

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

PRINTED: 10/04/2021

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 post-certification revisit (PCR) to the investigation of complaint #IN00355783 completed on 6/24/21.</p> <p>Complaint #IN00355783: Not corrected.</p> <p>Dates of Survey: August 23, 24, 25 and 26, 2021.</p> <p>Facility Number: 001000 Provider Number: 15G486 AIMS Number: 100355783</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 9/14/21.</p>	W 0000		
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (A and B), the facility failed to implement its policy and procedures to prevent repeated incidents of physical aggression by client B to client A, complete a thorough investigation regarding an incident of physical aggression by client B to client A and failed to implement effective corrective measures to prevent repeated incidents of physical aggression by client B to client A.</p> <p>Findings include:</p> <p>An observation was conducted at the group home</p>	W 0149	<p><b>CORRECTION:</b> <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client. Specifically: the QIDP has updated client B's Behavior Support Plan to include additional measures to prevent physical aggression toward housemates. All facility direct support and supervisory staff will be retrained on client B's revised Behavior Support Plan.</i></p> <p><b>PREVENTION:</b></p>	09/25/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>on 8/23/21 from 3:00 PM through 5:30 PM. Clients A and B were observed throughout the observation period. At 3:01 PM client A was wearing a wool hat and was seated on the couch in the living room. At 3:23 PM client B was in his bedroom, seated on the floor playing with his toys. Client B was not wearing protective gloves on his hands. At 3:52 PM client A was seated on the couch in the living room. At 3:53 PM client B came out of the bathroom after taking a shower and staff #1 escorted client B to his bedroom. At 4:04 PM client B came out of his bedroom and walked into the front room of the group home. Staff #1 was mopping the bedroom hallway and staff #2 was in the kitchen. Client B walked to the doorway of the front room and was peering around the doorway, looking at client A. Client F began to yell at client B to stay away from client A. Client A then leaned away from client B and stated, "Help, he's going to scratch me!" Staff #2 came out of the kitchen area and escorted client B to his bedroom. At 4:37 PM client B was in his bedroom. Client B was not wearing gloves on either of his hands. At 4:53 PM AS (Area Supervisor) #1 walked with client B into the living room. AS #1 was holding client B's hand. Client B was wearing gloves. Client B had a white, cloth glove on his right hand and a plastic glove on his left hand. Client B wore the protective gloves for the remainder of the observation period.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 8/24/21 at 8:54 AM.</p> <p>1. A BDDS report dated 7/9/21 indicated, "Staff reported that [client A] has a one-inch superficial scratch with no bleeding on his left side upper neck. [Client A] stated that [client B] caused the</p>		<p>The QIDP will be retrained regarding the need for immediate implementation of long-term protective measures once an allegation is verified. A management staff will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor implementation of active treatment including but not limited to behavior supports. 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) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than twice weekly, until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> <li>The role of the administrative monitor is not simply to observe &amp; Report.</li> </ul>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>injury... Plan to Resolve (Immediate and Long Term)... [Client B] has a history of physical aggression addressed in his Behavior Support Plan (BSP). Staff will continue to implement the proactive and reactive strategies in [client B's] support plan to help reduce and prevent further occurrences. Additionally, both clients (A and B) will receive line of sight observation while awake and 15 minute checks while sleeping for the next 72 hours...".</p> <p>-A review of the BDDS report dated 7/9/21 indicated client B scratched client A. The review indicated client B had a history of physical aggression. The review indicated both clients were placed on enhanced supervision for 72 hours.</p> <p>-An IS (Investigative Summary) form dated 7/9/21 to 7/16/21 indicated the following:</p> <ul style="list-style-type: none"> <li>-"Summary of Interviews:.."</li> <li>-"[Client A], Individual:"</li> <li>-"I (client A) was eating breakfast."</li> <li>-"[Client B] scratched me."</li> <li>-"I (client A) yelled staff (sic) come."</li> <li>-"[Client B] went to his room."</li> <li>-"I (client A) didn't do anything to [client B]."</li> <li>-"[Client F], Individual:"</li> <li>-"[Client B] scratched [client A]."</li> <li>-"We were eating breakfast."</li> </ul>		<ul style="list-style-type: none"> <li>· When opportunities for training are observed, the monitor must step in and provide the training and document it.</li> <li>· If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports.</li> <li>· Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.</li> <li>· Review all relevant documentation, providing documented coaching and training as needed</li> </ul> <p>Administrative support at the home will include assuring corrective/preventative measures are incorporated into Behavior Support Plans after allegations are verified, and assuring staff provide continuous active treatment, including but not limited to implementation of behavior supports.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<ul style="list-style-type: none"> <li>- "Staff come (sic) because [client A] yelled."</li> <li>- "[Staff #3], DSP (Direct Support Professional)"</li> <li>- "I (staff #3) was passing medication that morning."</li> <li>- "I (staff #3) give (sic) them food."</li> <li>- "I (staff #3) was passing medication; they (sic) clients were in their bedroom."</li> <li>- "Everybody was eating breakfast, I heard [client A] yell."</li> <li>- "I (staff #3) went to check what (sic) happened and [client B] had scratched [client A]."</li> <li>- "I (staff #3) was in the med room passing med's."</li> <li>- "[Client B] won't let us cut his nails."</li> <li>- "[Client B] didn't have his gloves on...".</li> <li>- "[Staff #4], DSP"</li> <li>- "I (staff #4) was helping one of the guys in the bathroom."</li> <li>- "I (staff #4) heard [client A] yell."</li> <li>- "[Client A] said [client B] scratched him."</li> <li>- "I (staff #4) seen (sic) a scratch on [client A's] neck...".</li> <li>- "Conclusion:"</li> </ul>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>-"1. It is substantiated that individual [client B] was physically aggressive towards individual [client A]."</p> <p>-"2. It is substantiated that individual [client A] sustained injury. The injury was a 1 inch scratch on the left side of his neck."</p> <p>-"3 It is substantiated staff provide (sic) Individual [client A] with proper first-aid."</p> <p>-"4. It is substantiated that ResCare's Policies and Procedures were followed."</p> <p>-"Recommendations:"</p> <p>-"1. Continue to follow already set protocols for [client B]."</p> <p>-"2. Follow proactive and reactive protocols to prevent future occurrences."</p> <p>-"3. The following protective measures were implanted (sic) 1) [client B] will be in line of sight while awake, 15 minute checks while asleep 72 hours post incident."</p> <p>-"4. Monitor [client A] and documented (sic) daily on the healing process."</p> <p>-The review indicated the facility substantiated client B scratched client A. The review indicated staff were to continue to follow current protocols to prevent further occurrences.</p> <p>2. A BDDS report dated 8/9/21 indicated, "... [Client A] reported to staff that [client B] had hit him. Staff separated the two individuals so that no further incident could occur (sic) it should be noted that [client A] did not retaliate." Staff</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>assessed [client A] and observed three half-inch abrasion (sic) and a one-inch superficial scratch on his neck... Plan to Resolve (Immediate and Long Term)... [Client B] has a history of physical aggression addressed in his Behavior Support Plan. Staff will continue to follow the proactive and reactive strategies in his plan to help reduce and prevent further occurrences. Additionally, [client B] and [client A] will receive line of sight observation while awake and 15 minute checks while sleeping for 72 hours post incident...".</p> <p>-A review of the BDDS report dated 8/9/21 indicated client B hit and scratched client A. The review did not indicate staff observed the incident. The review indicated this was the second incident of client to client aggression regarding client B towards client A.</p> <p>-An IS (Investigative Summary) form dated 8/9/21 to 8/16/21 indicated the following:</p> <ul style="list-style-type: none"> <li>-"Summary of Interviews..."</li> <li>-"[Client A], Individual:"</li> <li>-"I (client A) was having lunch at the table."</li> <li>-"[Client B] come (sic) in there and stretched (sic) me on the face and neck again."</li> <li>-"Staff come (sic) over and look at the stretches (sic)."</li> <li>-"The staff was in the kitchen."</li> <li>-"They chased [client B] out of the kitchen."</li> <li>-"[Client B] went back to his bedroom."</li> </ul>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<ul style="list-style-type: none"> <li>- "[Client B] stretched (sic) me twice."</li> <li>- "I (client A) didn't do anything to [client B]."</li> <li>- "[Client F], Individual:"</li> <li>- "[Client B] starched (sic) [client A]."</li> <li>- "It was lunch time."</li> <li>- "The staff was in the kitchen."</li> <li>- "Staff didn't do anything."</li> <li>- "[Client A] don't (sic) like [client B]."</li> <li>- "I was in the kitchen eating dinner."</li> <li>- "[Staff #5], DSP...".</li> <li>- "They got lunch around 12 PM."</li> <li>- "[Client A] then went to sit on the couch."</li> <li>- "We had prompted him to go use the restroom, he didn't want to."</li> <li>- "I (staff #5) gave him a little bit more time and then got him up."</li> <li>- "I (staff #5) went to check on him. I asked him if he was done."</li> <li>- "[Client A] said no."</li> <li>- "We give (sic) him more time."</li> <li>- "She (staff #6) had then gone back to check on him."</li> </ul>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<ul style="list-style-type: none"> <li>-"I (staff #5) went to get him a new [adult brief] and she helped changed (sic)."</li> <li>-"I (staff #5) went to the office, she (staff #6) was sitting by [client F] in the living room."</li> <li>-"She (staff #6) had ear buds (listening devices) in, I'm not sure if she had both or just one."</li> <li>-"I (staff #5) heard [client A] yell 'ouch [client B]'".</li> <li>-"I (staff #5) got up and check (sic)."</li> <li>-"[Client A] was (sic) living room on the couch."</li> <li>-"[Client B] was in the doorway by where [client A] sits on the couch."</li> <li>-"[Client B] was wearing gloves."</li> <li>-"[Client B] was wearing white cotton gloves."</li> <li>-"I (staff #5) think they have a yellow band around the wrist."</li> <li>-"I (staff #5) sit (sic) down in the little room and watched [client B] play with his toys."</li> <li>-"I (staff #5) looked at [client A] but didn't seen (sic) anything."</li> <li>-"[Client B] then went to his room."</li> <li>-"When they were eating dinner is when we noticed the mark."</li> <li>-"I (staff #5) called [AS #2] and reported it."</li> <li>-"[AS #2] then called me and told me to write the</li> </ul>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>IR (Incident Report)."</p> <p>-"I (staff #5) was in the office, [staff #6] was in the living room."</p> <p>-"I (staff #5) got to [client A] first."</p> <p>-"So, for the rest of my shift I kept [client B] in sight."</p> <p>-"[Staff #5], DSP"</p> <p>-"I (staff #6) don't normally work at [name of group home]."</p> <p>-"[Client B] was wearing his gloves."</p> <p>-"[Client B] was in the little room playing with his ball."</p> <p>-"I (staff #6) don't remember [client B] doing anything while I was there."</p> <p>-"Conclusion:"</p> <p>-"1. It is substantiated that individual [client B] was physically aggressive towards individual [client A]."</p> <p>-"2. It is substantiated that individual [client A] sustained injury. The injury was a 3 and 1/2 abrasion and a 1- inch scratch on the side of his neck."</p> <p>-"3 It is substantiated staff provide (sic) Individual [client A] with proper first-aid."</p> <p>-"4. It is substantiated that ResCare's Policies and Procedures were followed."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>-"Recommendations:"</p> <p>-"1. Continue to follow already set protocols for [client B]."</p> <p>-"2. Follow proactive and reactive protocols to prevent future occurrences."</p> <p>-"3. The following protective measures were implanted (sic) 1) [client B] will be in line of sight while awake, 15 minute checks while asleep 72 hours post incident."</p> <p>-"4. Monitor [client A] and documented (sic) daily on the healing process."</p> <p>-A review of the IS dated 8/9/21 to 8/16/21 indicated clients A and B stated client B scratched client A during lunch in the kitchen. Both clients A and B stated staff were in the kitchen when client B scratched client A. Staff #5 and staff #6 indicated they did not observe client B scratch client A. Staff #5 and staff #6 indicated they observed client A's injuries at dinner time. The IS dated 8/9/21 to 8/16/21 did not address the discrepancy in the statements of the staff and clients. The review indicated staff #6 was wearing ear buds/listening devices as she was observing the clients in the group home. The IS dated 8/9/21 to 8/16/21 concluded staff followed ResCare's policies and procedures.</p> <p>3. A BDDS report dated 8/20/21 indicated, "Staff observed two, one-inch scratches on the right side of [client A's] face. Staff asked [client A] about it and [client A] said his roommate [client B] did it... Plan to Resolve (Immediate and Long Term)... [Client B] has a history of physical aggression addressed in his Behavior Support Plan which staff followed. Staff will continue to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>follow proactive and reactive strategies in their plans to help reduce and prevent further occurrences...".</p> <p>-A review of the BDDS report dated 8/20/21 indicated client B scratched client A. The review did not indicate staff observed the incident. The review indicated this was the third incident of client to client aggression regarding client B towards client A. The review indicated an investigation into the incident of client to client aggression was pending.</p> <p>Client B's record was reviewed on 8/24/21 at 10:08 AM. Client B's BSP dated 5/30/21 and revised 7/30/21 indicated, "... Behavioral History/Rationale for Plan:.. [Client B] requires 24 (hours per day)/7 (days per week) line of sight supervision. He recently lost his ability to attend day programming services due to his aggressive behaviors... Target Behaviors: Physical Aggression/Intimidation/Self Injurious Behavior: [Client B] will sometimes scratch staff or other clients, he will exhibit grabbing with a tight grip... Rights Restrictions:.. Risks to individual: Risk of injury, harm to self and others... Restriction: Freedom of movement: 24-hour supervision Risks to individual: Risk of injury, harm to self and others... Restriction: Use thin cotton gloves to prevent him from scratching others. Risks to individual: Protection of others...".</p> <p>-A review of client B's BSP dated 5/30/21 and revised 7/30/21 indicated client B required 24/7 line of sight supervision. The review indicated client B was to wear protective gloves to prevent him from scratching and injuring his housemates. The review did not indicate when client B was to wear his protective gloves.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PART II PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Client B was non-verbal and was not able to be interviewed.</p> <p>Client F was interviewed on 8/23/21 at 3:49 PM. Client F was asked if client B had scratched client A. Client F stated, "On the face. He (client A) was on the couch watching TV. He (client B) came by and scratched [client A] on the face."</p> <p>Client F was asked where staff were when client B scratched client A. Client F stated, "In this room (medication room/office)."</p> <p>Client A was interviewed on 8/23/21 at 4:28 PM. Client A was asked if client B had scratched him recently. Client A stated, "Last week on the neck." Client A was asked if client B had scratched him previously. Client A stated, "Yes, three times." Client A was asked if client B had tried to scratch him just a few moments prior to the interview. Client A stated, "Yes they need to do something about [client B]."</p> <p>Client A was asked if he was afraid of client B. Client A stated, "Yes, I'm afraid of him. They need to teach him (client B) not to scratch me."</p> <p>Staff #1 was interviewed on 8/23/21 at 3:10 PM. Staff #1 was asked if client B had scratched any of the clients recently. Staff #1 stated, "No."</p> <p>Staff #1 was asked if client B targets any of the other clients. Staff #1 stated, "[Client A], that's who he always goes after."</p> <p>Staff #2 was interviewed on 8/23/21 at 3:20 PM. Staff #2 was asked if client B had scratched any of the clients recently. Staff #2 stated, "[Client B] tried to attack [client A]. He (client A) has 2 marks on his face. I was outside with 3 clients and the other staff was in the med. (medication) room passing meds so maybe that's when it</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>happened. I talked to [client A], he said [client B] did it." Staff #2 was asked if client B was on line of sight supervision. Staff #2 stated, "Yes he is. Whenever he's (client B) here he tries to get to [client A]."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/23/21 at 11:02 AM. QIDP #1 was asked when staff should cue client B to wear his protective gloves. QIDP #1 stated, "I think it should be whenever he's in contact with his housemates. When he's out in the common area."</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 8/24/21 at 11:49 AM. QIDPM #1 was asked how many incidents of physical aggression by client B towards client A had occurred. QIDPM #1 stated, "Three." QIDPM #1 was asked if client A had sustained injuries as a result of client B's physical aggression. QIDPM #1 stated, "Yes, he had scratches." QIDPM #1 was asked if the investigation dated 8/9/21 to 8/16/21 had addressed the discrepancy between statements by staff and clients A and F. QIDPM #1 stated, "No and it's important to find out what really happened to develop effective protective measures." QIDPM #1 indicated the facility's policy on the prevention of abuse, neglect and mistreatment should be implemented as written. QIDPM #1 indicated all allegations of abuse, neglect and mistreatment should be thoroughly investigated. QIDPM #1 indicated the facility should implement effective corrective measures to prevent repeated incidents of client to client aggression.</p> <p>The Facility's policy and procedures were reviewed on 8/24/21 at 10:30 AM. The facility's</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0154  Bldg. 00	<p>Abuse, Neglect, Exploitation policy revised on 7/10/19 indicated, "Policy: ResCare staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and exploitation shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ADEPT, Rescare and local, state and federal guidelines..."Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment."</p> <p>"Program intervention neglect: ...Failure to implement a support plan, inappropriate application of intervention with out (sic) a qualified person notification/review...".</p> <p>"6. A full investigation will be conducted by ADEPT personnel...".</p> <p>This deficiency was cited on 6/24/21. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00355783.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 11</p>	W 0154	<b>CORRECTION:</b>	09/25/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>allegations of abuse, neglect and mistreatment reviewed, the facility failed to complete a thorough investigation regarding an incident of physical aggression by client A to client B.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 8/24/21 at 8:54 AM.</p> <p>A BDDS report dated 8/9/21 indicated, "... [Client A] reported to staff that [client B] had hit him. Staff separated the two individuals so that no further incident could occur (sic) it should be noted that [client A] did not retaliate." Staff assessed [client A] and observed three half-inch abrasion (sic) and a one-inch superficial scratch on his neck... Plan to Resolve (Immediate and Long Term)... [Client B] has a history of physical aggression addressed in his Behavior Support Plan. Staff will continue to follow the proactive and reactive strategies in his plan to help reduce and prevent further occurrences. Additionally, [client B] and [client A] will receive line of sight observation while awake and 15 minute checks while sleeping for 72 hours post incident...".</p> <p>-A review of the BDDS report dated 8/9/21 indicated client B hit and scratched client A. The review did not indicate staff observed the incident. The review indicated this was the second incident of client to client aggression regarding client B towards client A.</p> <p>-An IS (Investigative Summary) form dated 8/9/21 to 8/16/21 indicated the following:</p> <p>-"Summary of Interviews..."</p>		<p><i>The facility must have evidence that all alleged violations are thoroughly investigated.</i></p> <p>Specifically:</p> <p>All facility investigations will be completed by trained investigators. Investigation focus will include but not be limited to interviewing all potential witnesses and comparing documentary and testimonial evidence to identify and clarify discrepancies. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required. In addition to weekly face to face training and follow-up with the Quality Assurance Manager, the investigators will receive ongoing mentorship from the QIDP Manager, including but not limited to interview techniques, gathering and analysis of documentary evidence. The emphasis of this mentorship/training will be development of appropriate scope and conclusions. The QIDP Manager will provide weekly follow-up to the QA Manager regarding progress and additional training needs. Additionally, the QIDP Manager will receive additional training regarding investigation review and mentorship responsibilities.</p> <p><b>PREVENTION:</b></p> <p>The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>-"[Client A], Individual:"</p> <p>-"I (client A) was having lunch at the table."</p> <p>-"[Client B] come (sic) in there and stretched (sic) me on the face and neck again."</p> <p>-"Staff come (sic) over and look at the stretches (sic)."</p> <p>-"The staff was in the kitchen."</p> <p>-"They chased [client B] out of the kitchen."</p> <p>-"[Client B] went back to his bedroom."</p> <p>-"[Client B] stretched (sic) me twice."</p> <p>-"I (client A) didn't do anything to [client B]."</p> <p>-"[Client F], Individual:"</p> <p>-"[Client B] starched (sic) [client A]."</p> <p>-"It was lunch time."</p> <p>-"The staff was in the kitchen."</p> <p>-"Staff didn't do anything."</p> <p>-"[Client A] don't (sic) like [client B]."</p> <p>-"I was in the kitchen eating dinner."</p> <p>-"[Staff #5], DSP...".</p> <p>-"They got lunch around 12 PM."</p> <p>-"[Client A] then went to sit on the couch."</p>		<p>and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Assistant Nurse Manager. The Quality Assurance Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs. The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>-"We had prompted him to go use the restroom, he didn't want to."</p> <p>-"I (staff #5) gave him a little bit more time and then got him up."</p> <p>-"I (staff #5) went to check on him. I asked him if he was done."</p> <p>-"[Client A] said no."</p> <p>-"We give (sic) him more time."</p> <p>-"She (staff #6) had then gone back to check on him."</p> <p>-"I (staff #5) went to get him a new [adult brief] and she helped changed (sic)."</p> <p>-"I (staff #5) went to the office, she (staff #6) was sitting by [client F] in the living room."</p> <p>-"She (staff #6) had ear buds (listening devices) in, I'm not sure if she had both or just one."</p> <p>-"I (staff #5) heard [client A] yell 'ouch [client B]'".</p> <p>-"I (staff #5) got up and check (sic)."</p> <p>-"[Client A] was (sic) living room on the couch."</p> <p>-"[Client B] was in the doorway by where [client A] sits on the couch."</p> <p>-"[Client B] was wearing gloves."</p> <p>-"[Client B] was wearing white cotton gloves."</p> <p>-"I (staff #5) think they have a yellow band</p>		<p>completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>around the wrist."</p> <p>- "I (staff #5) sit (sic) down in the little room and watched [client B] play with his toys."</p> <p>- "I (staff #5) looked at [client A] but didn't seen (sic) anything."</p> <p>- "[Client B] then went to his room."</p> <p>- "When they were eating dinner is when we noticed the mark."</p> <p>- "I (staff #5) called [AS #2] and reported it."</p> <p>- "[AS #2] then called me and told me to write the IR (Incident Report)."</p> <p>- "I (staff #5) was in the office, [staff #6] was in the living room."</p> <p>- "I (staff #5) got to [client A] first."</p> <p>- "So, for the rest of my shift I kept [client B] in sight."</p> <p>- "[Staff #5], DSP"</p> <p>- "I (staff #6) don't normally work at [name of group home]."</p> <p>- "[Client B] was wearing his gloves."</p> <p>- "[Client B] was in the little room playing with his ball."</p> <p>- "I (staff #6) don't remember [client B] doing anything while I was there."</p> <p>- "Conclusion:"</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<ul style="list-style-type: none"> <li>-"1. It is substantiated that individual [client B] was physically aggressive towards individual [client A]."</li> <li>-"2. It is substantiated that individual [client A] sustained injury. The injury was a 3 and 1/2 abrasion and a 1- inch scratch on the side of his neck."</li> <li>-"3 It is substantiated staff provide (sic) Individual [client A] with proper first-aid."</li> <li>-"4. It is substantiated that ResCare's Policies and Procedures were followed."</li> <li>-"Recommendations:"</li> <li>-"1. Continue to follow already set protocols for [client B]."</li> <li>-"2. Follow proactive and reactive protocols to prevent future occurrences."</li> <li>-"3. The following protective measures were implanted (sic) 1) [client B] will be in line of sight while awake, 15 minute checks while asleep 72 hours post incident."</li> <li>-"4. Monitor [client A] and documented (sic) daily on the healing process."</li> <li>-A review of the IS dated 8/9/21 to 8/16/21 indicated clients A and B stated client B scratched client A during lunch in the kitchen. Both clients A and B stated staff were in the kitchen when client B scratched client A. Staff #5 and staff #6 indicated they did not observe client B scratch client A. Staff #5 and staff #6 indicated they observed client A's injuries at</li> </ul>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0157  Bldg. 00	<p>dinner time. The IS dated 8/9/21 to 8/16/21 did not address the discrepancy in the statements of the staff and clients. The review indicated staff #6 was wearing ear buds/listening devices as she was observing the clients in the group home. The IS dated 8/9/21 to 8/16/21 concluded staff followed ResCare's policies and procedures.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 8/24/21 at 11:49 AM. QIDPM #1 was asked how many incidents of physical aggression by client B towards client A had occurred. QIDPM #1 stated, "Three." QIDPM #1 was asked if client A had sustained injuries as a result of client B's physical aggression. QIDPM #1 stated, "Yes, he had scratches." QIDPM #1 was asked if the Investigation dated 8/9/21 to 8/16/21 had addressed the discrepancy between statements by staff and clients A and F. QIDPM #1 stated, "No and it's important to find out what really happened to develop effective protective measures." QIDPM #1 indicated all allegations of abuse, neglect and mistreatment should be thoroughly investigated.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) <b>STAFF TREATMENT OF CLIENTS</b> If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review and interview for 3 of 11 allegations of abuse, neglect and mistreatment reviewed, the facility failed to implement effective corrective measures to prevent repeated incidents of physical aggression by client A to client B.</p> <p>Findings include:</p>	W 0157	<p><b>CORRECTION:</b> <i>If the alleged violation is verified, appropriate corrective action must be taken. Specifically: the QIDP has updated client B's Behavior Support Plan to include additional measures to prevent physical aggression toward</i></p>	09/25/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>An observation was conducted at the group home on 8/23/21 from 3:00 PM through 5:30 PM. Clients A and B were observed throughout the observation period. At 3:01 PM client A was wearing a wool hat and was seated on the couch in the living room. At 3:23 PM client B was in his bedroom, seated on the floor playing with his toys. Client B was not wearing protective gloves on his hands. At 3:52 PM client A was seated on the couch in the living room. At 3:53 PM client B came out of the bathroom after taking a shower and staff #1 escorted client B to his bedroom. At 4:04 PM client B came out of his bedroom and walked into the front room of the group home. Staff #1 was mopping the bedroom hallway and staff #2 was in the kitchen. Client B walked to the doorway of the front room and was peering around the doorway, looking at client A. Client F began to yell at client B to stay away from client A. Client A then leaned away from client B and stated, "Help, he's going to scratch me!" Staff #2 came out of the kitchen area and escorted client B to his bedroom. At 4:37 PM client B was in his bedroom. Client B was not wearing gloves on either of his hands. At 4:53 PM AS (Area Supervisor) #1 walked with client B into the living room. AS #1 was holding client B's hand. Client B was wearing gloves. Client B had a white, cloth glove on his right hand and a plastic glove on his left hand. Client B wore the protective gloves for the remainder of the observation period.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 8/24/21 at 8:54 AM.</p> <p>1. A BDDS report dated 7/9/21 indicated, "Staff reported that [client A] has a one-inch superficial</p>		<p>housemates. All facility direct support and supervisory staff will be retrained on client B's revised Behavior Support Plan.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will be retrained regarding the need for immediate implementation of long-term protective measures once an allegation is verified.</p> <p>A management staff will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor implementation of active treatment including but not limited to behavior supports.</p> <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) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than twice weekly, until all staff demonstrate competence.</p> <p>After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>scratch with no bleeding on his left side upper neck. [Client A] stated that [client B] caused the injury... Plan to Resolve (Immediate and Long Term)... [Client B] has a history of physical aggression addressed in his Behavior Support Plan (BSP). Staff will continue to implement the proactive and reactive strategies in [client B's] support plan to help reduce and prevent further occurrences. Additionally, both clients (A and B) will receive line of sight observation while awake and 15 minute checks while sleeping for the next 72 hours...".</p> <p>-A review of the BDDS report dated 7/9/21 indicated client B scratched client A. The review indicated client B had a history of physical aggression. The review indicated both clients were placed on enhanced supervision for 72 hours.</p> <p>-An IS (Investigative Summary) form dated 7/9/21 to 7/16/21 indicated the following:</p> <ul style="list-style-type: none"> <li>-"Summary of Interviews..."</li> <li>-"[Client A], Individual."</li> <li>-"I (client A) was eating breakfast."</li> <li>-"[Client B] scratched me."</li> <li>-"I (client A) yelled staff (sic) come."</li> <li>-"[Client B] went to his room."</li> <li>-"I (client A) didn't do anything to [client B]."</li> <li>-"[Client F], Individual:"</li> <li>-"[Client B] scratched [client A]."</li> </ul>		<p>Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> <li>· The role of the administrative monitor is not simply to observe &amp; Report.</li> <li>· When opportunities for training are observed, the monitor must step in and provide the training and document it.</li> <li>· If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports.</li> <li>· Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.</li> <li>· Review all relevant documentation, providing documented coaching and training as needed</li> </ul> <p>Administrative support at the home will include assuring corrective/preventative measures are incorporated into Behavior Support Plans after allegations are verified, and assuring staff provide continuous active treatment, including but not limited to implementation of behavior supports.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

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

PRINTED: 10/04/2021

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<ul style="list-style-type: none"> <li>- "We were eating breakfast."</li> <li>- "Staff come (sic) because [client A] yelled."</li> <li>- "[Staff #3], DSP (Direct Support Professional)"</li> <li>- "I (staff #3) was passing medication that morning."</li> <li>- "I (staff #3) give (sic) them food."</li> <li>- "I (staff #3) was passing medication; they (sic) clients were in their bedroom."</li> <li>- "Everybody was eating breakfast, I heard [client A] yell."</li> <li>- "I (staff #3) went to check what (sic) happened and [client B] had scratched [client A]."</li> <li>- "I (staff #3) was in the med room passing med's."</li> <li>- "[Client B] won't let us cut his nails."</li> <li>- "[Client B] didn't have his gloves on...".</li> <li>- "[Staff #4], DSP"</li> <li>- "I (staff #4) was helping one of the guys in the bathroom."</li> <li>- "I (staff #4) heard [client A] yell."</li> <li>- "[Client A] said [client B] scratched him."</li> <li>- "I (staff #4) seen (sic) a scratch on [client A's] neck...".</li> </ul>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>-"Conclusion:"</p> <p>-"1. It is substantiated that individual [client B] was physically aggressive towards individual [client A]."</p> <p>-"2. It is substantiated that individual [client A] sustained injury. The injury was a 1 inch scratch on the left side of his neck."</p> <p>-"3 It is substantiated staff provide (sic) Individual [client A] with proper first-aid."</p> <p>-"4. It is substantiated that ResCare's Policies and Procedures were followed."</p> <p>-"Recommendations:"</p> <p>-"1. Continue to follow already set protocols for [client B]."</p> <p>-"2. Follow proactive and reactive protocols to prevent future occurrences."</p> <p>-"3. The following protective measures were implanted (sic) 1) [client B] will be in line of sight while awake, 15 minute checks while asleep 72 hours post incident."</p> <p>-"4. Monitor [client A] and documented (sic) daily on the healing process."</p> <p>The review indicated the facility substantiated client B scratched client A. The review indicated staff were to continue to follow current protocols to prevent further occurrences.</p> <p>2. A BDDS report dated 8/9/21 indicated, "... [Client A] reported to staff that [client B] had hit him. Staff separated the two individuals so that</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>no further incident could occur (sic) it should be noted that [client A] did not retaliate." Staff assessed [client A] and observed three half-inch abrasion (sic) and a one-inch superficial scratch on his neck... Plan to Resolve (Immediate and Long Term)... [Client B] has a history of physical aggression addressed in his Behavior Support Plan. Staff will continue to follow the proactive and reactive strategies in his plan to help reduce and prevent further occurrences. Additionally, [client B] and [client A] will receive line of sight observation while awake and 15 minute checks while sleeping for 72 hours post incident...".</p> <p>-A review of the BDDS report dated 8/9/21 indicated client B hit and scratched client A. The review did not indicate staff observed the incident. The review indicated this was the second incident of client to client aggression regarding client B towards client A.</p> <p>-An IS (Investigative Summary) form dated 8/9/21 to 8/16/21 indicated the following:</p> <ul style="list-style-type: none"> <li>-"Summary of Interviews..."</li> <li>-"[Client A], Individual:"</li> <li>-"I (client A) was having lunch at the table."</li> <li>-"[Client B] come (sic) in there and stretched (sic) me on the face and neck again."</li> <li>-"Staff come (sic) over and look at the stretches (sic)."</li> <li>-"The staff was in the kitchen."</li> <li>-"They chased [client B] out of the kitchen."</li> </ul>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<ul style="list-style-type: none"> <li>-"[Client B] went back to his bedroom."</li> <li>-"[Client B] stretched (sic) me twice."</li> <li>-"I (client A) didn't do anything to [client B]."</li> <li>-"[Client F], Individual:"</li> <li>-"[Client B] starched (sic) [client A]."</li> <li>-"It was lunch time."</li> <li>-"The staff was in the kitchen."</li> <li>-"Staff didn't do anything."</li> <li>-"[Client A] don't (sic) like [client B]."</li> <li>-"I was in the kitchen eating dinner."</li> <li>-"[Staff #5], DSP...".</li> <li>-"They got lunch around 12 PM."</li> <li>-"[Client A] then went to sit on the couch."</li> <li>-"We had prompted him to go use the restroom, he didn't want to."</li> <li>-"I (staff #5) gave him a little bit more time and then got him up."</li> <li>-"I (staff #5) went to check on him. I asked him if he was done."</li> <li>-"[Client A] said no."</li> <li>-"We give (sic) him more time."</li> <li>-"She (staff #6) had then gone back to check on</li> </ul>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>him."</p> <p>-"I (staff #5) went to get him a new [adult brief] and she helped changed (sic)."</p> <p>-"I (staff #5) went to the office, she (staff #6) was sitting by [client F] in the living room."</p> <p>-"She (staff #6) had ear buds (listening devices) in, I'm not sure if she had both or just one."</p> <p>-"I (staff #5) heard [client A] yell 'ouch [client B]'".</p> <p>-"I (staff #5) got up and check (sic)."</p> <p>-"[Client A] was (sic) living room on the couch."</p> <p>-"[Client B] was in the doorway by where [client A] sits on the couch."</p> <p>-"[Client B] was wearing gloves."</p> <p>-"[Client B] was wearing white cotton gloves."</p> <p>-"I (staff #5) think they have a yellow band around the wrist."</p> <p>-"I (staff #5) sit (sic) down in the little room and watched [client B] play with his toys."</p> <p>-"I (staff #5) looked at [client A] but didn't seen (sic) anything."</p> <p>-"[Client B] then went to his room."</p> <p>-"When they were eating dinner is when we noticed the mark."</p> <p>-"I (staff #5) called [AS #2] and reported it."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<ul style="list-style-type: none"> <li>- "[AS #2] then called me and told me to write the IR (Incident Report)."</li> <li>- "I (staff #5) was in the office, [staff #6] was in the living room."</li> <li>- "I (staff #5) got to [client A] first."</li> <li>- "So, for the rest of my shift I kept [client B] in sight."</li> <li>- "[Staff #5], DSP"</li> <li>- "I (staff #6) don't normally work at [name of group home]."</li> <li>- "[Client B] was wearing his gloves."</li> <li>- "[Client B] was in the little room playing with his ball."</li> <li>- "I (staff #6) don't remember [client B] doing anything while I was there."</li> <li>- "Conclusion:"</li> <li>- "1. It is substantiated that individual [client B] was physically aggressive towards individual [client A]."</li> <li>- "2. It is substantiated that individual [client A] sustained injury. The injury was a 3 and 1/2 abrasion and a 1- inch scratch on the side of his neck."</li> <li>- "3 It is substantiated staff provide (sic) Individual [client A] with proper first-aid."</li> <li>- "4. It is substantiated that ResCare's Policies and</li> </ul>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>Procedures were followed."</p> <p>-"Recommendations:"</p> <p>-"1. Continue to follow already set protocols for [client B]."</p> <p>-"2. Follow proactive and reactive protocols to prevent future occurrences."</p> <p>-"3. The following protective measures were implanted (sic) 1) [client B] will be in line of sight while awake, 15 minute checks while asleep 72 hours post incident."</p> <p>-"4. Monitor [client A] and documented (sic) daily on the healing process."</p> <p>-A review of the IS dated 8/9/21 to 8/16/21 indicated clients A and B stated client B scratched client A during lunch in the kitchen. Both clients A and B stated staff were in the kitchen when client B scratched client A. Staff #5 and staff #6 indicated they did not observe client B scratch client A. Staff #5 and staff #6 indicated they observed client A's injuries at dinner time. The IS dated 8/9/21 to 8/16/21 did not address the discrepancy in the statements of the staff and clients. The review indicated staff #6 was wearing ear buds/listening devices as she was observing the clients in the group home. The IS dated 8/9/21 to 8/16/21 concluded staff followed ResCare's policies and procedures.</p> <p>3. A BDDS report dated 8/20/21 indicated, "Staff observed two, one-inch scratches on the right side of [client A's] face. Staff asked [client A] about it and [client A] said his roommate [client B] did it... Plan to Resolve (Immediate and Long Term)... [Client B] has a history of physical</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>aggression addressed in his Behavior Support Plan which staff followed. Staff will continue to follow proactive and reactive strategies in their plans to help reduce and prevent further occurrences...".</p> <p>-A review of the BDDS report dated 8/20/21 indicated client B scratched client A. The review did not indicate staff observed the incident. The review indicated this was the third incident of client to client aggression regarding client B towards client A. The review indicated an investigation into the incident of client to client aggression was pending.</p> <p>Client B's record was reviewed on 8/24/21 at 10:08 AM. Client B's BSP dated 5/30/21 and revised 7/30/21 indicated, "... Behavioral History/Rationale for Plan:... [Client B] requires 24 (hours per day)/7 (days per week) line of sight supervision. He recently lost his ability to attend day programming services due to his aggressive behaviors... Target Behaviors: Physical Aggression/Intimidation/Self Injurious Behavior: [Client B] will sometimes scratch staff or other clients, he will exhibit grabbing with a tight grip... Rights Restrictions:... Risks to individual: Risk of injury, harm to self and others... Restriction: Freedom of movement: 24-hour supervision Risks to individual: Risk of injury, harm to self and others... Restriction: Use thin cotton gloves to prevent him from scratching others. Risks to individual: Protection of others...".</p> <p>-A review of client B's BSP dated 5/30/21 and revised 7/30/21 indicated client B required 24/7 line of sight supervision. The review indicated client B was to wear protective gloves to prevent him from scratching and injuring his housemates.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>The review did not indicate when client B was to wear his protective gloves.</p> <p>Client B was non-verbal and was not able to be interviewed.</p> <p>Client F was interviewed on 8/23/21 at 3:49 PM. Client F was asked if client B had scratched client A. Client F stated, "On the face. He (client A) was on the couch watching TV. He (client B) came by and scratched [client A] on the face." Client F was asked where staff were when client B scratched client A. Client F stated, "In this room (medication room/office)."</p> <p>Client A was interviewed on 8/23/21 at 4:28 PM. Client A was asked if client B had scratched him recently. Client A stated, "Last week on the neck." Client A was asked if client B had scratched him previously. Client A stated, "Yes, three times." Client A was asked if client B had tried to scratch him just a few moments prior to the interview. Client A stated, "Yes they need to do something about [client B]." Client A was asked if he was afraid of client B. Client A stated, "Yes, I'm afraid of him. They need to teach him (client B) not to scratch me."</p> <p>Staff #1 was interviewed on 8/23/21 at 3:10 PM. Staff #1 was asked if client B had scratched any of the clients recently. Staff #1 stated, "No." Staff #1 was asked if client B targets any of the other clients. Staff #1 stated, "[Client A], that's who he always goes after."</p> <p>Staff #2 was interviewed on 8/23/21 at 3:20 PM. Staff #2 was asked if client B had scratched any of the clients recently. Staff #2 stated, "[Client B] tried to attack [client A]. He (client A) has 2 marks on his face. I was outside with 3 clients</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>and the other staff was in the med. (medication) room passing meds so maybe that's when it happened. I talked to [client A], he said [client B] did it." Staff #2 was asked if client B was on line of sight supervision. Staff #2 stated, "Yes he is. Whenever he's (client B) here he tries to get to [client A]."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/23/21 at 11:02 AM. QIDP #1 was asked when staff should cue client B to wear his protective gloves. QIDP #1 stated, "I think it should be whenever he's in contact with his housemates. When he's out in the common area."</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 8/24/21 at 11:49 AM. QIDPM #1 was asked how many incidents of physical aggression by client B towards client A had occurred. QIDPM #1 stated, "Three." QIDPM #1 was asked if client A had sustained injuries as a result of client B's physical aggression. QIDPM #1 stated, "Yes, he had scratches." QIDPM #1 was asked if the investigation dated 8/9/21 to 8/16/21 had addressed the discrepancy between statements by staff and clients A and F. QIDPM #1 stated, "No and it's important to find out what really happened to develop effective protective measures." QIDPM #1 indicated the facility should implement effective corrective measures to prevent repeated incidents of client to client aggression.</p> <p>This deficiency was cited on 6/24/21. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0249  Bldg. 00	<p>#IN00355783.</p> <p>9-3-2(a)</p> <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 3 sampled clients (B), the facility failed to ensure staff implemented client B's BSP (Behavior Support Plan).</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 8/23/21 from 3:00 PM through 5:30 PM. Clients A and B were observed throughout the observation period. At 3:01 PM client A was wearing a wool hat and was seated on the couch in the living room. At 3:23 PM client B was in his bedroom, seated on the floor playing with his toys. Client B was not wearing protective gloves on his hands. At 3:52 PM client A was seated on the couch in the living room. At 3:53 PM client B came out of the bathroom after taking a shower and staff #1 escorted client B to his bedroom. At 4:04 PM client B came out of his bedroom and walked into the front room of the group home. Staff #1 was mopping the bedroom hallway and staff #2 was in the kitchen. Client B walked to the doorway of the front room and was peering around the doorway, looking at client A. Client F began to yell at client B to stay away from client</p>	W 0249	<p><b>CORRECTION:</b></p> <p><i>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.</i></p> <p>Specifically, all facility direct support and supervisory staff will be retrained on client B's revised Behavior Support Plan.</p> <p><b>PREVENTION:</b></p> <p>The facility's QIDP will be trained regarding the need to assure aggressive and consistent implementation of active treatment for all clients, including but not limited to implementation of behavior supports.</p> <p>A management staff will be present, supervising active</p>	09/25/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>A. Client A then leaned away from client B and stated, "Help, he's going to scratch me!" Staff #2 came out of the kitchen area and escorted client B to his bedroom. At 4:37 PM client B was in his bedroom. Client B was not wearing gloves on either of his hands. At 4:53 PM AS (Area Supervisor) #1 walked with client B into the living room. AS #1 was holding client B's hand. Client B was wearing gloves. Client B had a white, cloth glove on his right hand and a plastic glove on his left hand. Client B wore the protective gloves for the remainder of the observation period.</p> <p>Client B's record was reviewed on 8/24/21 at 10:08 AM. Client B's BSP dated 5/30/21 and revised 7/30/21 indicated, "... Behavioral History/Rationale for Plan:.. [Client B] requires 24 (hours per day)/7 (days per week) line of sight supervision. He recently lost his ability to attend day programming services due to his aggressive behaviors... Target Behaviors: Physical Aggression/Intimidation/Self Injurious Behavior: [Client B] will sometimes scratch staff or other clients, he will exhibit grabbing with a tight grip... Rights Restrictions:.. Risks to individual: Risk of injury, harm to self and others... Restriction: Freedom of movement: 24-hour supervision Risks to individual: Risk of injury, harm to self and others... Restriction: Use thin cotton gloves to prevent him from scratching others. Risks to individual: Protection of others...".</p> <p>-A review of client B's BSP dated 5/30/21 and revised 7/30/21 indicated client B required 24/7 line of sight supervision. The review indicated client B was to wear protective gloves to prevent him from scratching and injuring his housemates. The review did not indicate when client B was to</p>		<p>treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor implementation of active treatment including but not limited to behavior supports. 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) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than twice weekly, until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> <li>· The role of the administrative monitor is not simply to observe &amp; Report.</li> <li>· When opportunities for training are observed, the monitor must step in and provide the training and document it.</li> <li>· If gaps in active treatment are observed the monitor is expected to step in, and model the</li> </ul>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>wear his protective gloves.</p> <p>Client B was non-verbal and was not able to be interviewed.</p> <p>Client F was interviewed on 8/23/21 at 3:49 PM. Client F was asked if client B had scratched client A. Client F stated, "On the face. He (client A) was on the couch watching TV. He (client B) came by and scratched [client A] on the face." Client F was asked where staff were when client B scratched client A. Client F stated, "In this room (medication room/office)."</p> <p>Client A was interviewed on 8/23/21 at 4:28 PM. Client A was asked if client B had scratched him recently. Client A stated, "Last week on the neck." Client A was asked if client B had scratched him previously. Client A stated, "Yes, three times." Client A was asked if client B had tried to scratch him just a few moments prior to the interview. Client A stated, "Yes they need to do something about [client B]." Client A was asked if he was afraid of client B. Client A stated, "Yes, I'm afraid of him. They need to teach him (client B) not to scratch me."</p> <p>Staff #1 was interviewed on 8/23/21 at 3:10 PM. Staff #1 was asked if client B had scratched any of the clients recently. Staff #1 stated, "No." Staff #1 was asked if client B targets any of the other clients. Staff #1 stated, "[Client A], that's who he always goes after."</p> <p>Staff #2 was interviewed on 8/23/21 at 3:20 PM. Staff #2 was asked if client B had scratched any of the clients recently. Staff #2 stated, "[Client B] tried to attack [client A]. He (client A) has 2 marks on his face. I was outside with 3 clients and the other staff was in the med. (medication)</p>		<p>appropriate provision of supports.</p> <ul style="list-style-type: none"> <li>Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.</li> <li>Review all relevant documentation, providing documented coaching and training as needed</li> </ul> <p>Administrative support at the home will include assuring staff provide continuous active treatment, including but not limited to implementation of behavior supports.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>room passing meds so maybe that's when it happened. I talked to [client A] he said [client B] did it." Staff #2 was asked if client B was on line of sight supervision. Staff #2 stated, "Yes he is. Whenever he's (client B) here he tries to get to [client A]."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/23/21 at 11:02 AM. QIDP #1 was asked when staff should cue client B to wear his protective gloves. QIDP #1 stated, "I think it should be whenever he's in contact with his housemates. When he's out in the common area."</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 8/24/21 at 11:49 AM. QIDPM #1 was asked how many incidents of physical aggression by client B towards client A had occurred. QIDPM #1 stated, "Three." QIDPM #1 was asked if client A had sustained injuries as a result of client B's physical aggression. QIDPM #1 stated, "Yes, he had scratches." QIDPM #1 was asked when staff should cue client B to wear his protective gloves. QIDPM #1 stated, "During all waking hours." QIDPM #1 indicated staff had not implemented client B's BSP correctly.</p> <p>9-3-4(a)</p>			