PRINTED: 03/25/2025
FORM APPROVED

CENTERS FOR	MEDICARE & MEDIC				OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING 00		COMPLETED	
		15G136	B. WING		02/20/2025	
				ADDRESS OF WATER TO SEE		
NAME OF P	ROVIDER OR SUPPLIER	t		ADDRESS, CITY, STATE, ZIP COD		
DE0 01-	SE 001444	L TEDALATIN (50.05 ".		LONGEST ST		
RES CAF	KE COMMUNITY A	LTERNATIVES SE IN	PAOLI,	, IN 47454		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	COMPLETION	
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
W 0000						
Bldg. 00						
	This visit was for a	pre-determined full annual	W 0000			
	recertification and state licensure survey.		1, 5000			
	Dates of Survey: 2/	17/25, 2/18/25, 2/19/25, and				
	2/20/25.	, 2, 10, 20, 2, 17, 20, una				
	Facility Number: 00	00673				
	Provider Number: 1					
	AIM Number: 100248740					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	This deficiency also	o reflects state findings in				
	This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068					
	on 3/4/25.	FF				
W 0255	483.440(f)(1)(i)					
	(, (, (,	ITORING & CHANGE				
Bldg. 00						
-	Based on observation	on, record review and	W 0255	The nurse will review	03/31/2025	
		sampled clients (#2) and 1		alternative methods for safe d		
		5), the facility failed to ensure		practices for clients #2 and #5	•	
	,	mealtime strategies to count		The facility will meet as		
		ating a pause for safety before		IDT and will review methods		
		of food were revised based on		identified by the nurse and		
	their achievements			determine the best alternative	. [
		staff prompting to further their		The nurse will revise the		
	independence with			dining plans for both client #2		
	1	,		#5		
	Findings include:			The Facility will retrain a	all	
				staff responsible for client care		
	An observation was	s conducted on 2/17/25 from		the facility on plan changes ba		
		M. At 4:49 PM, clients #2 and #5		on recommendations by the II		
		ng room table for their evening		A member of the		
		d #5's evening meal consisted		Administrative team will condu	ıct a	
		s, squash and a piece of bread.		monthly site reviews for all clie		
		drinks consisted of milk and		in facility and the administrato		
		out the observation, clients #2		hold a weekly ICF meeting to	1 VVIII	
	11001 / Hd. Tillough	out the observation, enems #2		Thora a weekly for theeting to		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Mark Slaughter AED 03/17/2025

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: IIQ911 Facility ID: 000673 If continuation sheet Page 1 of 4

PRINTED: 03/25/2025 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G136		(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 02/20/2025				
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			427 W	STREET ADDRESS, CITY, STATE, ZIP COD 427 W LONGEST ST PAOLI, IN 47454				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	ON (X5) DBE COMPLETION DATE				
	and #5 counted out loud from one to ten between their bites of food. No verbal or physical prompts were required by staff to encourage clients #2 and #5 to count and take a pause between their bites of food. At 4:56 PM, staff #7 physically assisted			discuss issues that arise in facility.	the			
	were required by staff to encourage clients #2 and			Persons Responsible: Pro Manager, Quality	ogram			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

IIQ911

Facility ID: 000673

If continuation sheet

Page 2 of 4

PRINTED: 03/25/2025 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G136		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/20/2025				
NAME OF P	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP COD				
RES CARE COMMUNITY ALTERNATIVES SE IN			427 W LONGEST ST PAOLI, IN 47454					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECT				
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIESES.	OPRIATE COIVIL EL TOT			
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	DATE			
	encourage [client #5] to eat slowly. [Client #5] will count to 10 between bites while eating"							
	count to 10 between	i bites wille eating						
	On 2/18/25 at 1:46	PM, the Qualified Intellectual						
		ional (QIDP) was interviewed.						
		ed about clients #2 and #5's						
	counting between b	ites. The QIDP indicated						
		dining plans did indicate the						
		afety strategy between bites						
	•	ushing and eating too fast and						
		in the plan". The QIDP was						
		and #5 counted out loud						
	between their bites across all settings where they might have a meal. The QIDP stated, "Yes, but							
	-	e". The QIDP indicated clients						
		olan strategy was to count to						
		nother bite of food. In certain						
	_	and #5 had also learned to tap						
	_	hey counted from one to ten to						
	create a pause befor	re taking another bite.						
		5 PM, the Nurse was						
	interviewed. The Nurse was asked about clients							
		strategy to count from one to						
	ten before taking another bite of their food as a							
	skill acquired to create a pause before taking							
	another bite of food. The Nurse stated, "Both							
	have it on their risk plans (dining plans) to count for safety. With that, they're not required to count							
	-	counts out loud, very loudly.						
	_	inting". The Nurse indicated at						
		ngs for clients #2 and #5 a						
		m counting out loud to tapping						
	on the table to count creating a pause before their							
	next bite would be discussed and reviewed. The							
	Nurse indicated she had conducted some							
	-	nt #5's family and the staff						
	* *	clients #2 and #5 in the						
	community. The Nurse indicated client #5 did							
	count during meals	while on family visits. The						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

IIQ911

Facility ID: 000673

If continuation sheet

Page 3 of 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/25/2025 FORM APPROVED OMB NO. 0938-039

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0956-059									
STATEMENT OF DEFICIENCIES X1) PRO		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPI	COMPLETED			
		15G136	B. WING			02/20	/2025		
				CED DES.	DDDDGG GITH GT TE TIL COS				
NAME OF F	ROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP COD				
DE0.045		L TERMATINES OF IN		427 W LONGEST ST					
RES CARE COMMUNITY ALTERNATIVES SE IN			PAOLI,	IN 47454					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION	J	(X5)		
PREFIX	(EACH DEFICIEN	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROP	E	COMPLETION		
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE		
	Nurse indicated sta	ff used a strategy to sit							
	between the clients	during community outings to							
	provide prompts. T	he Nurse indicated staff noted							
	the use of tapping on a table to count to ten as a								
	discreet methodology to create a pause before the								
	next bite rather than counting out loud. The Nurse								
	indicated this strategy had been attempted with								
	clients #2 and #5, but inconsistent results had								
	been identified.								
	occii identifica.								
	The Nurse was aske	ed if the interdisciplinary team							
	had discussed and/or considered the								
	methodology of alternating between bites of food								
	and a drink to ensure a slower pace between								
	chewing, swallowing and the next bite of food to								
	ensure safety. The Nurse stated, "Absolutely, I								
	have no problem with that. I also like the tapping before another bite. Absolutely, we can look at								
		vith the team about going on							
	outings and (eating) at the home. That way we're								
working on the same skills across all									
	environments".								
	0.2.4()								
	9-3-4(a)								
							I		

Event ID: IIQ911 Facility ID: 000673 Page 4 of 4 If continuation sheet