

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G194	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/19/2024
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 115 STONEGATE BEDFORD, IN 47421
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00427713.</p> <p>Complaint #IN00427713: Federal/state deficiencies related to the allegation(s) are cited at W104, W240 and W249.</p> <p>Unrelated deficiency cited.</p> <p>Survey Dates: March 18 and 19, 2024</p> <p>Facility Number: 000724 Provider Number: 15G194 AIM Number: 100243320</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/28/24.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 7 of 7 clients living in the group home (A, B, C, D, F, G and H), the governing body failed to exercise operating direction over the facility by failing to ensure items removed from the septic system were not left in a pile in the group home's backyard.</p> <p>Findings include:</p> <p>On 3/18/24 from 12:34 PM to 3:47 PM, an observation was conducted at the group home. During the observation, there was a 4 foot</p>	W 0104	To correct the deficient practice the debris has been removed from the back yard. All staff have been retrained the following: Ensuring the inside and outside of the home meet appropriate cleanliness standards. Following all plans as written, and Client A's BSP. Additional monitoring will be achieved by two times a week administrative observation. The administration team will meet	04/19/2024

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

TITLE

(X6) DATE

Patrick O'Heran

QAM

04/09/2024

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

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W 0240 Bldg. 00	<p>diameter by 1 foot tall pile of debris in the backyard located near the septic system's clean out. The pile of debris contained medical disposable gloves, candy wrappers and towels. At 2:05 PM, staff #5 and staff #7 removed the pile from the backyard. This affected clients A, B, C, D, F, G and H.</p> <p>On 3/18/24 at 12:35 PM, staff #5 indicated the pile of debris in the backyard had been there approximately 2 months. Staff #5 indicated the pile contained items removed from the group home's septic system. Staff #5 indicated client A had a behavior of flushing items down the toilet.</p> <p>On 3/18/24 at 1:21 PM, the Quality Assurance Manager (QAM) indicated client A's Behavior Support Plan (BSP) indicated staff should monitor him when he was in the bathroom. The QAM indicated the pile in the backyard needed to be removed.</p> <p>On 3/18/24 at 1:47 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated client A's BSP indicated staff should monitor him when he was in the bathroom. The QAM indicated the pile in the backyard needed to be removed.</p> <p>This federal tag relates to complaint #IN00427713.</p> <p>9-3-1(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 2 of 3 clients in the sample (A and B), the facility failed to ensure: 1) client A's program</p>	W 0240	<p>monthly to determine if the rate of observations needs to continue, increase, or discontinue. Ongoing monitoring will be achieved by once monthly administrative observations of the home.</p> <p>To correct the deficient practice the alarms have been installed on the bathroom, and pantry door.</p>	04/19/2024

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	<p>plans included the use of bathroom door alarms to prevent him from flushing items down the toilet, and 2) client B's plan did not include client F's name in the plan.</p> <p>Findings include:</p> <p>On 3/18/24 from 12:34 PM to 3:47 PM, an observation was conducted at the group home and indicated the following:</p> <p>1) During the observation, the bathroom door on the kitchen side of the home did not have a working door alarm. From 12:34 PM to 1:53 PM, the door alarm on the office side of the home was not working. When the surveyor asked staff #5 about the alarm, staff #5 indicated it must have been turned off. Staff #5 turned the alarm on and it worked for the remainder of the observation. This affected client A.</p> <p>On 3/19/24 at 10:52 AM, a focused review of client A's Behavior Support Plan (BSP) was conducted. The 1/6/24 BSP indicated, "...[Client A] also goes to the restroom a lot. It has been found that he flushes objects down the toilet such as lotion bottles, gloves, wipes, creams, wash cloths, etc... Property Destruction: is defined as: taking items that are not his own and flushing them down the toilet, thus affecting the septic system... PREVENTATIVE PROCEDURES... Staff will monitor [client A] in the bathroom... REACTIVE PROCEDURES for: Property Destruction: Staff will monitor [client A] in the bathroom. Staff will watch for [client A] to go to the bathroom. Staff will watch for [client A] to take items to the bathroom. Staff will ask [client A] to put the items down. Staff will explain to [client A] why he cannot flush items down the toilet. Staff will redirect [client A] to another activity. Staff will</p>		<p>Client A's plan has been updated to reflect bathroom alarms and approved through HRC. Client B's plans have been updated to reflect the appropriate client's name in the plan. All staff have been trained to follow all plans as written. As well as ensuring all restrictions are implemented as written. The QIDP has been trained ensuring the plans meet the needs of clients, and all plans are accurately written. To ensure no others were affected the QIDP will review all plans for accuracy and meeting the needs of each client. Additional monitoring will be achieved by two times a week administrative observation. The administration team will meet monthly to determine if the rate of observations needs to continue, increase, or discontinue. Ongoing monitoring will be achieved by the AS, PM, and QIDP completing weekly observations of the home to ensure all plans are implemented as written.</p>		

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	<p>praise [client A]...." The BSP did not address the use of door alarms on the bathroom doors. Client A's 1/6/24 Individualized Support Plan (ISP) did not address the use of door alarms on the bathroom doors.</p> <p>On 3/18/24 at 1:47 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the bathroom doors should have alarms on them due to client A's flushing items down the toilet.</p> <p>On 3/18/24 at 1:53 PM, the Program Manager (PM) indicated the bathroom doors should have alarms on them due to client A's flushing items down the toilet.</p> <p>On 3/18/24 at 2:56 PM, the Areas Supervisor (AS) indicated the bathroom doors should have alarms.</p> <p>On 3/19/24 at 12:59 PM, the Quality Assurance Manager (QAM) indicated the bathroom doors should have alarms on them due to client A's flushing items down the toilet. The QAM indicated client A's plans needed to be revised/updated to include the bathroom door alarms.</p> <p>2) During the observation, there was no alarm on the pantry door. When the pantry door was opened, there was no audible alert. This affected client B.</p> <p>On 3/19/24 at 11:03 AM, a focused review of client B's BSP was conducted and indicated the following:</p> <p>-Client B's 3/11/24 BSP indicated he had a targeted behavior of "...Taking others Food/Drink is defined as: Stealing food and drinks from others, usually at the dinner table... Right to be modified:</p>			

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	<p>Freedom of Privacy and Access (Sensory alarm on Pantry door). Manner in which the right will be modified: Sensory Alarms will be placed on the pantry door of the home to alert staff when an individual is entering the pantry. Reason the modification is needed: Due to a roommate's inappropriate behaviors surrounding food seeking and consumption, personal safety, and to alert staff when an individual is entering the pantry. Less restrictive measures that have been attempted: Verbal redirection, verbal praise, free access. Services that will be provided in order that the right may be restored: This area will remain and active goal in the current ISP (Individualized Support Plan) for the client in need...."</p> <p>-Client B's BSP included client F's name in his plan eight times as evidenced by: "...Data will be collected on [client F's] Data Collection Sheet across all shifts... ...Staff will stand with their backs to [client F] while he is showering to provide him with privacy. ...[Client F] needs a quiet place to go to when upset. ...Staff will be familiar with [client F's] likes/dislikes, BSP, and appropriate interventions. ...Changes in routine should be kept to a minimum. ...Interaction with [client F] should be positive. ...Staff will immediately intervene if [client F] is being teased by a housemate. ...Staff and clients will avoid touching [client F], he does not like pats on the back or hugs. ...Staff will keep clear boundaries physical, socially, and emotionally with [client F]...."</p> <p>On 3/18/24 at 1:21 PM, the QAM indicated client B's BSP should not include client F's name. The QAM indicated client B's plan needed to be revised.</p>			

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W 0249 Bldg. 00	<p>This federal tag relates to complaint #IN00427713.</p> <p>9-3-4(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 2 of 3 clients in the sample (A and B), the facility failed to ensure: 1) staff implemented client A's plan for supervision while in the bathroom, and 2) the pantry door had a door alarm as indicated in client B's program plan.</p> <p>Findings include:</p> <p>On 3/18/24 from 12:34 PM to 3:47 PM, an observation was conducted at the group home and indicated the following:</p> <p>1) During the observation, there was a 4 foot diameter by 1 foot tall pile of debris in the backyard located near the septic system's clean out. The pile of debris contained medical disposable gloves, candy wrappers and towels. There were two bathrooms in the group home. Both bathrooms had boxes of disposable gloves on shelves.</p> <p>On 3/18/24 at 12:35 PM, staff #5 indicated the pile of debris in the backyard had been there approximately 2 months. Staff #5 indicated the</p>	W 0249	To correct the deficient practice the alarms have been installed on the bathroom, and pantry door. All staff have been trained to follow all plans as written, and Client A, and B's plans. Additional monitoring will be achieved by two times a week administrative observation. The administration team will meet monthly to determine if the rate of observations needs to continue, increase, or discontinue. Ongoing monitoring will be achieved by the AS, PM, and QIDP completing weekly observations of the home to ensure all plans are implemented as written.	04/19/2024

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	<p>pile contained items removed from the group home's septic system. Staff #5 indicated client A had a behavior of flushing items down the toilet. Staff #5 indicated client A required supervision while using the bathroom to prevent him from flushing items down the toilet.</p> <p>On 3/18/24 at 12:35 PM, staff #1 indicated client A required supervision while using the bathroom to prevent him from flushing items down the toilet.</p> <p>On 3/19/24 at 10:52 AM, a focused review of client A's Behavior Support Plan (BSP) was conducted. The 1/6/24 BSP indicated, "...[Client A] also goes to the restroom a lot. It has been found that he flushes objects down the toilet such as lotion bottles, gloves, wipes, creams, wash cloths, etc... Property Destruction: is defined as: taking items that are not his own and flushing them down the toilet, thus affecting the septic system... PREVENTATIVE PROCEDURES... Staff will monitor [client A] in the bathroom... REACTIVE PROCEDURES for: Property Destruction: Staff will monitor [client A] in the bathroom. Staff will watch for [client A] to go to the bathroom. Staff will watch for [client A] to take items to the bathroom. Staff will ask [client A] to put the items down. Staff will explain to [client A] why he cannot flush items down the toilet. Staff will redirect [client A] to another activity. Staff will praise [client A]...."</p> <p>On 3/18/24 at 1:21 PM, the Quality Assurance Manager (QAM) indicated client A's BSP indicated staff should monitor him when he was in the bathroom.</p> <p>On 3/18/24 at 2:54 PM, the Area Supervisor (AS) indicated client A needed to be supervised while using the restroom. The AS indicated the plan</p>			

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	<p>should be implemented as written.</p> <p>On 3/18/24 at 2:55 PM, the Program Manager (PM) indicated client A needed to be supervised while using the restroom.</p> <p>On 3/18/24 at 1:47 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated client A's BSP indicated staff should monitor him when he was in the bathroom.</p> <p>2) During the observation, there was no alarm on the pantry door. When the pantry door was opened, there was no audible alert. This affected client B.</p> <p>On 3/19/24 at 11:03 AM, a focused review of client B's BSP was conducted. Client B's 3/11/24 BSP indicated he had a targeted behavior of "...Taking others Food/Drink is defined as: Stealing food and drinks from others, usually at the dinner table... Right to be modified: Freedom of Privacy and Access (Sensory alarm on Pantry door). Manner in which the right will be modified: Sensory Alarms will be placed on the pantry door of the home to alert staff when an individual is entering the pantry. Reason the modification is needed: Due to a roommate's inappropriate behaviors surrounding food seeking and consumption, personal safety, and to alert staff when an individual is entering the pantry. Less restrictive measures that have been attempted: Verbal redirection, verbal praise, free access. Services that will be provided in order that the right may be restored: This area will remain and active goal in the current ISP (Individualized Support Plan) for the client in need...."</p> <p>On 3/18/24 at 1:21 PM, the QAM indicated client B's ISP indicated the pantry should have an alarm.</p>			

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W 0368 Bldg. 00	<p>The QAM indicated there was no alarm on the pantry door. The QAM indicated there should be an alarm on the pantry door.</p> <p>On 3/18/24 at 1:47 PM, the QIDP indicated the pantry was supposed to have an alarm as indicated in client B's plans.</p> <p>On 3/18/24 at 1:53 PM, the PM indicated she worked this past weekend and there was an alarm on the pantry door. The PM indicated there should be an alarm on the pantry door.</p> <p>On 3/18/24 at 2:56 PM, the AS indicated there should be an alarm on the pantry door. The AS indicated the plan should be implemented as written.</p> <p>On 3/19/24 at 11:08 AM, the QIDP indicated the alarm on the pantry door was due to client B's food seeking. The QIDP indicated the BSP needed to be revised to indicate the restriction was for client B, not a housemate.</p> <p>This federal tag relates to complaint #IN00427713.</p> <p>9-3-4(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 4 of 5 non-sampled clients (D, F, G and H), the facility failed to ensure the clients' medications were administered as ordered.</p> <p>Findings include:</p>	W 0368	To correct the deficient practice all site staff have been re-trained medication administration procedures. Additional monitoring will be achieved by three times weekly medication administration observations. The administration	04/19/2024

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	<p>On 3/18/24 at 1:04 PM, a review of the facility's incident reports was conducted and indicated the following:</p> <p>1) On 2/12/24 at 7:00 PM, client G did not receive his medication as ordered. The 3/1/24 BDS report indicated, "...On February 29, 2024 [name of nurse] was performing a med audit and discovered that on 2/12/24 staff had signed off on the controlled substance log that [client G] was administered his Lorazepam (anxiety) 1mg (7pm). Another staff had scanned the medication into [name of electronic Medication Administration Record/eMAR] with the [eMAR] stating it was administered. The pill for that date and time is still in the bubble pack with subsequent pills popped from the bubble pack, indicating that [client G] did not receive this medication even though staff indicated that he did. There have been no adverse reactions reported due to missed medication...."</p> <p>2) On 2/21/24 at 4:00 PM, clients F and G did not receive their medications as ordered. The 2/23/24 Bureau of Disabilities Services (BDS) indicated, "...On 2/22/24 at 4pm it was reported that when staff went to pass afternoon medications that the 4pm pills were still there for 2/21/24. [Client F] missed his 4pm Sucralfate 1gm (gram/ulcers) and [client G] missed his 4pm Bethanechol 50mg (milligrams/incontinence). There have been no side effects from the missed medications...."</p> <p>3) On 2/29/24 at 2:00 PM, client H did not receive his medication as ordered. The 3/1/24 BDS report indicated, "...On February 29, 2024 [name of nurse] was performing a med audit and observed that on 2.24.24 staff had scanned [client H's] Levothyroxine (underactive thyroid gland)75mg (2:00pm) as administered but had not actually administered it as the pill was still in the bubble</p>		<p>team will meet monthly to determine if the rate of observations needs to continue, increase, or discontinue. Ongoing monitoring will be achieved by the LPN completing at least monthly medication observations.</p>	

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	<p>pack. [Client H] has not experienced any adverse reactions at this time...."</p> <p>4) On 3/4/24 at 9:30 AM, client D did not receive his medication as ordered. The 3/5/24 BDS report indicated, "...On 3/4/24 [staff #2] was unaware [client D] had already received his 8am medications. She then administered his medications a second time. The medications he received twice are: furosemide (edema) 40mg, montelukast (allergies) 10mg, mybetriq (overactive bladder) 25mg, metoclopramide (gastroesophageal reflux disease/sic) 5mg. [Client D] is on in home hospice. Hospice was made aware and instructed to monitor for any side effect. As of 3/5/24 no side effects have been noted...."</p> <p>On 3/18/24 at 1:47 PM, the Quality Assurance Manager (QAM) indicated the staff should administer the clients' medications as ordered.</p> <p>On 3/19/24 at 1:24 PM, the nurse indicated the clients' medications should be administered as ordered. The nurse indicated staff were not following the facility's policies and procedures for medication administration when errors occurred.</p> <p>9-3-6(a)</p>			