

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2018
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130		
(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 a pre-determined full recertification and state licensure survey.</p> <p>Survey dates: December 18, 19, 20 and 21, 2018.</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed 12/31/18 by #09182.</p>	W 0000		
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to meet the Condition of Participation: Governing Body. The facility's governing body failed to exercise operating direction over the facility by failing to implement their system for preventing a staff with a suspended driver's license from working at the group home.</p> <p>Findings include:</p> <p>Please refer to W104. For 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility's governing body failed to exercise operating direction over the facility by failing to implement their system for preventing a staff with a</p>	W 0102	<p>W 102 Governing Body and Management CFR9(s) 483.410:</p> <p>1. The administrator will update the Background checks and Reference checks Personnel policy Driver's License requirements to include: An employee without a valid driver's license will be required to sign a Non-Driving Agreement that will be kept on file and tracked by the operation's human resources department.</p> <p>2. The human resources department will run monthly reports to ensure employees remain in compliance with the</p>	01/20/2019

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2018
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130		
(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 0104 Bldg. 00	<p>suspended driver's license from working at the group home.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility's governing body failed to exercise operating direction over the facility by failing to implement procedure for preventing a staff with a suspended driver's license from working at the group home.</p> <p>Findings include:</p> <p>On 12/19/18 from 6:31 AM until 7:58 AM, staff #1 was observed to be working at the facility with clients #1, #2, #3 and #4.</p> <p>On 12/20/18 at 1:05 PM, a review of the facility's employee files was conducted and indicated the following:</p> <ul style="list-style-type: none"> -Employee hire date indicated as 6/5/2018 for staff #1. -On 6/18/18 at 11:11 AM the facility conducted a MVR (Motor Vehicle Record) check. The motor vehicle record check indicated staff#1 had a suspended driver's license that expired on 12/6/2017. <p>On 12/20/18 at 1:35 PM, the Quality Assurance Coordinator (QAC) indicated an identification card was found on file for staff #1 and an attempt to obtain a copy of a valid operator's license was being made with staff #1. The QAC indicated if a</p>	W 0104	<p>personnel policy Driver's License requirements.</p> <p>W 104 Governing Body and Management CFR(s) 483.410(a)(1):</p> <ol style="list-style-type: none"> 1. The administrator will update the Background checks and Reference checks Personnel policy section on Driver's License requirements to include: An employee without a valid driver's license will be required to sign a Non-Driving Agreement that will be kept on file and tracked by the operation's human resources department. 2. The human resources department will run monthly reports to ensure employees remain in compliance with the personnel policy Driver's License requirements. 3. The Human Resources Manager will receive disciplinary action for failure to ensure the personnel policy was implemented correctly. 	01/20/2019

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2018
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130	
(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)
W 0227 Bldg. 00	<p>current operator's license could not be obtained, staff #1 would be suspended and an investigation initiated.</p> <p>On 12/21/18 at 12:29 PM, the provider's "Personnel Policy (Background checks and Reference Checks)" dated 1/10/18 was reviewed. The Personnel Policy indicated under a section titled "Driver License" as; "Procedure: 1. Upon hire, each employee's name and driver (sic) license number will be entered into the driver's license database. 2. Each month a report will be ran (sic) from the database to include driver number, and the name of corresponding employee that are scheduled to expire for the proceeding month. The employee will be notified that their driver's license is scheduled to expire within the next 30 days. 3. The employees that are listed will have 30 days to provide a current copy of their driver (sic) license, at which time a MVR (Motor Vehicle Record) check will conducted by HR (Human Resources). 4. If an employee fails to provide the updated information by the expiration date, the employee, and their supervisor will be notified that the employee will be unable to work until the appropriate documentation has been submitted."</p> <p>On 12/21/18 at 1:05 PM, a phone interview with the Executive Director (ED) was completed. The ED indicated it appeared staff #1 was transporting clients with a suspended license and was suspended from work until an investigation could be completed. The ED stated, "The policy was not followed."</p> <p>9-3-1(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the</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 15G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2018
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130		
(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>specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based record review and interview for 1 of 2 clients in the sample (#1), the facility failed to ensure client #1 had a plan to address property destruction.</p> <p>Findings include:</p> <p>On 12/20/18 at 10:49 AM, a review of client #1's record was completed. The record review indicated the following:</p> <ul style="list-style-type: none"> -Internal incident report dated 11/30/18 indicated, "staff redirected [client #1] to go to her room and calm down. She went to room broke her glasses and tried to eat the pieces but took them out of mouth". -Individual Support Plan dated 5/30/18 indicated challenging behaviors as, "Non-compliance, Inappropriate Sexual Behaviors, Taking things that do not belong to her, Elopement and Fabricating stories". -Behavior Support Plan/BSP dated 11/8/18 indicated target behaviors and goals as, "Inappropriate Sexual Behavior, Suicidal Ideation/Self Injurious Behavior, Verbal Disruption, Physical Aggression, Lying/Manipulation, Non-compliance, Stealing and Leaving Assigned Area/Elopement". -Monthly Program Team Review form dated November 2018 indicated target behavior tracking as, "Suicidal Ideation/Self Injurious Behavior 0Non-compliance 8". <p>On 12/20/18 at 2:03 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked how client #1's incident on 11/30/18 was tracked when she broke her glasses</p>	W 0227	<p>W 227 Individual Program Plan CFR9s 483.440(c)(4):</p> <p>1.The QIDP will ensure client Individual Support Plans remain updated and meet client necessary needs.</p> <p>2.The QIDP, Program Manager, Area Supervisor, and Residential Manager will ensure all employees are trained on ISPs/BSPs and implementing them correctly.</p>	01/20/2019

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2018	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130		
(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 placed pieces in her mouth. The QIDP indicated the behavior did not fit the definition of suicidal ideation for client #1. The QIDP stated, "It was property destruction". The QIDP indicated an update to client #1's target behaviors (BSP) to include property destruction was needed.</p> <p>9-3-4(a)</p>				