

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 investigation of complaint #IN00323454 and complaint #IN00322553. This visit included a Covid-19 focused infection control survey.</p> <p>Complaint #IN00323454: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at: W149, W154, W157, and W249.</p> <p>Complaint #IN00322553: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at: W149, W154, W157, and W249.</p> <p>Dates of Survey: July 6, 7, 8, 9, 10 and 13, 2020.</p> <p>Facility Number: 000963 Provider Number: 15G449 AIMS Number: 100244740</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 7/23/20.</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. Based on record review and interview for 1 of 3 sampled clients (client A), the facility failed to implement their policies and procedures to prevent multiple elopements involving client A, to ensure client A's protective measures were being followed, to complete a thorough investigation into multiple elopements involving client A, and to ensure client A's BSP (Behavioral Support Plan)</p>	W 0149	<p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically: All facility investigations will be completed by trained</i></p>	08/12/2020

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260	
(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)
	<p>with enhanced supervision protocols was followed as written.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/6/20 at 12:27 PM.</p> <p>1. A BDDS report dated 3/15/20 indicated, "...On 3/14/20, [Local Police Department] officers came to the residence and informed staff that they had viewed video footage of [client A] allegedly leaving the residence the previous night and stealing a neighbor's video surveillance camera from the neighboring (sic), across the street...The interdisciplinary team has implemented the following protective measures to prevent future incidents; 1. [client A] will have One-on-One Staffing for 30 days at which time the team will reconvene, to determine the necessary level of ongoing enhanced supervision...".</p> <p>An IS (Investigative Summary) dated 3/20/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary...". - "...Date(s) of Investigation 3.16 - 3.20.20...". - "...Introduction." <p>"On 3.14.20 at 12:45 PM the police arrived at the home and informed staff that they received video footage of [client A] (individual) leaving the home on the night of 3.13.20 and stealing the video surveillance camera from the neighbor's home across the street from [name of group home]. The video shows [client A] was out of staff's sight for 15 minutes. Staff notified the supervisor. The</p>			<p>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. The agency's trained investigators will receive additional training regarding investigation timelines and components of a thorough investigation, including weekly training and follow-up with the Quality Assurance Manager. The training will include but not limited to assuring that all applicable demonstrative evidence is evaluated and that discrepancies in testimonial evidence are resolved. The emphasis of this training will be development of appropriate scope, conclusions, and recommendations for corrective and protective measures. The QIDP Manager will provide weekly follow-up to the QA Manager regarding progress on current investigations.</p> <p>All facility direct support and supervisory staff will be retrained on proper implementation of each client's Behavior Support Plan, including client A's enhanced supervision protocols.</p> <p>PREVENTION:</p> <p>The QIDP Manager will maintain a tracking spreadsheet for incidents</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>police retrieved the video surveillance camera and left the home with no further action...".</p> <p>- "...Scope of Investigation."</p> <p>- "1) How long was [client A] (individual) away from staff supervision when he eloped from his home on 3.13.20?..."</p> <p>- "2) How did [client A] (individual) elope from the home?...".</p> <p>- "...4) Did staff fail to properly implement [client A's] Behavior Support prior to and in response to his (client A's) elopement on 3.13.20?...".</p> <p>- "...Summary of Interviews...".</p> <p>- "...[Staff #1] (DSP (Direct Support Professional))</p> <p>- "</p> <p>- "The police showed up and told me they had a video of [client A] stealing the neighbor's security camera...".</p> <p>- "...Did the police say what time the incident occurred?..."</p> <p>- "No, the police didn't saw (sic) what time it occurred."</p> <p>- "I (staff #1) think it must have been within the past 24 hours before they found it."</p> <p>- "[Staff #2] (DSP)-."</p> <p>- "Did you know [client A] had left the house on the night of 3/13?"</p> <p>- "No."</p>		<p>requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Operations Managers, Program Managers, Area Supervisors, Nurse Manager, Registered Nurse, Quality Assurance Manager, Quality Assurance Coordinators, and QIDP. 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.</p> <p>The Quality Assurance Manager and QIDP Manager have developed a training template to assist investigators with developing a sufficient scope to investigations of peer to peer</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "I would have been in the med room passing meds (medications) during that time (8-8:30 p (PM))."</p> <p>- "I didn't see him leave...".</p> <p>- "...I did not know he had left the home."</p> <p>- "[Staff #3] (DSP)-."</p> <p>- "Did you know [client A] had left the house on the night of 3/13?."</p> <p>- "No, I did not see [client A] leave the house that night."</p> <p>- "I don't know when he would have left."</p> <p>- "If it was between 8-8:30 p (PM) that is when meds were passed. [Staff #2] passed meds and I was in the living room with other clients taking them to her when he was ready...".</p> <p>- "[RM (Resident Manager) #1] -...".</p> <p>- "...The neighbor saw the footage and saw [client A] steal the camera. He (the neighbor) saw him (client A) walk from across from [name of group home] to his (the neighbor's) house."</p> <p>- "What time did the incident occur?...".</p> <p>- "...The officer said the neighbor said the camera time stamp said it was between 8-8:30p(PM) on 3/13."</p> <p>- "[Client A] (Individual) -...".</p> <p>- "...How did you leave the home?."</p>		<p>aggression, falls resulting in injury, injuries of unknown origin and elopement.</p> <p>The Quality Assurance Manager and QIDP Manager will spot check investigations to ensure that they are thorough –meeting regulatory and operational standards.</p> <p>When incidents occur, The QIDP Manager will coordinate with the trained investigator and QIDP, through the investigation and corrective measure implementation process, to assure staff are trained to implement protective measures as written.</p> <p>The Residential Manager or Area Supervisor 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 behavior supports as written. For the next 30 days, 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 twice weekly administrative monitoring during varied shifts/times. After 30 days, administrative monitoring will occur no less than weekly until all staff demonstrate competence.</p> <p>After this period of enhanced</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "I went out the door (bedroom exit)."</p> <p>- "Did anyone see you leave the home?,"</p> <p>- "No...".</p> <p>- "...Factual Findings -"</p> <p>- "Progress Notes."</p> <p>- "3/13."</p> <p>- "It is not documented that [client A] left the home on 3/13...".</p> <p>- "...3/14."</p> <p>- "There is no documentation of the incident in question or that the police came to the home...".</p> <p>- "...Conclusion."</p> <p>- "2) It is substantiated that [client A] (Individual) eloped from the home by exiting through the exit door between the bedrooms without staff's knowledge...".</p> <p>- "...4) It is substantiated that staff failed to properly implement [client A's] Behavior Support prior to and in response to his elopement on 3.13.20...".</p> <p>- "...Recommendations."</p> <p>- "1) It is recommended that staff be retrained on [client A's] (Individual) Behavior Support Plan supervision requirements."</p> <p>- "2) It is recommended that staff be retrained on</p>		<p>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"> · 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 assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring implementation of protective measures and Behavior Support Plans as written.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, BDDS</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>acurratly (sic) documenting all incidents on the progress notes and behavior tracking...forms...".</p> <p>A review of the IS dated 3/20/20 indicated client A eloped on 3/13/20 and stole a neighbor's security camera. The review indicated the staff was notified of the elopement on 3/14/20 when police officers arrived at the group home to inform them. The review indicated none of the staff working on the evening of 3/13/20 were aware of client A's elopement on 3/13/20. The review indicated the facility did not have documentation of any incident occurring on 3/13/20 or of the police visiting the home on 3/14/20.</p> <p>2. A BDDS report dated 3/28/20 indicated, "...On 3/27/20, staff noted that [client A's] bedroom door was closed and upon checking determined that he (client A) had exited the house through a bedroom fire exit door. Staff checked the outer perimeters of the house and located [client A] was (sic) across the street standing on the neighbor's porch. Staff noticed [client A] in possession of a doorbell camera. [Client A] would not reveal from where he obtained the camera...Staff completed a body and room search, per [client A's] Behavior Support Plan soon afterwards and found 3 door alarms on [client A's] bed...[Client A] was out of line of sight for approximately 30 minutes...[Client A] will continue to receive 24/7 one to one supervision...".</p> <p>A review of the BDDS report dated 3/28/20 indicated client A eloped from the group home. The review indicated client A was on 24/7 (24 hours per day/7 days a week) one to one supervision.</p> <p>An IS dated 4/3/20 indicated the following:</p>		Generalist, Regional Director	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "...Investigative Summary..."</p> <p>- "...Date(s) of Investigation 3.30 - 4.30.20."</p> <p>- "Introduction."</p> <p>- "On 3.27.20 at 2:30 PM [staff #4] (DSP) noticed [client A's] (Individual) bedroom door was closed. [Staff #4] checked the room and discovered [client A] had exited the home through the bedroom's fire door exit. [Staff #4] checked the inside of the home and the perimeter of the house. [Staff #4] located [client A] standing across the street on the neighbor's porch. [Staff #4] verbally redirected [client A] back to the home...Upon return, [staff #4] completed a body and bedroom check, per his plan, and discovered 3 window & door alarms in [client A's] bedroom...[Client A] was out of staff's sight for approximately 30 minutes...".</p> <p>- "...Scope of Investigation."</p> <p>- "1) How long was [client A] (Individual) away from staff supervision when he eloped from his home on 3.27.20...".</p> <p>- "...4) Did staff properly implement [client A's] Behavior Support prior to and in response to his elopement on 3.27.20?...".</p> <p>- "...Summary of Interviews...".</p> <p>- "...[Staff #4] (DSP) -."</p> <p>- "There was a break in communication."</p> <p>- "One of us were (sic) supposed to be with [client A] then relieve the next person every 2 hours."</p> <p>- "I (staff #4) left to go get something for the nurse</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 when I came back in the home at 1pm [staff #5] though I was taking over from her and went on her break but she didn't say anything to me so I thought she was still watching [client A]."</p> <p>-"I walked to the back to check on [client A] and noticed he was not in his room...".</p> <p>-"...I then told the other staff he was gone and they did not know he was gone."</p> <p>-"I saw him (client A) hiding between the trees at the home across the street...".</p> <p>-"..."[Staff #5] (DSP) -"</p> <p>-"When the other lady ([staff #4]) came back she was supposed to be watching [client A]."</p> <p>-"She (staff #4) said I was supposed to still be with him (client A) when she returned but I did not know that."</p> <p>-"When we all watch [client A], we stay with him for 2 hours and when she ([staff #4]) returned it was her time so I (staff #5) thought she (staff #4) was watching him (client A) and I took my break."</p> <p>-"When [staff #4] returned did she say to you that she was resuming responsibility for [client A]?"</p> <p>-"No, but she came in the house and it was her time to watch him so I thought she was...".</p> <p>-"..."[Staff #3] (DSP) -..."</p> <p>-"..."[Staff #4] came back around 1 pm and I think [staff #5] thought she (staff #4) was watching [client A] but the other girl (staff #4) thought [staff #5] was still watching [client A] and</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>that is when he left the home..." .</p> <p>- "...[Client A] (Individual) -."</p> <p>- "...Did anyone see you leave the house?."</p> <p>- "No...".</p> <p>- "...Factual Findings -."</p> <p>- "Progress Notes."</p> <p>- "The incident in question for [client A] is not documented on his progress note...".</p> <p>- "... Conclusion."</p> <p>- "1) It is substantiated that [client A] (Individual) was away from staff supervision for approximately 30 minutes when he eloped from the home on 3/27/20."</p> <p>- "2) It is substantiated that [client A] (Individual) eloped from the home by leaving through the exit door in the bedroom because staff did not communicate who was to be supervising him therefore leaving him unsupervised...".</p> <p>- "...4) It is substantiated that staff failed to properly implement [client A's] Behavior Support prior to and in response to his elopement on 3.27.20...".</p> <p>- "...Recommendations."</p> <p>- "1) It is recommended that staff be retrained on [client A's] (Individual) Behavior Support Plan."</p> <p>- "2) It is recommended that staff be retrained on accuratly (sic) and legibly documenting all</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>incidents on the progress notes...".</p> <p>A review of the IS dated 4/3/20 indicated client A eloped from the group home on 3/27/20. The review indicated staff were not aware of when client A left the group home due to a miscommunication as to who was responsible for supervising client A. The review indicated staff failed to properly implement client A's Behavior Support Plan. The review did not indicate a clarification as to the exact time client A eloped from the group home or the length of time in which client A had eloped.</p> <p>3. A BDDS report dated 4/8/20 indicated, "...On 4/7/20, the Area Supervisor was informed by a neighbor that their doorbell was stolen at approximately 10:30 p.m. the previous night. The neighbor showed the Area Supervisor video footage of [client A] taking the device. [Client A] stated that he climbed out of his bedroom and returned back through the window before staff was able to recognize that he had left...[Client A] is to receive 24/7 1:1 (one-to-one) staff supervision...[Client A] was out of line of sight for approximately 30 minutes...".</p> <p>A review of the BDDS report dated 4/8/20 indicated client A eloped from the home on 4/6/20.</p> <p>An IS 4/14/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary..." - "...Date(s) of Investigation 4.08 - 4.14.20." - "Introduction." - "On 4.10.20 (sic) at 2:30 pm [AS (Area Supervisor) #1] was contacted by the 			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>neighbor...and informed (sic) that on 4.06.20 at 10:30 pm their [brand name] doorbell was stolen. The neighbor stated and they had proof that [client A] (individual) stole it as the doorbell has video recording capabilities. [AS #1] was provided the video and identified [client A] on the recording. [AS #1] spoke with [client A] and he stated he climbed out of his bedroom window, stole the doorbell, and returned before staff was able to recognize that he had left...At the time of the incident, and currently, [client A] is under 24/7 one-to-one supervision with [staff #6] (DSP) as his one-to-one staff. [Client A] also does not have any alone time in his plan...".</p> <p>- "...Scope of Investigation."</p> <p>-"1) How did [client A] (Individual) elope from the home without his one-to-one staff [staff #6] (DSP) being aware?...".</p> <p>-"..."Summary of Interviews...".</p> <p>-"..."[AS #1]...".</p> <p>-"..."The morning of 4/07 I saw that I had a message from..., the neighbor...".</p> <p>-"[Neighbor] text (sic) me and said they had video surveillance from this incident that [client A] had taken their doorbell...".</p> <p>-"..."I saw the...videos and confirmed it was [client A]. One of them had clear picture of him (client A)...".</p> <p>-"..."The video was taken from 10-10:38 pm on 4/06 and only [client A] was present. The video didn't show any staff around.".</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>-"I asked [staff #6] if he knew [client A] had eloped and he said he was not aware, but that he had stepped away from [client A] only to clean the floor because he knew [client A] was sleeping."</p> <p>-"I (AS #1) asked him (staff #6) if he had asked any other staff to sit by [client A's] door while he swept and he said, "No."...".</p> <p>-"...[Staff #6] (DSP)-...".</p> <p>-"...Around 9 pm [client A] went to sleep."</p> <p>-"I woke him up to take his mediation (sic) and went right back to bed."</p> <p>-"I was in the chair in his room watching him."</p> <p>-"I was there until around 10 pm then I checked him and saw that he was sleeping."</p> <p>-"I went out to clean up in the house, bathroom, etc."</p> <p>-"I received a text from [AS #1] saying, 'Is [client A] awake?'"</p> <p>-"I said, 'No he is sleeping.'"</p> <p>-"She said, 'Ok.'"</p> <p>-"She (AS #1) messaged me again asking if he got out of the house."</p> <p>-"I (staff #6) said, 'No.'"</p> <p>-"She said, 'Are you sure?'"</p> <p>-"Immediately I called her and she said [client A]</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>was gone from the home."</p> <p>-"Right away I left what I was doing, I was cleaning the living room, and went to his room."</p> <p>-"He (client A) was not in his room so I asked the other staff if she had seen [client A]...".</p> <p>-"We checked the bathroom because sometimes he stays in the bathroom for a long time, but I stay with him and check on him (sic)."</p> <p>-"He was in the bathroom."</p> <p>-"The next morning, [AS #1] called and asked me if I was sure [client A] didn't leave the home last night. I called her again and asked her what was wrong."</p> <p>-"She (AS #1) told me she received a video recording that [client A] was gone."</p> <p>-"I told her I had no idea when that happened and that he must have gone out of the bedroom window...".</p> <p>-"...Do you know what time [client A] would have left the home?"</p> <p>-"I (staff #6) don't know the time he got out and came back...".</p> <p>-"...Conclusion."</p> <p>-"1) It is substantiated that [client A] (Individual) eloped from the home without his one-to-one staff [staff #6] (DSP) being aware as [staff #6] walked away from the door to swept (sic) as he (staff #6) believed [client A] to be sleeping...".</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 review of the IS dated 4/14/20 indicated client A was on 24/7 one-to-one supervision. The review indicated client A eloped from the home. The review indicated staff #6 left client A unsupervised to help with cleaning of the group home as staff #6 thought client A was sleeping. The review indicated staff #6 was not aware of when or how client A eloped from the home.</p> <p>4. A BDDS report dated 5/17/20 indicated, "...On 6/16/20 (sic), [client A's] one to one staff stepped into the restroom to provide assistance to a housemate and [client A] walked out of the house. Approximately 8 minutes later, staff located, [client A] in the yard, and discovered [client A] had obtained a light from the neighbor's porch...".</p> <p>A review of the BDDS report dated 5/17/20 indicated client A eloped from the home. The review indicated client A's one-to-one staff stepped away from client A to assist another housemate when client A eloped from the home.</p> <p>An IS dated 5/22/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary...". - "Date(s) of Investigation 5.18 - 5.22.20." - "Introduction." - "On 5.16.20 at 2:30 PM as [staff #7] (DSP) was assisting [client A's] (Individual) housemate [client C] (Individual) in the shower...[Staff #7] called for help. [Client A's] (Individual) one-to-one staff, [RM #2], went into the bathroom to provide assistance them (sic). Approximately 8-12 minutes later, [RM #2] was done helping he (sic) realized [client A] was not in the home. He (RM #2) searched and located him (client A) in the back 			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(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>yard. [RM #2] also found a light on the side of the back deck. [RM #1] (Residential Manager of the home) was notified by the neighbor that there was video of [client A] at their home stealing their light. [RM #1] notified [RM #2]...".</p> <p>- "...Scope of Investigation."</p> <p>- "1) How long was [client A] (Individual) away from staff supervision when he eloped from his home on 5.16.20?...".</p> <p>- "...3) Did staff fail to properly implement [client A's] Behavior Support prior to and in response to his elopement on 5.16.20?...".</p> <p>- "...Summary of Interviews...".</p> <p>- "...[RM #2]...".</p> <p>- "...Around 2:08 pm I was the one-on-one staff (to [client A]) during that time (sic)."</p> <p>- "My fellow staff member ([Staff #7]) was trying to assist a consumer to go into the shower."</p> <p>- "I heard her call for help...so I left my one-on-one ([client A]) to assist...".</p> <p>- "...During the time I walked away to go and assist (sic) my one-on-one ([client A]) went down the street and took a light out (sic) the neighbor's yard."</p> <p>- "How long were you helping [staff #7] before you realized [client A] was missing?"</p> <p>- "It was 8-12 minutes...".</p> <p>- "...I looked for him (client A) and found him in 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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>backyard...".</p> <p>-"I (RM #2) did not know he (client A) was gone until the residential manager over the home ([RM #1]) called the house and told me...".</p> <p>-"..."[RM #1]...".</p> <p>-"..."The neighbors sent me a video of [client A] showing him stealing their light...".</p> <p>-"..."Behavior Support Plan."</p> <p>-"[Client A's] plan addresses: Elopement and Enhanced Supervision [(1:1 supervision 24/7) [client A] should not be in one room, and his assigned staff to be in another.]...".</p> <p>-"..."Conclusion."</p> <p>-"1) It is substantiated that [client A] (Individual) away (sic) from staff supervision for approximately 8-12 minutes when he eloped from his home on 5.16.20...".</p> <p>-"..."3) It is substantiated that staff failed to properly implement [client A's] Behavior Support prior to and in response to his elopement on 5.16.20...".</p> <p>A review of the IS dated 5/22/20 indicated client A eloped from the home on 5/16/20. The review indicated client A's one to one staff left client A unsupervised to provide assistance to another housemate when client A eloped. The review indicated staff did not follow client A's enhanced supervision protocol.</p> <p>5. A BDDS report dated 6/21/20 indicated, "...On the night of 6/20/20, staff entered [client A's] room</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(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>to check ion (sic) his (sic) and discovered that he (client A) had exited the home through his bedroom window. Staff notified the supervisor and initiated a search, and located [client A] down the street approximately 15 minutes later...".</p> <p>A review of the BDDS report dated 6/21/20 indicated client A eloped from the home on the evening of 6/20/20.</p> <p>An IS dated 6/26/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary...". - "...Date(s) of Investigation 6.22 - 6.26.20." - "Introduction." - "On 6.20.20 at 10:40 PM [client A] (Individual) (sic) [staff #8] (DSP) entered [client A's] bedroom to complete a routine check during sleeping hours. [Staff #8] could not locate [client A] and discovered that he had eloped through his bedroom window. [Staff #8] notified the supervisor and searched the area. About 15 minutes later, [staff #8] located [client A] down the street and returned him to the site...". - "...Scope of Investigation." - "1) How long was [client A] (Individual) away from staff supervision when he eloped from his home on 6.20.20 for approximately 30 minutes?...". - "...4) Did staff fail to properly implement [client A's] Behavior Support prior to and in response to his elopement on 6.20.20?...". - "...Summary of Interviews...". 				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "...[Staff #8] (DSP)-"</p> <p>- "I (staff #8) was in the med (medication) room completing my paperwork when I went to check on the other clients just as a safety measure."</p> <p>- "That is when I noticed [client A] was not in his room and that his window was open."</p> <p>- "[Staff #1] was in the living room and I asked him if he knew where [client A] was and he said he was in his bedroom sleeping."</p> <p>- "I told him he was gone and we looked around the house and realized [client A] had eloped."</p> <p>- "Who was responsible for [client A] as his one-to-one staff at that time?"</p> <p>- "[Staff #1]...".</p> <p>- "...[Staff #1] looked around the house."</p> <p>- "I (staff #8) called the supervisor and got in the van to search for [client A]."</p> <p>- "About 15 minutes later I (staff #8) found [client A]...".</p> <p>- "...He (client A) was walking in the grass in the parking lot, he was walking towards house (sic)...".</p> <p>- "...Why was no staff sitting outside his bedroom door per his (client A's) plan?"</p> <p>- "I was in the med room, [staff #1] was his one-to-one."</p> <p>- "I don't know why he (staff #1) hasn't (sic)</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>outside his door."</p> <p>-"[Staff #2] (DSP)-."</p> <p>-"I don't think there was communication between [staff #1] (staff) and [staff #8] as to who was with [client A] as his one-to-one."</p> <p>-"I (staff #2) think [staff #1] thought [staff #8] with (sic) taking over."</p> <p>-"I (staff #2) was mopping the floor and I went to mop [client A's] bedroom when I discovered he was gone."</p> <p>-"[Staff #1] was in the living room."</p> <p>-"[Staff #8] was in the med room; I had already completed the med pass...".</p> <p>-"...Who was responsible for [client A] as his one-to-one staff at the time?"</p> <p>-"[Staff #1] was the one-to-one before I came in but I think it was miscommunication between them (staff #1 and staff #8) as to who was with [client A] at the time."</p> <p>-"What was [staff #1] doing in the living room?"</p> <p>-"I believe he was eating so I think he was on a break."</p> <p>-"[Staff #1] (DSP)-."</p> <p>-"[Client A] was sleeping, [staff #2] was cleaning, [staff #8] was in the med room completing paperwork and I (staff #1) was at the kitchen table doing paperwork."</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>-"[Staff #2] went to mop [client A's] bedroom and discovered he was gone."</p> <p>-She (staff #2) called me (staff #1) and [staff #8]...".</p> <p>-"How long was it between your last check on [client A] before he was discovered to have eloped?"</p> <p>-"It had only been about 1-2 minutes before I got up and checked on him."</p> <p>-"Who was responsible as [client A's] one-to-one staff at the time he was discovered to have eloped?"</p> <p>-"There was miscommunication between [staff #8] and me (staff #1)."</p> <p>-"Who was supposed to be with [client A] and why was no staff sitting outside of his bedroom door?"</p> <p>-"Whoever comes in at 8pm usually relieves the one-to-one staff so I thought [staff 8] had taken over but he thought I was still his one-to-one...".</p> <p>-"...Factual Findings...".</p> <p>-"...[Staff #8] and [staff #2] both stated they discovered [client A] was gone but both stated this happened while they were alone and not with other staff."</p> <p>-"[Staff #8] stated he was completing bed checks on all of the individuals as a safety measures but not as [client A's] one-to-one staff as [staff #1] was [client A's] one-to-one."</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>-"[Staff #2] stated she was mopping when she discovered [client A] had eloped."</p> <p>-"[Staff #1] stated [staff #2] was mopping when she discovered [client A] had eloped."</p> <p>-"[Staff #2] and [staff #1] stated [staff #2] informed [staff #8], who was in the med room, that [client A] was gone.</p> <p>-"[Staff #1] stated he was in the kitchen completing paperwork."</p> <p>-"[Staff #2] stated [staff #1] was in the living room eating."</p> <p>-"[Staff #8] stated [staff #1] was in the living room."</p> <p>-"[Staff #1] and [staff #2] stated [staff #1] had been [client A's] one-to-one staff prior to [staff #8's] arrival that evening at 8 PM...".</p> <p>-"...Behavior Support Plan."</p> <p>-"[Client A's] plan addresses: Elopement and 24/7 one-to-one observation protocols (during sleeping hours staff are to be positioned outside of his bedroom door with the door cracked to maintain line-of-sight)...".</p> <p>-"...Conclusion."</p> <p>-"1) It is substantiated that [client A] (Individual) was away from staff supervision when he eloped from his home on 6.20.20 for approximately 30 minutes...".</p> <p>-"...4) It is substantiated that staff failed to properly implement [client A's] Behavior Support</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>prior to and in response to his elopement on 6.20.20. A staff member should have been sitting outside of [client A's] door, per his plan during sleeping hours...".</p> <p>A review of the IS dated 6/26/20 indicated client A eloped the group home on the evening of 6/20/20. The review indicated client A was supposed to have a one-to-one staff 24/7. The review indicated at the time of client A's elopement no staff were supervising client A. The review indicated staff had miscommunicated with each other as to who was responsible for supervising client A. The review indicated the staff failed to properly implement client A's Behavior Support protocols prior to or in response to his elopement on 6/20/20. The review did not indicate clarification as to who discovered client A had eloped. The review did not indicate clarification as to the location of all of the staff at the time of client A's elopement.</p> <p>Client A's record was reviewed on 7/7/20 at 10:11 AM. Client A's BSP (Behavior Support Plan) indicated the following:</p> <ul style="list-style-type: none"> - "...Behavior Support Plan." - "Consumer Name: [client A]..." - "...Date: 2/14/2020 Revised: 2/24/20..." - "...Target Behaviors and Goals..." - "...Elopement: anytime [client A] tries or leaves an assigned designated area without the consent of staff personnel..." - "...HRC (Human Rights Committee) Approval..." 			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "...Safety..."</p> <p>- "...Door and window alarms were added to all outside access doors and windows..."</p> <p>- "...Rights restrictions:..."</p> <p>- "...Freedom of movement: 24-hour supervision..."</p> <p>- "...Risk of injury, harm to self and others, accident and exploitation..."</p> <p>A BSP Addendum dated 4/7/20 indicated the following:</p> <p>- "[Client A], BSP Addendum, 4/7/20: "</p> <p>- "Enhanced Supervision: "</p> <p>- "Due to [client A's] ongoing pattern of elopement, theft, and property destruction, [client A's] one to one observation procedures are being clarified as follows."</p> <p>- "[Client A] will receive 1:1 supervision 24/7. A specific staff will be assigned to conduct the 1:1 supervision at all times. This supervision is defined as within close enough proximity to prevent elopement, theft and destruction of property at all times. When [client A] is in his room, staff will position themselves outside the door with the door cracked so that line of sight is maintained."</p> <p>- "If [client A] moves around, the 1:1 staff is expected to move with him. It is unacceptable for [client A] to be in one room, and his assigned staff to be in another. (As stated above, when [client A] is in his room staff may be in the hallway, with his door slightly open, in order to</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(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>maintain line of sight. Privacy may be maintained in the bathroom, with the door shut, but the assigned 1:1 staff must remain outside the bathroom door."</p> <p>-"If for any reason the assigned staff needs to be relieved from 1:1 responsibilities for any reason, another staff must take over the 1:1 observation duties. For no reason is [client A] to be out of staff line of sight."</p> <p>-"Staff are to monitor all activities, conversations, sudden movements of [client A] always. If you are assigned to be 1:1, the expectation is that you are engaging with [client A], and encouraging him to participate in functional learning activities as much as possible. If, for any reason, there is not enough staff in the home to accommodate 1:1, the supervisor must be called immediately. However, the assigned staff with the 1:1 is expected to stay with [client A] until a supervisor has provided coverage for the him (sic)...".</p> <p>-"...(handwritten) All staff working with [client A] must read and complete 'one-on-one' training. If there is anything you may not understand or have questions about please contact RM (Residential Manager). Please make sure you fully understand the training...".</p> <p>-Client A's 15 minute check tracking sheet dated 3/13/20 indicated at 8:00 PM staff #2 documented client A was in the living room. The 15 minute check tracking sheet indicated at both 8:15 PM and 8:30 PM, staff #2 documented client A was in his bedroom, compared to the IS dated 3/20/20 which indicated the time stamp of the neighbor's surveillance video, which displayed client A stealing the camera, to be between 8 PM - 8:30 PM on 3/13/20.</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260	
(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)
	<p>-Client A's 15 minute check tracking sheet dated 3/27/20 indicated staff #4 documented client A's location on his 15 minute check tracking sheet for the times of 1:15 PM, 1:30 PM, 1:45 PM, 2:00 PM, 2:15 PM, 2:30 PM, and 2:45 PM, compared to staff #4's statements in the IS dated 4/3/20, where staff #4 indicated on 3/27/20 she thought staff #5 was the one-to-one staff assigned to client A at the time same times indicated above (1:15PM, 1:30 PM, 1:45 PM, 2:00 PM, 2:15 PM, 2:30 PM, and 2:45 PM).</p> <p>-Client A's 15 minute check tracking sheet dated 4/6/20 indicated staff #6 documented client A was awake and in the living room at the times of 10:00 PM, 10:15 PM, 10:30 PM and 10:45 PM, compared to the IS dated 4/14/20 indicated client A had eloped from the group home on 4/6/20 and was seen on the neighbor's surveillance camera outside the home between 10:00 PM and 10:38 PM according to the time stamp on the surveillance camera.</p> <p>Staff #2 was interviewed on 7/6/20 at 8:44 AM. Staff #2 was asked about the supervision level of client A. Staff #2 indicated client A required 1 to 1 supervision level. Staff #2 indicated they (staff) have been working very hard to encourage and initiate communication with client A to ensure his health and safety.</p> <p>Staff #9 was interviewed on 7/8/20 at 10:14 AM. Staff #9 was asked about training and supervision level of client A. Staff #9 stated, "I received training on working with [client A]. [Client A] is one-to-one supervision. Wherever [client A] goes, staff goes. I am typically his overnight 1:1 as well. I stay in his room while he is sleeping. I have had no issues with him attempting to elope."</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/9/20 at 11:30 AM. QIDP #1 was asked who was responsible for ensuring training is completed on each client's protocols, and how often are they trained. QIDP #1 stated, "QIDP completes training, and it seems to be more quarterly with this home." QIDP #1 indicated if staff needs to be retrained it should be done immediately or certainly as soon as possible. QIDP #1 was asked about who was responsible for ensuring staff are completing their documentation properly and accurately. QIDP #1 indicated the QIDP, RM, and AS all hold responsibility.</p> <p>AS #1 was interviewed on 7/6/20 at 9:33 AM. AS #1 stated "[Client A] has been one on one basically since he has been here. Well, not when he came, maybe a month or so after he came." AS #1 indicated if client A goes outside, staff goes with him. AS #1 indicated staff is supposed to keep him within direct line of sight at all times.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 7/9/20 at 11:47 AM. QIDPM #1 was asked about client A's elopements on 3/13/20, 3/27/20, 4/6/20, 5/16/20, and 6/20/20. QIDPM #1 indicated client A was on line of sight supervision and 15 minute checks at bedtime during the first elopement on 3/13/20. QIDPM #1 indicated client A was 24/7 one to one supervision during the second, third, fourth, and fifth elopements on 4/6/20, 5/16/20, and 6/20/20. QIDPM #1 was asked about documentation from staff or if the facility was notified of client A eloping on 3/12/20. QIDPM #1 stated, "No, staff was not aware of him (client A)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(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>getting out of the home (on 3/13/20)." QIDPM #1 was asked if on the dates of client A's elopements (3/13/20, 3/27/20, 4/6/20, 5/16/20, and 6/20/20) did the staff follow client A's supervision protocols and implement his BSP properly. QIDPM #1 indicated no on each date. QIDPM #1 was asked about the investigation into client A's elopement on 3/13/20 and how the investigator determined the amount of time client A had eloped and was out of staff supervision if there was no documentation or knowledge of the elopement indicated from the staff working on the evening of 3/13/20. QIDPM #1 stated, "I would have to say that was a deficiency in our investigation." QIDPM #1 was asked about the investigation into client A's elopement on 3/27/20 and how the investigator substantiated the length of time client A had been without staff supervision with the discrepancies of the statements made in the investigation, discrepancies when comparing the 15 minute check tracking forms to the statements made by staff, and the statements made by staff describing a miscommunication on who was responsible for client A's supervision during the time of his elopement. QIDPM #1 stated, "The investigator did not compare the testimony with the original documentation." QIDPM #1 was asked about the investigation into client A's elopement on 6/20/20 and if the investigator was able to determine which staff was the actual staff who discovered client A had eloped from</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 home when two staff made statements saying they discovered client A's elopement and if the investigator was able to determine the actual location of all the staff at the time of client A's elopement with conflicting statements made by the staff as to the location of each staff at the time of client A's elopement. QIDPM #1 indicated there was a deficiency on the facility's end as to the completion of the investigation. QIDPM #1 was asked about staff completing the 15 minute check tracking forms for client A and if staff should be documenting the client to be in the home during times indicated through BDDS reports and investigation of the client being outside the home during an elopement. QIDPM #1 stated, "No."</p> <p>QIDPM #1 was asked if the facility's ANE (Abuse, Neglect, Exploitation) policy should be followed as written. QIDPM #1 stated, "Yes." QIDPM #1 was asked if the facility should complete a thorough investigation of all allegations of ANE. QIDPM #1 stated, "Yes." QIDPM #1 was asked if the administration team should create and implement protective measures. QIDPM #1 stated, "Yes." The Facility's policy and procedures were reviewed on 7/9/20 at 9:52 AM. The facility's Abuse, Neglect, Exploitation policy revised on 2/26/18 indicated, "Policy: Adept staff actively advocate for the rights and safety of all</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>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." "Program intervention neglect: ...Failure to implement a support plan, inappropriate application of intervention without (sic) a qualified person notification/review..."."6. A full investigation will be conducted by ADEPT personnel...".This federal tag relates to complaint #IN00322553 and #IN00323454.9-3-2(a)</p> <p>483.420(d)(3)</p> <p>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 3 of 5 investigations reviewed, the facility failed to complete a thorough investigation into multiple elopements involving client A.</p> <p>Findings include:</p>	W 0154	<p>CORRECTION:</p> <p><i>The facility must have evidence that all alleged violations are thoroughly investigated.</i></p> <p>Specifically: All facility investigations will be completed by trained investigators. <i>The facility</i></p>	08/12/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/6/20 at 12:27 PM.</p> <p>1. A BDDS report dated 3/15/20 indicated, "...On 3/14/20, [Local Police Department] officers came to the residence and informed staff that they had viewed video footage of [client A] allegedly leaving the residence the previous night and stealing a neighbor's video surveillance camera from the neighboring (sic), across the street...The interdisciplinary team has implemented the following protective measures to prevent future incidents; 1. [client A] will have One-on-One Staffing for 30 days at which time the team will reconvene, to determine the necessary level of ongoing enhanced supervision...".</p> <p>An IS (Investigative Summary) dated 3/20/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary..." - "...Date(s) of Investigation 3.16 - 3.20.20..." - "...Introduction." - "On 3.14.20 at 12:45 PM the police arrived at the home and informed staff that they received video footage of [client A] (individual) leaving the home on the night of 3.13.20 and stealing the video surveillance camera from the neighbor's home across the street from [name of group home]. The video shows [client A] was out of staff's sight for 15 minutes. Staff notified the supervisor. The police retrieved the video surveillance camera and left the home with no further action...". - "...Scope of Investigation." 		<p><i>must have evidence that all alleged violations are thoroughly investigated.</i> Specifically: 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. The agency's trained investigators will receive additional training regarding investigation timelines and components of a thorough investigation, including weekly training and follow-up with the Quality Assurance Manager. The training will include but not limited to assuring that all applicable demonstrative evidence is evaluated and that discrepancies in testimonial evidence are resolved. The emphasis of this training will be development of appropriate scope, conclusions, and recommendations for corrective and protective measures. The QIDP Manager will provide weekly follow-up to the QA Manager regarding progress on current investigations.</p> <p>PREVENTION: The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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) How long was [client A] (individual) away from staff supervision when he eloped from his home on 3.13.20?."</p> <p>-"2) How did [client A] (individual) elope from the home?...".</p> <p>-"...4) Did staff fail to properly implement [client A's] Behavior Support prior to and in response to his (client A's) elopement on 3.13.20?...".</p> <p>-"...Summary of Interviews...".</p> <p>-"..."[Staff #1] (DSP (Direct Support Professional))</p> <p>-"</p> <p>-"The police showed up and told me they had a video of [client A] stealing the neighbor's security camera...".</p> <p>-"..."Did the police say what time the incident occurred?."</p> <p>-"No, the police didn't saw (sic) what time it occurred."</p> <p>-"I (staff #1) think it must have been within the past 24 hours before they found it."</p> <p>-"[Staff #2] (DSP)-."</p> <p>-"Did you know [client A] had left the house on the night of 3/13?"</p> <p>-"No."</p> <p>-"I would have been in the med room passing meds during that time (8-8:30 p (PM))."</p> <p>-"I didn't see him leave...".</p>		<p>and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Operations Managers, Program Managers, Area Supervisors, Nurse Manager, Registered Nurse, Quality Assurance Manager, Quality Assurance Coordinators, and QIDP. 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.</p> <p>The Quality Assurance Manager and QIDP Manager have developed a training template to assist investigators with developing a sufficient scope to investigations of peer to peer aggression, falls resulting in injury,</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "...I did not know he had left the home."</p> <p>- "[Staff #3] (DSP)-."</p> <p>- "Did you know [client A] had left the house on the night of 3/13?."</p> <p>- "No, I did not see [client A] leave the house that night."</p> <p>- "I don't know when he would have left."</p> <p>- "If it was between 8-8:30 p (PM) that is when meds were passed. [Staff #2] passed meds and I was in the living room with other clients taking them to her when he was ready...".</p> <p>- "[RM (Resident Manager) #1] -...".</p> <p>- "...The neighbor saw the footage and saw [client A] steal the camera. He (the neighbor) saw him (client A) walk from across from [name of group home] to his (the neighbor's) house."</p> <p>- "What time did the incident occur?...".</p> <p>- "...The officer said the neighbor said the camera time stamp said it was between 8-8:30p(PM) on 3/13."</p> <p>- "[Client A] (Individual) -...".</p> <p>- "...How did you leave the home?."</p> <p>- "I went out the door (bedroom exit)."</p> <p>- "Did anyone see you leave the home?,"</p> <p>- "No...".</p>		<p>injuries of unknown origin and elopement.</p> <p>The Quality Assurance Manager and QIDP Manager will spot check investigations to ensure that they are thorough –meeting regulatory and operational standards.</p> <p>RESPONSIBLE PARTIES: 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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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"> - "...Factual Findings -." - "Progress Notes." - "3/13." - "It is not documented that [client A] left the home on 3/13...". - "...3/14." - "There is no documentation of the incident in question or that the police came to the home...". - "...Conclusion." - "2) It is substantiated that [client A] (Individual) eloped from the home by exiting through the exit door between the bedrooms without staff's knowledge...". - "...4) It is substantiated that staff failed to properly implement [client A's] Behavior Support prior to and in response to his elopement on 3.13.20...". - "...Recommendations." - "1) It is recommended that staff be retrained on [client A's] (Individual) Behavior Support Plan supervision requirements." - "2) It is recommended that staff be retrained on accuratly (sic) documenting all incidents on the progress notes and behavior tracking...forms...". <p>A review of the IS dated 3/20/20 indicated client A eloped on 3/13/20 and stole a neighbor's security camera. The review indicated the staff was</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(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>notified of the elopement on 3/14/20 when police officers arrived at the group home to inform them. The review indicated none of the staff working on the evening of 3/13/20 were aware of client A's elopement on 3/13/20. The review indicated the facility did not have documentation of any incident occurring on 3/13/20 or of the police visiting the home on 3/14/20. The review did not indicate how the investigation substantiated the length of time client A had eloped from the group home on 3/13/20.</p> <p>2. A BDDS report dated 3/28/20 indicated, "...On 3/27/20, staff noted that [client A's] bedroom door was closed and upon checking determined that he (client A) had exited the house through a bedroom fire exit door. Staff checked the outer perimeters of the house and located [client A] was (sic) across the street standing on the neighbor's porch. Staff noticed [client A] in possession of a doorbell camera. [Client A] would not reveal from where he obtained the camera...Staff completed a body and room search, per [client A's] Behavior Support Plan soon afterwards and found 3 door alarms on [client A's] bed...[Client A] was out of line of sight for approximately 30 minutes...[Client A] will continue to receive 24/7 one to one supervision...".</p> <p>A review of the BDDS report dated 3/28/20 indicated client A eloped from the group home. The review indicated client A was on 24/7 (24 hours per day/7 days a week) one to one supervision.</p> <p>An IS dated 4/3/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary..." - "...Date(s) of Investigation 3.30 - 4.30.20." 				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "Introduction."</p> <p>- "On 3.27.20 at 2:30 PM [staff #4] (DSP) noticed [client A's] (Individual) bedroom door was closed. [Staff #4] checked the room and discovered [client A] had exited the home through the bedroom's fire door exit. [Staff #4] checked the inside of the home and the perimeter of the house. [Staff #4] located [client A] standing across the street on the neighbor's porch. [Staff #4] verbally redirected [client A] back to the home...Upon return, [staff #4] completed a body and bedroom check, per his plan, and discovered 3 window & door alarms in [client A's] bedroom...[Client A] was out of staff's sight for approximately 30 minutes...".</p> <p>- "...Scope of Investigation."</p> <p>- "1) How long was [client A] (Individual) away from staff supervision when he eloped from his home on 3.27.20...".</p> <p>- "...4) Did staff properly implement [client A's] Behavior Support prior to and in response to his elopement on 3.27.20?...".</p> <p>- "...Summary of Interviews...".</p> <p>- "...[Staff #4] (DSP) -."</p> <p>- "There was a break in communication."</p> <p>- "One of us were (sic) supposed to be with [client A] then relieve the next person every 2 hours."</p> <p>- "I (staff #4) left to go get something for the nurse and when I came back in the home at 1pm [staff #5] though I was taking over from her and went on her break but she didn't say anything to me so</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>I thought she was still watching [client A]."</p> <p>-"I walked to the back to check on [client A] and noticed he was not in his room...".</p> <p>-"...I then told the other staff he was gone and they did not know he was gone."</p> <p>-"I saw him (client A) hiding between the trees at the home across the street...".</p> <p>-"..."[Staff #5] (DSP) -."</p> <p>-"When the other lady ([staff #4]) came back she was supposed to be watching [client A]."</p> <p>-"She (staff #4) said I was supposed to still be with him (client A) when she returned but I did not know that."</p> <p>-"When we all watch [client A], we stay with him for 2 hours and when she ([staff #4]) returned it was her time so I (staff #5) thought she (staff #4) was watching him (client A) and I took my break."</p> <p>-"When [staff #4] returned did she say to you that she was resuming responsibility for [client A]?."</p> <p>-"No, but she came in the house and it was her time to watch him so I thought she was...".</p> <p>-"..."[Staff #3] (DSP) -..."</p> <p>-"..."She ([staff #4]) came back around 1 pm and I think [staff #5] thought she (staff #4) was watching [client A] but the other girl (staff #4) thought [staff #5] was still watching [client A] and that is when he left the home...".</p> <p>-"..."[Client A] (Individual) -."</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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"> - "...Did anyone see you leave the house?." - "No...". - "...Factual Findings -." - "Progress Notes." - "The incident in question for [client A] is not documented on his progress note...". - "... Conclusion." - "1) It is substantiated that [client A] (Individual) was away from staff supervision for approximately 30 minutes when he eloped from the home on 3/27/20." - "2) It is substantiated that [client A] (Individual) eloped from the home by leaving through the exit door in the bedroom because staff did not communicate who was to be supervising him therefore leaving him unsupervised...". - "...4) It is substantiated that staff failed to properly implement [client A's] Behavior Support prior to and in response to his elopement on 3.27.20...". - "...Recommendations." - "1) It is recommended that staff be retrained on [client A's] (Individual) Behavior Support Plan." - "2) It is recommended that staff be retrained on accuratly (sic) and legibly documenting all incidents on the progress notes...". <p>A review of the IS dated 4/3/20 indicated client A</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>eloped from the group home on 3/27/20. The review indicated staff were not aware of when client A left the group home due to a miscommunication as to who was responsible for supervising client A. The review indicated staff failed to properly implement client A's Behavior Support Plan. The review did not indicate a clarification as to the exact time client A eloped from the group home or the length of time in which client A had eloped.</p> <p>3. A BDDS report dated 6/21/20 indicated, "...On the night of 6/20/20, staff entered [client A's] room to check ion (sic) his (sic) and discovered that he (client A) had exited the home through his bedroom window. Staff notified the supervisor and initiated a search, and located [client A] down the street approximately 15 minutes later...".</p> <p>A review of the BDDS report dated 6/21/20 indicated client A eloped from the home on the evening of 6/20/20.</p> <p>An IS dated 6/26/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary..." - "...Date(s) of Investigation 6.22 - 6.26.20." - "Introduction." - "On 6.20.20 at 10:40 PM [client A] (Individual) (sic) [staff #8] (DSP) entered [client A's] bedroom to complete a routine check during sleeping hours. [Staff #8] could not locate [client A] and discovered that he had eloped through his bedroom window. [Staff #8] notified the supervisor and searched the area. About 15 minutes later, [staff #8] located [client A] down the street and returned him to the site..." 			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "...Scope of Investigation."</p> <p>- "1) How long was [client A] (Individual) away from staff supervision when he eloped from his home on 6.20.20 for approximately 30 minutes?...".</p> <p>- "...4) Did staff fail to properly implement [client A's] Behavior Support prior to and in response to his elopement on 6.20.20?...".</p> <p>- "...Summary of Interviews...".</p> <p>- "...[Staff #8] (DSP)-."</p> <p>- "I (staff #8) was in the med (medication) room completing my paperwork when I went to check on the other clients just as a safety measure."</p> <p>- "That is when I noticed [client A] was not in his room and that his window was open."</p> <p>- "[Staff #1] was in the living room and I asked him if he knew where [client A] was and he said he was in his bedroom sleeping."</p> <p>- "I told him he was gone and we looked around the house and realized [client A] had eloped."</p> <p>- "Who was responsible for [client A] as his one-to-one staff at that time?"</p> <p>- "[Staff #1]...".</p> <p>- "...[Staff #1] looked around the house."</p> <p>- "I (staff #8) called the supervisor and got in the van to search for [client A]."</p> <p>- "About 15 minutes later I (staff #8) found [client</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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]..."</p> <p>- "...He (client A) was walking in the grass in the parking lot, he was walking towards house (sic)...".</p> <p>- "...Why was no staff sitting outside his bedroom door per his (client A's) plan?"</p> <p>- "I was in the med room, [staff #1] was his one-to-one."</p> <p>- "I don't know why he (staff #1) hasn't (sic) outside his door."</p> <p>- "[Staff #2] (DSP)-."</p> <p>- "I don't think there was communication between [staff #1] (staff) and [staff #8] as to who was with [client A] as his one-to-one."</p> <p>- "I (staff #2) think [staff #1] thought [staff #8] with (sic) taking over."</p> <p>- "I (staff #2) was mopping the floor and I went to mop [client A's] bedroom when I discovered he was gone."</p> <p>- "[Staff #1] was in the living room."</p> <p>- "[Staff #8] was in the med room; I had already completed the med pass...".</p> <p>- "...Who was responsible for [client A] as his one-to-one staff at the time?"</p> <p>- "[Staff #1] was the one-to-one before I came in but I think it was miscommunication between them (staff #1 and staff #8) as to who was with [client A] at the time."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "What was [staff #1] doing in the living room?"</p> <p>- "I believe he was eating so I think he was on a break."</p> <p>- "[Staff #1] (DSP)-."</p> <p>- "[Client A] was sleeping, [staff #2] was cleaning, [staff #8] was in the med room completing paperwork and I (staff #1) was at the kitchen table doing paperwork."</p> <p>- "[Staff #2] went to mop [client A's] bedroom and discovered he was gone."</p> <p>- She (staff #2) called me (staff #1) and [staff #8]...".</p> <p>- "How long was it between your last check on [client A] before he was discovered to have eloped?"</p> <p>- "It had only been about 1-2 minutes before I got up and checked on him."</p> <p>- "Who was responsible as [client A's] one-to-one staff at the time he was discovered to have eloped?"</p> <p>- "There was miscommunication between [staff #8] and me (staff #1)."</p> <p>- "Who was supposed to be with [client A] and why was no staff sitting outside of his bedroom door?"</p> <p>- "Whoever comes in at 8pm usually relieves the one-to-one staff so I thought [staff 8] had taken over but he thought I was still his one-to-one...".</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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"> - "...Factual Findings...". - "...[Staff #8] and [staff #2] both stated they discovered [client A] was gone but both stated this happened while they were alone and not with other staff." - "[Staff #8] stated he was completing bed checks on all of the individuals as a safety measures but not as [client A's] one-to-one staff as [staff #1] was [client A's] one-to-one." - "[Staff #2] stated she was mopping when she discovered [client A] had eloped." - "[Staff #1] stated [staff #2] was mopping when she discovered [client A] had eloped." - "[Staff #2] and [staff #1] stated [staff #2] informed [staff #8], who was in the med room, that [client A] was gone. - "[Staff #1] stated he was in the kitchen completing paperwork." - "[Staff #2] stated [staff #1] was in the living room eating." - "[Staff #8] stated [staff #1] was in the living room." - "[Staff #1] and [staff #2] stated [staff #1] had been [client A's] one-to-one staff prior to [staff #8's] arrival that evening at 8 PM...". - "...Behavior Support Plan." - "[Client A's] plan addresses: Elopement and 24/7 one-to-one observation protocols (during 			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260	
(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)
	<p>sleeping hours staff are to be positioned outside of his bedroom door with the door cracked to maintain line-of-sight.)....".</p> <p>- "...Conclusion."</p> <p>-"1) It is substantiated that [client A] (Individual) was away from staff supervision when he eloped from his home on 6.20.20 for approximately 30 minutes...".</p> <p>-"4) It is substantiated that staff failed to properly implement [client A's] Behavior Support prior to and in response to his elopement on 6.20.20. A staff member should have been sitting outside of [client A's] door, per his plan during sleeping hours...".</p> <p>A review of the IS dated 6/26/20 indicated client A eloped the group home on the evening of 6/20/20. The review indicated client A was supposed to have a one-to-one staff 24/7. The review indicated at the time of client A's elopement no staff were supervising client A. The review indicated staff had miscommunicated with each other as to who was responsible for supervising client A. The review indicated the staff failed to properly implement client A's Behavior Support protocols prior to or in response to his elopement on 6/20/20. The review did not indicate clarification as to who discovered client A had eloped. The review did not indicate clarification as to the location of all of the staff at the time of client A's elopement.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 7/9/20 at 11:47 AM. QIDPM #1 was asked about documentation from staff or if the facility was notified of client A eloping on 3/12/20. QIDPM #1</p>			

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

PRINTED: 09/09/2020

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(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>stated, "No, staff was not aware of him (client A) getting out of the home (on 3/13/20)." QIDPM #1 was about the investigation into client A's elopement on 3/13/20 and how the investigator determined the amount of time client A had eloped and was out of staff supervision if there was no documentation or knowledge of the elopement indicated from the staff working on the evening of 3/13/20. QIDPM #1 stated, "I would have to say that was a deficiency in our investigation."</p> <p>QIDPM #1 was asked about the investigation into client A's elopement on 3/27/20 and how the investigator substantiated the length of time client A had been without staff supervision with the discrepancies of the statements made in the investigation, discrepancies when comparing the 15 minute check tracking forms to the statements made by staff, and the statements made by staff describing a miscommunication on who was responsible for client A's supervision during the time of his elopement. QIDPM #1 stated, "The investigator did not compare the testimony with the original documentation." QIDPM #1 was asked about the investigation into client A's elopement on 6/20/20 and if the investigator was able to determine which staff was the actual staff who discovered client A had eloped from the home when two staff made statements saying they discovered client A's elopement and if the investigator was able to determine the actual location of all the staff at the time of client A's elopement with conflicting statements made by the staff as to the location of each staff at the time of client A's elopement. QIDPM #1 indicated there was a deficiency on the facilities end as to the completion of the investigation. QIDPM #1 was asked if the facility should complete a thorough investigation of all allegations of ANE. QIDPM #1 stated, "Yes."</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260	
(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 0157 Bldg. 00	<p>This federal tag relates to complaint #IN00322553 and #IN00323454.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client A), the facility failed to ensure client A's protective measures were being followed after a pattern of elopements from the home.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/6/20 at 12:27 PM.</p> <p>1. A BDDS report dated 3/15/20 indicated, "...On 3/14/20, [Local Police Department] officers came to the residence and informed staff that they had viewed video footage of [client A] allegedly leaving the residence the previous night and stealing a neighbor's video surveillance camera from the neighboring (sic), across the street...The interdisciplinary team has implemented the following protective measures to prevent future incidents; 1. [client A] will have One-on-One Staffing for 30 days at which time the team will reconvene, to determine the necessary level of ongoing enhanced supervision...".</p> <p>An IS (Investigative Summary) dated 3/20/20 indicated the following:</p> <p>- "...Investigative Summary...".</p>		W 0157	<p>CORRECTION: <i>If the alleged violation is verified, appropriate corrective action must be taken.</i> Specifically, the following protective measures are in place: Specifically, all facility direct support and supervisory staff will be retrained on proper implementation of each client's Behavior Support Plan, including client A's enhanced supervision protocols.</p> <p>PREVENTION: When incidents occur, The QIDP Manager will coordinate with the trained investigator and QIDP, through the investigation and corrective measure implementation process, to assure staff are trained to implement protective measures as written. The Residential Manager or Area Supervisor 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 behavior supports as written. For the next 30 days, members of the Operations Team (comprised of</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260	
(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)
	<ul style="list-style-type: none"> - "...Date(s) of Investigation 3.16 - 3.20.20...". - "...Introduction." - "On 3.14.20 at 12:45 PM the police arrived at the home and informed staff that they received video footage of [client A] (individual) leaving the home on the night of 3.13.20 and stealing the video surveillance camera from the neighbor's home across the street from [name of group home]. The video shows [client A] was out of staff's sight for 15 minutes. Staff notified the supervisor. The police retrieved the video surveillance camera and left the home with no further action...". - "...Scope of Investigation." - "1) How long was [client A] (individual) away from staff supervision when he eloped from his home on 3.13.20?." - "2) How did [client A] (individual) elope from the home?...". - "...4) Did staff fail to properly implement [client A's] Behavior Support prior to and in response to his (client A's) elopement on 3.13.20?...". - "...Summary of Interviews...". - "...[Staff #1] (DSP (Direct Support Professional)) - " - "The police showed up and told me they had a video of [client A] stealing the neighbor's security camera...". - "...Did the police say what time the incident occurred?." 			<p>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 twice weekly administrative monitoring during varied shifts/times. 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. Administrative Monitoring is defined as follows:</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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, the police didn't saw (sic) what time it occurred."</p> <p>- "I (staff #1) think it must have been within the past 24 hours before they found it."</p> <p>- "[Staff #2] (DSP)-."</p> <p>- "Did you know [client A] had left the house on the night of 3/13?"</p> <p>- "No."</p> <p>- "I would have been in the med room passing meds during that time (8-8:30 p (PM))."</p> <p>- "I didn't see him leave...".</p> <p>- "...I did not know he had left the home."</p> <p>- "[Staff #3] (DSP)-."</p> <p>- "Did you know [client A] had left the house on the night of 3/13?."</p> <p>- "No, I did not see [client A] leave the house that night."</p> <p>- "I don't know when he would have left."</p> <p>- "If it was between 8-8:30 p (PM) that is when meds were passed. [Staff #2] passed meds and I was in the living room with other clients taking them to her when he was ready...".</p> <p>- "[RM (Residential Manager) #1] -....".</p> <p>- "...The neighbor saw the footage and saw [client A] steal the camera. He (the neighbor) saw him (client A) walk from across from [name of group</p>		<p>as needed Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring implementation of protective measures and Behavior Support Plans as written.</p> <p>RESPONSIBLE PARTIES: 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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>home] to his (the neighbor's) house."</p> <p>-"What time did the incident occur?...".</p> <p>-"...The officer said the neighbor said the camera time stamp said it was between 8-8:30p(PM) on 3/13."</p> <p>-"[Client A] (Individual) -...".</p> <p>-"...How did you leave the home?."</p> <p>-"I went out the door (bedroom exit)."</p> <p>-"Did anyone see you leave the home?,"</p> <p>-"No...".</p> <p>-"...Factual Findings -."</p> <p>-"Progress Notes."</p> <p>-"3/13."</p> <p>-"It is not documented that [client A] left the home on 3/13...".</p> <p>-"...3/14."</p> <p>-"There is no documentation of the incident in question or that the police came to the home...".</p> <p>-"...Conclusion."</p> <p>-"2) It is substantiated that [client A] (Individual) eloped from the home by exiting through the exit door between the bedrooms without staff's knowledge...".</p> <p>-"...4) It is substantiated that staff failed to</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>properly implement [client A's] Behavior Support prior to and in response to his elopement on 3.13.20...".</p> <p>- "...Recommendations."</p> <p>-"1) It is recommended that staff be retrained on [client A's] (Individual) Behavior Support Plan supervision requirements."</p> <p>-"2) It is recommended that staff be retrained on accuratly (sic) documenting all incidents on the progress notes and behavior tracking...forms...".</p> <p>A review of the IS dated 3/20/20 indicated client A eloped on 3/13/20 and stole a neighbor's security camera. The review indicated the staff was notified of the elopement on 3/14/20 when police officers arrived at the group home to inform them. The review indicated none of the staff working on the evening of 3/13/20 were aware of client A's elopement on 3/13/20. The review indicated the facility did not have documentation of any incident occurring on 3/13/20 or of the police visiting the home on 3/14/20.</p> <p>2. A BDDS report dated 3/28/20 indicated, "...On 3/27/20, staff noted that [client A's] bedroom door was closed and upon checking determined that he (client A) had exited the house through a bedroom fire exit door. Staff checked the outer perimeters of the house and located [client A] was (sic) across the street standing on the neighbor's porch. Staff noticed [client A] in possession of a doorbell camera. [Client A] would not reveal from where he obtained the camera...Staff completed a body and room search, per [client A's] Behavior Support Plan soon afterwards and found 3 door alarms on [client A's] bed...[Client A] was out of line of sight for approximately 30 minutes...[Client A] will</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>continue to receive 24/7 one to one supervision...".</p> <p>A review of the BDDS report dated 3/28/20 indicated client A eloped from the group home. The review indicated client A was on 24/7 (24 hours per day/7 days a week) one to one supervision.</p> <p>An IS dated 4/3/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary..." - "...Date(s) of Investigation 3.30 - 4.30.20." - "Introduction." - "On 3.27.20 at 2:30 PM [staff #4] (DSP) noticed [client A's] (Individual) bedroom door was closed. [Staff #4] checked the room and discovered [client A] had exited the home through the bedroom's fire door exit. [Staff #4] checked the inside of the home and the perimeter of the house. [Staff #4] located [client A] standing across the street on the neighbor's porch. [Staff #4] verbally redirected [client A] back to the home...Upon return, [staff #4] completed a body and bedroom check, per his plan, and discovered 3 window & door alarms in [client A's] bedroom...[Client A] was out of staff's sight for approximately 30 minutes...". - "...Scope of Investigation." - "1) How long was [client A] (Individual) away from staff supervision when he eloped from his home on 3.27.20...". - "...4) Did staff properly implement [client A's] Behavior Support prior to and in response to his elopement on 3.27.20?...". 			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "...Summary of Interviews...".</p> <p>- "...[Staff #4] (DSP) -."</p> <p>- "There was a break in communication."</p> <p>- "One of us were (sic) supposed to be with [client A] then relieve the next person every 2 hours."</p> <p>- "I (staff #4) left to go get something for the nurse and when I came back in the home at 1pm [staff #5] though I was taking over from her and went on her break but she didn't say anything to me so I thought she was still watching [client A]."</p> <p>- "I walked to the back to check on [client A] and noticed he was not in his room...".</p> <p>- "...I then told the other staff he was gone and they did not know he was gone."</p> <p>- "I saw him (client A) hiding between the trees at the home across the street...".</p> <p>- "...[Staff #5] (DSP) -."</p> <p>- "When the other lady ([staff #4]) came back she was supposed to be watching [client A]."</p> <p>- "She (staff #4) said I was supposed to still be with him (client A) when she returned but I did not know that."</p> <p>- "When we all watch [client A], we stay with him for 2 hours and when she ([staff #4]) returned it was her time so I (staff #5) thought she (staff #4) was watching him (client A) and I took my break."</p> <p>- "When [staff #4] returned did she say to you that</p>			

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

PRINTED: 09/09/2020

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>she was resuming responsibility for [client A]?"</p> <p>- "No, but she came in the house and it was her time to watch him so I thought she was...".</p> <p>- "...[Staff #3] (DSP) -...".</p> <p>- "...She ([staff #4]) came back around 1 pm and I think [staff #5] thought she (staff #4) was watching [client A] but the other girl (staff #4) thought [staff #5] was still watching [client A] and that is when he left the home...".</p> <p>- "...[Client A] (Individual) -."</p> <p>- "...Did anyone see you leave the house?."</p> <p>- "No...".</p> <p>- "...Factual Findings -."</p> <p>- "Progress Notes."</p> <p>- "The incident in question for [client A] is not documented on his progress note...".</p> <p>- "... Conclusion."</p> <p>- "1) It is substantiated that [client A] (Individual) was away from staff supervision for approximately 30 minutes when he eloped from the home on 3/27/20."</p> <p>- "2) It is substantiated that [client A] (Individual) eloped from the home by leaving through the exit door in the bedroom because staff did not communicate who was to be supervising him therefore leaving him unsupervised...".</p> <p>- "...4) It is substantiated that staff failed to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>properly implement [client A's] Behavior Support prior to and in response to his elopement on 3.27.20...".</p> <p>- "...Recommendations."</p> <p>-"1) It is recommended that staff be retrained on [client A's] (Individual) Behavior Support Plan."</p> <p>-"2) It is recommended that staff be retrained on accurrately (sic) and legibly documenting all incidents on the progress notes...".</p> <p>A review of the IS dated 4/3/20 indicated client A eloped from the group home on 3/27/20. The review indicated staff were not aware of when client A left the group home due to a miscommunication as to who was responsible for supervising client A. The review indicated staff failed to properly implement client A's Behavior Support Plan. The review did not indicate a clarification as to the exact time client A eloped from the group home or the length of time in which client A had eloped.</p> <p>3. A BDDS report dated 4/8/20 indicated, "...On 4/7/20, the Area Supervisor was informed by a neighbor that their doorbell was stolen at approximately 10:30 p.m. the previous night. The neighbor showed the Area Supervisor video footage of [client A] taking the device. [Client A] stated that he climbed out of his bedroom and returned back through the window before staff was able to recognize that he had left...[Client A] is to receive 24/7 1:1 (one-to-one) staff supervision...[Client A] was out of line of sight for approximately 30 minutes...".</p> <p>A review of the BDDS report dated 4/8/20 indicated client A eloped from the home on 4/6/20.</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 IS 4/14/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary...". - "...Date(s) of Investigation 4.08 - 4.14.20." - "Introduction." - "On 4.10.20 (sic) at 2:30 pm [AS (Area Supervisor) #1] was contacted by the neighbor...and informed (sic) that on 4.06.20 at 10:30 pm their [brand name] doorbell was stolen. The neighbor stated and they had proof that [client A] (individual) stole it as the doorbell has video recording capabilities. [AS #1] was provided the video and identified [client A] on the recording. [AS #1] spoke with [client A] and he stated he climbed out of his bedroom window, stole the doorbell, and returned before staff was able to recognize that he had left...At the time of the incident, and currently, [client A] is under 24/7 one-to-one supervision with [staff #6] (DSP) as his one-to-one staff. [Client A] also does not have any alone time in his plan...". - "...Scope of Investigation." - "1) How did [client A] (Individual) elope from the home without his one-to-one staff [staff #6] (DSP) being aware?...". - "...Summary of Interviews...". - "...[AS #1]...". - "...The morning of 4/07 I saw that I had a message from..., the neighbor...". - "[Neighbor] text (sic) me and said they had video 			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>surveillance from this incident that [client A] had taken their doorbell...".</p> <p>- "...I saw the...videos and confirmed it was [client A]. One of them had clear picture of him (client A)...".</p> <p>- "...The video was taken from 10-10:38 pm on 4/06 and only [client A] was present. The video didn't show any staff around."</p> <p>-"I asked [staff #6] if he knew [client A] had eloped and he said he was not aware, but that he had stepped away from [client A] only to clean the floor because he knew [client A] was sleeping."</p> <p>-"I (AS #1) asked him (staff #6) if he had asked any other staff to sit by [client A's] door while he swept and he said, "No."...".</p> <p>-"...[Staff #6] (DSP)-...".</p> <p>- "...Around 9 pm [client A] went to sleep."</p> <p>-"I woke him up to take his mediation (sic) and went right back to bed."</p> <p>-"I was in the chair in his room watching him."</p> <p>-"I was there until around 10 pm then I checked him and saw that he was sleeping."</p> <p>-"I went out to clean up in the house, bathroom, etc."</p> <p>-"I received a text from [AS #1] saying, 'Is [client A] awake?'"</p> <p>-"I said, 'No he is sleeping.'"</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "She said, 'Ok.'"</p> <p>- "She (AS #1) messaged me again asking if he got out of the house."</p> <p>- "I (staff #6) said, 'No.'"</p> <p>- "She said, 'Are you sure?'"</p> <p>- "Immediately I called her and she said [client A] was gone from the home."</p> <p>- "Right away I left what I was doing, I was cleaning the living room, and went to his room."</p> <p>- "He (client A) was not in his room so I asked the other staff if she had seen [client A]...".</p> <p>- "We checked the bathroom because sometimes he stays in the bathroom for a long time, but I stay with him and check on him."</p> <p>- "He was in the bathroom."</p> <p>- "The next morning, [AS #1] called and asked me if I was sure [client A] didn't leave the home last night. I called her again and asked her what was wrong?"</p> <p>- "She (AS #1) told me she received a video recording that [client A] was gone."</p> <p>- "I told her I had no idea when that happened and that he must have gone out of the bedroom window...".</p> <p>- "...Do you know what time [client A] would have left the home?"</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(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>-"I (staff #6) don't know the time he got out and came back...".</p> <p>-"...Conclusion."</p> <p>-"1) It is substantiated that [client A] (Individual) eloped from the home without his one-to-one staff [staff #6] (DSP) being aware as [staff #6] walked away from the door to swept (sic) as he (staff #6) believed [client A] to be sleeping...".</p> <p>A review of the IS dated 4/14/20 indicated client A was on 24/7 one-to-one supervision. The review indicated client A eloped from the home. The review indicated staff #6 left client A unsupervised to help with cleaning of the group home as staff #6 thought client A was sleeping. The review indicated staff #6 was not aware of when or how client A eloped from the home.</p> <p>4. A BDDS report dated 5/17/20 indicated, "...On 6/16/20 (sic), [client A's] one to one staff stepped into the restroom to provide assistance to a housemate and [client A] walked out of the house. Approximately 8 minutes later, staff located, [client A] in the yard, and discovered [client A] had obtained a light from the neighbor's porch...".</p> <p>A review of the BDDS report dated 5/17/20 indicated client A eloped from the home. The review indicated client A's one-to-one staff stepped away from client A to assist another housemate when client A eloped from the home.</p> <p>An IS dated 5/22/20 indicated the following:</p> <p>-"...Investigative Summary...".</p> <p>-"Date(s) of Investigation 5.18 - 5.22.20."</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>-"Introduction."</p> <p>-"On 5.16.20 at 2:30 PM as [staff #7] (DSP) was assisting [client A's] (Individual) housemate [client C] (Individual) in the shower...[Staff #7] called for help. [Client A's] (Individual) one-to-one staff, [RM #2], went into the bathroom to provide assistance them (sic). Approximately 8-12 minutes later, [RM #2] was done helping he (sic) realized [client A] was not in the home. He (RM #2) searched and located him (client A) in the back yard. [RM #2] also found a light on the side of the back deck. [RM #1] (Residential Manager of the home) was notified by the neighbor that there was video of [client A] at their home stealing their light. [RM #1] notified [RM #2]...".</p> <p>-"Scope of Investigation."</p> <p>-"1) How long was [client A] (Individual) away from staff supervision when he eloped from his home on 5.16.20?...".</p> <p>-"3) Did staff fail to properly implement [client A's] Behavior Support prior to and in response to his elopement on 5.16.20?...".</p> <p>-"Summary of Interviews...".</p> <p>-"...".</p> <p>-"...".</p> <p>-"Around 2:08 pm I was the one-on-one staff (to [client A]) during that time (sic)."</p> <p>-"My fellow staff member ([Staff #7]) was trying to assist a consumer to go into the shower."</p> <p>-"I heard her call for help...so I left my one-on-one ([client A]) to assist...".</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "...During the time I walked away to go and assist (sic) my one-on-one ([client A]) went down the street and took a light out (sic) the neighbor's yard."</p> <p>- "How long were you helping [staff #7] before you realized [client A] was missing?"</p> <p>- "It was 8-12 minutes...".</p> <p>- "...I looked for him (client A) and found him in the backyard...".</p> <p>- "I (RM #2) did not know he (client A) was gone until the residential manager over the home ([RM #1]) called the house and told me...".</p> <p>- "...[RM #1]...".</p> <p>- "...The neighbors sent me a video of [client A] showing him stealing their light...".</p> <p>- "...Behavior Support Plan."</p> <p>- "[Client A's] plan addresses: Elopement and Enhanced Supervision [(1:1 supervision 24/7) [client A] should not be in one room, and his assigned staff to be in another.]...".</p> <p>- "...Conclusion."</p> <p>- "1) It is substantiated that [client A] (Individual) away (sic) from staff supervision for approximately 8-12 minutes when he eloped from his home on 5.16.20...".</p> <p>- "...3) It is substantiated that staff failed to properly implement [client A's] Behavior Support prior to and in response to his elopement on 5.16.20...".</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260	
(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)
	<p>A review of the IS dated 5/22/20 indicated client A eloped from the home on 5/16/20. The review indicated client A's one to one staff left client A unsupervised to provide assistance to another housemate when client A eloped. The review indicated staff did not follow client A's enhanced supervision protocol.</p> <p>5. A BDDS report dated 6/21/20 indicated, "...On the night of 6/20/20, staff entered [client A's] room to check on (sic) his (sic) and discovered that he (client A) had exited the home through his bedroom window. Staff notified the supervisor and initiated a search, and located [client A] down the street approximately 15 minutes later...".</p> <p>A review of the BDDS report dated 6/21/20 indicated client A eloped from the home on the evening of 6/20/20.</p> <p>An IS dated 6/26/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary..." - "...Date(s) of Investigation 6.22 - 6.26.20." - "Introduction." - "On 6.20.20 at 10:40 PM [client A] (Individual) (sic) [staff #8] (DSP) entered [client A's] bedroom to complete a routine check during sleeping hours. [Staff #8] could not locate [client A] and discovered that he had eloped through his bedroom window. [Staff #8] notified the supervisor and searched the area. About 15 minutes later, [staff #8] located [client A] down the street and returned him to the site..." - "...Scope of Investigation." 			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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) How long was [client A] (Individual) away from staff supervision when he eloped from his home on 6.20.20 for approximately 30 minutes?....".</p> <p>- "...4) Did staff fail to properly implement [client A's] Behavior Support prior to and in response to his elopement on 6.20.20?....".</p> <p>- "...Summary of Interviews....".</p> <p>- "...[Staff #8] (DSP)-."</p> <p>- "I (staff #8) was in the med (medication) room completing my paperwork when I went to check on the other clients just as a safety measure."</p> <p>- "That is when I noticed [client A] was not in his room and that his window was open."</p> <p>- "[Staff #1] was in the living room and I asked him if he knew where [client A] was and he said he was in his bedroom sleeping."</p> <p>- "I told him he was gone and we looked around the house and realized [client A] had eloped."</p> <p>- "Who was responsible for [client A] as his one-to-one staff at that time?"</p> <p>- "[Staff #1]....".</p> <p>- "...[Staff #1] looked around the house."</p> <p>- "I (staff #8) called the supervisor and got in the van to search for [client A]."</p> <p>- "About 15 minutes later I (staff #8) found [client A]....".</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "...He (client A) was walking in the grass in the parking lot, he was walking towards house (sic)...".</p> <p>- "...Why was no staff sitting outside his bedroom door per his (client A's) plan?"</p> <p>- "I was in the med room, [staff #1] was his one-to-one."</p> <p>- "I don't know why he (staff #1) hasn't (sic) outside his door."</p> <p>- "[Staff #2] (DSP)-."</p> <p>- "I don't think there was communication between [staff #1] (staff) and [staff #8] as to who was with [client A] as his one-to-one."</p> <p>- "I (staff #2) think [staff #1] thought [staff #8] with (sic) taking over."</p> <p>- "I (staff #2) was mopping the floor and I went to mop [client A's] bedroom when I discovered he was gone."</p> <p>- "[Staff #1] was in the living room."</p> <p>- "[Staff #8] was in the med room; I had already completed the med pass...".</p> <p>- "...Who was responsible for [client A] as his one-to-one staff at the time?"</p> <p>- "[Staff #1] was the one-to-one before I came in but I think it was miscommunication between them (staff #1 and staff #8) as to who was with [client A] at the time."</p> <p>- "What was [staff #1] doing in the living room?"</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "I believe he was eating so I think he was on a break."</p> <p>- "[Staff #1] (DSP)-."</p> <p>- "[Client A] was sleeping, [staff #2] was cleaning, [staff #8] was in the med room completing paperwork and I (staff #1) was at the kitchen table doing paperwork."</p> <p>- "[Staff #2] went to mop [client A's] bedroom and discovered he was gone."</p> <p>- She (staff #2) called me (staff #1) and [staff #8]...".</p> <p>- "How long was it between your last check on [client A] before he was discovered to have eloped?"</p> <p>- "It had only been about 1-2 minutes before I got up and checked on him."</p> <p>- "Who was responsible as [client A's] one-to-one staff at the time he was discovered to have eloped?"</p> <p>- "There was miscommunication between [staff #8] and me (staff #1)."</p> <p>- "Who was supposed to be with [client A] and why was no staff sitting outside of his bedroom door?"</p> <p>- "Whoever comes in at 8pm usually relieves the one-to-one staff so I thought [staff #8] had taken over but he thought I was still his one-to-one...".</p> <p>- "...Factual Findings...".</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "...[Staff #8] and [staff #2] both stated they discovered [client A] was gone but both stated this happened while they were alone and not with other staff."</p> <p>- "[Staff #8] stated he was completing bed checks on all of the individuals as a safety measures but not as [client A's] one-to-one staff as [staff #1] was [client A's] one-to-one."</p> <p>- "[Staff #2] stated she was mopping when she discovered [client A] had eloped."</p> <p>- "[Staff #1] stated [staff #2] was mopping when she discovered [client A] had eloped."</p> <p>- "[Staff #2] and [staff #1] stated [staff #2] informed [staff #8], who was in the med room, that [client A] was gone.</p> <p>- "[Staff #1] stated he was in the kitchen completing paperwork."</p> <p>- "[Staff #2] stated [staff #1] was in the living room eating."</p> <p>- "[Staff #8] stated [staff #1] was in the living room."</p> <p>- "[Staff #1] and [staff #2] stated [staff #1] had been [client A's] one-to-one staff prior to [staff #8's] arrival that evening at 8 PM...".</p> <p>- "...Behavior Support Plan."</p> <p>- "[Client A's] plan addresses: Elopement and 24/7 one-to-one observation protocols (during sleeping hours staff are to be positioned outside of his bedroom door with the door cracked to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>maintain line-of-sight)...".</p> <p>- "...Conclusion."</p> <p>- "1) It is substantiated that [client A] (Individual) was away from staff supervision when he eloped from his home on 6.20.20 for approximately 30 minutes...".</p> <p>- "...4) It is substantiated that staff failed to properly implement [client A's] Behavior Support prior to and in response to his elopement on 6.20.20. A staff member should have been sitting outside of [client A's] door, per his plan during sleeping hours...".</p> <p>A review of the IS dated 6/26/20 indicated client A eloped the group home on the evening of 6/20/20. The review indicated client A was supposed to have a one-to-one staff 24/7. The review indicated at the time of client A's elopement no staff were supervising client A. The review indicated staff had miscommunicated with each other as to who was responsible for supervising client A. The review indicated the staff failed to properly implement client A's Behavior Support protocols prior to or in response to his elopement on 6/20/20. The review did not indicate clarification as to who discovered client A had eloped. The review did not indicate clarification as to the location of all of the staff at the time of client A's elopement.</p> <p>Client A's record was reviewed on 7/7/20 at 10:11 AM. Client A's BSP (Behavior Support Plan) indicated the following:</p> <p>- "...Behavior Support Plan."</p> <p>- "Consumer Name: [client A]...".</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(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"> - "...Date: 2/14/2020 Revised: 2/24/20...". - "...Target Behaviors and Goals...". - "...Elopement: anytime [client A] tries or leaves an assigned designated area without the consent of staff personnel...". - "...HRC (Human Rights Committee) Approval...". - "...Safety...". - "...Door and window alarms were added to all outside access doors and windows...". - "...Rights restrictions:...". - "...Freedom of movement: 24-hour supervision...". - "...Risk of injury, harm to self and others, accident and exploitation...". <p>A BSP Addendum dated 4/7/20 indicated the following:</p> <ul style="list-style-type: none"> - "[Client A], BSP Addendum, 4/7/20:." - "Enhanced Supervision:." - "Due to [client A's] ongoing pattern of elopement, theft, and property destruction, [client A's] one to one observation procedures are being clarified as follows." - "[Client A] will receive 1:1 supervision 24/7. A specific staff will be assigned to conduct the 1:1 supervision at all times. This supervision is defined as within close enough proximity to prevent elopement, theft and destruction of 			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>property at all times. When [client A] is in his room, staff will position themselves outside the door with the door cracked so that line of sight is maintained.</p> <p>-"If [client A] moves around, the 1:1 staff is expected to move with him. It is unacceptable for [client A] to be in one room, and his assigned staff to be in another. (As stated above, when [client A] is in his room staff may be in the hallway, with his door slightly open, in order to maintain line of sight. Privacy may be maintained in the bathroom, with the door shut, but the assigned 1:1 staff must remain outside the bathroom door."</p> <p>-"If for any reason the assigned staff needs to be relieved from 1:1 responsibilities for any reason, another staff must take over the 1:1 observation duties. For no reason is [client A] to be out of staff line of sight."</p> <p>-"Staff are to monitor all activities, conversations, sudden movements of [client A] always. If you are assigned to be 1:1, the expectation is that you are engaging with [client A], and encouraging him to participate in functional learning activities as much as possible. If, for any reason, there is not enough staff in the home to accommodate 1:1, the supervisor must be called immediately. However, the assigned staff with the 1:1 is expected to stay with [client A] until a supervisor has provided coverage for the him (sic)...".</p> <p>-"..."(handwritten) All staff working with [client A] must read and complete 'one-on-one' training. If there is anything you may not understand or have questions about please contact RM (Residential Manager). Please make sure you fully understand the training...".</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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's 15 minute check tracking sheet dated 3/13/20 indicated at 8:00 PM staff #2 documented client A was in the living room. The 15 minute check tracking sheet indicated at both 8:15 PM and 8:30 PM, staff #2 documented client A was in his bedroom, compared to the IS dated 3/20/20 which indicated the time time stamp of the neighbor's surveillance video, which displayed client A stealing the camera, to be between 8 PM - 8:30 PM on 3/13/20.</p> <p>-Client A's 15 minute check tracking sheet dated 3/27/20 indicated staff #4 documented client A's location on his 15 minute check tracking sheet for the times of 1:15 PM, 1:30 PM, 1:45 PM, 2:00 PM, 2:15 PM, 2:30 PM, and 2:45 PM, compared to staff #4's statements in the IS dated 4/3/20, where staff #4 indicated on 3/27/20 she thought staff #5 was the one-to-one staff assigned to client A at the time same times indicated above (1:15PM, 1:30 PM, 1:45 PM, 2:00 PM, 2:15 PM, 2:30 PM, and 2:45 PM).</p> <p>-Client A's 15 minute check tracking sheet dated 4/6/20 indicated staff #6 documented client A was awake and in the living room at the times of 10:00 PM, 10:15 PM, 10:30 PM and 10:45 PM, compared to the IS dated 4/14/20 indicated client A had eloped from the group home on 4/6/20 and was seen on the neighbor's surveillance camera outside the home between 10:00 PM and 10:38 PM according to the time stamp on the surveillance camera.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/9/20 at 11:30 AM. QIDP #1 was asked about who was responsible for ensuring staff are completing their documentation properly and accurately. QIDP #1</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260	
(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 0249 Bldg. 00	<p>indicated the QIDP, RM, and AS all hold responsibility.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 7/9/20 at 11:47 AM. QIDPM #1 was asked about staff completing the 15 minute check tracking forms for client A and if staff should be documenting the client to be in the home during times indicated through BDDS reports and investigation of the client being outside the home during an elopement. QIDPM #1 stated, "No."</p> <p>This federal tag relates to complaint #IN00322553 and #IN00323454.</p> <p>9-3-2(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.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client A), the facility failed to ensure client A's BSP (Behavioral Support Plan) was followed as written.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/6/20 at 12:27 PM.</p> <p>1. A BDDS report dated 3/15/20 indicated, "...On</p>		W 0249	<p>CORRECTION:</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. Specifically, all facility direct</i></p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>3/14/20, [Local Police Department] officers came to the residence and informed staff that they had viewed video footage of [client A] allegedly leaving the residence the previous night and stealing a neighbor's video surveillance camera from the neighboring (sic), across the street...The interdisciplinary team has implemented the following protective measures to prevent future incidents; 1. [client A] will have One-on-One Staffing for 30 days at which time the team will reconvene, to determine the necessary level of ongoing enhanced supervision...".</p> <p>An IS (Investigative Summary) dated 3/20/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary...". - "...Date(s) of Investigation 3.16 - 3.20.20...". - "...Introduction." - "On 3.14.20 at 12:45 PM the police arrived at the home and informed staff that they received video footage of [client A] (individual) leaving the home on the night of 3.13.20 and stealing the video surveillance camera from the neighbor's home across the street from [name of group home]. The video shows [client A] was out of staff's sight for 15 minutes. Staff notified the supervisor. The police retrieved the video surveillance camera and left the home with no further action...". A review of the IS dated 3/20/20 indicated client A eloped on 3/13/20 and stole a neighbor's security camera. The review indicated the staff was notified of the elopement on 3/14/20 when police officers arrived at the group home to inform them. The review indicated none of the staff working on the evening of 3/13/20 were aware of client A's 		<p>support and supervisory staff will be retrained on proper implementation of each client's Behavior Support Plan, including client A's enhanced supervision protocols.</p> <p>PREVENTION:</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 proper implementation of behavior supports.</p> <p>The Residential Manager or Area Supervisor 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 behavior supports as written. For the next 30 days, 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 twice weekly administrative monitoring during varied shifts/times. 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</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>elopement on 3/13/20. The review indicated the facility did not have documentation of any incident occurring on 3/13/20 or of the police visiting the home on 3/14/20.</p> <p>2. A BDDS report dated 3/28/20 indicated, "...On 3/27/20, staff noted that [client A's] bedroom door was closed and upon checking determined that he (client A) had exited the house through a bedroom fire exit door. Staff checked the outer perimeters of the house and located [client A] was (sic) across the street standing on the neighbor's porch. Staff noticed [client A] in possession of a doorbell camera. [Client A] would not reveal from where he obtained the camera...Staff completed a body and room search, per [client A's] Behavior Support Plan soon afterwards and found 3 door alarms on [client A's] bed...[Client A] was out of line of sight for approximately 30 minutes...[Client A] will continue to receive 24/7 one to one supervision...".</p> <p>A review of the BDDS report dated 3/28/20 indicated client A eloped from the group home. The review indicated client A was on 24/7 (24 hours per day/7 days a week) one to one supervision.</p> <p>An IS dated 4/3/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary...". - "...Date(s) of Investigation 3.30 - 4.30.20." - "Introduction." - "On 3.27.20 at 2:30 PM [staff #4] (DSP) noticed [client A's] (Individual) bedroom door was closed. [Staff #4] checked the room and discovered [client A] had exited the home through the bedroom's fire 		<p>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"> · 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 Assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring implementation Behavior Support Plans as written.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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)
	<p>door exit. [Staff #4] checked the inside of the home and the perimeter of the house. [Staff #4] located [client A] standing across the street on the neighbor's porch. [Staff #4] verbally redirected [client A] back to the home...Upon return, [staff #4] completed a body and bedroom check, per his plan, and discovered 3 window & door alarms in [client A's] bedroom...[Client A] was out of staff's sight for approximately 30 minutes...".</p> <p>A review of the IS dated 4/3/20 indicated client A eloped from the group home on 3/27/20. The review indicated staff were not aware of when client A left the group home due to a miscommunication as to who was responsible for supervising client A. The review indicated staff failed to properly implement client A's Behavior Support Plan. The review did not indicate a clarification as to the exact time client A eloped from the group home or the length of time in which client A had eloped.</p> <p>3. A BDDS report dated 4/8/20 indicated, "...On 4/7/20, the Area Supervisor was informed by a neighbor that their doorbell was stolen at approximately 10:30 p.m. the previous night. The neighbor showed the Area Supervisor video footage of [client A] taking the device. [Client A] stated that he climbed out of his bedroom and returned back through the window before staff was able to recognize that he had left...[Client A] is to receive 24/7 1:1 (one-to-one) staff supervision...[Client A] was out of line of sight for approximately 30 minutes...".</p> <p>A review of the BDDS report dated 4/8/20 indicated client A eloped from the home on 4/6/20.</p> <p>An IS 4/14/20 indicated the following:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>- "...Investigative Summary..."</p> <p>- "...Date(s) of Investigation 4.08 - 4.14.20."</p> <p>- "Introduction."</p> <p>- "On 4.10.20 (sic) at 2:30 pm [AS (Area Supervisor) #1] was contacted by the neighbor...and informed (sic) that on 4.06.20 at 10:30 pm their [brand name] doorbell was stolen. The neighbor stated and they had proof that [client A] (individual) stole it as the doorbell has video recording capabilities. [AS #1] was provided the video and identified [client A] on the recording. [AS #1] spoke with [client A] and he stated he climbed out of his bedroom window, stole the doorbell, and returned before staff was able to recognize that he had left...At the time of the incident, and currently, [client A] is under 24/7 one-to-one supervision with [staff #6] (DSP) as his one-to-one staff. [Client A] also does not have any alone time in his plan..."</p> <p>A review of the IS dated 4/14/20 indicated client A was on 24/7 one-to-one supervision. The review indicated client A eloped from the home. The review indicated staff #6 left client A unsupervised to help with cleaning of the group home as staff #6 thought client A was sleeping. The review indicated staff #6 was not aware of when or how client A eloped from the home.</p> <p>4. A BDDS report dated 5/17/20 indicated, "...On 6/16/20 (sic), [client A's] one to one staff stepped into the restroom to provide assistance to a housemate and [client A] walked out of the house. Approximately 8 minutes later, staff located, [client A] in the yard, and discovered [client A] had obtained a light from the neighbor's porch...".</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 review of the BDDS report dated 5/17/20 indicated client A eloped from the home. The review indicated client A's one-to-one staff stepped away from client A to assist another housemate when client A eloped from the home.</p> <p>An IS dated 5/22/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary..." - "Date(s) of Investigation 5.18 - 5.22.20." - "Introduction." - "On 5.16.20 at 2:30 PM as [staff #7] (DSP) was assisting [client A's] (Individual) housemate [client C] (Individual) in the shower...[Staff #7] called for help. [Client A's] (Individual) one-to-one staff, [RM #2], went into the bathroom to provide assistance them (sic). Approximately 8-12 minutes later, [RM #2] was done helping he (sic) realized [client A] was not in the home. He (RM #2) searched and located him (client A) in the back yard. [RM #2] also found a light on the side of the back deck. [RM #1] (Resident Manager of the home) was notified by the neighbor that there was video of [client A] at their home stealing their light. [RM #1] notified [RM #2]...". <p>A review of the IS dated 5/22/20 indicated client A eloped from the home on 5/16/20. The review indicated client A's one to one staff left client A unsupervised to provide assistance to another housemate when client A eloped. The review indicated staff did not follow client A's enhanced supervision protocol.</p> <p>5. A BDDS report dated 6/21/20 indicated, "...On the night of 6/20/20, staff entered [client A's] room to check ion (sic) his (sic) and discovered that he</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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) had exited the home through his bedroom window. Staff notified the supervisor and initiated a search, and located [client A] down the street approximately 15 minutes later...".</p> <p>A review of the BDDS report dated 6/21/20 indicated client A eloped from the home on the evening of 6/20/20.</p> <p>An IS dated 6/26/20 indicated the following:</p> <ul style="list-style-type: none"> - "...Investigative Summary...". - "...Date(s) of Investigation 6.22 - 6.26.20." - "Introduction." - "On 6.20.20 at 10:40 PM [client A] (Individual) (sic) [staff #8] (DSP) entered [client A's] bedroom to complete a routine check during sleeping hours. [Staff #8] could not locate [client A] and discovered that he had eloped through his bedroom window. [Staff #8] notified the supervisor and searched the area. About 15 minutes later, [staff #8] located [client A] down the street and returned him to the site...". <p>A review of the IS dated 6/26/20 indicated client A eloped for the group home on the evening of 6/20/20. The review indicated client A was supposed to have a one-to-one staff 24/7. The review indicated at the time of client A's elopement no staff were supervising client A. The review indicated staff had miscommunicated with each other as to who was responsible for supervising client A. The review indicated the staff failed to properly implement client A's Behavior Support protocols prior to or in response to his elopement on 6/20/20. The review did not indicate clarification as to who discovered</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(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 had eloped. The review did not indicate clarification as to the location of all of the staff at the time of client A's elopement.</p> <p>Client A's record was reviewed on 7/7/20 at 10:11 AM. Client A's BSP (Behavior Support Plan) indicated the following:</p> <ul style="list-style-type: none"> - "...Behavior Support Plan." - "Consumer Name: [client A]..." . - "...Date: 2/14/2020 Revised: 2/24/20..." . - "...Target Behaviors and Goals..." . - "...Elopement: anytime [client A] tries or leaves an assigned designated area without the consent of staff personnel..." . - "...HRC (Human Rights Committee) Approval..." . - "...Safety..." . - "...Door and window alarms were added to all outside access doors and windows..." . - "...Rights restrictions:..." . - "...Freedom of movement: 24-hour supervision..." . - "...Risk of injury, harm to self and others, accident and exploitation..." . <p>A BSP Addendum dated 4/7/20 indicated the following:</p> <ul style="list-style-type: none"> - "[Client A], BSP Addendum, 4/7/20:." - "Enhanced Supervision:." 				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(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>-"Due to [client A's] ongoing pattern of elopement, theft, and property destruction, [client A's] one to one observation procedures are being clarified as follows."</p> <p>-"[Client A] will receive 1:1 supervision 24/7. A specific staff will be assigned to conduct the 1:1 supervision at all times. This supervision is defined as within close enough proximity to prevent elopement, theft and destruction of property at all times. When [client A] is in his room, staff will position themselves outside the door with the door cracked so that line of sight is maintained."</p> <p>-"If [client A] moves around, the 1:1 staff is expected to move with him. It is unacceptable for [client A] to be in one room, and his assigned staff to be in another. (As stated above, when [client A] is in his room staff may be in the hallway, with his door slightly open, in order to maintain line of sight. Privacy may be maintained in the bathroom, with the door shut, but the assigned 1:1 staff must remain outside the bathroom door."</p> <p>-"If for any reason the assigned staff needs to be relieved from 1:1 responsibilities for any reason, another staff must take over the 1:1 observation duties. For no reason is [client A] to be out of staff line of sight."</p> <p>-"Staff are to monitor all activities, conversations, sudden movements of [client A] always. If you are assigned to be 1:1, the expectation is that you are engaging with [client A], and encouraging him to participate in functional learning activities as much as possible. If, for any reason, there is not enough staff in the home to accommodate 1:1, the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(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>supervisor must be called immediately. However, the assigned staff with the 1:1 is expected to stay with [client A] until a supervisor has provided coverage for the him (sic)...".</p> <p>-"...(handwritten) All staff working with [client A] must read and complete "one-on-one" training. If there is anything you may not understand or have questions about please contact RM (Resident Manager). Please make sure you fully understand the training...".</p> <p>Staff #2 was interviewed on 7/6/20 at 8:44 AM. Staff #2 was asked about the supervision level of client A. Staff #2 indicated client A required 1 to 1 supervision level. Staff #2 indicated they (staff) have been working very hard to encourage and initiate communication with client A to ensure his health and safety.</p> <p>Staff #9 was interviewed on 7/8/20 at 10:14 AM. Staff #9 was asked about training and supervision level of client A. Staff #9 stated, "I received training on working with [client A]. [Client A] is one-to-one supervision. Wherever [client A] goes, staff goes. I am typically his overnight 1:1 as well. I stay in his room while he is sleeping. I have had no issues with him attempting to elope."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/9/20 at 11:30 AM. QIDP #1 was asked about who was responsible for ensuring training is completed on each client's protocols, and how often are they trained. QIDP #1 stated, "QIDP completes training, and it seems to be more quarterly with this home." QIDP #1 was asked if an incident were to occur and it was determined staff did not implement any aspect of the proper trainings (to include BSP training and 1:1 supervision), should</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 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>re-training occur and when. QIDP #1 indicated if staff needs to be retrained it should be done immediately or certainly as soon as possible.</p> <p>AS #1 was interviewed on 7/6/20 at 9:33 AM. AS #1 was asked about client A. AS #1 stated "[Client A] has been one on one basically since he has been here. Well, not when he came, maybe a month or so after he came." AS #1 indicated if client A goes outside, staff goes with him. AS #1 indicated staff is supposed to keep him within direct line of sight at all times.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 7/9/20 at 11:47 AM. QIDPM #1 was asked if on the dates of client A's elopements (3/13/20, 3/27/20, 4/6/20, 5/16/20, and 6/20/20) did the staff follow client A's supervision protocols and implement his BSP properly. QIDPM #1 indicated no on each date.</p> <p>This federal tag relates to complaint #IN00322553 and #IN00323454.</p> <p>9-3-4(a)</p>			