STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
W 0000 Bldg. 00	This visit was for the investigation of complaint #IN00338879. This visit included a Covid-19 focused infection control survey. Complaint #IN00338879: Substantiated, Federal and state deficiencies related to the allegation(s) were cited at W149 and W249. Dates of Survey: December 21, 22, 23, and 29, 2020. Facility Number: 000963 Provider Number: 15G449 AIMS Number: 100244740 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/14/21.	W 0000		
W 0149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS 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 additional client (FC (Former Client) A), the facility failed to implement their policies and procedures to prevent multiple elopements involving FC A, and to ensure FC A's BSP (Behavioral Support Plan) with enhanced supervision protocols was followed as written. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations	W 0149	**CORRECTION:** *The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.* Specifically: All facility direct support and supervisory staff will be retrained on proper implementation of each client's Behavior Support Plan. **PREVENTION:** The Residential Manager or Area	01/28/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	were reviewed on 12/21/20 at 12:16 PM. 1. A BDDS report dated 10/6/20 indicated, "...On 10/5/20, the Area Supervisor received a report from a neighbor that [FC A] had been walking up and down the street on his block without direct supervision. The neighbor said she spoke to staff at the home and they successfully redirected [FC A] to enter his home. Direct Support staff [staff #1] was identified as [FC A's] assigned one to one coverage and she has been suspended pending investigation. The Executive Director has been notified...". An IS (Investigation Summary) dated 10/10/20 indicated the following: -"...Investigative Summary...". -"...Investigator(s) / Title(s)." -"[QAM (Quality Assurance Manager) #1]." -"Date(s) of Investigation." -"10/05/20 - 10/10/20." -"Introduction." -"On 10/5/20, it was reported by a neighbor that individual [FC A] had been walking up and down the street on his block without direct supervision. The neighbor reported she spoke to staff at the home and they successfully redirected [FC A] to enter his home." -"Direct Support staff [staff #1] was identified as [FC A's] assigned one to one coverage and she was suspended pending investigation."		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. 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 three times weekly administrative monitoring during varied shifts/times, until all staff demonstrate competence. This monitoring will occur face to face and via video conferencing platforms due to the need to contain the spread of COVID-19. 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: · 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	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	-"Scope of Investigation." -"1. Did DSP (Direct Support Professional) [staff #1] provide individual [FC A] with appropriate one on one staffing per his Behavioral Support Plan?" -"2. Was Individual [FC A] without one on one staff supervision?...". -"...3. Did DSP [staff #1] follow ResCare Policy and Procedures?...". -"...[FC A], Individual:." -"I (FC A) was outside putting leaves by the tree as I played." -"[Staff #1] was in her car and on the phone while I walked up and down the street alone." -"The lady from next door came to the house and was talking to staff. [Staff #1] said why did I walk up and down the road and I then kept quiet." -"[Staff #2]...". -"...[Staff #1] was [FC A's] one on one...". -"...[Staff #1] normally follows [FC A], but she was in her car because it was cold...". -"...When I (staff #2) opened the door, [staff #1] was in her car, it was cold out...". -"...[Staff #3]...". -"...[Staff #1] was outside with [FC A]...". -"...I (staff #3) think I seen (sic) [staff #1]		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 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. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	outside in her car, because it was a cold evening...". -"...When I (staff #3) went outside to talk to the woman, [staff #1] was in her car." -"We called her (staff #1) out and [staff #1] said she was cold and that why (sic) she was in her car...". -"...AS (Area Supervisor) #1...". -"...[Neighbor] informed me that she observed for over an hour a resident of the house was walking up and down the street unattended and that she has observed the same resident in the past do same but with a staff accompanying him...". -"...[Neighbor]...". -"...On 10/05/20, for about one hour my son, and I (neighbor) noticed a young man that lives in the group home on [name of street], walking up and down our property along with our neighbors." -"I (neighbor) am the third house from the group home and he was walking past my house further away from the group home." -"Around 7:30pm I (neighbor) made the decision not to call the non emergency police, but to walk personally down to the group home, knocked on the door to notify the staff that there was a young man, a resident of their group home walking by themselves (sic) and perhaps they did not realize that he had gotten out...". -"...When the staff member opened the door when I knocked she informed me that the young man was not by himself, that there was another			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	staff member with him. I (neighbor) informed her that for one hour I saw this young man walking by himself up and down the street between the houses properties, and that there was no one walking with him, nor inside (sic)." -"Then the staff member walked down the driveway and directed herself to a SUV (sports utility vehicle) parked on the driveway, and pointed to the vehicle saying the staff member watching the young man was inside the car, from that vehicle another staff member came out, her name was [staff #1], she had her phone in her hand and she was talking on the phone while she was inside of the vehicle with the windows up and all the doors closed...". -"...I (neighbor) could tell you [staff #1] did not realize that I had walked down the street up the driveway and knock (sic) on the door because she was too busy talking on the phone inside her vehicle...". -"...I (neighbor) proceeded to say to her (staff #1) that as a staff member in charge for the safety of the resident young man that lived there in the group home, she (staff #1) should not be in the vehicle talking on the phone and there was no way she could see him from where she was because he (FC A) was walking several houses down the street...". -"...[Staff #1]...". -"...I (staff #1) took [FC A] outside...I (staff #1) was in my car because it was cold...". -"...Factual Findings." -"1. Individual [FC A] requires one on one			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	supervision per his Behavior Support Plan." -"2. [FC A's] Behavior Support Plan addresses the following Non-Compliance, Stealing, Property Destruction/Disruption, Physical Aggression, Risk of Exploitation and Elopement." -"3. Per [FC A's] Behavioral Support Plan:." -"To remain in line of sight at all times 24/7 (24 hours a day/7 days a week)." -"Follow [FC A] at safe distance whenever he changes location." -"4. [FC A] and [neighbor] both reported that [FC A] left the [name of group home] property." -"5. DSP [staff #1] was the assigned staff to be [FC A's] one on one on 10/05/20...". -"...7. [FC A] was outside from 530pm (sic) until approximately 7pm and was witnessed leaving the property during this time frame by the neighbor and [FC A] also admits to leaving the property...". -"...Conclusion." -"1. It is substantiated that DSP [staff #1] failed to provide Individual [FC A] with appropriate one on one staffing per his Behavioral Support Plan." -"2. It is substantiated that Individual [FC A] was without one on one staff supervision during time frame of 530pm (sic) until approximately 7pm." -"3. It was substantiated that Individual [FC A] (sic) without one on one staff supervision for approximately 1 1/2 hours."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	-"4. It is substantiated that DSP [staff #1] failed to follow ResCare Policy and Procedures. A BDDS report dated 11/18/20 indicated, "...On the night of 11-17-2020, [FC A] became upset when he was unable to reach his mother on the phone. As 1 to 1 staff attempted to process with [FC A], he abruptly got up and walked outside the home. Staff followed [FC A] and prompted him to return home without success. [FC A] began to run, staff followed and lost line of sight after [FC A] ran behind some bushes. Staff notified supervisor and ResCare nurse and initiated a search. During this time [FC A] entered a neighbor's residence, approximately 1 block from his home, through an open window, and hid in a closet. The neighbor called 911. Police arrived and coaxed [FC A] out of the closet. [FC A] was handcuffed and placed in the police car. ResCare staff arrived during this time, spoke to police and neighbor and [FC A] was uncuffed and released to ResCare staff. Staff accompanied [FC A] home and no further issues were reported. No charges resulted from the incident...". An IS dated 11/24/20 indicated the following: -"...Investigative Summary...". -"Investigator(s) / Title(s)." -"[QAC (Quality Assurance Coordinator) #1]." -"Date(s) of Investigation." -"11.18 - 11.24.20." -"Introduction." -"On 11.17.20 at 7:15 pm, [FC A]...became upset			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	that his mother did not call him. [FC A] then ran out of the home. DSPs [staff #3] and [staff #4] were on duty. [Staff #4] followed him outside and verbally redirected him (FC A) to come back home. [FC A] continued to run and hide in the bushes out of staff's sight. [Staff #3] was about to pass medications as [staff #4] was also ready to clock out for the night when she [staff #4] informed [staff #3] that [FC A] was gone. [Staff #3] then looked for [FC A] and called [RM (Resident Manager) #1]. [Staff #4] stayed on duty at the home and [staff #5]...was called in to assist with the search. [RM #1] arrived at the site at 8:19 pm and searched for [FC A] in the neighborhood. The nurse was also notified. [RM #1] notified police cars on [name of street], then went to those police to ask if they had seen [FC A]. The police then searched and located [FC A] inside a neighbor's home, about 1 block away. [FC A] was found in their upstairs closet as he had climbed through an open window and hid in the closet. (The neighbor had discovered [FC A] and already notified 911.) The police handcuffed and placed [FC A] in the police car to transport him home...No charges were pressed against [FC #1]...[FC A] was out of staff's sight for approximately 1.5 hours...". -"...Scope of Investigation." -"1) How long was [FC A] (individual) away from staff supervision after eloping from his home on the night of 11.17.20?...". -"...3) Did staff fail to properly implement [FC A's] (individual) Behavior Support prior to and in response to his elopement, on 11.17.20?...". -"...5) Did staff follow ResCare policy and procedures appropriately?...".			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	-"...[Staff #3]...". -"...I (staff #3) passed the meds." -"When I passed meds, the other staff [staff #4] became the one-to-one staff for [FC A]." -"When I came out of the med room I could not find [FC A]." -"[Staff #4] said she could not find him (FC A) and we were looking for him." -"I got in the van and searched for him." -"I called [staff #5] for help and he searched with me." -"I called [RM #1] and the Program Manager to tell them what was going on." -"The police found him and the police brought him home." -"[Staff #4]...". -"...When I was about to leave, I was in the office to clock out." -"The other staff ([staff #3]) wanted to pass medications and when she went to get [FC A] and we couldn't find [FC A]...". -"...Who was supposed to be watching [FC A]?" -"I don't know...". -"...My time was up when this started happening...".			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	-"...[FC A]...". -"...Why did you leave the house?" -"I wanted to talk to my mom." -"She didn't answer." -"Why did you go to the neighbor's home?" -"I don't know." -"How did you get into the home?" -"The window...". -"...Behavior Support Plan." -"[FC A's] plan addresses: Elopement and Non-Compliance...". -"...Conclusion." -"1) It is substantiated that [FC A] (Individual) away (sic) from staff supervision for 1.5 hours after eloping from his home on the night of 11.17.20...". -"...3) It is substantiated that staff failed to properly implement [FC A's] (Individual) Behavior Support prior to and in response to his elopement on 11.17.20. It is believed that there was a break in communication regarding who was responsible to be [FC A's] one-to-one staff per shift change. This resulted in [FC A] being able to elope...". -"...5) It is substantiated that staff failed to follow ResCare policy and procedures appropriately...".			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	FC A's record was reviewed on 12/22/20 at 11:04 AM. FC A's BSP (Behavior Support Plan) dated 2/14/20 (revised 7/2/20) indicated the following: -"Behavior Support Plan." -"Consumer Name:." -"[FC A]...". -"...Date: 2/14/2020 Revised: 7/2/20...". -"...Rights Restriction: [FC A's] 1:1 staff will follow the protocol correctly, as listed:." -"To keep him in line of sight at all times 24/7; [FC A] does not have alone time." -"Standing outside doorways of bedroom/bathroom." -"Monitoring activities & conversations with peers, staff or on the telephone." -"To follow [FC A] in safe distance whenever he changes his location..". -"...Target Behaviors and Goals...". -"...Stealing (Hoarding)/Taking Others' Property: any time [FC A] takes and hides the property of others' without permission...". -"...Property Destruction/Disruption: any time [FC A] becomes upset and causes damages (sic) to the items...". -"...NOTE: When staff is aware that [FC A] has			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	taken the property of someone else, staff will offer [FC A] support to help him understand to ask others to borrow rather than taking their belongings. [FC A] must return the items and if they cannot be returned, due to damage, he will replace it...". -"...Elopement: anytime [FC A] tries to leave an assigned designated area without the consent of staff personnel...". -"...HRC Approval." -"Safety." -"Door and window alarms were added to all outside access doors and windows. [FC A] has 1:1 (one to one) supervision 24/7...". -"....PRECURSOR BEHAVIORS (behavior that typically occur before target behaviors):." -"The following precursor behaviors have been identified:." -"family conflict...". QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 12/22/20 at 1:05 PM. QIDPM #1 indicated FC A was assigned one on one supervision due to his history of elopements. QIDPM #1 indicated the assigned one on one staff was to remain with FC A at all times and anywhere FC A was to go, staff was to stay with him and stay vigilant. QIDPM #1 indicated FC A eloped from staff supervision on 10/5/20 and 11/17/20. QIDPM #1 was asked if staff should have been sitting in their vehicle on 10/5/20 while FC A was outside. QIDPM #1 stated, "No." QIDPM #1 was asked if FC A's			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	protective measures and increased supervision protocols were being followed on 10/5/20 and 11/17/20. QIDPM #1 stated, "No." The Facility's policy and procedures were reviewed on 12/23/20 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 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 with out (sic) a qualified person notification/review...". This federal tag relates to complaint #IN00338879. 9-3-2(a)			
W 0249 Bldg. 00	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			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on record review and interview for 1 additional client (FC (Former Client) A), the facility failed to ensure FC A's BSP (Behavioral Support Plan) was followed as written. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 12/21/20 at 12:16 PM. 1. A BDDS report dated 10/6/20 indicated, "...On 10/5/20, the Area Supervisor received a report from a neighbor that [FC A] had been walking up and down the street on his block without direct supervision. The neighbor said she spoke to staff at the home and they successfully redirected [FC A] to enter his home. Direct Support staff [staff #1] was identified as [FC A's] assigned one to one coverage and she has been suspended pending investigation. The Executive Director has been notified...". An IS (Investigation Summary) dated 10/10/20 indicated the following: -"...Investigative Summary...". -"...Investigator(s) / Title(s)." -"[QAM (Quality Assurance Manager) #1]." -"Date(s) of Investigation." -"10/05/20 - 10/10/20."	W 0249	**CORRECTION:** *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 support and supervisory staff will be retrained on proper implementation of each client's Behavior Support Plan. **PREVENTION:** The facility's new 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. 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. Members of the Operations Team (comprised of the Executive Director, Operations Managers,	01/28/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	-"Introduction." -"On 10/5/20, it was reported by a neighbor that individual [FC A] had been walking up and down the street on his block without direct supervision. The neighbor reported she spoke to staff at the home and they successfully redirected [FC A] to enter his home." -"Direct Support staff [staff #1] was identified as [FC A's] assigned one to one coverage and she was suspended pending investigation." -"Scope of Investigation." -"1. Did DSP (Direct Support Professional) [staff #1] provide individual [FC A] with appropriate one on one staffing per his Behavioral Support Plan?" -"2. Was Individual [FC A] without one on one staff supervision?...". -"...3. Did DSP [staff #1] follow ResCare Policy and Procedures?...". -"...[FC A], Individual:." -"I (FC A) was outside putting leaves by the tree as I played." -"[Staff #1] was in her car and on the phone while I walked up and down the street alone." -"The lady from next door came to the house and was talking to staff. [Staff #1] said why did I walk up and down the road and I then kept quiet." -"[Staff #2]...".		Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct three times weekly administrative monitoring during varied shifts/times, until all staff demonstrate competence. This monitoring will occur face to face and via video conferencing platforms due to the need to contain the spread of COVID-19. 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: · 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	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	-"...[Staff #1] was [FC A's] one on one...". -"...[Staff #1] normally follows [FC A], but she was in her car because it was cold...". -"...When I (staff #2) opened the door, [staff #1] was in her car, it was cold out...". -"...[Staff #3]...". -"...[Staff #1] was outside with [FC A]...". -"...I (staff #3) think I seen (sic) [staff #1] outside in her car, because it was a cold evening...". -"...When I (staff #3) went outside to talk to the woman, [staff #1] was in her car." -"We called her (staff #1) out and [staff #1] said she was cold and that why (sic) she was in her car...". -"...AS (Area Supervisor) #1...". -"...[Neighbor] informed me that she observed for over an hour a resident of the house was walking up and down the street unattended and that she has observed the same resident in the past do same but with a staff accompanying him...". -"...[Neighbor]...". -"...On 10/05/20, for about one hour my son, and I (neighbor) noticed a young man that lives in the group home on [name of street], walking up and down our property along with our neighbors." -"I (neighbor) am the third house from the group home and he was walking past my house further		training 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 Behavior Support Plans as written. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	away from the group home." -"Around 7:30pm I (neighbor) made the decision not to call the non emergency police, but to walk personally down to the group home, knocked on the door to notify the staff that there was a young man, a resident of their group home walking by themselves (sic) and perhaps they did not realize that he had gotten out...". -"...When the staff member opened the door when I knocked she informed me that the young man was not by himself, that there was another staff member with him. I (neighbor) informed her that for one hour I saw this young man walking by himself up and down the street between the houses properties, and that there was no one walking with him, nor inside (sic)." -"Then the staff member walked down the driveway and directed herself to a SUV (sports utility vehicle) parked on the driveway, and pointed to the vehicle saying the staff member watching the young man was inside the car, from that vehicle another staff member came out, her name was [staff #1], she had her phone in her hand and she was talking on the phone while she was inside of the vehicle with the windows up and all the doors closed...". -"...I (neighbor) could tell you [staff #1] did not realize that I had walked down the street up the driveway and knock (sic) on the door because she was too busy talking on the phone inside her vehicle...". -"...I (neighbor) proceeded to say to her (staff #1) that as a staff member in charge for the safety of the resident young man that lived there in the group home, she (staff #1) should not be in			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	the vehicle talking on the phone and there was no way she could see him from where she was because he (FC A) was walking several houses down the street...". -"...[Staff #1]...". -"...I (staff #1) took [FC A] outside...I (staff #1) was in my car because it was cold...". -"...Factual Findings." -"1. Individual [FC A] requires one on one supervision per his Behavior Support Plan." -"2. [FC A's] Behavior Support Plan addresses the following Non-Compliance, Stealing, Property Destruction/Disruption, Physical Aggression, Risk of Exploitation and Elopement." -"3. Per [FC A's] Behavioral Support Plan:." -"To remain in line of sight at all times 24/7 (24 hours a day/7 days a week)." -"Follow [FC A] at safe distance whenever he changes location." -"4. [FC A] and [neighbor] both reported that [FC A] left the [name of group home] property." -"5. DSP [staff #1] was the assigned staff to be [FC A's] one on one on 10/05/20...". -"...7. [FC A] was outside from 530pm (sic) until approximately 7pm and was witnessed leaving the property during this time frame by the neighbor and [FC A] also admits to leaving the property...". -"...Conclusion."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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

-"1. It is substantiated that DSP [staff #1] failed to provide Individual [FC A] with appropriate one on one staffing per his Behavioral Support Plan."

-"2. It is substantiated that Individual [FC A] was without one on one staff supervision during time frame of 530pm (sic) until approximately 7pm."

-"3. It was substantiated that Individual [FC A] (sic) without one on one staff supervision for approximately 1 1/2 hours."

-"4. It is substantiated that DSP [staff #1] failed to follow ResCare Policy and Procedures.

A BDDS report dated 11/18/20 indicated, "...On the night of 11-17-2020, [FC A] became upset when he was unable to reach his mother on the phone. As 1 to 1 staff attempted to process with [FC A], he abruptly got up and walked outside the home. Staff followed [FC A] and prompted him to return home without success. [FC A] began to run, staff followed and lost line of sight after [FC A] ran behind some bushes. Staff notified supervisor and ResCare nurse and initiated a search. During this time [FC A] entered a neighbor's residence, approximately 1 block from his home, through an open window, and hid in a closet. The neighbor called 911. Police arrived and coaxed [FC A] out of the closet. [FC A] was handcuffed and placed in the police car. ResCare staff arrived during this time, spoke to police and neighbor and [FC A] was uncuffed and released to ResCare staff. Staff accompanied [FC A] home and no further issues were reported. No charges resulted from the incident...".

An IS dated 11/24/20 indicated the following:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	-"...Investigative Summary...". -"Investigator(s) / Title(s)." -"[QAC (Quality Assurance Coordinator) #1]." -"Date(s) of Investigation." -"11.18 - 11.24.20." -"Introduction." -"On 11.17.20 at 7:15 pm, [FC A]...became upset that his mother did not call him. [FC A] then ran out of the home. DSPs [staff #3] and [staff #4] were on duty. [Staff #4] followed him outside and verbally redirected him (FC A) to come back home. [FC A] continued to run and hide in the bushes out of staff's sight. [Staff #3] was about to pass medications as [staff #4] was also ready to clock out for the night when she [staff #4] informed [staff #3] that [FC A] was gone. [Staff #3] then looked for [FC A] and called [RM (Resident Manager) #1]. [Staff #4] stayed on duty at the home and [staff #5]...was called in to assist with the search. [RM #1] arrived at the site at 8:19 pm and searched for [FC A] in the neighborhood. The nurse was also notified. [RM #1] notified police cars on [name of street], then went to those police to ask if they had seen [FC A]. The police then searched and located [FC A] inside a neighbor's home, about 1 block away. [FC A] was found in their upstairs closet as he had climbed through an open window and hid in the closet. (The neighbor had discovered [FC A] and already notified 911.) The police handcuffed and placed [FC A] in the police car to transport him home...No charges were pressed against [FC #1]...[FC A] was out of staff's sight for approximately 1.5 hours...".			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	-"...Scope of Investigation." -"1) How long was [FC A] (individual) away from staff supervision after eloping from his home on the night of 11.17.20?...". -"...3) Did staff fail to properly implement [FC A's] (individual) Behavior Support prior to and in response to his elopement, on 11.17.20?...". -"...5) Did staff follow ResCare policy and procedures appropriately?...". -"...[Staff #3]...". -"...I (staff #3) passed the meds." -"When I passed meds, the other staff [staff #4] became the one-to-one staff for [FC A]." -"When I came out of the med room I could not find [FC A]." -"[Staff #4] said she could not find him (FC A) and we were looking for him." -"I got in the van and searched for him." -"I called [staff #5] for help and he searched with me." -"I called [RM #1] and the Program Manager to tell them what was going on." -"The police found him and the police brought him home." -"[Staff #4]...".			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	-"...When I was about to leave, I was in the office to clock out." -"The other staff ([staff #3]) wanted to pass medications and when she went to get [FC A] and we couldn't find [FC A]...". -"...Who was supposed to be watching [FC A]?" -"I don't know...". -"...My time was up when this started happening...". -"...[FC A]...". -"...Why did you leave the house?" -"I wanted to talk to my mom." -"She didn't answer." -"Why did you go to the neighbor's home?" -"I don't know." -"How did you get into the home?" -"The window...". -"...Behavior Support Plan." -"[FC A's] plan addresses: Elopement and Non-Compliance...". -"...Conclusion." -"1) It is substantiated that [FC A] (Individual) away (sic) from staff supervision for 1.5 hours after eloping from his home on the night of			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	11.17.20...". -"...3) It is substantiated that staff failed to properly implement [FC A's] (Individual) Behavior Support prior to and in response to his elopement on 11.17.20. It is believed that there was a break in communication regarding who was responsible to be [FC A's] one-to-one staff per shift change. This resulted in [FC A] being able to elope...". -"...5) It is substantiated that staff failed to follow ResCare policy and procedures appropriately...". 2. A BDDS report dated 10/29/20 indicated, "...On 10-28-20, staff reports that [FC A] entered [client D's] bedroom and took a [brand name] stuffed animal toy which was sitting on [client D's] dresser. Staff later observed this stuffed toy broken in half, presumably damaged by [FC A]...". FC A's record was reviewed on 12/22/20 at 11:04 AM. FC A's BSP (Behavior Support Plan) dated 2/14/20 (revised 7/2/20) indicated the following: -"Behavior Support Plan." -"Consumer Name:." -"[FC A]...". -"...Date: 2/14/2020 Revised: 7/2/20...". -"...Rights Restriction: [FC A's] 1:1 staff will follow the protocol correctly, as listed:." -"To keep him in line of sight at all times 24/7; [FC A] does not have alone time."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	-"Standing outside doorways of bedroom/bathroom." -"Monitoring activities & conversations with peers, staff or on the telephone." -"To follow [FC A] in safe distance whenever he changes his location..". -"...Target Behaviors and Goals...". -"...Stealing (Hoarding)/Taking Others' Property: any time [FC A] takes and hides the property of others' without permission...". -"...Property Destruction/Disruption: any time [FC A] becomes upset and causes damages (sic) to the items...". -"...NOTE: When staff is aware that [FC A] has taken the property of someone else, staff will offer [FC A] support to help him understand to ask others to borrow rather than taking their belongings. [FC A] must return the items and if they cannot be returned, due to damage, he will replace it...". -"...Elopement: anytime [FC A] tries to leave an assigned designated area without the consent of staff personnel...". -"...HRC Approval." -"Safety." -"Door and window alarms were added to all outside access doors and windows. [FC A] has 1:1 (one to one) supervision 24/7...". -"....PRECURSOR BEHAVIORS (behavior that			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	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
	typically occur before target behaviors):." -"The following precursor behaviors have been identified:." -"family conflict...". QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 12/22/20 at 1:05 PM. QIDPM #1 indicated FC A eloped from staff supervision on 10/5/20 and 11/17/20. QIDPM #1 was asked if FC A's BSP, which included protective measures and increased supervision protocols, were being followed on 10/5/20 and 11/17/20. QIDPM #1 stated, "No." QIDPM #1 was asked if FC A entered a housemate's room on 10/28/20 and took his housemate's stuffed toy from his room and broke the toy. QIDPM #1 stated, "Yes." QIDPM #1 was asked if FC A's supervision protocols were being followed as written on 10/28/20. QIDPM #1 stated, "No." This federal tag relates to complaint #IN00338879. 9-3-4(a)			