

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/19/2024
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 1031 WEST ST NEW ALBANY, IN 47150
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>Survey dates: 12/11/24, 12/12/24, 12/13/24, 12/16/24, 12/18/24 and 12/19/24.</p> <p>Facility Number: 000664 Provider Number: 15G127 AIM Number: 100234310</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 12/31/24.</p>	W 0000		
W 0240 Bldg. 00	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3's dental recommendation for better gumline brushing to promote healing was incorporated into his program plans.</p> <p>Findings include:</p> <p>On 12/16/24 at 3:43 PM, a review of client #3's record was conducted. The review indicated the following:</p> <p>-Individual Support Plan (ISP) dated 8/1/24 indicated, "Goal #3: To improve personal oral hygiene skills... Intermediate Objective: [Client #3] will with 2 verbal prompts complete brushing his teeth for 80% over 3 months... Methodology: 1. Staff will inform the individual to complete oral</p>	W 0240	<p>CNN/PROVIDER NUMBER: 15G127 AIM Number: 100234310 Facility ID: 000664</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE.IN.INC ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: JANUARY 6, 2025</p> <p>SURVEY EVENT ID C61U11 1031 WEST ST, NEW ALBANY</p>	01/30/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tracy E Callahan	Program Manager	01/17/2025

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

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W 0252 Bldg. 00	<p>hygiene. 2. The individual will gather toothbrush, toothpaste, and mouthwash. 3. The individual will brush his upper teeth and lower teeth, ensuring to brush all areas, including tongue. 4. The individual will rinse mouth with mouth wash, following instructions on label. 5. The individual will put away oral hygiene supplies. 6. Staff will offer praise and encouragement for all attempts and successful trials as needed. 7. A successful trial will be recorded when the individual has completed the steps above...".</p> <p>-Dental Consult dated 8/28/24 indicated, "Reason for Visit: Dental exam and cleaning completed... Results: Decay... surface of #15 (tooth). Mild gingivitis... Physician/Consultant Orders:... must brush gumline better to heal tissues and prevent decay...".</p> <p>On 12/16/24 at 4:14 PM, the Director of Nursing (DON) was interviewed. The DON was asked about client #3's dental recommendation for better gumline brushing to promote healing of tissue and the lack of client #3's program plans indicating strategies for how to support client #3 in achieving better oral health. The DON stated, "Gumline brushing looks like it needs added to his goal". The DON indicated further follow-up was needed to ensure strategies for gumline brushing to promote healing were incorporated into client #3's program plans.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1 and #2), the facility failed to ensure clients #1 and #2's progress on formal</p>	W 0252	<p>W 240 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(s):483.440(c)(6)(i)</p> <p>The nurse will ensure that the recommendations for better gum line brushing will be updated on the existing goal.</p> <p>The nurse will ensure that the goal has strategies for the staff to utilize to encourage the client to brush his gums.</p> <p>The Program Manager will ensure that the area supervisor/DSL in-service the staff on the updated goal.</p> <p>Persons responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>Date of Completion: January 30, 2025</p> <p>CNN/PROVIDER NUMBER: 15G127 AIM Number: 100234310</p>	01/30/2025	

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	<p>goals were consistently and accurately documented.</p> <p>Findings include:</p> <p>1) On 12/16/24 at 3:07 PM, a review of client #1's record was conducted. The review indicated the following:</p> <p>-Individual Support Plan (ISP) dated 9/1/24 indicated, "Date of Admission: 8/30/24... Priority Objectives:... Medication Administration... Healthy Eating Habits... Personal Hygiene... Oral Hygiene... Chores... Money Management...".</p> <p>-Progress Review dated 8/1/24 through 12/31/24 indicated a zero percentage rather than the actual progress for the following goals:</p> <p>"To improve knowledge of side effects of medication".</p> <p>"To improve overall health through developing Healthy Eating Habits" for the months of September and October 2024.</p> <p>"Improve oral hygiene by brushing teeth daily" for the months of September and October 2024.</p> <p>"To improve independence by showering daily" for the months of September and October 2024.</p> <p>"To maintain a clean living environment by completing household chores" for the months of September and October 2024.</p> <p>"To improve independence through learning to manage their money" for the months of September and October 2024.</p>		<p>Facility ID: 000664</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE.IN.INC ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: JANUARY 6, 2025</p> <p>SURVEY EVENT ID C61U11 1031 WEST ST, NEW ALBANY</p> <p>W 252 PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) The QIDP will check weekly that goal tracking in the electronic record keeping system is tracking properly. The area supervisor/DSL will ensure that the client books have blank goal data sheets are available for the staff to use if they experience any issues with the TMP (electronic record keeping system) The area supervisor/DSL will in-service/train staff on the proper way to document goals, report any issues with the TMP to the QIDP/Program Manager immediately.</p> <p>Persons responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support</p>	
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W 0356 Bldg. 00	<p>2) On 12/16/24 at 1:59 PM, a review of client #2's record was conducted. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 9/1/24 indicated, "Date of Admission: 8/21/24... Priority Objectives: Independent Living Skills... Health Management... Financial Literacy... Community Employment...".</p> <p>-Progress Review dated 8/1/24 through 12/31/24 indicated a zero percentage rather than the actual progress for the following goals:</p> <p>"The individual will brush their teeth and tongue, floss..." for the months of September and October 2024.</p> <p>"[Client #2] will shower daily with 1 verbal prompt..." for the month of November 2024.</p> <p>"The individual will count their money and balance..." for the months of September, October and November 2024.</p> <p>On 12/16/24 at 3:20 PM, the Qualified Intellectual Disabilities Professional Manager (QIDPM) was interviewed. The QIDPM was asked about client #1's goal data. The QIDPM indicated weekly meetings were being conducted in regard to the electronic record keeping systems. The QIDPM indicated there was a malfunction in the electronic record keeping system for newly admitted clients and stated, "It's not pulling the data".</p> <p>9-3-4(a)</p> <p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT</p>		<p>Lead, and DSP.</p> <p>Date of Completion: January 30, 2025</p>	
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	<p>Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure follow-up to a dental recommendation for the extraction of teeth was conducted.</p> <p>Findings include:</p> <p>On 12/16/24 at 1:59 PM, a review of client #2's record was conducted. The review indicated the following:</p> <p>-Individual Support Plan (ISP) dated 9/1/24 indicated, "Date of Admission: 8/21/24...".</p> <p>-Dental Consult dated 6/20/24 indicated, "Dental Diagnosis: Patient has been a patient in the past but was dismissed due to lack of cooperation and rudeness. Patient concerned about upper right broken teeth. Clinical and x-ray (imaging) Exam: #2, #3, and #20 (teeth) = extraction... Overall poor OH (oral health). Advise outpatient dental procedure at [name of dental provider] under general anesthesia...". No further dental follow-ups were available for review.</p> <p>On 12/16/24 at 2:52 PM, the Director of Nursing (DON) was interviewed. The DON was asked about client #2's dental recommendation for the extraction of broken teeth. The DON stated the proper treatment would be the "extraction of #2, #3 and #20 (teeth). He's went four times since the recommendation". The DON indicated client #2 was an internal transfer to his current group home and a scheduled dental appointment on 1/14/25 for further follow-up had been made.</p> <p>9-3-6(a)</p>	W 0356	<p>CNN/PROVIDER NUMBER: 15G127 AIM Number: 100234310 Facility ID: 000664</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE.IN.INC ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: JANUARY 6, 2025</p> <p>SURVEY EVENT ID C61U11 1031 WEST ST, NEW ALBANY</p> <p>W 356 COMPREHENSIVE DENTAL TREATMENT CFR(s): 483.460(g)(2)</p> <p>The nurse will ensure that all recommendations from dental provider will be completed.</p> <p>The area supervisor/DSL will ensure that all follow up appointments are put on the calendar.</p> <p>The area supervisor/DSL will in-service staff on the importance of keeping/making appointments.</p> <p>The DSL will ensure that all appointments are put on the calendar and make sure that staff are aware of any appointments on the day they work a shift.</p> <p>Persons responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager,</p>	01/30/2025	

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W 0455 Bldg. 00	<p>483.470(l)(1) INFECTION CONTROL</p> <p>Based on observation and interview for 1 additional client (#7), the facility failed to ensure client #7 was not administered contaminated medicine during his morning medication administration routine.</p> <p>Findings include:</p> <p>An observation was conducted on 12/12/24 from 6:59 AM to 8:38 AM at the group home. At 7:15 AM, staff #4 sanitized her hands and the desk as she prepared for client #7's morning by popping medicine from individual blister packaging into a small plastic cup. At 7:18 AM, client #7's vitamin D tablet fell from the blister pack and landed on other packages of client #7's medicines. Staff #4 used an ungloved bare hand to pick up the dropped tablet from the blister pack and placed it in the small plastic cup. At 7:20 AM, client #7 was administered his medication which included the vitamin D tablet that fell and landed on the packaging of other medications.</p> <p>On 12/12/24 at 7:24 AM, staff #4 was asked about client #7's medication routine and the vitamin D tablet. Staff #4 stated, "Yes, still in the bubble pack". Staff #4 was asked what she had done once the vitamin D tablet landed on the other packages of medicine. Staff #4 stated, "I put it in the med (medication) cup. Then washed my</p>	W 0455	<p>Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>Date of Completion: January 30, 2025</p> <p>CNN/PROVIDER NUMBER: 15G127 AIM Number: 100234310 Facility ID: 000664</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE.IN.INC ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: JANUARY 6, 2025</p> <p>SURVEY EVENT ID C61U11 1031 WEST ST, NEW ALBANY</p> <p>W455 INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The nurse/area supervisor/DSL will retrain staff on the proper procedure for medication pass. The area supervisor/DSL will review with the staff what the proper procedure is for any medication that is dropped. The area supervisor/DSL/nurse will</p>	01/30/2025
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	<p>hands". Staff #4 was asked how she had picked client #7's medication up. Staff #7 stated, "With my hand". Staff #4 was asked how she had been trained to continue the medication routine if a medication landed on a contaminated surface. Staff #4 stated, "I think I did it (administered a contaminated medication), I should have got a glove".</p> <p>On 12/16/24 at 4:31 PM, the Director of Nursing (DON) was interviewed. The DON was asked about client #7's medication that landed on the packaging of other medicines and how administration should be conducted to prevent contaminated medicines from being administered. The DON stated, "It should go from the pill pack to the cup. Picking it up, she (staff #4) should not have. She's going to receive retraining". The DON indicated staff #4 should have popped a second vitamin D tablet to administer to client #7 and followed the process for destroying the contaminated medication.</p> <p>9-3-7(a)</p>		<p>complete med observation(s) with staff to ensure that they are competent in proper medication pass procedures.</p> <p>Persons responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>Date of Completion: January 30, 2025</p>		