STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G596	A. BUILDING 00 B. WING	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
REHABILITATION CENTER DEVELOPMENTAL SERVICES	1426 S ALVORD LN EVANSVILLE, IN 47714

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W 0000 Bldg. 00	This visit was for a pre-determined full annual recertification and state licensure survey. This visit included the investigation of complaint #IN00438530. Complaint #IN00438530: Federal and state deficiency related to the allegation(s) was cited at W252. Survey dates: 7/16/24 and 7/17/24. Facility number: 001110 Provider number: 15G596 AIM number: 100240090 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/29/24.	W 0000		
W 0252 Bldg. 00	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview for 1 of 3 sampled clients (client A), the facility failed to ensure staff documented bowel movements per client A's plan. Findings include: The facility's Bureau of Disabilities Services (BDS) and investigations were reviewed on 7/16/24 at 3:00 pm. The review indicated the following:	W 0252	W 0252 Staff failed to consistently document client A's bowel movements per his plan. All group home DSP's have been retrained on documenting on the Bowel & Bladder records per client plans. They were also informed of the importance of tracking a client's	09/11/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Suzanne Ailstock	Assistant Director Residential Services	08/12/2024

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	1. A BDS report dated 6/14/24 at 4:00 pm indicated, "ER (emergency room)/Hospitalization- On the morning of 6/14/2024, the client (client A) presented with 2 vomiting episodes, abdominal distension, abdominal pain, and pale facial skin color. Client had normal vitals. [Name] medical team was contacted and the client was taken to [hospital] ER. Blood labs and abdominal CT scan [diagnostic imaging] were conducted; the diagnosis being a bowel obstruction/blockage. A nasogastric tube was placed as first treatment and least invasive treatment. Client was admitted for continued treatment and further monitoring. Plan to Resolve: [Name] medical team is closely following the client's case and will ensure that the client receives any further care, therapies, and treatments needed." 2. A BDS report dated 6/26/24 at 11:30 am indicated, "On 6/26/2024 the client was discharged from [hospital] and admitted into [hospice] per the request of the client's guardian. The RCDS staff are continuing to stay up to date with the client as well as visit and support the client during this time." 3. A BDS report dated 7/10/24 at 8:19 am indicated, "[Client A] was admitted to [hospital] for a small bowel obstruction which was treated successfully. He then contracted pneumonia and was placed on an ng-tube and a ventilator. After being successfully weaned off the vent, [Client A's] father/guardian decided that he wanted all treatment to be stopped. All treatment was removed per the guardian's request. [Client A] was then moved to the [hospice]. The staff there were amazing and kept him comfortable until he passed this morning at 8:19 am. Plan to Resolve: [Client A] will be greatly missed by his [name]		bowel movements and urine output. Preventatively, the Group Home Manager and Group Home Coordinator will review the bowel and bladder records for completion and follow-up with staff immediately if they are not completed. The Group Home Manager and Group Home Coordinator will complete observations at least 4 times per week for one month. After the first month, the group home manager will continue checking the documents a minimum of one time per week. Systemically, Point Click Care, an electronic MARs system is being implemented to all of the Easterseals group homes. This program will track client bowel and bladder results at both the group homes and at Aspire day program which will allow DSP's, Management and the nursing team to see the client's bowel and bladder results in one place for 24 hours a day. This program will also ensure that bowel and bladder results are documented as ordered which will resolve incomplete documentation. A group home coordinator checklist is being developed which will also include checking the bowel and bladder records.	

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	Group Home family." Client A's record was reviewed on 7/17/24 at 12:30 pm. A Protocol for Constipation dated 11/16/23 indicated, "...Intervention...Keep toileting record. Record bowel movement and size on toileting record...". A Nurse's Note dated 6/14/24 at 3:00 pm indicated, "Resident with vomiting x 2 this morning. Nursing went out to assess. Resident presenting with pale complexion and dark circles under eyes. Resident sitting up on recliner with eyes closed. VS (vital signs) - 98.3 - 99% - 80 - 108/82 - 20. LCTA (lungs clear to auscultation). Abdomen very firm and distended. BS (bowel sounds) not heard. Staff report an XS (extra small) BM this morning but describe it as 'more like a smear in his brief'. Nursing noted hiccups during assessment. Contacted [doctor]. New order received - Send to [name] ER for evaluation and treatment." A Bowel/Bladder Flow Sheet dated June 2024 indicated the following: June 1st no day shift or evening shift documentation. June 2nd no evening shift documentation. June 3rd no night shift or evening shift documentation. June 7th no night shift documentation. June 8th no night shift documentation. June 9th no evening shift documentation. June 10th no day shift or evening shift documentation. June 11th no documentation for any shift. June 12th no documentation for any shift. June 13th no documentation for night shift and day shift. The review indicated there was not consistent			

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	staff documentation of client A's bowel movements in the month of June 2024. An interview was conducted with Direct Support Professional (DSP) #1 on 7/16/24 at 5:45 pm. DSP #1 stated client A "had a small BM that morning (6/14/24). It was toothpaste consistency. We were short staffed, I didn't document it, I didn't have time." An interview was conducted with the House Manager (HM) on 7/16/24 at 5:40 pm. The HM stated client A "went on an outing to [restaurant] the night before (6/13/24), had a BM before the outing and had a small BM that morning (6/14/24)." The HM indicated staff should have documented client A's BM's. An interview was conducted with the Registered Nurse (RN) on 7/17/24 at 2:30 pm. The RN stated "staff reported that [client A] had a BM the night before he went to the hospital and the next morning. Staff didn't chart his bowel movements. They should have." The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 7/17/24 at 3:00 pm. The QIDP stated "staff should have documented" client A's BM's. This federal tag relates to complaint #IN00438530. 9-3-4(a)			
W 0440 Bldg. 00	483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (clients A, B and C) plus 5 additional clients (D, E, F, G and H), the facility	W 0440	W 0440 Due to the management team being new at Alvord, as well as	09/11/2024

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	failed to conduct quarterly evacuation drills for each shift of personnel for clients A, B, C, D, E, F, G and H. Findings include: A record review of evacuation drills was conducted on 7/16/24 at 4:30 pm. The review indicated evacuation drills for the past calendar year for clients A, B, C, D, E, F, G and H were conducted on the following dates and shifts: 7/8/23 on second shift, 8/2023 no drill documented, 9/2023 no drill documented, 10/2023 no drill documented, 11/2023 no drill documented, 12/2023 no drill documented, 1/2024 no drill documented, 2/2024 no drill documented, 3/2024 no drill documented, 4/2024 no drill documented, 5/2024 no drill documented, 6/2024 no drill documented. The review indicated: 1) there was no 1st shift or 3rd shift drill for the first quarter, 2) there were no drills for the second quarter, 3) there were no drills for the third quarter, 4) There were no drills for the third quarter. A review of the undated procedure for Fire Drill and Emergency Evacuations was conducted on 7/17/24 at 4:15 PM. The procedure indicated, "All homes of RCDS (Rehabilitation Center Developmental Services) shall conduct at least 12 exit drills each year which shall include transmission of fire alarm signal and simulation of emergency fire conditions. Exit drills shall occur at least once per shift per quarter and on a rotating basis to include breakfast/AM, evenings, weekends and third shift drills..." An interview was conducted with the House Manager (HM) on 7/16/24 at 4:45 pm. The HM		lack of training, drills were not run and documented per regulations. The management team has been retrained to ensure all drills are completed as outlined on the Quarterly Drill Schedule. RCDS has a specific drill schedule that is followed in all eight homes. This drill schedule outlines the month that each drill should be done and the shift it needs to be completed in order to meet the life safety and state regulations. Our office coordinator sends an email each month instructing the management team on what drills are to be completed and for what shift, as an additional safeguard to ensure drills are completed as outlined. To prevent future occurrence, all drills are being added to our staff scheduling system (When 2 Work). Each drill will be assigned to a specific staff member on their schedule. This will ensure management is looking ahead for the month and ensuring the drills are scheduled to a specific staff member to ensure we meet regulations. All group home staff are being trained that if a drill that is scheduled for their shift is missed, due to extenuating circumstances, then they must notify management so the drill can be reassigned to the same shift on another day but within that same month. These changes in our staff	

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	stated, "We are behind on drills, admittedly." The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 7/17/24 at 3:00 PM. The QIDP indicated there were not 12 fire drills for the home for the year. The QIDP stated fire drills were to be completed by staff "every month." 9-3-7(a)		scheduling system along with the retraining of the management team will prevent future occurrence and ensure all drills are ran on the correct date and time in order to meet state regulations. **Systemically, all group home management in all eight group homes have been in-serviced on the necessity for drills to be placed on the When 2 Work scheduling system and assigned to a specific staff member. Management staff at Fuquay, as well as in the other seven group homes, were retrained on their responsibility to not only ensure the drills are ran per the life safety code schedule regulations, but also that the forms are documented in their entirety and all necessary information is noted on the drills and filed in the drill book. The Group Home Coordinators, who supervise the Group Home Managers, will also double check drills at least one time per month to ensure completion as well as thorough documentation and filing moving forward. The retraining and checks and balances will prevent future occurrence.**	