

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G193	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2020
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 13711 BENNETTSVILLE RD MEMPHIS, IN 47143		
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W 0000 Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey.</p> <p>Survey dates: January 30, 31 and February 3, 2020.</p> <p>Facility Number: 000723 Provider Number: 15G193 AIM Number: 100234760</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 2/13/20.</p>	W 0000		
W 0210 Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1 received an assessment for tremors in both of his hands.</p> <p>Findings include:</p> <p>Observation was conducted on 1/30/20 from 3:58 PM to 5:46 PM. Observation indicated the following:</p> <ul style="list-style-type: none"> -At 4:25 PM, client #1 returned home from his work location. -At 4:52 PM, client #1 was observed with soap suds remaining on his hand after he had washed 	W 0210	<p>1.The Facility will ensure the Interdisciplinary Team performs an accurate assessment and reassessments as needed to of the preliminary evaluation.</p> <p>2.The QIDP will update Client #1 Comprehensive Functional Assessment to include the assessment of tremors or motor movement.</p> <p>3.The QIDP will update the Behavior Support Plan to include tremors as a possible side effect from medication Client #1 has been prescribed by the Physician.</p> <p>4.Nurse will schedule an</p>	03/04/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>them in preparation for making the evening meal. Both the right and left hands shook as client #1 walked toward the bathroom to rinse his hands again.</p> <p>-At 4:56 PM, client #1 was in the kitchen helping to prepare the evening meal. At 4:58 PM, client #1 went from the kitchen through the common living area back to his bedroom and then returned at 5:02 PM. As client #1 walked through the common living area both his right and left hands had a tremor and he had a facial twitch with his lips as he walked through the common living area. From 5:02 PM to 5:05 PM, client #1 remained in the kitchen helping client #4 and the Home Manager with preparing the evening meal.</p> <p>-At 5:05 PM, client #1 sat at the table and waited for clients #2, #6 and #7 to be seated before passing serving bowls. The evening meal was scrambled eggs, French toast, greens, and cooked apples. At 5:07 PM, client #1 attempted to use a serving utensil and place French toast sticks on his plate. Client #1's right hand shook as he attempted to place a serving of French toast sticks on his plate.</p> <p>-At 5:08 PM, the Home Manager asked client #4 to let everyone serve themselves and for everyone to only take 3 pieces of the French toast sticks. Client #1 had served himself more than 3 pieces of French toast.</p> <p>-At 5:09 PM, client #1 served himself scrambled eggs from a serving bowl to his plate. His right hand shook as he transferred the eggs from the serving bowl to his plate. Client #1 then quickly grabbed both the salt and pepper shakers using each hand. Client #1's left hand shook as he held a salt shaker. Client #1 was able to control the</p>			<p>appointment with the Psychiatrist for Client #1 to assess tremors.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, Nurse, DSP.</p>	

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	<p>movement as he used the salt and pepper shaker with his right hand, but his relaxed left hand had a tremor as he held the condiment shakers.</p> <p>-At 5:10 PM, client #1 took a bite of his scrambled eggs. Client #1's right hand would tremor as he attempted to use his fork to scoop up some scrambled eggs.</p> <p>-At 5:12 PM, client #1 switched from a fork to a spoon to finish his eggs and apples remaining on the plate. Client #1's right hand shook as he attempted to scoop apples onto it. Client #1 then used his left hand to help slide some of the apple onto the spoon.</p> <p>-At 5:16 PM, client #1 picked up a butter knife and used a fork and knife to cut French toast sticks into bite size pieces. Client #1's hands did not tremor or shake during this deliberate cutting motion. Once client #1 laid the knife back down on the table and switched to his fork in the right hand, his left hand tremored while relaxed. The Home Manager was asked if he had noticed client #1's tremors. The Home Manager stated, "Medicines! It's the medicine he is on. I've asked the doctor and they said it's from all the medicines he has been on". The Home Manager was asked if that meant the tremors were a side effect from the medication client #1 takes. The Home Manager stated, "Yes, yes".</p> <p>-At 5:19 PM, client #1 finished the last bites of his eggs and apples and took a drink of milk in a small plastic cup. A tremor in both hands as client #1 lifted the cup of milk to his mouth was observed.</p> <p>-At 5:20 PM, client #1 took his plate and utensils from the table to the dishwasher. As client #1 walked over to the dishwasher he was holding his</p>			

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	<p>plate with both hands. The plate was shaking up and down rapidly and client #1's utensils slid off the plate and landed on the lid of the dish washer. Client #4 had his back to client #1 while he rinsed dishes in the sink to place in the dishwasher and could not see client #1 as he approached. When client #1's utensils slid off his plate and landed on the lid of the dishwasher, client #4 was startled and said, "Hey now". Client #1 proceeded to place his plate and pick his utensils up and load the dishwasher before leaving the kitchen area.</p> <p>On 1/31/20 at 7:43 AM, client #1's record was reviewed. The record indicated the following:</p> <ul style="list-style-type: none"> -Comprehensive Functional Assessment (CFA) dated 1/6/2020 did not indicate client #1 had tremors. Client #1's CFA did not include a section to assess tremors or motor movement abilities. -Nursing quarterly dated January, February and March 2019 indicated the following Involuntary Movement Scale data for client #1; "Upper arms, wrist, hands, fingers. Include choreic (movement disorder) movement (slow, regular, complex). DO NOT include tremor (repetitive, regular, rhythmic), 0 = None". -Nursing quarterly dated April, May June 2019 indicated the following Involuntary Movement Scale data for client #1; "Upper arms, wrist, hands, fingers. Include choreic movement (slow, regular, complex). DO NOT include tremor (repetitive, regular, rhythmic), 0 = None". -Nursing quarterly dated July, August and September 2019 indicated the following Involuntary Movement Scale data for client #1; "Upper arms, wrist, hands, fingers, Include choreic movement (slow, regular, complex). DO 				

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	<p>NOT include tremor (repetitive, regular, rhythmic), 0 = None".</p> <p>-Nursing quarterly dated October, November and December 2019 indicated the following Involuntary Movement Scale data for client #1; "Upper arms, wrist, hands, fingers, Include choreic movement (slow, regular, complex). DO NOT include tremor (repetitive, regular, rhythmic), 0 = None".</p> <p>-Behavior Support Plan (BSP) dated 10/24/19 indicated, "Medication: Thioridazine (anti-psychotic) 300 mg (milligrams) ...Side Effects: 1. Drowsiness, 2. Dizziness, 3. Blurred Vision". The BSP did not include tremors as a possible side effect of the medication.</p> <p>-Physician's Order dated 1/31/20 indicated, "Chlorpromazine (anti-psychotic) 100 mg Tab (tablet): Give two (2) tablets by mouth twice daily. Equiv (Equivalent) To: Thorazine (anti-psychotic) 100 mg tab".</p> <p>On 1/31/20 at 8:01 AM, the Qualified Intellectual Disability Professional (QIDP) #2 was interviewed. The QIDP #2 was asked about client #1's tremors. The QIDP #2 indicated the CFA appeared to be a modified version and stated, "It doesn't look like its (tremors) is on there anymore".</p> <p>On 1/31/20 at 9:04 AM, the Nurse was interviewed. The Nurse was asked about client #1's tremors. The Nurse indicated client #1 was on Thorazine, but had never been diagnosed with side effects such as tremors from being prescribed the medication. The Nurse indicated she was not aware of client #1's past family history of Parkinson disease and stated, "I can't say for sure if it's from the medication". The Nurse was asked</p>			

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W 0249 Bldg. 00	<p>if the doctor had assessed client #1 for tremors and indicated she would follow up to confirm client #1's next psychiatry appointment in February 2020. The Nurse was asked for the current dosage of Thorazine client #1 was being administered. The Nurse stated, "Now we're doing a total of 400 mg".</p> <p>On 1/31/20 at 2:15 PM, the Nurse Manager was interviewed. The Nurse Manager was asked about client #1's current physician orders for Thorazine and his experiencing tremors. The Nurse Manager provided client #1's current physician's order dated January 31. 2020. The Nurse Manager stated, "We need to research [client #1's] tremors. He has been moved to the next psychiatry appointment with [psychiatrist] February 2020".</p> <p>On 1/31/20 at 2:23 PM, the Qualified Intellectual Disability Professional (QIDP) #1 was interviewed. The QIDP #1 was asked about client #1's tremors. The QIDP #1 reviewed client #1's CFA and stated, "I believe his was a shorter version (CFA). It doesn't include (assessment of) tremors".</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review and interview for 1 of 3 sampled clients (#1) the facility failed to ensure implementation of client #1's</p>	W 0249	W 249: PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	03/20/2020

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	<p>program plan for his hygiene and personal care supports.</p> <p>Findings include:</p> <p>Observation was completed at the workshop location on 1/30/20 from 1:36 PM to 2:42 PM. Observation indicated the following:</p> <ul style="list-style-type: none"> -At 1:42 PM, client #1 was seated with a group of peers at a round table. -At 1:51 PM, day program staff #1 asked client #1 if he had eaten his snack. Client #1 indicated he had already eaten his afternoon snack. -At 1:53 PM, day program staff #1 indicated to the group that they would be doing a walking activity once everyone finished their snacks. Client #1 remained seated among his peers at a round table. <p>At 2:14 PM, client #1 was no longer seated at the round table with peers. Day service staff #1 was asked where client #1 had gone. Day service staff #1 indicated client #1 had gone into the bathroom. During this conversation with day service staff #1, client #1 exited the bathroom and was wearing a belt around his waist, and athletic jogging pants with a tie string. The belt was not through any loops, just fastened around client #1's waist.</p> <ul style="list-style-type: none"> -At 2:18 PM, day service staff #1 was asked why client #1 was wearing a belt with athletic pants that had a tie string. Day service staff #1 stated, "I think he just wears a belt every day". -At 2:33 PM, the Program Manager for the day program location entered the activity room. The Program Manager was asked why client #1 would be wearing a belt with athletic pants that had a tie 		<p>1.The Facility will ensure the implementation of a hygiene and personal care supports plan for Client #1.</p> <p>2.An IDT will meet to discuss strategies and develop a plan for Client #1 consisting of a Nurse, QIPD, Residential Manager, Area Supervisor and Program Manager for appropriate dressing, and hygiene.</p> <p>3.The QIDP will update Client #1 Comprehensive Functional Assessment to include the assessment of hygiene.</p> <p>4.The QIDP will update Client #1 Behavior Support Plan to include a goals for appropriate dressing, and hygiene.</p> <p>5.The QIDP train all Facility Staff on Client #1 Behavior Support Plan to include a goals for appropriate dressing, and hygiene.</p> <p>6.Staff will monitor Client #1 during hygiene time providing appropriate prompts and oversight to ensure hygiene goals are met.</p> <p>7.Staff will ensure Client #1 is appropriately dressed in clean clothes daily.</p> <p>8.The Residential Manager will update the QIDP weekly to ensure Client #1 is meeting goals.</p> <p>9.An IDT will be conducted Monthly to discuss strategies and develop a plan for Client #1 consisting of a Nurse, QIPD, Residential Manager, Area Supervisor and Program Manager</p>	

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	<p>string. The Program Manager indicated the belt may be behavior related and a preference of client #1's and stated, "He wears it almost all the time". Both the day service staff #1 and Program Manager indicated client #1 would at times have an odor and questioned his hygiene being consistently completed.</p> <p>On 1/31/20 at 7:43 AM, client #1's record was reviewed. The record indicated:</p> <p>-Individual Support Plan (ISP) dated 10/24/19 indicated, "Primary objectives: 5. Personal Care. GOAL 4: To improve his personal care skills. OBJECTIVE: [Client #1] will complete his daily hygiene with 2 verbal prompts 50% of opportunities per month for 12 consecutive months by 7/10/20".</p> <p>-Monthly Program Team Review dated October 2019 indicated, "Hygiene goal criteria meet 14 of 31 trials".</p> <p>--Monthly Program Team Review dated November 2019 indicated, "Hygiene goal criteria meet 0 of 31 trials".</p> <p>--Monthly Program Team Review dated October 2019 indicated, "Improve his personal care skills criteria meet 5 of 31 trials".</p> <p>On 1/31/20 at 8:01 AM, the Qualified Intellectual Disability Professional (QIDP) #2 was interviewed. The QIDP #2 was asked about client #1's participation with hygiene and personal care. The QIDP #2 stated, "He (client #1) doesn't do well with bathing". The QIDP #2 indicated further review to support client #1 with hygiene and personal care was needed.</p>		<p>for appropriate dressing, and hygiene until goals are met.</p> <p>10. The QIDP will monitor on site progress to ensure competency and compliance by developing a chart to track appropriate dressing, and hygiene of Client#1 that will be updated daily by DSP. Client progress will be reviewed weekly by the Residential Manager and QIDP. The QIDP will update the team and make recommendation accordingly.</p> <p>11. The QIDP monitor progress for Client#1 while at workshop, compliance by developing a chart to track appropriate dressing, and hygiene updated by workshop staff. Client progress will be reviewed Monthly by the QIDP. The QIDP will update the team and make recommendation accordingly. that the clients affected by the deficient practice, attend?</p> <p>Persons Responsible: Program Manager, QIDP, Area Supervisor, Residential Manager, Nurse, DSP.</p>	

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W 0268 Bldg. 00	<p>On 1/31/20 at 8:39 AM, the Home Manager was interviewed. The Home Manager was asked about client #1's participation with hygiene and personal care. The Home Manager indicated client #1 would work with some staff better than other and stated, "[Client #1] will fight you and have an outburst. That (hygiene) is something we consistently have to work at".</p> <p>On 1/31/20 at 2:23 PM, the Qualified Intellectual Disability Professional (QIDP) #1 was interviewed. The QIDP #1 was asked about client #1's participation with hygiene and personal care. The QIDP #1 indicated client #1 did not do well at maintaining his personal care and hygiene and stated, "He (client #1) needs some sort of incentive to do better, yes it (hygiene goal) needs reviewed for revision".</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3's dignity by failing to supply appropriate sized clothing.</p> <p>Findings include:</p> <p>Observation was conducted at the facility on 1/31/20 from 6:30 AM to 7:30 AM. Observation indicated the following:</p> <p>-At 6:37 AM, client #3 began to prepare his lunch bag to take to the workshop. Client #3's pants were falling down from his hips and exposed his</p>		W 0268	<p>1. The Facility will ensure the policies and procedures promote the growth, development and independence of the clients.</p> <p>2. The Facility will ensure Client #3 has proper fitting clothing.</p> <p>3. The Residential Manager will inventory Client #3 clothing and improper fitting clothing will be donated to Charity upon approval of Client #3. The Facility will purchase proper fitting appropriate fitting clothing items with Client #3 approval.</p>	03/04/2020

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	<p>blue underwear with white stripes. Client #3 used his left hand to pull up his pants.</p> <p>-At 6:53 AM, client #3 was asked by staff #2 to come and make his bed. Client #3 stood from his chair in the common living area and walked to his bedroom. As client #3 ambulated, he held his pants up by using his hands as he walked toward his bedroom.</p> <p>-At 7:26 AM, staff #5 asked everyone to go to the van as they were preparing to leave for work. Client #3 stood from his chair in the common living area and grabbed his lunch bag and began making his way through the living area holding his pants up and lunch bag. At 7:28 AM, client #4 meet client #3 at the doorway and walked beside him to the van. Client #3 held his pants up as he ambulated toward the van.</p> <p>On 1/31/20 at 7:40 AM, the Home Manager was interviewed. The Home Manager was asked if client #3 had enough properly fitting clothing and a belt to wear. The Home Manager stated, "I'm going shopping to buy [client #3] and [client #6] some more clothes. [Client #3] is a 30/30 (pant size), but his belt does not fit him".</p> <p>On 1/31/20 at 2:23 AM, the Qualified Intellectual Disability Professional (QIDP) #1 was interviewed. The QIDP #1 was asked if client #3 should have properly fitting clothing to wear and stated, "It's hard to get clothing to fit [client #3]. I will get with [Home Manager] to go through his clothes". The QIDP #1 indicated client #3's clothing may need to be sorted for clothing that fits him properly and storage of remaining clothing items which do not fit.</p> <p>9-3-5(a)</p>		<p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, QIDP, DSP.</p>	

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W 0348 Bldg. 00	<p>483.460(e)(1) DENTAL SERVICES</p> <p>The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure dental services for client #3 to have a regular cleaning and evaluation per the dental recommendation received by his physician on 11/13/19 for tooth pain.</p> <p>Findings include:</p> <p>On 1/31/20 at 8:15 AM, client #3's record was reviewed. Client #3's record indicated the following:</p> <ul style="list-style-type: none"> -No dental consults were available for review. -Doctor orders and progress note dated 11/13/19 indicated, "Reason for visit, cancer screen/ tooth pain ...R (right) side tooth pain + red swollen. Evaluate, need to brush with (with) soft brs (bristle) brush ...need to see regular dentist for clean/eval (evaluation) ...". <p>On 1/31/20 at 10:09 AM, the Nurse was interviewed. The Nurse was asked if client #3 had dental documentation for review. The Nurse reviewed the client record and indicated further follow up was needed with client #3's dental office. The Nurse called client #3's dental office and indicated client #3's last dental consult was on 12/19/18 and stated, "He (client #3) does have</p>		W 0348	<p>1.The facility will provide comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists.</p> <p>2.Appointment for Client #3 will be scheduled for Dental Care.</p> <p>3.Staff will be retrained on ensuring the clients make it to their scheduled appointments. The staff in the Facility will be retrained on the client appointment procedure.</p> <p>Persons Responsible: Direct Support Professionals, Residential Manager, Area Supervisor, Program Manager, Nursing, Director of Nursing</p>	03/04/2020

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G193	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2020
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP COD 13711 BENNETTSVILLE RD MEMPHIS, IN 47143	
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	it (dental examination) scheduled in February (2020)". 9-3-6(a)			