

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

PRINTED: 10/07/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/14/2020	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256			
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00334347. This visit included the Covid-19 focused infection control survey.</p> <p>Complaint #IN00334347: Substantiated, Federal and state deficiency related to the allegation(s) is cited at W154.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: September 8, 9, 11 and 14, 2020.</p> <p>Facility Number: 001000 Provider Number: 15G486 AIMS Number: 100245010</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/23/20.</p>		W 0000				
W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 15 allegations of abuse, neglect and mistreatment reviewed, the facility failed to conduct an investigation regarding a fall with injury to client A.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 9/9/20 at 10:56 AM. A BDDS</p>		W 0154	<p>CORRECTION: <i>The facility must have evidence that all alleged violations are thoroughly investigated. Specifically: All facility investigations will be completed by trained investigators. The facility must have evidence that all alleged violations are thoroughly investigated. Specifically: All facility investigations will be</i></p>		10/14/2020	

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>report dated 7/9/20 indicated, "... On 7/8/20, it was reported that [client A] appeared of (sic) experiencing an unsteady gait while walking. Staff assisted [client A] to the couch to avoid a fall. Staff contacted the supervisor and the nurse. The nurse recommended for [client A] be (sic) evaluated at [name of Hospital] Emergency Department due to unsteadiness. At the ER (Emergency Room), [client A] received the following tests which produced unremarkable results: Urine Culture STAT (Immediately), Review Urine Macro R, POCT (Point Of Care Testing), Troponin (Cells in Heart Muscle), CBC (Complete Blood Count) with Differential STAT, Comprehensive Metabolic Panel (Lab Test) STAT, UA (Urinalysis) w/ (with) Reflex Microscopic STAT... CT (Computerized Tomography) Head without IV (Intravenous) Contrast, ECG (electrocardiogram) 12 Lead, X-Ray Hip Right 2+ View and X-Ray Shoulder Right 3 view. The attending physician diagnosed [client A] with Strain of Right Shoulder, Initial Shoulder and Fall in Home, initial encounter..."</p> <p>-A review of the BDDS report dated 7/9/20 did not indicate documentation of an investigation regarding the discrepancy of the BDDS report and the Hospital's diagnosis of client A's Right Shoulder Strain and Fall in Home.</p> <p>During the survey client A was in an Extended Care Facility for Rehabilitation and was not available to be interviewed.</p> <p>Client C was interviewed on 9/8/20 at 1:47 PM. Client C was asked if client A was in the group home. Client C stated, "He is in Rehab right now a place on the West Side (of town), [Client A], he couldn't walk and he fell off the chair and fell on the mantle in front of the fire place."</p>		<p>completed by trained investigators. Investigation focus will include but not be limited to interviewing all potential witnesses and comparing documentary and testimonial evidence to identify and clarify discrepancies. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required. The agency's trained investigators will receive additional training regarding investigation timelines and components of a thorough investigation, including weekly face to face training and follow-up with the Quality Assurance Manager. The training will include but not limited to assuring that injuries discovered during medical evaluations are investigated thoroughly. The QIDP Manager will provide weekly follow-up to the QA Manager regarding progress on current investigations.</p> <p>PREVENTION: The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Operations Managers, Program Managers, Area Supervisors, Nurse Manager, Registered Nurse, Quality Assurance</p>				

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	<p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 9/11/20 at 9:22 AM. QIDPM #1 was asked if the agency completed an investigation regarding a possible fall with injury to client A. QIDPM #1 stated, "No." QIDPM #1 was asked if the staff and client were interviewed to determine if and why client A fell on 7/8/20. QIDPM #1 stated, "No and yes because although no injury was noted at home the hospital noted a shoulder strain."</p> <p>This federal tag relates to complaint #IN00334347.</p> <p>9-3-2(a)</p>			<p>Manager, Quality Assurance Coordinators, and QIDP. The Quality Assurance Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs.</p> <p>The Quality Assurance Manager and QIDP Manager will develop a training template to assist investigators with developing a sufficient scope to investigations of peer to peer aggression, falls resulting in injury, injuries of unknown origin and elopement. The Quality Assurance Manager and QIDP Manager will spot check investigations to ensure that they are thorough –meeting regulatory and operational standards.</p> <p>RESPONSIBLE PARTIES: QIDP,</p>			

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W 0284 Bldg. 00	<p>483.450(b)(1)(iv)(F) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>Procedures that govern the management of inappropriate client behavior must address a mechanism for monitoring and controlling the use of interventions.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (B), the facility failed to provide administrative oversight to ensure client B's wheelchair seatbelt was not fastened behind client B's wheelchair.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 9/8/20 from 1:20 PM through 4:30 PM. Client B was observed throughout the observation period. On 9/8/20 at 1:30 PM client B was seated in his customized wheelchair which he was able to self-propel with his feet. Client B was secured in his wheelchair with a plastic tray table which attached to his wheelchair below the arm-rests. Client B was secured into his wheelchair with a seat belt which was buckled/fastened to the back of client B's wheelchair. Client B was not able to reach his seat belt to fasten or unfasten his seat belt. RM (Resident Manager) #1 indicated it was approved in client B's plan to secure/fasten client B's seat belt to the back of his wheelchair.</p> <p>Client B's record was reviewed on 9/9/20 at 2:02 PM. Client B's BSP (Behavior Support Plan)</p>		W 0284	<p>Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: <i>Procedures that govern the management of inappropriate client behavior must address a mechanism for monitoring and controlling the use of interventions. Specifically, client B's wheelchair will be modified to assure client B can fasten and unfasten the seatbelt attaching the tray to the chair. Supervisory staff will be retrained regarding the need to assure that mechanical restraints are not utilized either incidentally or intentionally.</i></p> <p>PREVENTION: A management staff will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assure that individuals are not mechanically restrained. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers,</p>		10/14/2020	

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	<p>revised on 4/13/20 did not indicate an approved restriction for client B's seat belt to be buckled/fastened to the back of client B's wheelchair.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 9/11/20 at 9:22 AM. QIDPM #1 was asked if the agency was aware staff had restrained client B into his wheelchair by securing/fastening client B's seat belt to the back of his wheelchair. QIDPM #1 stated, "I will say no." QIDPM #1 was asked if staff should be securing/fastening client B's seat belt to the back of his wheelchair. QIDPM #1 stated, "No, because he can't get out of his chair on his own."</p> <p>9-3-5(a)</p>			<p>Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct weekly administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. 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.</p> <p>Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> · 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 			

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				<p>documented coaching and training as needed</p> <p>Administrative support at the home will include but not limited to assuring mechanical restraints are not utilized, as a means to control aberrant behavior.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>			