

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G807 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | (X3) DATE SURVEY COMPLETED 10/18/2022 |
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| NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT | | STREET ADDRESS, CITY, STATE, ZIP COD 213 W WATER ST CENTERVILLE, IN 47330 | | |
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| W 0000 Bldg. 00 | <p>This visit was for the investigation of complaints #IN00389756 and #IN00390687.</p> <p>Complaint #IN00389756: Substantiated, federal/state deficiency related to the allegation(s) is cited at W240.</p> <p>Complaint #IN00390687: Unsubstantiated, due to lack of sufficient evidence.</p> <p>Unrelated deficiency cited.</p> <p>Survey Dates: October 17 and 18, 2022.</p> <p>Facility Number: 012632 Provider Number: 15G807 AIMS Number: 201065000</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 10/27/22.</p> | W 0000 | | |
| W 0154 Bldg. 00 | <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 3 sampled clients (B) and 1 additional client (D), the facility failed to conduct thorough investigations regarding two incidents of client to client aggression between clients B and D and a fall resulting in an ankle fracture for client B.</p> <p>Findings include:</p> <p>On 10/17/22 at 1:30 PM, the facility's BDDS</p> | W 0154 | <p>CORRECTION: <i>The facility must have evidence that all alleged violations are thoroughly investigated.</i> Specifically: All facility investigations will be completed by trained investigators. <i>The facility must have evidence that all alleged violations are thoroughly investigated.</i> Specifically:</p> | 11/17/2022 |

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

TITLE

(X6) DATE

Bob Morris

QIDP Manager

11/10/2022

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>(Bureau of Developmental Disabilities Services) reports, internal incident reports and investigations were reviewed and indicated the following:</p> <p>1) A BDDS report dated 9/2/22 indicated, "...On 8/31/22, the morning of 9/1/22, [client B] became agitated when the television was not functioning properly. She began yelling at housemates and staff and when staff redirected her verbally, [client B] went to her bedroom, continued yelling and began to throw objects around the room. After using the rest room, [client B] hit her housemate [client D] in the stomach with an open hand as she walked by [client D]. Staff separated the individuals immediately and prevented further contact...."</p> <p>The review did not include an investigation for the client to client aggression.</p> <p>2) A BDDS report dated 9/3/22 indicated, "...On the afternoon of 9/2/22, without apparent antecedent, [client B] became agitated. She began yelling at housemates and staff and when staff redirected her verbally, [client B] walked past her housemate [client D] and hit [client D] on each side of her face with an open hand. Staff separated the individuals immediately and prevented further contact. [Client B] continued to escalate and began hitting herself in the face...."</p> <p>The review did not include an investigation for the client to client aggression.</p> <p>3) A BDDS report dated 9/21/22 indicated, "...On the afternoon of 9/20/22, [client B] was on an outing with staff at the park, and she twisted her right ankle and fell. [Client B] said her ankle hurt and staff noted the development of swelling. Staff</p> | | <p>All facility investigations will be completed by trained investigators. The investigator assigned to the facility will be retrained regarding the fact that all falls resulting in injury, regardless of the severity, must be investigated along with all injuries of unknown origin. When incidents requiring investigation occur, the QA manager or designee will assign the investigation to a specific investigator. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required. Specifically, investigators will save electronic files of all components of investigations into a shared investigation folder to provide access and monitoring capability throughout the investigation process and to allow investigations to be reproduced and provided to regulatory entities as required. The QIDP manager will conduct follow-up with the investigator to assure completion within required timeframes. When a Quality Assurance Coordinator is not available to conduct a required investigation at the facility, the QIDP Manager or trained investigator designee will assume responsibility for completion of the investigation. In such cases, the QIDP Manager will provide follow-up with the Quality Assurance Manager and</p> | |

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| | <p>notified the supervisor and nurse and transported [client B] to the [name of hospital] Emergency Department, per nurse instructions. At the ER (emergency room), [client B] received an X-ray Ankle Right 3-View (sic). The physician diagnosed [client B] with a Closed Bimalleolar (both sides of ankle) Fracture of Right Ankle medial and distal side of ankle and released her to ResCare staff with a prescription for Norco as needed for pain and a recommendation to follow up with an orthopedic surgeon...."</p> <p>The review did not include an investigation for the ankle fracture.</p> <p>On 10/18/22 at 12:30 PM, the QIDPM/QIDP (Qualified Intellectual Disabilities Professional Manager/Qualified Intellectual Disabilities Professional was interviewed. The QIDPM/QIDP indicated the aforementioned incidents should have been investigated and investigations were not completed.</p> <p>9-3-2(a)</p> | | <p>Executive Director to assure completion within required timeframes.</p> <p>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, as well as time management skills to facilitate timely completion of investigations. The QIDP Manager will provide weekly follow-up to the QA Manager regarding progress and additional training needs.</p> <p>PREVENTION:</p> <p>The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up 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, and 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</p> | |

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| W 0240 Bldg. 00 | 483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe | | | <p>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.</p> <p>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 completed, if it does not meet these criteria.</p> <p>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>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Direct Support Lead, Direct Support Staff, Operations Team, Regional Director</p> |

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| | <p>relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (A), the facility failed to ensure client A's BSP (Behavior Support Plan) and CHRHP (Comprehensive High Risk Health Plan) for malnutrition/dehydration included specific guidelines regarding client A's refusals to eat and/or drink.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 10/17/22 from 4:50 PM to 6:05 PM. At 5:20 PM, client A was prompted to wash her hands for dinner. Client A washed her hands then sat down at the table to eat. Dinner was fried chicken, fried corn bread, cooked carrots and peaches. Client A ate her cornbread and took a few bites of the carrots and peaches then refused to eat the rest of her food. Staff #1 prompted and encouraged client A to eat the rest of her food and client A declined. Staff #1 offered to prepare something else for client A and client A declined. At 5:35 PM, staff #1 again asked client A if she wanted her to prepare something else for her to eat and client A declined. Client A stated, "I'm just not hungry lately". Client A indicated she had a cheeseburger and french fries for lunch and she ate breakfast this morning.</p> <p>On 10/17/22 at 1:30 PM, the facility's BDDS (Bureau of Developmental Disabilities Services) reports, internal incident reports and investigations were reviewed and indicated the following:</p> <p>A 9/1/22 BDDS report indicated, "...On 8/31/22, [client A's] team conducted a video conference with her psychiatrist to address [client A's]</p> | W 0240 | <p>CORRECTION: <i>The individual program plan must describe relevant interventions to support the individual toward independence.</i> Specifically, the QIDP Manager will incorporate specific guidelines regarding client A's refusals to eat and/or drink have been incorporated into client A's approved Behavior Support Plan.</p> <p>PREVENTION: For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDPs, 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. After 30 days, administrative monitoring will occur no less than 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. Current Operations Team members received training from</p> | 11/17/2022 |

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| | <p>continuing refusals of food, medication, and hydration. At the conclusion of the meeting the doctor directed the team to assist [client A] with obtaining a medical evaluation at the [Hospital] Emergency Department while he attempted to obtain a direct admission to a psychiatric facility for acute inpatient treatment. After an initial assessment, the ER (emergency room) physician diagnosed [client A] with Impulse Control Disorder and admitted her to the hospital for psychiatric observation pending admission to another facility. Plan to Resolve: [Client A] was not injured prior to her hospitalization. ResCare nursing will remain in communication with the hospital and [client A's] psychiatrist to assure continuity of care".</p> <p>A 9/7/22 BDDS report indicated, "...On 9/6/22, [client A] was released from [Hospital] (previously reported incident #1405056). [Client A's] nurse at the hospital explained to the ResCare nurse that [Hospital] could only provide acute care and that [client A] was medically stable at the time of her release. Hospital personnel arranged for transportation for her return home. [Client A] arrived in a non-emergency medical ambulance. The EMTs (Emergency Medical Technicians) released her from mechanical restraints, and she entered the home and began biting her arms, attempting to hit and kick staff, and hitting herself. Staff implemented a 2-person You're Safe, I'm Safe (physical restraint) hold and applied [client A's] protective mitts for safety. When her aggression began to abate, staff released the hold. [Client A] remained agitated (sic) and aggressive through the afternoon and evening and refused food, hydration and medication. Specifically [client A] did not take her 8:00 PM dose of Trazadone (sic) (for sleeplessness) 50mg (milligrams). After declining her night medication, [client A] went to</p> | | | <p>the QIDP Manager to assure a clear understanding of administrative monitoring as defined below.</p> <ul style="list-style-type: none"> The role of the administrative monitor is not simply to observe & Report. When opportunities for training are observed, the monitor must step in and provide the training and document it. If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. Review all relevant documentation, providing documented coaching and training as needed <p>Administrative support at the home will include:</p> <ul style="list-style-type: none"> Assuring that all necessary interventions are incorporated into behavior support plans. Assuring that behavior supports are implemented as written. <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> |

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| | <p>bed and appeared to sleep through the night.</p> <p>Plan to Resolve: [Client A] was not injured, and staff provided her with supportive conversation and coaching toward use of coping skills throughout the episode. [Client A] has a history of Refusals, Suicidal Ideation, Verbal and Physical Aggression, Socially Offensive Behavior, and Self-injurious Behavior addressed in her Behavior Support Plan. At an emergency Interdisciplinary team meeting, the team consensually agreed to continue to pursue acute in-patient psychiatric treatment at a facility that could meet her medical needs secondary to her food and hydration refusals. Additionally, the team agreed that each time [client A] refuses food and fluids for 24 hours, staff would arrange transport to the ER for a medical evaluation and IV (intravenous) nutrition/fluids if indicated. Due to the increase in biting herself, the team implemented protective sleeves for use during incidents of self-injurious behavior...."</p> <p>A 9/8/22 BDDS report indicated, "...On 9/7/22, after 24 hours of refusals if (sic) nutrition and hydration, staff transported [client A] to the [Name of hospital] Emergency Department for a medical evaluation. After an initial assessment, the ER physician admitted [client A] to the hospital on a psychiatric hold. Her admitting diagnoses were Hypoglycemia (low blood sugar) and Suicidal Ideation. Supervisors, ResCare nursing and the administrative team were notified.</p> <p>Plan to Resolve: [Client A] remains hospitalized. ResCare nursing will remain in communication with the hospital to assure continuity of care. The interdisciplinary team will update [client A's] plans as needed based on discharge recommendations".</p> <p>A 9/22/22 BDDS report indicated, "On 9/21/22, [client A] had refused food and fluids for 24 hours</p> | | | |

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| | <p>and per nurse recommendation, staff transported [client A] to the [Name of Hospital] Emergency Department for a medical evaluation. ER personnel did not perform any lab tests and arranged an assessment by the hospital crisis team. [Client A] reiterated her plans to refuse food until she died. The ER physician diagnosed [client A] with Behavioral Disturbance and released her to ResCare staff with no new orders and a recommendation to continue working with her psychiatrist. Staff notified the supervisor and nurse of the ER visit results.... Per Interdisciplinary team decision, staff will continue to transport [client A] to the ER for a medical evaluation whenever she refuses food and hydration for 24 hours".</p> <p>A 9/28/22 Incident Report indicated client A refused to eat for 24 hours so she was transported to Urgent Care for a wellness check. Client A refused to allow nursing staff to take her vitals. She was discharged back to the group home with no new recommendations.</p> <p>On 10/17/22 at 3:45 PM and 6:05 PM, a review of client A's record was conducted and indicated the following:</p> <p>Client A's Behavior Tracking for July 2022 was reviewed and indicated client A had 5 incidents of refusing to eat.</p> <p>Client A's Behavior Tracking for August 2022 was reviewed and indicated client A had 30 incidents of refusing to eat.</p> <p>Client A's Behavior Tracking for September 2022 was reviewed and indicated client A had 9 incidents of refusing to eat.</p> | | | |

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| | <p>Client A's Behavior Tracking from 10/1/22-10/16/22 was reviewed and indicated client A had 3 incidents of refusing to eat.</p> <p>Client A's 11/29/21 (revised 9/6/22) BSP indicated, "...The target behaviors identified and displayed since [client A's] transition to the ESN-SGL (Extensive Support Needs/Supervised Group Living) residential placement are: Self-Injury Behavior; Socially Offensive Behavior (running, taking things which do not belong to her, interrupting others, initiating arguments, etc.); Task Refusal; Physical Aggression/Physical Intimidation; Verbal Aggression/Verbal Intimidation; Emotional Manipulation; Withdrawn/Isolating Behavior; Elopement/Leaving Assigned Area. Additional behaviors to monitor as they have been observed to be engaged in/displayed by [client A] since her transition to the residence are expressions relaying Suicidal Ideations (stating that she will refuse to consume foods or withhold her intake of fluids with the intention to starve herself; verbalizing that she will not use the bathroom so that her bladder will burst and she will die, etc.) and Noncompliance with Dietary/Health Outcomes (refusing to consume foods and/or intake fluids)-these two behaviors to watch have typically been observed to occur at the same time but have not been observed to occur with a frequency that warrants including the behaviors in the target behaviors to be decreased.... Monitoring: Monitoring will occur, at a minimum, monthly, unless behaviors require that this schedule be altered. Monitoring will include reviewing behavior data and effectiveness of interventions, interviewing staff about the client's behaviors, interacting with client, observing staff-client interaction, and observing client in any environment that the client may visit</p> | | | |

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| | <p>throughout the day...."</p> <p>A review of the 11/29/21 BSP indicated despite the significant increase in client A's refusals to eat and/or drink in order to starve herself, the BSP was not updated to include Suicidal Ideations and Noncompliance with Dietary/Health Outcomes as targeted behaviors with preventive/proactive strategies and reactive procedures.</p> <p>Client A's 9/2022 CHRHP for Dehydration and Malnutrition indicated, "1. Staff will ensure all of [client A's] MD (medical doctor) appointments are kept. 2. Staff will report meal refusals lasting 24 hours to nursing and AS (Area Supervisor). 3. Staff will weigh [client A] and record vitals as ordered on MAR (medication administration record). 4. Staff will report to nurse of (sic) any of the aforementioned signs and symptoms. 5. Staff will offer 8 oz (ounces) of fluid (sic) at med (medication) pass. 6. Nurse will ensure labs ordered are obtained per MD orders. 7. Nurse will notify MD of any aforementioned symptoms. 8. Encourage living lite diet. 9. Give ensure (nutritional supplement) as ordered on MAR...."</p> <p>A review of the 9/2022 CHRHP for Dehydration and Malnutrition indicated the plan did not include specific guidelines for what staff should do each time client A refused a meal and/or fluids.</p> <p>On 10/17/22 at 5:02 PM, client A was interviewed. Client A indicated she refuses to eat often. Client A stated, "I want to starve myself and die at times. That's the only thing I have control over (eating, drinking, taking medication)".</p> <p>On 10/17/22 at 7:17 PM, staff #1 was interviewed. Staff #1 indicated client A has had a significant increase in refusing to eat and drink over the last</p> | | | |

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| | <p>four months. Staff #1 indicated client A had two hospitalizations lasting a week each and additional hospital/urgent care visits due to refusing to eat and drink. Staff #1 stated, "We have been taking her for a wellness check if she doesn't eat for 24 hours. She has been much better over the last month". Staff #1 indicated they (staff) provide continuous prompting throughout the meals when client A refuses to eat or drink, they offer her food substitutions, offer her snacks throughout the day and even offer to prepare anything she can find to eat. Staff #1 stated, "She has gone days without eating in the past". Staff #1 indicated they are doing daily weight checks and client A is provided 2 nutritional drinks each day. Staff #1 stated, "She (client A) was down to 110 pounds at one point during her hospitalizations. She is 125 (pounds) now".</p> <p>On 10/18/22 at 10:38 AM, the BC (Behavior Clinician) was interviewed. The BC indicated client A has had a significant increase in refusing to eat and drink which has led to two hospitalizations and additional emergency room visits. The BC indicated client A's BSP needed to be updated to include Suicidal Ideations and Noncompliance with Dietary/Health Outcomes as targeted behaviors with preventive/proactive strategies and reactive procedures.</p> <p>On 10/18/22 at 11:50 AM, the LPN (Licensed Practical Nurse) was interviewed. The LPN stated, "This is the first time I have ever had this problem. Staff should offer alternatives and substitutions. All of us have been trying to bend over backwards to accommodate her. Staff should continue to prompt her to eat throughout the meal. They should prompt all day long for her to eat and drink. If she doesn't eat or drink for 24</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 15G807 | (X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | (X3) DATE SURVEY COMPLETED 10/18/2022 |
|--|--|---|--|---|
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| | <p>hours she is taken to the ER for hydration and an evaluation". The LPN indicated the CHRHP should include specific guidelines for staff to follow when client A refuses to eat and/or drink.</p> <p>On 10/18/22 at 12:30 PM, the QIDPM/QIDP (Qualified Intellectual Disabilities Professional Manager/Qualified Intellectual Disabilities Professional was interviewed. The QIDPM/QIDP indicated client A's CHRHP and BSP should include guidelines for staff to follow when client A refuses to eat and drink.</p> <p>This federal tag relates to complaint #IN00389756.</p> <p>9-3-4(a)</p> | | | |