

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

PRINTED: 05/10/2022
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|---------------------|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 04/06/2022 | |
| NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330 | | | |
| (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 | |
| W 0000 Bldg. 00 | <p>This visit was for the PCR (post certification revisit) to the investigation of complaint #IN00370933 completed on 2/17/22.</p> <p>Complaint #IN00370933: Corrected.</p> <p>Unrelated deficiency: Not corrected.</p> <p>This visit was in conjunction with the pre-determined full recertification and state licensure survey and the investigation of complaint #IN00376550.</p> <p>This visit was in conjunction with the PCR to the PCR completed on 2/17/22 to the investigation of complaints #IN00366881 and #IN00368229 completed on 12/16/21.</p> <p>Survey Dates: April 4, 5 and 6, 2022.</p> <p>Facility Number: 012632 Provider Number: 15G807 AIMS Number: 201065000</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/18/22.</p> | | W 0000 | | | | |
| W 0312 Bldg. 00 | <p>483.450(e)(2) DRUG USAGE</p> <p>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 2</p> | | W 0312 | CORRECTION: | | 05/06/2022 | |

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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>clients in the sample (B), the facility failed to develop an active treatment program for the use of client B's PRN (as needed) psychotropic medications used for behavior control.</p> <p>Findings include:</p> <p>On 4/5/22 at 11:30 AM, client B's record was reviewed and indicated the following:</p> <p>Client B's March 2022 Physician's Orders indicated client B was prescribed Clonazepam .5 mg (milligrams), "Give one tablet by mouth once daily as needed for anxiety" and Haloperidol 1 mg, "Take one tablet every 8 hours as needed for agitation".</p> <p>Discharge records from client B's ED (Emergency Department) visit dated 11/16/21 indicated client B was prescribed Haldol 1 mg PRN (as needed).</p> <p>Client B's 9/21/21 ISP (Individual Support Plan) and client B's 11/29/21 BSP (Behavior Support Plan) did not include an active treatment program for the use of Clonazepam or Haldol as PRN medications.</p> <p>On 4/5/22 at 4:05 PM, the QIDPM (Qualified Intellectual Disabilities Professional Manager), QIDP (Qualified Intellectual Disabilities Professional), AS (Area Supervisor), QAM (Quality Assurance Manager), LPN (Licensed Practical Nurse) and the PM (Program Manager) were interviewed. The QIDP indicated client B could request the PRN or staff could offer it to her. The QIDPM indicated the PRN medication should be included in client B's BSP.</p> <p>This deficiency was cited on 2/17/22. The</p> | | | | <p><i>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. Specifically, the behavioral clinician has incorporated protocols for the use of an agitation PRN (as needed) medication into client B's Behavior Support Plan. A review of facility support plans and current medication orders indicated this deficient practice did not affect additional clients.</i></p> <p>PREVENTION:</p> <p>The behavioral clinician will be trained regarding the need to assure that active treatment programs are in place to support the reduction and eventual elimination of all currently prescribed psychotropic medications and that the use of all behavior controlling medications is incorporated into clients' behavior support plans. This training will include This training will include the need to incorporate specific protocols for the use of as needed psychotropic medications into clients' plans.</p> <p>Additionally, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager,</p> | | |

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| | <p>facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-5(a)</p> | | | <p>QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will incorporate audits of support documents into visits to the facility no less than monthly to assure the plans include active treatment programs designed to reduce and eventually eliminate the use of behavior controlling medications.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> | | | |