the BDDS incident report was completed. The report indicated:</p> <p>-BDDS report dated 6/17/21 indicated, "[Client #3] told staff he was stressed, refused medications, then told staff he was going for a walk. [Client #3] does not have alone time allotted in his plan and staff asked [client #3] to wait until another staff arrived and they would walk with him or take him for (sic) drive. [Client #3] began walking away from the home, staff was unable to follow, and police were contacted for assistance. Approximately 12 minutes later, police arrived at the group home stating they located [client #3] and he had a metal object that he was swinging at police. [Client #3] was later</p>		<p>through training of Program Manager, Human Resource Specialist, Area Supervisor, BC, Residential Manager, QIDP as recommended from the Peer Review Process.</p>	

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	<p>arrested ... Plan to Resolve: [Client #3] was released from jail on [date] and returned to group home with a charge of disorderly conduct: engaging in fighting or tumultuous conduct. A court date is set for [date]. ResCare will transport [client #3] and attend the court date".</p> <p>The review indicated the investigation was in process.</p> <p>On 6/17/21 at 3:16 PM, the Qualified Intellectual Disabilities Professional (QIDP #2) was interviewed. The QIDP was asked about client #3's pattern for elopement and corrective measures. The QIDP stated, "Yeah, I looked at the IDTs (Interdisciplinary Team meeting notes) and tracked it. We thought a lot of that (elopements) was going to happen after coming back from [family member]. Looking back the last year, there have been 12 to 13 incidents where he elopes, police, [hospital] to [hospital] and at least 7 days at [behavioral hospital]. It's not neuro psych (psychiatric) hospital, its very laid back, take your time, don't place demands. I've looked at [Nurse] notes and documents. There are no behaviors at [behavioral hospital]". The QIDP #2 was asked how many days client #3 had spent total in the behavioral hospital from her years analysis as a result of client #3's behavior for elopement. The QIDP #2 stated, "About 70 days not counting this last visit. He then usually goes to [family members] for about 2 weeks and then comes back and gets depressed. I asked [Nurse] to pull some of the medical, some of the leave of absence forms, I can't tell if he's getting all of his meds. If he's not getting all of them, that could be affecting him. Now before leaving we need a pill count, audit, and meet and train [family member] on how to do them (medication administration). Within 30 minutes of returning</p>			

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	<p>to the house, the paperwork showing any missed meds would be sent to [Nurse] and a med error request. I just in-serviced the staff. I believe he is missing his meds. When I spoke with [staff #2], she was so sad that she could not talk him into staying. We're thinking he is coming back to us depressed. I don't think we've done our due diligence. There is a reason for it, so what is the payoff ...". The QIDP #2 indicated further follow up was needed to address client #3's pattern of elopements.</p> <p>On 6/17/21 at 3:48 PM, the Nurse was interviewed. The Nurse was asked about client #3's pattern for elopement and corrective measures. The Nurse stated, "He does". The Nurse was asked to clarify the support concerning medication administration while on family visits. The Nurse stated, "Making sure [family member] knows he is using MAR (Medication Administration Record), getting his meds and that staff are checking (when returning home)". The Nurse was asked if client #3 had a history of refusing medication while on family visits. The Nurse stated, "No, I think he gets meds. It's making sure he has them. I think it's making sure something is in place before going to [family members]. I don't even get a chance to check his discharge (paperwork from behavioral hospital) and lay eyes on him because he immediately goes to [family member]. Those are my concerns. We're looking into that". The Nurse was asked to describe the pattern identified concerning client #3's behavior for elopement. The Nurse stated, "Yeah, psych to [family members] to home (group home) to elopement with agitation". The Nurse described this pattern and the identification of it by the interdisciplinary team as a cycle that had been repeating when client #3 exhibited the behavior</p>			

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W 0159 Bldg. 00	<p>of elopement. The Nurse indicated further follow up was needed to address client #3's pattern of elopement behavior.</p> <p>On 6/17/21 at 9:06 AM, the Interim Associate Director (IAD) was interviewed. The IAD stated and described client #3 as having a "remarkable sense of direction" and that client #3 carried a "mobile phone". The IAD indicated client #3 had pedestrian safety skills and without police involvement would occasionally return back to the group home. The IAD indicated further follow up was needed to address proper behavioral supports, interventions and corrective measures to address client #3's pattern of elopement.</p> <p>9-3-2(a)</p> <p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. Based on record review and interview for 1 of 3 sampled clients (#2), the Qualified Intellectual Disabilities Professional (QIDP) failed to integrate, coordinate and monitor the clients' program plans. The QIDP failed to ensure the client #2's quarterly reviews addressed progress toward client #2's training objectives.</p> <p>Findings include:</p> <p>On 6/15/21 at 12:57 PM, client #2's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 4/15/21, indicated the following objectives, "Academic skills, Medication Skills, Money Management,</p>	W 0159	<p>1.The Program Manager will retrain the QIDP on integrating client's active treatment program, coordination and monitoring and ensuring the clients' quarterly reviews address progress toward training objectives.</p> <p>2.The facility will ensure each client's active treatment program is integrated, coordinated, and monitored by a qualified intellectual disability professional. The QIDP will ensure the clients' quarterly reviews addressed progress toward training objectives.</p>	07/21/2021

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W 0429 Bldg. 00	<p>Clean Glasses, Pedestrian Safety, Cooking Skills and Hearing Aid Care". Client #2's August, September and October 2020 3rd quarter and November, December 2020 and January 2021 4th quarter reviews were not available for review.</p> <p>On 6/15/21 at 3:51 PM, the Qualified Intellectual Disabilities Professionals (QIDP #1 and QIDP #2) were interviewed. The QIDPs were asked if all of client #2's quarterly assessments were available for review. The QIDP #2 indicated client #2 was missing the 4th quarter for November 2020, December 2020 and January 2021 and the 3rd quarter for August 2020, September 2020 and October 2020. The QIDPs reviewed electronic records. Both QIDP #1 and QIDP #2 indicated client #2's 3rd and 4th quarterly assessments were not available for review.</p> <p>9-3-3(a)</p> <p>483.470(e)(2)(i) HEATING AND VENTILATION</p> <p>The facility must maintain the temperature and humidity within a normal comfort range by heating, air conditioning or other means. Based on observation, record review and interview for 1 of 3 sampled clients (#3) and 2 additional clients (#5 and #8), the facility failed to maintain the home's air temperature at a comfortable level upstairs.</p> <p>Findings include:</p> <p>Observations were completed on 6/14/21 from 4:05 PM to 6:25 PM and on 6/15/21 from 6:38 AM to 8:51 AM. This affected clients #3, #5 and #8. The observations indicated the following:</p>	W 0429	<p>Persons Responsible: Program Manager, QIDP.</p> <p>1.The Program Manager contacted Aramark and scheduled a work order for the completion of the AC Unit</p> <p>2.Aramark has installed temporary window units into the upper rooms in the home to keep the area upstairs at a comfortable temperature.</p> <p>3.The staff will monitor the temperature to ensure it remains at a comfortable temperature.</p>	07/21/2021

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	<p>-At 4:10 PM, a 2 foot wide by 3 foot tall section of drywall was leaning against the wall between the kitchen and dining room. Staff #1 and staff #2 indicated a local heating and cooling company had visited the home and had to cut out a section of the wall to access the air conditioning system to change the filter.</p> <p>-At 5:07 PM, the upper level air temperature where clients #3, #5 and #8 bedrooms were located was hot. Client #5 and client #8 shared a bedroom across from client #3 bedroom. Client #3's window was covered with plywood. Clients #5 and #8 had a fan running to circulate air. Staff #1 and staff #2 had indicated client #3 was on a leave of absence due to a family members illness.</p> <p>-At 5:12 PM, client #5 and staff #2 were in the kitchen preparing the evening meal. Client #5 and staff #2 were asked if the air temperature upstairs was hot. Client #5 stated, "Oh yeah". Staff #2 stated, "They used to put window units in. I guess they put (central air) a new unit in and we had to get approval. I think they're hoping the new unit will correct it". Staff #2 was asked if she had been upstairs during her shift. Staff #2 stated, "Yes, I have. To be honest it has been worse than that. The unit froze up. That's why he (heating and cooling repairman) was here yesterday".</p> <p>-At 5:17 PM, the Qualified Intellectual Disabilities Professional (QIDP #2) was asked to come upstairs to review the environmental condition at the home. The QIDP #2 was asked about client #3's window being covered with plywood and if that was the same state of condition from a previous survey in April 2021. The QIDP #2 stated, "Yes sir. I guess it had been</p>		<p>4. The Program Manager will contact Aramark to remove the drywall left at the facility</p> <p>5. The Area Supervisor will maintain contact with the home to ensure the drywall has been removed.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, DSP</p>	

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	<p>kicked (knocked) out so much it needs to be completely rebuilt. I know they ordered the bricks". The QIDP #2 was asked about the temperature of the upper level for clients #3, #5 and #8's bedrooms. The QIDP #2 stated, "The A/C (thermostat) for this side is in [client #6's] bedroom". The QIDP #2 took the surveyor downstairs to client #6's bedroom. The thermostat downstairs for this side of the converted duplex home had a temperature reading of 79 degrees Fahrenheit. At 5:21 PM, QIDP #2 stated to staff #2 to call maintenance. The QIDP #2 stated, "We'll have to look at storage". The QIDP #2 was asked what she meant by the instruction to staff #2 to call maintenance. The QIDP #2 indicated the home had window units that could be installed that were kept in storage.</p> <p>-At 5:33 PM, client #8 was asked about the temperature of the upstairs and if it was hot. Client #8 stated, "Yes, they said someone turned the A/C down too much and it froze. This building needs an overhaul. It's hot upstairs like an Attic".</p> <p>Morning observation:</p> <p>-At 7:28 AM, the upstairs remained hot. At 7:31 AM, QIDP #2 was asked about her instruction to staff #2 to contact maintenance and the window units. QIDP #2 stated, "[Maintenance] came last night and said nothing was wrong with it. They replaced the filter. I suspect that when the doors are left open here in the back and in the front that allowed for hot air to come in".</p> <p>On 6/15/21 at 3:51 PM, the Qualified Intellectual Disabilities Professionals (QIDP #1 and QIDP #2) were interviewed. The QIDPs were</p>			

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	<p>asked about the environmental concerns noted above. QIDP #1 indicated further follow up was required with the Interim Associate Director (IAD) in regard to client #3's bedroom window not being repaired. The QIDPs were asked about the upstairs air temperature. QIDP #2 indicated she had spoken with staff #1 about ensuring the exterior doors at the home were not left open and stated, "I don't know if that A/C unit can keep up. [IAD] called to put the window units in". QIDP #1 and QIDP #2 indicated further follow up was needed to address the air temperature upstairs.</p> <p>On 6/15/21 at 4:25 PM, the IAD was interviewed. The IAD was asked about the environmental concerns noted above. The IAD indicated client #3's window repair had been quoted and the estimate totaled \$6,000. The IAD indicated further follow up was being pursued which included request for further bids and a rebidding of the project for the repair. The IAD indicated the window units to assist the climate control upstairs had been requested. The IAD provided workorder history for review and indicated the air temperature should be maintained at a comfortable level.</p> <p>On 6/15/21 at 4:45 PM, a review of the home's workorder history was conducted. The workorder history indicated the following:</p> <p>-Workorder dated 5/21/21 indicated, "Service Category: HVAC (Heating and Cooling) ... Job Description: Window units need to be installed in the upstairs bedrooms. The units are in their storage shed".</p> <p>Observation was completed on 6/17/21 from 12:38 PM to 3:48 PM. At 12:38 PM, the 3</p>			

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W 0448 Bldg. 00	<p>exterior windows on the backside of the home had been reworked and the gray tape with shards of broken glass removed. The repair to the windows included Plexiglas inserted into the window frames. At 12:47 PM, the upper level of the home was not as hot. Staff #3 was asked if the air conditioning had been repaired at the home. Staff #3 stated, "[Maintenance] said they want the thermostat moved upstairs. They taped off the windows (to prevent hot air from coming in through the window seals) and it's getting better. They're going to put in the window units". The improvements to the 3 exterior broken windows, changing the air filter and taping of the window seals improved the quality of the air temperature on the upper level for clients #3, #5 and #8's bedrooms. The window units were not installed, and a permanent replacement of the broken exterior windows had not been completed, but the air temperature had improved.</p> <p>9-3-7(a)</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 3 of 3 sampled clients living at the group home (#1, #2 and #3), and 5 additional clients (#4, #5, #6, #7 and #8), the facility failed to document difficulties experienced during evacuation drills to develop a plan to prevent reoccurrence.</p> <p>Findings include:</p> <p>On 6/15/21 at 3:36 PM, a review of the group home evacuation drills was completed. The review of the evacuation drills included the following which affected clients #1, #2, #3, #4,</p>	W 0448	<p>1.All staff at the will be re-trained on conducting fire drills quarterly on all shifts.</p> <p>2.The Residential Manager will review all drills to ensure all required drills area conducted. The Program Manager will train the Area Supervisor and the Area Supervisor will train all Direct Support staff on the proper execution of drills and documentation.</p> <p>3.The Area Supervisor will visit</p>	07/21/2021

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	<p>#5, #6, #7 and #8:</p> <p>-6/1/21, 3rd shift at 3 AM took 7 minutes. No documented concerns were available for review.</p> <p>-5/2/21, 2nd shift at 5 PM took 11 minutes. No documented concerns were available for review.</p> <p>-4/2/21, 1st shift at 6 AM took 11 minutes. No documented concerns were available for review.</p> <p>-12/5/20, 1st shift at 11 AM took 10 minutes. No documented concerns were available for review.</p> <p>No evacuation drills were available for review for the following months; June, August and September of 2020.</p> <p>On 6/15/21 at 3:51 PM, the Qualified Intellectual Disabilities Professionals (QIDP #1 and QIDP #2) were interviewed. The QIDPs were asked if any issues or concerns were noted during the above listed evacuation drills. QIDP #1 stated, "Yes, it (issues of concerns) should be documented. We documented on some". The QIDPs indicated the evacuation drills with times and no documentation were missing the second page where staff would document any issues or concerns. The QIDPs indicated further follow up was needed for the missing months. On 6/15/21 at 5:30 PM, QIDP #1 indicated the missing June, August and September 2020 evacuation drills could not be provided for review.</p> <p>9-3-7(a)</p>		<p>the home at least monthly to ensure the drills are in the home and up to date.</p> <p>4. The Residential Manager will submit monthly drills to the QA Department upon completion. The QA Department will notify the Program Manager and Area Supervisor if the facility has not performed monthly drills as required.</p> <p>5. The Area supervisor will ensure drills are completed as required.</p> <p>Persons Responsible: Program Manager, Quality Assurance, Area Supervisor, Residential Manager, DSP</p>				