

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2021
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 402 EWING LN JEFFERSONVILLE, IN 47130		
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Survey dates: 5/17/21, 5/18/21, 5/19/21 and 5/20/21.</p> <p>Facility Number: 000956 Provider Number: 15G442 AIM Number: 100244760</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 6/7/21.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), and 5 additional clients (#4, #5, #6, #7 and #8), the facility's governing body failed to exercise operating direction over the facility to ensure the following maintenance needs were addressed: 1) tape was not falling down from the dryer ventilation in the laundry room, the bathroom adjacent to the laundry room had functional lighting and paint was not peeling away from the wall around the showerhead, 2) a broken dresser drawer was fixed for client #6, and a section of the arm rest on the right side of client #6's rocker recliner was missing with staples protruding, 3) the kitchen fire alarm was maintained in good</p>	W 0104	<p>1.The Administrator will ensure the facility maintenance and repair work is completed in a timely fashion. Staff will be in serviced on reporting maintenance issues immediately</p> <p>2.Staff will call 844-RESCARE to schedule a service call with Aramark to schedule work orders as needed.</p> <p>3.The administrator contacted Aramark to schedule the repair of the dryer vent repairs will be completed no later than July 1, 2021 work may be delayed to</p>	06/19/2021

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

TITLE

(X6) DATE

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

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	<p>repair, 4) the bathroom adjacent to the living room tile was not cracked, 5) client #2's bedroom had 6 oxygen tanks stored near her dresser and 6) a strong odor from client #1's bedroom.</p> <p>Findings include:</p> <p>Observation was conducted on 5/18/21 from 6:43 AM to 10:45 AM. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8. The observation indicated the following:</p> <p>-At 8:39 AM, tape around the dryer vent extending to the ceiling was hanging from the spliced section of the dryer vent. Upon entry to the adjacent bathroom, a light above the sink and a light above the shower did not turn on. The paint on the wall around the showerhead hung and was peeling away from the wall. The section of peeled paint around the shower head was 12 inches long by 12 inches wide.</p> <p>-At 8:46 AM, client #6's bedroom had a broken dresser drawer and the right side of her rocker recliner was missing a section with 10 staples protruding from the center of the rocker recliner arm.</p> <p>-At 8:57 AM, two wires extended down and out of a fixture (previous firm alarm) in the kitchen area.</p> <p>-At 9:01 AM, 3 ceramic tiles adjacent to one another measuring a total span of 36 inches by 36 inches were cracked throughout on the bathroom floor nearest the main entryway.</p> <p>-At 9:04 AM, 6 oxygen tanks were adjacent to client #2's dresser within her bedroom.</p> <p>-At 9:08 AM, a strong odor came from client #1's</p>		<p>vendor and material availability.</p> <p>4. The administrator contacted Aramark to schedule the repair of the light in the bathroom adjacent to the laundry room repairs will be completed no later than July 1, 2021 work may be delayed to vendor and material availability.</p> <p>5. The administrator contacted Aramark to schedule the repair of the peeling paint around the shower head in the bathroom adjacent to the laundry room repairs will be completed no later than July 1, 2021 work may be delayed to vendor and material availability.</p> <p>6. The administrator will reorder Client #6 dresser to be delivered no later than July 15, 2021, a delay in shipping has been caused by vendor stock.</p> <p>7. The administrator contacted Aramark to schedule the repair of the rocker recliner arm in client #6 bedroom repairs will be completed no later than June 18, 2021.</p> <p>8. The administrator contacted Aramark to schedule the repair of wires protruding from the ceiling, an electrician will verify the secure containment of wires in compliance with the National Electric Code and NFPA 70 repairs will be completed no later than July 1, 2021 work may be delayed to vendor and material availability.</p> <p>9. The administrator contacted Aramark to schedule the repair of</p>	

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	<p>bedroom.</p> <p>-At 9:15 AM, staff #7 was asked if workorders had been submitted for the above listed environmental concerns. Staff #7 stated, "There has been some workorders submitted". Staff #7 indicated the fire alarm had been called in for a maintenance request on 4/20/21.</p> <p>-At 9:54 AM, the Nurse was asked about client #2's use of oxygen and the storage of 6 oxygen tanks within client #2's bedroom. The Nurse stated, "I don't know that there is a timeline (use of) for her oxygen. She may be on it the rest of her life. We can find a place (to store client #2's oxygen tanks). They don't have to be in her bedroom. I'm working on an order so we can get a oxygen converter". The Nurse indicated the oxygen converter would reduce the number of oxygen tanks needed. The Nurse indicated the storage of multiple oxygen tanks in client #2's bedroom was not needed and would provide more safety for client #2 in the event of fire and ambulation.</p> <p>-At 9:56 AM, staff #2 was interviewed. Staff #2 was asked about work orders for the above listed environmental concerns. Staff #2 stated, "The smoke detector has been put in (requested for repair) multiple times". Staff #2 indicated the odor coming from client #1's bedroom was not just due to hygiene of client #1. Staff #1 stated, "It's cleanliness. You have to keep your body and area clean".</p> <p>On 5/18/21 at 9:33 AM, the Qualified Intellectual Disabilities Professional (QIDP) was asked if workorders for the environmental concerns listed above were available for review. The QIDP indicated further follow up was needed. No</p>			<p>cracked tiles in the bathroom floor nearest to the main entryway repairs will be completed no later than June 18, 2021.</p> <p>10. Oxygen cylinders will be properly stored in a cylinder stand that was ordered and installed by ResCare Maintenance on June 11, 2021. Staff will be trained on proper storage of oxygen cylinders by Area Supervisor. Random inspections of oxygen cylinder storage will be preformed by Residential Manager Weekly, Area Supervisor Monthly and by Program Manager quarterly.</p> <p>11. The administrator ensured staff completely cleaned client #1 bedroom, the QIDP order a new mattress and recliner for client #1.</p> <p>12. Management will meet with a representative from Aramark weekly to discuss open service orders.</p> <p>Persons Responsible: Aramark, Program Manager, Quality Assurance, Area Supervisor, Residential Manager, and DSP.</p>

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W 0159 Bldg. 00	<p>documentation was provided for review.</p> <p>On 5/19/21 at 12:44 PM, the QIDP was interviewed. The QIDP was asked about the above listed environmental concerns. The QIDP stated, "The home should be maintained". The QIDP indicated further monitoring of the home was required to ensure environmental concerns noted were addressed. The QIDP indicated weekly monitoring until all issues were corrected was being discussed being discussed at an administrative level.</p> <p>9-3-1(a)</p> <p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. Based on record review and interview for 2 of 3 sampled clients (#1 and #2), the Qualified Intellectual Disabilities Professional (QIDP) failed to integrate, coordinate and monitor the clients' program plans. The QIDP failed to ensure the clients' quarterly reviews addressed progress toward client #1 and client #2's training objectives.</p> <p>Findings include:</p> <p>On 5/18/21 at 11:50 AM, client #1's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 2/17/21, indicated the following objectives, "Exercise, Oral Hygiene, Understanding Medication, Laundry Skills, Pedestrian Safety, Oral Flossing Hygiene, Domestic ADL (adult daily living) skills, Personal Hygiene Skills and Money Budgeting". No</p>	W 0159	<p>W159: QIDP CFR(s): 483.430(a)</p> <p>1. The facility will insure each client's active treatment program is integrated, coordinated and monitored by a qualified intellectual disability professional. The QIDP will ensure the clients' quarterly reviews addressed progress toward training objectives.</p> <p>2. The Program Manager will retrain the QIDP on integrating client's active treatment program, coordination and monitoring and ensuring the clients' quarterly reviews address progress toward training objectives.</p>	06/19/2021

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W 0217 Bldg. 00	<p>quarterly assessment for client #1's progress in these objectives was available for review for the months of May, June and July 2020 quarter 2, and August, September, and October 2020 quarter 3.</p> <p>On 5/19/21 at 12:18 PM, client #2's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 1/13/21, indicated the following objectives, "Knowledge of personal medication, Knowledge of personal information, Awareness of lying, Personal money management, Hygiene Skills, Pedestrian Skills and Communication Skills". No quarterly assessment for client #2's progress in these objectives was available for review for September, October and November 2020 quarter 3 documentation.</p> <p>On 5/19/21 at 1:30 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked if all of client #1 and client #2's quarterly assessments were available for review and stated, "No". The QIDP was asked what quarterly documentation was missing. The QIDP indicated client #1 was missing May, June and July 2020 quarter 2 and August, September, and October 2020 quarter 3 documentation. The QIDP indicated client #2 was missing September, October and November 2020 quarter 3 documentation. The QIDP indicated not all quarterly documentation for client #1 and client #2 could be provided for review.</p> <p>9-3-3(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status. Based on observation, record review and</p>		W 0217	<p>Persons Responsible: Program Manager, QIDP.</p> <p>W 217: INDIVIDUAL PROGRAM</p>

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	<p>interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3 had been reassessed for appropriate diet consistency and mealtime supports.</p> <p>Findings include:</p> <p>Observations were completed on 5/17/21 from 3:45 PM to 6:33 PM and on 5/18/21 from 6:43 AM to 10:47 AM. The observations indicated the following:</p> <p>-At 6:06 PM, staff #3 requested the clients wash their hands and come to the dining room table. Client #3 sat down at the dining room table. Client #3 had a regular plate, plastic spoon and a red plastic sip cup with a straw built into the side of the cup. Client #3's red sip cup remained in the center of the table in front of her through the duration of eating her chopped chicken nuggets, mashed potatoes and mixed vegetables.</p> <p>-At 6:19 PM, client #3 was eating her mashed potatoes. Client #3's plastic cup with a straw was still in the center of the dining room table. Client #3 had not taken a drink or prompted to take a drink.</p> <p>-At 6:22 PM, client #3 put ranch dressing on her chicken nuggets and continued to eat her evening meal. Client #3's plastic cup with a straw was still in the center of the dining room table. Client #3 had not taken a drink or prompted to take a drink.</p> <p>-At 6:26 PM, client #3 continued eating her chicken nuggets with ranch dressing. Client #3's plastic cup with a straw was still in the center of the dining room table. Client #3 had not taken a drink or prompted to take a drink.</p>		<p>PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include sensorimotor development.</p> <ol style="list-style-type: none"> 1. The Residential Manager will update Client 3#s comprehensive functional assessment to include a reassessment for appropriate diet consistency and mealtime supports. 2. The QIDP will update the ISP to include the use of adaptive utensils during meal time and train all staff in the Facility on the updated plan and monitor for effectiveness and recommend strategies to the Team. 3. The Nurse will schedule Client #3 for a swallow study to determine additional meal time dining supports. 4. The Nurse will schedule an appointment for Client #3 to assess diet consistency and adaptive dining support. 5. The Residential Manager and DSPs will monitor clients for any changes in additional health related concerns and recommend any strategies to the Team. 6. The Nurse, Program Manager, Residential Manager, Area Supervisor and QIDP will proactively monitor all clients in the Facility to ensure plan effectiveness and recommend strategies to the Team for all clients 7. The Program Manager, 	

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	<p>-At 6:29 PM, client #3 finished eating her final bite of mashed potatoes, chicken nuggets and mixed vegetables. Client #3's plastic cup with a straw was still in the center of the dining room table. Client #3 had not taken a drink or prompted to take a drink.</p> <p>Morning observation:</p> <p>-At 6:52 AM, staff #2 chopped some banana for client #3. Client #3 placed the chopped sections of a banana into her cereal.</p> <p>-At 6:54 AM, client #3 poured milk from her red plastic sip cup into her bowl of cereal with the chopped banana pieces.</p> <p>-At 6:55 AM, staff #7 poured orange juice in a blue plastic cup with a straw built into the side of the cup for client #3. Client #3 began eating her cereal with banana pieces chopped up in the cereal using a large metal tablespoon. Client #3 did not take a drink of her orange juice.</p> <p>-At 6:57 AM, client #3 ate from the tip of the large table spoon a bite of her cereal. Client #3 had not taken a drink or prompted to take a drink.</p> <p>-At 7:00 AM, client #3 used the large tablespoon to take a bite of her cereal. Milk spilled from the side of the tablespoon as client #3 attempted to take a bite. Client #3 had not taken a drink or prompted to take a drink.</p> <p>-At 7:03 AM, client #3 used the large tablespoon to take another bite of her cereal. Client #3 ate half of the cereal on the spoon in one bite, followed by a second bite to consume all of the cereal on the spoon. Client #3 had not taken a drink or prompted to take a drink.</p>		<p>Residential Manager, Nurse, Area Supervisor and QIDP will meet Quarterly to discuss clients and recommend updates.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Nurse, QIDP, Residential Manager, and DSP.</p>	

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	<p>-At 7:06 AM, client #3 continued to use the large spoon to eat her cereal. As client #3 attempted to use the spoon to gather more cereal for another bite, client #3 used her left hand to hold and steady her bowl of cereal. Client #3 had not taken a drink or prompted to take a drink.</p> <p>-At 7:07 AM, client #3 used her napkin to wipe spilled milk from her mouth. Client #3 continued to use the large tablespoon to eat her cereal. Client #3 had not taken a drink or prompted to take a drink.</p> <p>-At 7:10 AM, client #3 used her left hand to steady and hold her cereal bowl while using the large tablespoon to gather another bite of her cereal. Client #3 had not taken a drink or prompted to take a drink.</p> <p>On 5/18/21 at 9:56 AM, staff #2 was interviewed about client #3 dining support needs and the use of her plastic cups with straws. Staff #2 stated, "I don't know. I think that was something we came up with. She doesn't use thickener. She coughs a lot during meals. I don't know, she coughs more when she's drinking. We remind her to take it slow. I just know if she's not drinking, she doesn't cough as much. If she drinks with it (meal), she coughs more. Honestly, she eats all of her meal and then drinks at the end of it". Staff #2 was asked about the use of tablespoon during her morning meal. We don't make them (client #3) use regular (utensils)".</p> <p>On 5/19/21 at 11:20 AM, client #3's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 4/15/21 indicated, "Adaptive equipment: ... Adaptive</p>			

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W 0312 Bldg. 00	<p>Utensils: None ...".</p> <p>-Dining Plan dated 3/1/21 indicated, "Behavior Concern: Choking risk ... Fluid Texture: Thin liquids ... Mealtime Adaptive Equipment: None ... Drinking: Drinks from a regular cup with a straw. No restrictions or adaptations ...".</p> <p>On 5/19/21 at 11:58 AM, the Nurse was interviewed. The Nurse was asked about client #3's dining supports. The Nurse stated, "She's on a modified diet which typically means she had a swallow study. Usually that history is kept. I don't see it. I will definitely get an order for that and get it completed. It should be in her dining plan to carry that out (keeping fluids until the end of a meal). It's not listed as a behavioral support. That would need to be in her plan. I see what you're saying (use of large tablespoon)". The Nurse indicated client #3 required further assessment for diet consistency and adaptive dining support needs. The Nurse indicated further follow up was required with client #3's primary care physician to pursue additional assessment of client #3's dining support needs.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3 had a medication reduction plan to address the use of Citalopram (antidepressant) 10</p>		W 0312	1.The QIPD will create Client #3 BSP to ensure drugs used for control of inappropriate behavior are only used as an integral part of	06/19/2021

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W 0382	<p>mg (milligrams) one tablet by mouth once daily.</p> <p>Findings include:</p> <p>On 5/19/21 at 11:20 AM, client #3's record was reviewed. The record indicated the following:</p> <ul style="list-style-type: none"> -Individual Support Plan (ISP) dated 4/15/21 indicated, "Name: [Client #3] ... Axis 1: Depression, TBI (traumatic brain injury) ...". -Behavior Support Plan (BSP), client #3 did not have a formal BSP. -Physician Standing Orders dated 5/19/21 indicated, "Citalopram (antidepressant) 10 mg Give one tablet by Mouth Daily. Orig (original) date 9/2/2020". -Medication Reduction Plan, client #3 did not have a medication reduction plan. <p>On 5/19/21 at 12:07 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked about client #3's use of an antidepressant and if a medication reduction plan was available for review. The QIDP stated, "No, I have it here (note of client #3 needing a medication reduction plan). I need to put psych meds (medication) into her ISP and create a medication reduction plan for her anxiety/depression. I will have to come up with a criteria". The QIDP indicated client #3 did not have a formal behavior support plan or targeted behaviors and further follow up was needed.</p> <p>9-3-5(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING</p>			<p>the clients Individual Program Plan and directed specifically towards the reduction and eventual elimination of the behavior for which the drugs are employed and current.</p> <p>2. The QIDP will train all Staff on the BSP.</p> <p>3. A Facility representative will review BSP monthly to ensure they are accurate and up to date.</p> <p>Persons Responsible: Program Manager, Area Supervisor, QIDP, Residential Manager, and DSP.</p>

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Bldg. 00	<p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for 2 of 3 sampled clients living in the home (#2 and #3), the facility failed to ensure client #2 and client #3's medications were locked when medications were not being administered.</p> <p>Findings include:</p> <p>Observation was completed on 5/17/21 from 3:45 PM to 6:33 PM. The observations indicated the following:</p> <ul style="list-style-type: none"> -At 4:22 PM, staff #2 verbally prompted client #3 to wash her hands in preparation for taking her evening medications. -At 4:29 PM, staff #2 unlocked a medication cabinet to retrieve client #3's basket of medicines. -At 4:31 PM, staff #2 asked client #3 how many pills she takes. Client #3 stated, "3, 4, no 1". -At 4:33 PM, client #3 took her medication with water and left the room. -At 4:35 PM, staff #2 verbally prompted client #2 to wash her hands in preparation for her evening medications. Client #3's medication basket was on the counter in the medication room and the medication cabinet was unlocked. -At 4:36 PM, staff #2 left the medication room to go into the dining room to untangle client #2's oxygen tubing so client #2 could reach the medication administration room. The medication administration room was left unattended, with client #3's medication basket on the counter and 		W 0382	<p>W 382: DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <ol style="list-style-type: none"> 1. The Facility will insure Clients medication are secure when medication is not being administered. 2. Staff will be retrained on the proper security of medication when medication is not being administered by the Site Supervisor. 3. Random Observations will be completed by the Nurse, Area Supervisor and Site Supervisor to ensure medication is secured while not being administered. <p>Persons Responsible: Program Manager, Area Supervisor, Nurse, Residential Manager, DSP.</p>

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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2021
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	<p>the medication cabinet unlocked.</p> <p>-At 4:37 PM, client #2 reached the medication administration room. Staff #2 was in the living room and continued to untangle client #2's oxygen tubing. The medication administration room was left unattended and client #2 and client #3's medication baskets unsecured.</p> <p>-At 4:38 PM, staff #2 returned to medication administration room and placed client #3's medication basket back inside the unlocked medication cabinet and got client #2's medication basket out from the unlocked medication cabinet.</p> <p>On 5/18/21 at 9:56 AM, staff #2 was interviewed. Staff #2 was asked about client #2 and client #3's medication administration and the security of those medications. Staff #2 stated, "We've been talking about [client #2's] medication (pass)". Staff #2 indicated client #2's oxygen tubing barely reached the medication administration room. Staff #2 was asked about securing the medications when assisting client #2 and stated, "I shouldn't haven't left the door open". Staff #2 indicated client #2's and client #3's medications should be secured at all times.</p> <p>On 5/20/21 at 10:33 AM, the Nurse was interviewed. The Nurse was asked about client #2's and client #3's medication security and the observation of staffing assisting client #2 with untangling her oxygen tubing and leaving the medication administration room unattended and unsecured. The Nurse stated, "I'll need to train on that". The Nurse indicated client #2 and client #3's medications should not have been left unattended and should be securely maintained.</p> <p>On 5/20/21 at 10:35 AM, the Qualified Intellectual</p>			

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W 0448 Bldg. 00	<p>Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client #2's and client #3's medication security and the observation of staffing assisting client #2 with untangling her oxygen tubing and leaving the medication administration room unattended and unsecured. The QIDP stated, "I'm going to a team meeting and will look at HRC (Human Rights Committee) approval to see if we can do her (client #2's) medicines at the table". The QIDP indicated further follow up was needed but client #2 and client #3's medications should not have been left unattended and should be securely maintained.</p> <p>9-3-6(a)</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 3 of 3 sampled clients living at the group home (#1, #2 and #3), and 5 additional clients (#4, #5, #6, #7 and #8), the facility failed to document difficulties experienced during evacuation drills with accurate duration to develop a plan to prevent reoccurrence.</p> <p>Findings include:</p> <p>On 5/17/21 at 4:55 PM, a review of the group home evacuation drills was completed. The review of the evacuation drills included the following which affected clients #1, #2, #3, #4, #5, #6, #7 and #8:</p> <p>-5/2/21, 2nd shift at 5 PM took 15 minutes. The evacuation form indicated, "The girls were great with the fire drills, [Client #2] and [client #3] needed help with their walkers, but everyone made their way out safely".</p>	W 0448	<p>1. All staff at the Facility will be re-trained on conducting fire drills quarterly on all shifts. The Residential Manager will review all drills to ensure all required drills area conducted. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff.</p> <p>2. The Facility will retrain staff on the proper use of the Drill form and retrain staff on the Drill procedure and proper documentation of drills.</p> <p>3. The Area Supervisor will visit the home at least monthly to ensure the drills are in the home and up to date.</p> <p>4. The Residential Manager will submit monthly drills to the QA</p>	06/19/2021

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	<p>-3/7/21, 3rd shift at 3:00 AM took 15 minutes. The evacuation form indicated, "[Client #2] needed physical assistance but she did evacuate safely. Everybody else evacuated in a safely and timely manner".</p> <p>-2/1/21, 2nd shift at 4:00 PM took 10 minutes. The evacuation form indicated, "[Client #2] needed physical assistance, but did still did fine. Everyone did evacuate safely and promptly".</p> <p>-11/4/20, 2nd shift at 10:00 PM took 10 minutes. The evacuation form did not have documentation of any issues or concerns discovered from practicing the drill.</p> <p>-10/5/20, 1st shift at 11:00 AM took 10 minutes. The evacuation form indicated, "The consumers made it out of the house quickly and safely".</p> <p>-6/2/20, 3rd shift at 3:00 AM took 13 minutes. The evacuation form indicated, "The ladies-including - [client #3] and [client #2] who are both using walkers-did amazing".</p> <p>-4/3/21, 1st shift at 6 AM took 10 minutes. The evacuation form indicated, "Clients did very well. No rushing. Knew what to do and where to go".</p> <p>On 5/17/21 at 5:20 PM, staff #1 was interviewed. Staff #1 was asked what the evacuation plan, where the designated meeting areas were located and the expected length of time to evacuate the home. Staff #1 indicated the meeting location was at the end of the driveway and then stated, "I see what you're saying. 10 to 15 minutes is a long time".</p> <p>On 5/18/21 at 8:20 AM, the Qualified Intellectual</p>		<p>Department upon completion. The QA Department will notify the Area Manager and Program manager if the facility has not performed monthly drills as required.</p> <p>5. The Area supervisor will ensure drills are completed as required.</p> <p>6. The program manager will conduct random monthly inspections to ensure drills are being completed as required.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, DSP</p>	

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	<p>Disabilities Professional (QIDP) was interviewed. The QIDP was asked if any issues or concerns were noted during the above listed evacuation drills. QIDP indicated the evacuation plan identified the end of the driveway as the designated meeting location and then stated, "Staff need to describe any problems. I'll need to review that (evacuation plan and staff documentation of issues or concerns)". The QIDP indicated further follow up was needed with the team leader.</p> <p>On 5/18/21 at 9:56 AM, staff #2 was interviewed. Staff #2 was asked about the evacuation plan, where the designated meeting areas were located and the expected length of time to evacuate the home. Staff #2 indicated the meeting location was in the front yard and then stated, "With 2 staff it moves fast. If its 1 staff it takes longer. There is a picture of it somewhere (evacuation plan). I don't think we make it to the end of the driveway".</p> <p>On 5/20/21 at 10:33 AM, the undated Evacuation Plan was reviewed. The Evacuation Plan indicated, "Designated Location: Meet at end of driveway".</p> <p>9-3-7(a)</p>			