

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

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 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00264837.</p> <p>Complaint #IN00264837: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at: W102, W104, W122, W127, W318 and W322.</p> <p>Dates of Survey: 6/20/18, 6/21/18, 6/22/18, 6/25/18, 6/26/18, 6/27/18 and 7/12/18.</p> <p>Facility Number: 001000 Provider Number: 15G486 AIMS Number: 100245010</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 7/30/18.</p>	W 0000		
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (A, B and C), plus 3 additional clients (D, E and F).</p> <p>The governing body failed to exercise general operating direction over the facility to ensure client G's bedroom was aromatically pleasant and in good repair, ensure client B had a guardian or</p>	W 0102	<p>CORRECTION: <i>The facility must ensure that specific governing body and management requirements are met. Specifically:</i></p> <p>The facility has provided Client G with a new mattress and the urine odor issue has been resolved.</p>	08/11/2018

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 other safeguards 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 disclosed 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>advocate to assist him with giving informed consent, neglected to ensure client A received timely preventive and general medical care, ensure the QIDP (Qualified Intellectual Disabilities Professional) coordinated, monitored and integrated clients A, B and C's active treatment programs, to ensure staff working with client C were competent to ensure he was properly secured in his manual wheelchair during van transportation, the QIDP reviewed clients A, B and C's formal ISP (Individual Support Plan) training objectives for progression and regression of their skills, to ensure client G's mattress was in good repair, clean and comfortable and to ensure each shift of personnel completed a fire drill each quarter for clients A, B, C, D, E, F and G.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure oversight and management of operating the group home due to the group home's history of non-compliance with Conditions of Participation from 1/30/18 through 7/12/18.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 1 of 3 sampled clients (A).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Health Services for 1 of 3 sampled clients (A).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general operating direction over the facility to ensure</p>		<p>The facility has reassessed client #B's ability to give informed consent and has assisted client #B with obtaining a legal guardian. A review of facility documentation indicated this deficient practice did not affect additional clients.</p> <p>All facility direct support and supervisory staff have been retrained regarding reporting protocols for changing and emerging medical conditions. The Residential Manager responsible for day to day operation of the facility is no longer employed by the company. The Area Supervisor has assumed complete oversight of the home including coordinating with the facility nurse to assure that recommended medical follow up occurs and that when client's health condition changes or deteriorates, assessment by an appropriate medical professional occurs promptly or that emergency medical services are obtained based on the urgency of the emerging condition. The Area Supervisor will remain in this role until a new Residential Manager is hired and appropriately trained. Moving forward, the Area Supervisor and Program Manager will provide aggressive oversight, coaching and support to the new manager combined with ongoing communication with the facility nurse to assure consistent application of needed healthcare</p>	

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	<p>client G's bedroom was aromatically pleasant and in good repair, ensure client B had a guardian or advocate to assist him with giving informed consent, neglected to ensure client A received timely preventive and general medical care, ensure the QIDP (Qualified Intellectual Disabilities Professional) coordinated, monitored and integrated clients A, B and C's active treatment programs, to ensure staff working with client C were competent to ensure he was properly secured in his manual wheelchair during van transportation, the QIDP reviewed clients A, B and C's formal ISP (Individual Support Plan) training objectives for progression and regression of their skills, to ensure client G's mattress was in good repair, clean and comfortable and to ensure each shift of personnel completed a fire drill each quarter for clients A, B, C, D, E, F and G. Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 1 of 3 sampled clients (A). Please see W122.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Health Services for 1 of 3 sampled clients (A). Please see W318.</p> <p>This federal tag relates to complaint #IN00264837.</p> <p>9-3-1(a)</p>		<p>supports.</p> <p>All facility staff have been retrained regarding proper implementation of all clients' comprehensive high-risk plans. Fill-in staff not normally assigned to the facility will be trained on risk plans prior to working in the home.</p> <p>Facility bowel tracking protocols have been modified to incorporate the use of the Bristol Stool Scale to assure more accurate monitoring of clients' bowel activity. All facility staff have been retrained regarding proper implementation of the modified bowel tracking protocols. Fill-in staff not normally assigned to the facility will be trained on these procedures prior to working in the home.</p> <p>All facility staff have been retrained regarding wheelchair tie-down procedures in the facility van. Fill-in staff not normally assigned to the facility will be trained on tie-down procedures prior to assuming responsibility for transporting clients in the facility van. Through observation, the team has determined this deficient practice did not affect clients other than client C.</p> <p>The facility has conducted additional evacuation drills on each shift during the current</p>	

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			<p>quarter.</p> <p>Root Cause Analysis of why corrections implemented after the 1/30/18 survey have failed.</p> <ul style="list-style-type: none"> · The governing body failed to assure ongoing follow-through with corrections developed during a period of intensive administrative oversight. · The governing body failed to address a pattern of non-cooperation and obstructive behavior by the facility's two previous Residential Managers toward the facility nurse. <p>PREVENTION:</p> <p>Professional staff will be retrained regarding the need to assure that all individuals have appropriate assistance making major life decision, based on their assessed ability to give informed consent. The Operations Team comprised of the Quality Assurance Manager, Quality Assurance Coordinator, Executive Director, Program Managers, Training Coordinator, Nurse Manager and Area Supervisors will review assessments as part of a monthly audit process and direct the interdisciplinary team to assist clients with obtaining appropriate representation when they lack the ability to give informed consent.</p> <p>Professional staff will be retrained regarding the need to conduct</p>	

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			<p>evacuation drills on each shift and for all staff each quarter. The Operations Team will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Program Manager will track evacuation drill compliance and follow up with facility professional staff and the agency Safety Committee accordingly.</p> <p>The Nurse Manager will review all reports of significant health and safety issues and will meet with the Quality Assurance Manager or designee weekly to discuss health and safety issues including but not limited to needed updates to risk plans, monitoring of emerging and changing health conditions, appropriate communication with doctors and other outside medical professionals, as well as staff training needs.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff competently secure clients who use wheelchairs prior to transport in the facility van. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality</p>	

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			<p>Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than three times weekly for the next 30 days, and after 30 days, will conduct administrative observations no less than weekly until all staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). 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. Additionally, after this period of intensive administrative monitoring, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p>	

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			<p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 documented coaching and training as needed. <p>These administrative documentation reviews will</p>	

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			<p>include:</p> <ol style="list-style-type: none"> 1. Assuring facility nursing has monitored clients' regarding emerging and changing medical conditions 2. Assuring facility nursing has informed doctors of emerging medical conditions and changes clients' medical condition. 3. Assuring facility nursing develops comprehensive High-Risk Plans and other programs to address all clients' changing and emerging healthcare conditions. 4. Assuring staff are trained and demonstrate competency in caring for emerging and changing health conditions and implementing high risk plans. 5. Assuring staff implement comprehensive high risk plans as written. 6. Assuring staff monitor clients' bowel activity per established protocols. 7. Assuring clients have clean comfortable mattresses and that the facility is free of unpleasant odors. 8. Assuring that the QIDP has modified learning objectives as required. 9. Assuring staff competently secure clients who use wheelchairs prior to transport in the facility van. 10. Assuring evacuation drills are conducted as required. <p>Additionally:</p>	

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			<p>1. The Nurse Manager will do side by side audits of SGL home with the assigned nurse weekly.</p> <p>2. Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review. The Executive Director will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention.</p> <p>Preventative measures to be implemented based on Root Cause Analysis of why corrections implemented after the 1/30/18 survey have failed.</p> <ul style="list-style-type: none"> When the Regional Director and Executive Director have determined that facility nursing, supervisory and direct support staff consistently demonstrate competence, the QIDP and QIDP Manager will continue to conduct conference calls, six times weekly, with facility and administrative management and nursing to assure appropriate resources are committed to address emerging issues identified through administrative and facility oversight. The governing body has developed an enhanced administrative oversight checklist to assist with identifying needs. These checklists will be reviewed during facility/administrative 	

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W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), plus 4 additional client (D, E, F and G), the	W 0104	<p>conference calls to develop prompt resolution to identified issues.</p> <p>As stated above, the Area Supervisor has assumed complete oversight of the home including coordinating with the facility and QIDP to assure that identified medical and other support needs are addressed. The Area Supervisor will remain in this role until a new Residential Manager is hired and appropriately trained. Moving forward, the Area Supervisor, Program Manager and QIDP, with assistance from other administrative staff, will provide aggressive oversight, coaching and support to the new manager combined with ongoing communication with the facility nurse to assure consistent application of needed healthcare supports.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director</p> <p>CORRECTION: <i>The Governing body must exercise general policy, budget</i></p>	08/11/2018

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	<p>governing body failed to exercise general operating direction over the facility to ensure client G's bedroom was aromatically pleasant and in good repair, ensure client B had a guardian or advocate to assist him with giving informed consent, neglected to ensure client A received timely preventive and general medical care, ensure the</p> <p>QIDP (Qualified Intellectual Disabilities Professional) coordinated, monitored and integrated clients A, B and C's active treatment programs, to ensure staff working with client C were competent to ensure he was properly secured in his manual wheelchair during van transportation, the QIDP reviewed clients A, B and C's formal ISP (Individual Support Plan) training objectives for progression and regression of their skills, to ensure client G's mattress was in good repair, clean and comfortable and to ensure each shift of personnel completed a fire drill each quarter for clients A, B, C, D, E, F and G.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 6/25/18 from 4:00 PM through 6:15 PM and on 6/26/18 from 6:30 AM through 8:00 AM. Client G's bedroom (single occupant) had a strong pungent odor around client G's mattress. Client G's bedroom had a closet. The closet did not have doors or a covering.</p> <p>RM (Residential Manager) #1 was interviewed on 6/25/18 at 4:36 PM. RM #1 indicated client G's bedroom had an odor and his closet did not have doors or a covering.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 and QIDP (Qualified Intellectual Disabilities Professional) #1 were</p>		<p><i>and operating direction over the facility.</i> Specifically, the governing body facilitated:</p> <p>The facility has provided Client G with a new mattress and the urine odor issue has been resolved.</p> <p>The facility has reassessed client #B's ability to give informed consent and has assisted client #B with obtaining a legal guardian. A review of facility documentation indicated this deficient practice did not affect additional clients.</p> <p>All facility direct support and supervisory staff have been retrained regarding reporting protocols for changing and emerging medical conditions. The Residential Manager responsible for day to day operation of the facility is no longer employed by the company. The area supervisor has assumed complete oversight of the home including coordinating with the facility nurse to assure that recommended medical follow up occurs and that when client's health condition changes or deteriorates, assessment by an appropriate medical professional occurs promptly or that emergency medical services are obtained based on the urgency of the emerging condition. The Area Supervisor will remain in this role until a new Residential Manager is hired and appropriately trained.</p>	

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	<p>interviewed on 6/26/18 at 2:20 PM. QIDP #1 stated client G's bedroom had an "urine odor." QIDPM #1 indicated client G's bedroom closet should have a door or covering.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client B had a guardian or advocate to assist him with giving informed consent. Please see W125.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility by neglecting to ensure client A received timely preventive and general medical care. Please see W127.</p> <p>4. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP coordinated, monitored and integrated clients A, B and C's active treatment programs. Please see W159.</p> <p>5. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure staff working with client C were competent to ensure he was properly secured in his manual wheelchair during van transportation. Please see W189.</p> <p>6. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP reviewed clients A, B and C's formal ISP (Individual Support Plan) training objectives for progression and regression of their skills. Please see W255.</p> <p>7. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A received timely</p>		<p>Moving forward, the Area Supervisor and Program Manager will provide aggressive oversight, coaching and support to the new manager combined with ongoing communication with the facility nurse to assure consistent application of needed healthcare supports.</p> <p>All facility staff have been retrained regarding proper implementation of all clients' comprehensive high-risk plans. Fill-in staff not normally assigned to the facility will be trained on risk plans prior to working in the home.</p> <p>Facility bowel tracking protocols have been modified to incorporate the use of the Bristol Stool Scale to assure more accurate monitoring of clients' bowel activity. All facility staff have been retrained regarding proper implementation of the modified bowel tracking protocols. Fill-in staff not normally assigned to the facility will be trained on these procedures prior to working in the home.</p> <p>All facility staff have been retrained regarding wheelchair tie-down procedures in the facility van. Fill-in staff not normally assigned to the facility will be trained on tie-down procedures prior to assuming responsibility for transporting clients in the facility</p>	

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	<p>preventive and general medical care. Please see W322.</p> <p>8. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client G's mattress was in good repair, clean and comfortable. Please see W418.</p> <p>9. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure each shift of personnel completed a fire drill each quarter for clients A, B, C, D, E, F and G. Please see W440.</p> <p>This federal tag relates to complaint #IN00264837.</p> <p>9-3-1(a)</p>		<p>van. Through observation, the team has determined this deficient practice did not affect clients other than client C.</p> <p>The facility has conducted additional evacuation drills on each shift during the current quarter.</p> <p>PREVENTION: Professional staff will be retrained regarding the need to assure that all individuals have appropriate assistance making major life decision, based on their assessed ability to give informed consent. The Operations Team comprised of the Quality Assurance Manager, Quality Assurance Coordinator, Executive Director, Program Managers, Training Coordinator, Nurse Manager and Area Supervisors will review assessments as part of a monthly audit process and direct the interdisciplinary team to assist clients with obtaining appropriate representation when they lack the ability to give informed consent.</p> <p>Professional staff will be retrained regarding the need to conduct evacuation drills on each shift and for all staff each quarter. The Operations Team will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Program Manager will</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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			<p>track evacuation drill compliance and follow up with facility professional staff and the agency Safety Committee accordingly.</p> <p>The Nurse Manager will review all reports of significant health and safety issues and will meet with the Quality Assurance Manager or designee weekly to discuss health and safety issues including but not limited to needed updates to risk plans, monitoring of emerging and changing health conditions, appropriate communication with doctors and other outside medical professionals, as well as staff training needs.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff competently secure clients who use wheelchairs prior to transport in the facility van. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than three times</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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			<p>weekly for the next 30 days, and after 30 days, will conduct administrative observations no less than weekly until all staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). 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. Additionally, after this period of intensive administrative monitoring, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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			<p>administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 documented coaching and training as needed. <p>These administrative documentation reviews will include:</p> <ol style="list-style-type: none"> 1. Assuring facility nursing has monitored clients' regarding emerging and changing medical conditions 2. Assuring facility nursing has informed doctors of emerging 	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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			<p>medical conditions and changes clients' medical condition.</p> <p>3. Assuring facility nursing develops comprehensive High-Risk Plans and other programs to address all clients' changing and emerging healthcare conditions.</p> <p>4. Assuring staff are trained and demonstrate competency in caring for emerging and changing health conditions and implementing high risk plans.</p> <p>5. Assuring staff implement comprehensive high risk plans as written.</p> <p>6. Assuring staff monitor clients' bowel activity per established protocols.</p> <p>7. Assuring clients have clean comfortable mattresses and that the facility is free of unpleasant odors.</p> <p>8. Assuring that the QIDP has modified learning objectives as required.</p> <p>9. Assuring staff competently secure clients who use wheelchairs prior to transport in the facility van.</p> <p>10. Assuring evacuation drills are conducted as required.</p> <p>Additionally:</p> <p>1. The Nurse Manager will do side by side audits of SGL home with the assigned nurse weekly.</p> <p>2. Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review.</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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W 0122 Bldg. 00	<p>483.420</p> <p>CLIENT PROTECTIONS</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients (A). The facility neglected to ensure client A received timely preventive and general medical care.</p> <p>Findings include:</p> <p>The facility neglected to ensure client A received timely preventive and general medical care. Please see W127.</p> <p>This federal tag relates to complaint #IN00264837.</p> <p>9-3-2(a)</p>	W 0122	<p>The Executive Director will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director</p> <p>CORRECTION:</p> <p><i>The facility must ensure that specific client protections requirements are met.</i></p> <p>Specifically, the governing body facilitated the following:</p> <p>All facility direct support and supervisory staff have been retrained regarding reporting protocols for changing and emerging medical conditions. The Residential Manager responsible for day to day operation of the facility is no longer employed by the company. The area supervisor has assumed complete oversight of the home including coordinating with the facility nurse to assure that recommended medical follow up occurs and that when client's health condition changes or</p>	08/11/2018

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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			<p>deteriorates, assessment by an appropriate medical professional occurs promptly or that emergency medical services are obtained based on the urgency of the emerging condition. The Area Supervisor will remain in this role until a new Residential Manager is hired and appropriately trained. Moving forward, the Area Supervisor and Program Manager will provide aggressive oversight, coaching and support to the new manager combined with ongoing communication with the facility nurse to assure consistent application of needed healthcare supports.</p> <p>All facility staff have been retrained regarding proper implementation of all clients' comprehensive high-risk plans. Fill-in staff not normally assigned to the facility will be trained on risk plans prior to working in the home.</p> <p>Facility bowel tracking protocols have been modified to incorporate the use of the Bristol Stool Scale to assure more accurate monitoring of clients' bowel activity. All facility staff have been retrained regarding proper implementation of the modified bowel tracking protocols. Fill-in staff not normally assigned to the facility will be trained on these procedures prior to working in the home.</p>	

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

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 07/12/2018
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				<p>PERVENTION:</p> <p>The Nurse Manager will review all reports of significant health and safety issues and will meet with the Quality Assurance Manager or designee weekly to discuss health and safety issues including but not limited to needed updates to risk plans, monitoring of emerging and changing health conditions, appropriate communication with doctors and other outside medical professionals, as well as staff training needs.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff competently secure clients who use wheelchairs prior to transport in the facility van. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than three times weekly for the next 30 days, and after 30 days, will conduct administrative observations no</p>

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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			<p>less than weekly until all staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). 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. Additionally, after this period of intensive administrative monitoring, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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			<p>checks later in the evening toward bed time.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 documented coaching and training as needed. <p>These administrative documentation reviews will include:</p> <ol style="list-style-type: none"> 1. Assuring facility nursing has monitored clients' regarding emerging and changing medical conditions 2. Assuring facility nursing has informed doctors of emerging medical conditions and changes clients' medical condition. 3. Assuring facility nursing 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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W 0125 Bldg. 00	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all		<p>develops comprehensive High-Risk Plans and other programs to address all clients' changing and emerging healthcare conditions.</p> <p>4. Assuring staff are trained and demonstrate competency in caring for emerging and changing health conditions and implementing high risk plans.</p> <p>5. Assuring staff implement comprehensive high risk plans as written.</p> <p>6. Assuring staff monitor clients' bowel activity per established protocols.</p> <p>Additionally:</p> <p>1. The Nurse Manager will do side by side audits of SGL home with the assigned nurse weekly.</p> <p>2. Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review. The Executive Director will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>	

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

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 07/12/2018
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	<p>clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B had a guardian or advocate to assist him with giving informed consent.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/25/18 from 4:00 PM through 6:15 PM and on 6/26/18 from 6:30 AM through 8:00 AM. Client B was present in the home throughout the observation periods. Client B presented as non-verbal (did not use verbal language to communicate his wants and needs), was not self-directing in his activities and required staff coaching and cues to complete active treatment tasks.</p> <p>Client B's record was reviewed on 6/26/18 at 11:23 AM. Client B's ISP (Individual Support Plan) dated 8/23/17 indicated client B was an emancipated adult with no guardian or HCR (Health Care Representative) to assist him with giving informed consent. Client B's ISP dated 8/23/17 indicated client B's primary diagnoses included but were not limited to Autism and Moderate Mental Retardation. Client B's Informed Consent Assessment Form dated 8/11/17 indicated the IDT (Interdisciplinary Team) determined client B was in need of a Guardian.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 and QIDP (Qualified</p>	W 0125	<p>CORRECTION: <i>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</i> Specifically, the facility has reassessed client #B's ability to give informed consent and has assisted client #B with obtaining a legal guardian. A review of facility documentation indicated this deficient practice did not affect additional clients.</p> <p>PREVENTION: Professional staff will be retrained regarding the need to assure that all individuals have appropriate assistance making major life decision, based on their assessed ability to give informed consent. The Operations Team comprised of the Quality Assurance Manager, Quality Assurance Coordinator, Executive Director, Program Managers, Training Coordinator, Nurse Manager and Area Supervisors will review assessments as part of a monthly audit process and direct the</p>	08/11/2018

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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W 0127 Bldg. 00	<p>Intellectual Disabilities Professional) #1 were interviewed on 6/26/18 at 2:20 PM. QIDP #1 and QIDPM #1 both indicated client B was in need of a guardian or advocate to assist him with making of informed decisions regarding his health, finances and overall well-being.</p> <p>9-3-2(a)</p> <p>483.420(a)(5) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility neglected to ensure client A received timely preventive and general medical care.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and Investigations were reviewed on 6/20/18 at 3:11 PM. The review indicated the following:</p> <p>- BDDS report dated 5/31/18 indicated, "[Client A, age and diagnoses], who resides in a supervised group living home with seven other males. While [client A] was trying to stand up from the couch, staff noticed that he was trembling and unable to walk on his own. The ResCare nurse was notified immediately, and per nurse instructions, staff transported [client A] to the [hospital ER (Emergency Room)]for evaluation. ER Personnel examined [client A] and he was admitted with a</p>	W 0127	<p>interdisciplinary team to assist clients with obtaining appropriate representation when they lack the ability to give informed consent.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: <i>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment. Specifically,</i></p> <p>All facility direct support and supervisory staff will be retrained regarding reporting protocols for changing and emerging medical conditions. The Residential Manager responsible for day to day operation of the facility is no longer employed by the company. The Area Supervisor has assumed complete oversight of the home including coordinating with the facility nurse to assure that recommended medical follow up</p>	08/11/2018

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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	<p>diagnosis of acute kidney injury and fecal impaction."</p> <p>-BDDS report dated 6/7/18 indicated, "[Client A, age, diagnosis], who lived in a supervised group living residence with seven other men. On 5/30/18, at 8:00 PM, staff noted that [client A] was trying to stand up from the couch, staff noticed that he was trembling and unable to walk on his own. The ResCare nurse was notified immediately, and per nurse instructions, staff transported [client A] [hospital ER] for evaluation (previously reported incident). ER Personnel examined [client A] and he was admitted to the hospital with a diagnosis of acute kidney injury and fecal impaction. Non-invasive measures to resolve the fecal impaction were not successful and the bowel specialist/surgeon assessed that he would not tolerate surgery. Per guardian decision, he was placed in hospice on the afternoon 6/6/18 and he was pronounced deceased at 4:25 PM, on 6/6/18."</p> <p>The facility provided an addendum Investigation on 7/12/18 at 11:29 AM. The addendum was dated 7/7/18 and indicated the following:</p> <p>-"Conclusion: Operation of provision of medical supports: The evidence substantiates that the San Ricardo Team failed to aggressively address [client A's] weight loss and changes in physical condition. Specifically, his team failed to obtain an abdominal CT scan recommended on 4/26/18 and failed to identify nutritional deficits secondary to meal refusals. [Client A] had Comprehensive High-Risk Plans in place for constipation, weight loss, falls, skin ulcers, respiratory infection, seizures, choking, hypothyroidism."</p>		<p>occurs and that when client's health condition changes or deteriorates, assessment by an appropriate medical professional occurs promptly or that emergency medical services are obtained based on the urgency of the emerging condition. The Area Supervisor will remain in this role until a new Residential Manager is hired and appropriately trained. Moving forward, the Area Supervisor and Program Manager will provide aggressive oversight, coaching and support to the new manager combined with ongoing communication with the facility nurse to assure consistent application of needed healthcare supports.</p> <p>PERVENTION: The Nurse Manager will review all reports of significant health and safety issues and will meet with the Quality Assurance Manager or designee weekly to discuss health and safety issues including but not limited to needed updates to risk plans, monitoring of emerging and changing health conditions, appropriate communication with doctors and other outside medical professionals, as well as staff training needs.</p> <p>Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256	
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	<p>-"[Client A] and his seven housemates received 32 hours of direct staff support daily. ResCare residential staff, ResCare nursing staff, [client A's] primary care physician, and other specialists were in regular communication regarding [client A's] health status. A review of testimonial evidence provided an inconsistent description of supports provided to [client A], compared to documentation in his Progress notes."</p> <p>Client A's record was reviewed on 6/20/18 at 5:10 PM. Client A's NMS (Nursing Monthly Summary) dated 6/7/18 indicated the following:</p> <p>-"6/1/18: Spoke with hospital for update. They cannot clear the bowel and have tried multiple enemas. Waiting on GI (gastrointestinal) to round again today. His labs are not great. The doctor was there at time I called and asked for me to fax our most recent labs as his (blood levels) are not good right now and his potassium is high."</p> <p>-"6/4/18: Nurse practitioner called today to ask if sister was guardian as they wanted to speak with her. Blockage is still not clear, he is not oriented, tho (sic) he is swearing at them. His labs are still not good. GI (Gastroenterology) was coming in again today. When I know more will advise the team."</p> <p>-"6/5/18: Just spoke with nurse. KUB (Kidney testing) was completed and showing that the blockage is worsening. Sister did provide hospital with paperwork for guardianship. He is not a surgical candidate at this time and they are keeping him comfortable and nurse practitioner is going to contact his sister again to discuss with her how aggressive she wishes them to be."</p> <p>-"6/6/18: [Client A] has now been placed on</p>			<p>Assurance Manager, QIDP Manager and Quality Assurance Coordinators) as well as the QIDP will maintain presence in the facility three times weekly for the next 30 days and weekly thereafter until staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). After this period of intensive administrative monitoring, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly. These administrative documentation reviews will include:</p> <p>1. Assuring facility nursing has monitored clients' regarding emerging and changing medical conditions</p> <p>2. Assuring facility nursing has informed doctors of emerging medical conditions and changes clients' medical condition.</p> <p>3. Assuring facility nursing develops comprehensive High-Risk Plans and other programs to address all clients' changing and emerging healthcare conditions.</p> <p>4. Assuring staff are trained and demonstrate competency in caring for emerging and changing health conditions and implementing high risk plans.</p> <p>Additionally:</p> <p>1. The Nurse Manager will do</p>

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PARTICIPANT'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>hospice and has a morphine (pain relief) drip. They cannot do the surgery as he is not strong enough and would not survive. They will keep him comfort (sic) measures and his sister is on her way to the hospital. 4:34 PM, email sent that he passed away."</p> <p>Client A's Record of visit form dated 3/9/18 indicated, "GI (Gastrointestinal) Appointment." The 3/9/18 GI Appointment indicated client A's date of birth and social security information were not correct and a new patient appointment would need to be rescheduled for 4/26/18 for client A to be evaluated.</p> <p>Client A's Record of Visit form date 4/26/18 indicated the following:</p> <ul style="list-style-type: none"> -"Reason for visit: weight loss, constipation (and) Abdominal Distention (substances, such as air/gas or fluid, accumulate in the abdomen causing its outward expansion beyond the normal girth of the stomach and waist)." -"Results/Findings of examination: Abdominal Distension, chronic constipation (and) weight loss." -"Diagnosis: chronic constipation (and) possible carcinoma (cancer)." -"Recommended treatment: CT scan (imaging test) (of) abdomen/pelvis to exclude cancer. Continue Miralax (laxative). Start Milk of Magnesia (laxative)." <p>Client A's Physician's Order dated 4/26/18 indicated, "CT abdomen pelvis with IV contrast...."</p>		<p>side by side audits of SGL home with the assigned nurse weekly. 2.Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review. The Executive Director will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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	<p>Client A's CHRHP (Comprehensive High Risk Health Plan) dated 5/20/18 indicated the following:</p> <p>-"Triggers to notify nurse: weight below 100 pounds. Vomiting. Meal refusal. Decreased appetite."</p> <p>-"1. Encourage adherence to Healthy Eating menu; 2.) Maintain diet as ordered on MAR (Medication Administration Record); 3.) [Client A] must have supervision during all food/drink including snacks; 4.) Encourage [client A] to eat/drink slowly; 5.) Cue [client A] to slow down, and alternate bites of food with drink; 6.) Boost (dietary supplement) to be offered if less than 50% of meal is consumed, meal log is to be completed; 7.) [Client A] is to remain upright with 90 degree hip flexion during meals; 8.) Daily weight documented on MAR and flow sheet; 9.) Notify nurse if weight falls below 100 pounds; 10.) Nurse will monitor weight weekly during site audit; 11.) Nurse will notify physician of monthly unexplained weight loss of (sic); 12.) Nurse will assure that labs are obtained as ordered by the physician; 13.) Nurse will assure that routine medical appointments and follow up are carried out as ordered."</p> <p>Client A's CHRHP dated 3/12/18 indicated the following:</p> <p>-"Triggers to notify nurse: hard, small, (or) dry stools (bowel movement). Refusing to eat or drink, Vomiting. Spending a lot of time on the toilet. Straining or grunting. Rectal bleeding. Liquid runny stools. Smears of stool in undergarments. Three days with no bowel movements. PRN (As needed) constipation medication has been given and no results (bowel movements) within 8 hours."</p>			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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	<p>- "Monitor and document bowel pattern daily on the BM (Bowel Movement) tracking sheet; 2.) Give medication as ordered on MAR; 3.) Encourage at least 8 ounces of water with each medication pass; 4.) encourage at least 8 ounces of fluid with each meal. Note: If [client A] doesn't drink lots of fluid (especially water) while taking Natural Fiber Powder (laxative) it will have the opposite effect and cause him to become constipated; 6.) (sic) Administer PRN (Milk of Magnesia or prune juice) as directed by nurse; 7.) Encourage a well balanced diet by following the Healthy Eating menu provided; 8.) Record in progress notes and notify nurse of signs/symptoms of constipation; 9.) Nurse will notify physician should changes in bowel function occur and document in [client A's] medical record; 10.) Staff will monitor for, note, record and report to nurse immediately decreased appetite, not wanting to drink fluids, generalized weakness and fatigue."</p> <p>Client A's Nursing Monthly Summary (NMS) dated March 2018 indicated there were no changes in client A's diagnosis, daily weights fluctuated between 111-114 pounds but did not include data for the one month, 6 month or 1 year weight review and indicated client A had at least one BM every 3 days with no PRN use noted for constipation. Client A's NMS dated March 2018 indicated, "3/9/18 GI appointment. Not seen. Office stated DOB (Date of Birth) doesn't match Medicaid card, which is due to (the) fact he is under parents. Should have been seen. Rescheduled for 4/26/18 at 11:15 (AM)."</p> <p>Client A's NMS dated February 2018 indicated client A's weight was 113 pounds and did not include data for the 1 month, 6 month or 1 year</p>			

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

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 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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	<p>tracking portion. Client A did not receive any PRN medications during the review for constipation. Client A's NMS dated February 2018 indicated, "2/8/18 no call back from [hospital] gastroenterology. Second attempt made referral form faxed to [hospital] fax provided on voicemail. Waiting for return call to schedule. No concerns at this time."</p> <p>Client A's NMS dated January 2018 indicated, "1/31/18 voicemail left with [hospital] gastroenterology to schedule new patient appointment for follow up."</p> <p>Client A's NMS dated May 2018 indicated the following:</p> <p>-"Late entry: 5/9/18, received phone call from [medical office assistant at primary care physicians office]. They completed lab work early this week at appointment. Hemoglobin is 9.3, following orders: discontinue Simvastatin (cholesterol) due to weight loss. They are mailing an (sic) FOB (fecal occult blood test/blood in the feces) stool kit to collect and return. Educated med coach and site supervisor of this, how to collect and they can either mail the sample or take to [primary care physicians office]. [Medical Office Assistant] gave me a history of weight loss as follows: August 2016: 154 pounds, November 2016: 132 pounds, June 2017: 120 pounds, May 2018: 105 pounds. Sent [Primary Care Physician] a fax for parameters and any new orders on weight status. Advised to provide ensure or boost if 50% or less is consumed of meals. Notify him of weight at 100 pounds."</p> <p>-"5/30/18, Staff called (and) reported [client A] being very weak, poor eating and weight loss. Have reviewed weights during audits at home.</p>			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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	<p>Advised staff to send to [hospital]."</p> <p>-"5/31/18, Admitted to [hospital] with diagnosis of kidney injury and fecal impaction. Gave my contact information also spoke with pharmacy at hospital to very (sic) they have correct med list."</p> <p>Client A's Hospital Inpatient Record was reviewed on 6/21/18 at 5:40 PM. The review indicated the following:</p> <p>-"Date/time of death: 06/06/18 2143. Preliminary cause of death: Fecal impaction."</p> <p>-Physical Exam upon arrival at the ER on 5/30/18 at 10:23 PM. "Physical Exam</p> <p>Constitutional: He appears cachectic (loss of weight, muscle atrophy, fatigue, weakness and significant loss of appetite in someone who is not actively trying to lose weight). No distress."</p> <p>"Abdominal: Soft. He exhibits distention and mass (palpable masses). There is no tenderness.</p> <p>-"CT abdomen pelvis without IV contrast Reason for exam: abdominal distention.</p> <p>Collected: 05/30/18 2356 Order Status: Completed Updated: 05/31/18 DATE AND TIME: 5/30/2018 11:23 PM HISTORY: abdominal distention. COMPARISON: 3/29/2016</p> <p>Significant constipation with large amount of stool throughout the majority of the colon. No dilated small bowel loops. Impression:...</p> <p>2. Severe bilateral hydronephrosis (kidney swells due to the failure of normal drainage of urine from</p>			

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

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 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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	<p>the kidney to the bladder). Significant urinary bladder distention.</p> <p>3. Significant constipation. Large...colonic fecal impaction."</p> <p>"The patient, [client A, age and gender] with past medical history of bipolar, depression, hypercholesterolemia, hypothyroidism, psychosis, schizophrenia, and seizures. He presents to the Emergency Department for medical evaluation from his group home. Apparently, the patient had been dropped off at crisis and was then brought over here as he was covered in stool and was not acting appropriately."</p> <p>"He appears malnourished and cachectic. He does have a significantly distended abdomen that is soft with palpable masses."</p> <p>"He had a CT abdomen and pelvis given his distention as well as diarrhea. He had severe bilateral hydronephrosis with significant urinary bladder distention."</p> <p>Area Supervisor (AS) #1 was interviewed on 6/25/18 at 2:22 PM. AS #1 indicated he was covering at client A's group home as the Area Supervisor from 5/16/18 through 5/31/18. AS #1 indicated his duties included scheduling house staff, ensuring the RM (Residential Manager) was training staff as needed, ensuring the clients overall needs were being met and assisting with running appointments with the nurse and med coach. AS #1 indicated RM #1 was the homes' med coach during the time of his oversight. AS #1 stated, "I did notice he was losing some weight. But thought he was okay. I was only at the house</p>			

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

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 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>for 2 weeks. Never noticed or notified of any diarrhea or vomiting. To me, last time, many months ago was the last time I saw him. When I worked with him again, I knew there had been a change (weight loss) but didn't follow up". AS #1 indicated he received a call from staff #2 on 5/30/18 to notify him client A was weak and needed to go to the hospital. AS #1 advised staff #2 he was no longer over the home and should notify the on-call manager. AS #1 indicated he texted PM #1 on 5/30/18 at 8:20 PM to notify him of staff #2's report regarding client A. AS #1 indicated PM #1 took control and he was no longer involved. AS #1 indicated he was not aware of client A's GI appointment, colonoscopy or stool tests.</p> <p>PM #1 was interviewed on 6/25/18 at 2:49 PM. PM #1 indicated he had been in the PM position over client A's group home since January 2018. PM #1 stated, "At that time, had spoken to [AS #1 and RM #2]. Staff had reported [client A] not acting himself. Lethargic. He was toileting but didn't want to stand up. Didn't want to walk. [RM #2] reported he had BM (Bowel Movement). Not sure of the consistency. At that point, the on-call nurse got involved. The on-call instructed (that) [client A] go the hospital for evaluation. Staff took him to [hospital]. [Staff #1] transported [client A] from the day services that day to the home." PM #1 stated, "Saw him most often at day service. Know they had been concerned about maintaining his weight, stomach distended and some follow up with doctors. Other than that, we were monitoring. Was involved in conversations about his mobility. [Previous group home] moved to [current group home] Urine incontinent. As far as know, staff were reporting."</p> <p>Staff #1 was interviewed on 6/26/18 at 7:28 AM.</p>			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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	<p>Staff #1 indicated his normal shift at the home was 9 PM through 9 AM. Staff #1 indicated his routine duties included laundry, cleaning of the home, monitoring the clients during the overnight hours and preparing the morning meal.</p> <p>Staff #1 stated, "First time I met [client A] I worked with him at [previous group home]. They brought him here within the last two months."</p> <p>Staff #1 stated, "Yeah (lost weight), when they brought [client A] we noticed something about him, he don't like sitting down, he don't like eating. Only eat cereal, milk and pop. He don't like eating. Take him to the hospital that was when he passed on. I was on duty. When they moved him from [previous group home] noticed didn't like to sit down, only cereal only (sic). No vomit. No diarrhea. No complaint of pain." Staff #1 stated, "I told the house manager, [RM #2] so then she was to take him to (the) hospital."</p> <p>When asked if he documented client A's refusals to eat, staff #1 stated, "No. No did not document what he was eating. I used to put that he ate but not cereal. I took his weight every morning. Sometime it would fluctuate, sometimes 113 pounds, or 114 pounds."</p> <p>Staff #3 was interviewed on 6/25/18 at 5:28 PM. Staff #3 indicated she had worked at the group home since February 2018 on the 2 PM through 10 PM shift. Staff #3 stated, "I was told, [client A] was a very happy person. Wasn't normal on that day (5/30/18), he wouldn't eat anything and wouldn't walk around. Before he would eat cereal. Said he couldn't eat because of his teeth (edentulous/no teeth). He never complained of pain. He would just eat cereal or drink chocolate milk and wait until the cereal was soggy. We would give him bread. He refused to eat most of the time." Staff #3 indicated client A's meal consumption should have been documented as a</p>			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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	<p>percentage of the meal eaten in his daily notes. Staff #3 stated, "He wouldn't sit down that day. No vomiting. Most of the time he would go the restroom (independently). I took him to the restroom and he used it on himself and used it in the van. It was runny diarrhea." Staff #3 stated, "Was walking fine (when he) got off the van (from day services). Used the walker. When he came in the house tried to sit down on the couch. He looked weak. We called [RM #2], [RM #1] was med coach at that time. [RM #2] told to us to call the on-call nurse. [On-call Nurse] said to check his weight, do vitals and didn't need to take to the hospital keep doing 15 minutes checks. He came back from day program around 4:30 PM ish (sic)." Staff #3 stated, "I don't remember what time he left for the hospital. First [staff #1] was having car issues and didn't want to drive the (group home) van. I was in the middle of letting [RM #2] know what was going on."</p> <p>RM #1 was interviewed on 6/27/18 at 10:56 AM. RM #1 stated, "Changes in his, [client A's] behavior was a concern. I had only worked 2-3 weeks with him before he went to the hospital. He was just repeating himself, little more baby like behavior and started calling me mom. He wanted to be babied." RM #1 stated, "No changes with his food, BM or urine. He just wanted cereal. Was drinking a lot of milk. Other staff would tell me he just ate cereal, assumed as a new staff [client A] only ate cereal and milk. He wouldn't eat. Didn't know that was unusual as a new staff. I mentioned it to [RM #2], that he was refusing meals." When asked if client A's meal consumption was tracked, RM #1 stated, "Not that I know of. It wasn't specially what he ate, just how much." RM #1 indicated client A had not received a CT scan to her knowledge. RM #1 indicated client A had been sent a stool sample kit to be completed and</p>			

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

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 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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)
W 0159 Bldg. 00	<p>returned via mail. RM #1 indicated the stool sample kit was not completed</p> <p>LPN #1 was interviewed on 6/26/18 at 1:47 PM. LPN #1 stated, "[Client A], the med coach ran appointments while he was at [previous agency owned group home]. There were some issues with his medicaid card and social security number." When asked what prompted client A's GI appointment, LPN #1 stated, "It was already scheduled. It was an investigation to find out what was going on with the bowels. Was told to ensure that it happened (by previous assigned nurse). I only had him from mid February (2018) to death (6/6/18). I had numerous conversations with [previous nurse] (who had) known [client A]. He had hard to hear bowel sounds unless auscultation (use of device to aid). Often had a distended abdomen. Was not hard when I did my assessments with [client A]. GI specialist to scope to ensure imaging to do [testing] to see if there was a stool in there that was not passing.</p> <p>Between 3/9/18 and 4/26/18, had moved to San Ricardo." When asked if there were any reports of client A not eating or drinking, LPN #1 stated, "Not until there (sic) that Thursday and they reported that he had not been eating well and not ambulating all that week. But was not advised until Thursday night."</p> <p>This federal tag relates to complaint #IN00264837.</p> <p>9-3-2(a)</p> <p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. Based on observation, record review and</p>		W 0159	CORRECTION:

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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	<p>interview for 3 of 3 sampled clients (A, B and C), the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate, monitor and integrate clients A, B and C's active treatment programs.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed to integrate and monitor client C's active treatment program by failing to ensure staff working with client C were competent to ensure he was properly secured in his manual wheelchair during van transportation. Please see W189. 2. The QIDP failed to monitor clients A, B and C's active treatment programs by failing to review clients A, B and C's formal ISP (Individual Support Plan) training objectives for progression and regression of their skills. Please see W255. <p>9-3-3(a)</p>		<p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</i> Specifically, the governing body will assure that:</p> <p>All facility staff have been retrained regarding wheelchair tie-down procedures in the facility van. Fill-in staff not normally assigned to the facility will be trained on tie-down procedures prior to assuming responsibility for transporting clients in the facility van. Through observation, the team has determined this deficient practice did not affect clients other than client C.</p> <p>The QIDP has been retrained regarding the need to modify prioritized learning objectives whenever a client has completed the objective(s) successfully. All prioritized learning objectives will be modified based on current progress. Through review of facility documentation, the governing body has determined that in addition to clients A, B and C, this deficient practice may have affected all clients who reside in the facility.</p> <p>PERVENTION: The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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			<p>week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff competently secure clients who use wheelchairs prior to transport in the facility van. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than three times weekly for the next 30 days, and after 30 days, will conduct administrative observations no less than weekly until all staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). 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. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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			<p>service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 documented coaching and training as needed. 	

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

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 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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W 0189 Bldg. 00	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (C), the facility failed to ensure staff working with client C were competent to ensure he was properly secured in his manual wheelchair during van transportation.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/26/18 from 6:30 AM through 8:00 AM. At</p>	W 0189	<p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff competently secure clients who use wheelchairs prior to transport in the facility van.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director</p> <p>CORRECTION:</p> <p><i>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Specifically, all facility staff have been retrained regarding wheelchair tie-down procedures in the facility van.</i></p>	08/11/2018

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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	<p>7:45 AM, client C, who utilized a manual wheelchair for ambulation, was assisted by RM (Residential Manager) #1 to load the homes van. RM #1 pushed client C in his wheelchair up a ramp and into the back of the van. RM #1 placed 4 strap tie-downs to the wheelchair on each corner of the wheelchair (secured the wheelchair to the van). RM #1 indicated she was done and ready to transport client C with his peers to the day service provider. When asked if client C had a lap belt or other seat belt device to secure him to the wheelchair, RM #1 indicated client C did not have a wheelchair seat belt. RM #1 then attempted to manipulate a shoulder harness attached to the van to secure client C in the wheelchair for transport. RM #1 indicated she did not know how to secure client C to the wheelchair. PM (Program Manager) #1 came outside and began assisting RM #1 to secure client C to his wheelchair at 7:50 AM.</p> <p>RM #1 was interviewed on 6/26/18 at 7:55 AM. RM #1 indicated she was not trained on how to secure client C to his wheelchair, only how to secure the wheelchair to the van. RM #1 indicated she was responsible for training group home staff on the tie-down procedures but had not trained anyone as of yet since she had been in the RM position a short time.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 and QIDP (Qualified Intellectual Disabilities Professional) #1 were interviewed on 6/26/18 at 2:20 PM. QIDPM #1 indicated RM #1 should be trained to properly secure client C in his wheelchair for van transportation. When asked to provide documentation of RM #1's van/wheelchair training, QIDPM #1 indicated he would follow up with the agency's training coordinator.</p>		<p>Fill-in staff not normally assigned to the facility will be trained on tie-down procedures prior to assuming responsibility for transporting clients in the facility van. Through observation, the team has determined this deficient practice did not affect clients other than client C.</p> <p>PERVENTION: The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff competently secure clients who use wheelchairs prior to transport in the facility van. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than three times weekly for the next 30 days, and after 30 days, will conduct administrative observations no less than weekly until all staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). After this period</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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	<p>QIDPM #1, via electronic correspondence (email) on 6/27/18 at 11:51 AM indicated, "Our Training Coordinator was not able to produce any wheelchair tie down training and informed me that in our current new-hire orientation format, the training should have taken place in the home. I do not have documentation of this training to reproduce for you at this time."</p> <p>9-3-3(a)</p>		<p>of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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			<p>are observed, the monitor must step in and provide the training and document it.</p> <ul style="list-style-type: none"> ·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 training as needed. <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff competently secure clients who use wheelchairs prior to transport in the facility van.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0255 Bldg. 00	<p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on record review and interview for 3 of 3 sampled clients (A, B and C), the QIDP (Qualified Intellectual Disabilities Professional) failed to review clients A, B and C's formal ISP (Individual Support Plan) training objectives for progression and regression of their skills.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed 6/20/18 at 5:10 PM. Client A's ISP dated 9/2/17 indicated client A had the following formal training objectives:</p> <ul style="list-style-type: none"> -"Given skills training and 1 verbal prompt [client A] will ask to talk with staff when he is upset about a situation, in order to identify a solution to his problem, 70% of the time for three consecutive months." -"Given skills training a choice of activities and 1 verbal prompt, [client A] will participate in the activity of his choice, 80% of the time for three consecutive months." -"Given skills training and 2 verbal prompts, [client A] will wear his eye glasses during waking hours, 50% of the time for three consecutive months." -"Given skills training and 1 verbal prompt, [client A] will brush his teeth thoroughly 50% of the time 	W 0255	<p>CORRECTION: <i>The individual program plan must be reviewed at, least by the qualified mental retardation, professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</i> Through review of facility documentation, the governing body has determined that in addition to clients A, B and C, this deficient practice may have affected all clients who reside in the facility. Specifically, the QIDP has been retrained regarding the need to modify prioritized learning objectives whenever a client has completed the objective(s) successfully. All prioritized learning objectives will be modified based on current progress.</p> <p>PREVENTION: The QIDP will turn in copies of monthly and quarterly summaries to the QIDP Manager for review and follow-up to assure learning objectives are modified as</p>	08/11/2018

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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	<p>for three consecutive months."</p> <p>-"Given 2 verbal prompts, [client A] will know how many pills he take (sic) in the morning 50% of the time for three consecutive months."</p> <p>2. Client B's record was reviewed on 6/26/18 at 11:23 AM. Client B's ISP dated 8/23/17 indicated client B had the following formal training objectives:</p> <p>-"Given skills training and verbal prompting [client B] will brush his teeth in an up and down motion twice a day 65% of the time for three consecutive months."</p> <p>-"Given skills training and 3 verbal prompts [client B] will participate in an activity for 10 minutes 50% of the time for 3 consecutive months."</p> <p>-"Given skills training and verbal prompting [client B] will cooperate and take his medications at med time 65% of the time for three consecutive months."</p> <p>-"Given skills training and 3 verbal prompts [client B] will increase his communication skills by learning a new sign language sign weekly 50% of the time for three consecutive months."</p> <p>-"Given skills training and 3 verbal prompts [client B] will exchange money with the cashier when making a purchase in the community 65% of the time for three consecutive montsh (sic)."</p> <p>-"Given skills training and three verbal prompts [client B] will assiist (sic) staff with cooking a side dish twice a week 65% of the time for three consecutive months."</p>		<p>required. Additionally, members of the Operations Team (including the Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Operations Managers, Program Managers, Nurse Manager and Executive Director) will conduct documentation reviews as needed but no less than twice monthly to assure that the QIDP has modified learning objectives as required.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
(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
	<p>-"Given skills training and 3 verbal prompts [client B] will fold and put away his laundry (sic) with staff assistance 65% of the time for three consecutive months."</p> <p>-"Given skills training and 2 verbal prompts [client B] will wash his body while showering daily 65% of the time for three consecutive months."</p> <p>-"Given skills training and 3 verbal prompts [client B] will apply deodorant (sic) after his shower 65% of the time for three consecutive months."</p> <p>-"Given skills training and three verbal prompts [client B] will participate in group activities with his housemates 65% of the time for three consecutive months."</p> <p>3. Client C's record was reviewed on 6/26/18 at 12:42 PM. Client C's ISP dated 11/29/17 indicated the following formal training objectives:</p> <p>-"Given skills training and 3 gestural prompts, [client C] will identify his Zyprexa (depression) 50% of the time, for three consecutive months."</p> <p>-"Given 3 gestural prompts, [client C] will wear his gait belt during waking hours 100% of the time, for three consecutive months."</p> <p>-"By using 2 gestural prompts, staff will encourage [client C] to use his communication book 100% of the time, for three consecutive months."</p> <p>-"Given gestural prompts and hand over hand assistance, [client C] will bathe his entire body while in the shower with staff assistance 75% of the time for three consecutive months."</p>			

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

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 07/12/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>-"Given skills training and 1 gestural prompt, [client C] will make his bed daily with staff assistance 90% of the time, for 3 consecutive months."</p> <p>-"Given skills training, 2 gestural prompts and hand over hand assistance, [client C] will set the dining room table with staff assistance on Fridays, 70% of the time, for 3 consecutive months."</p> <p>-"Given skills training and 1 gestural prompt, [client C] will identify a dollar bill out of two choices 50% of the time, for three consecutive months."</p> <p>-"Given skills training and 3 verbal gestures/ demonstration, [client C] will participate in a physical exercise of his choice 10 minutes three days a week Monday, Wednesday and Saturday 75% of the time for three consecutive months."</p> <p>-"Given skills training and 1 gestural prompt, [client C] will brush his teeth thoroughly, twice a day, 85% of the time, for three consecutive months."</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 and QIDP (Qualified Intellectual Disabilities Professional) #1 were interviewed on 6/26/18 at 2:20 PM. QIDP #1 indicated there was not documentation available for review regarding QIDP review of clients A, B and C's formal training objective data for progression or regression of their daily living skills. QIDP #1 indicated the QIDP should review clients A, B and C's formal training objectives on a monthly basis.</p> <p>9-3-4(a)</p>			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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W 0318 Bldg. 00	<p>483.460 HEALTH CARE SERVICES</p> <p>The facility must ensure that specific health care services requirements are met.</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Health Care Services for 1 of 3 sampled clients (A).</p> <p>The facility failed to ensure client A received timely preventive and general medical care.</p> <p>Findings include:</p> <p>The facility failed to ensure client A received timely preventive and general medical care. Please see W322.</p> <p>This federal tag relates to complaint #IN00264837.</p> <p>9-3-6(a)</p>	W 0318	<p>CORRECTION:</p> <p><i>The facility must ensure that specific health care services requirements are met.</i></p> <p>Specifically:</p> <p>Specifically:</p> <p>All facility direct support and supervisory staff have been retrained regarding reporting protocols for changing and emerging medical conditions. The Residential Manager responsible for day to day operation of the facility is no longer employed by the company. The area supervisor has assumed complete oversight of the home including coordinating with the facility nurse to assure that recommended medical follow up occurs and that when client's health condition changes or deteriorates, assessment by an appropriate medical professional occurs promptly or that emergency medical services are obtained based on the urgency of the emerging condition. The Area Supervisor will remain in this role until a new Residential Manager is hired and appropriately trained. Moving forward, the Area Supervisor and Program Manager will provide aggressive oversight, coaching and support to the new manager combined with ongoing</p>	08/11/2018

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

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			<p>communication with the facility nurse to assure consistent application of needed healthcare supports.</p> <p>All facility staff have been retrained regarding proper implementation of all clients' comprehensive high-risk plans. Fill-in staff not normally assigned to the facility will be trained on risk plans prior to working in the home.</p> <p>Facility bowel tracking protocols have been modified to incorporate the use of the Bristol Stool Scale to assure more accurate monitoring of clients' bowel activity. All facility staff have been retrained regarding proper implementation of the modified bowel tracking protocols. Fill-in staff not normally assigned to the facility will be trained on these procedures prior to working in the home.</p> <p>PERVENTION: The Nurse Manager will review all reports of significant health and safety issues and will meet with the Quality Assurance Manager or designee weekly to discuss health and safety issues including but not limited to needed updates to risk plans, monitoring of emerging and changing health conditions, appropriate communication with doctors and other outside medical professionals, as well as staff</p>	

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

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			<p>training needs.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff competently secure clients who use wheelchairs prior to transport in the facility van. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than three times weekly for the next 30 days, and after 30 days, will conduct administrative observations no less than weekly until all staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). 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. Additionally, after this period of intensive administrative monitoring, the Operations Team will incorporate medical chart</p>	

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

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			<p>reviews into their formal audit process, which will occur no less than twice monthly. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 	

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

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			<p>and document it.</p> <ul style="list-style-type: none"> · 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 training as needed. <p>These administrative documentation reviews will include:</p> <ol style="list-style-type: none"> 1. Assuring facility nursing has monitored clients' regarding emerging and changing medical conditions 2. Assuring facility nursing has informed doctors of emerging medical conditions and changes clients' medical condition. 3. Assuring facility nursing develops comprehensive High-Risk Plans and other programs to address all clients' changing and emerging healthcare conditions. 4. Assuring staff are trained and demonstrate competency in caring for emerging and changing health conditions and implementing high risk plans. 5. Assuring staff implement comprehensive high risk plans as written. 6. Assuring staff monitor clients' bowel activity per established 	

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

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W 0322 Bldg. 00	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A received timely preventive and general medical care.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and Investigations were reviewed on 6/20/18 at 3:11 PM. The review indicated the following:</p> <p>- BDDS report dated 5/31/18 indicated, "[Client A,</p>	W 0322	<p>protocols.</p> <p>Additionally:</p> <p>1. The Nurse Manager will do side by side audits of SGL home with the assigned nurse weekly.</p> <p>2. Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review. The Executive Director will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: The facility must provide or obtain preventive and general medical care. Specifically:</p> <p>All facility direct support and supervisory staff have been retrained regarding reporting protocols for changing and emerging medical conditions. The Residential Manager responsible for day to day operation of the facility is no longer employed by</p>	08/11/2018

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

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	<p>age and diagnoses], who resides in a supervised group living home with seven other males. While [client A] was trying to stand up from the couch, staff noticed that he was trembling and unable to walk on his own. The ResCare nurse was notified immediately, and per nurse instructions, staff transported [client A] to the [hospital ER (Emergency Room)] for evaluation. ER Personnel examined [client A] and he was admitted with a diagnosis of acute kidney injury and fecal impaction."</p> <p>-BDDS report dated 6/7/18 indicated, "[Client A, age, diagnosis], who lived in a supervised group living residence with seven other men. On 5/30/18, at 8:00 PM, staff noted that [client A] was trying to stand up from the couch, staff noticed that he was trembling and unable to walk on his own. The ResCare nurse was notified immediately, and per nurse instructions, staff transported [client A] [hospital ER] for evaluation (previously reported incident). ER Personnel examined [client A] and he was admitted to the hospital with a diagnosis of acute kidney injury and fecal impaction.</p> <p>Non-invasive measures to resolve the fecal impaction were not successful and the bowel specialist/surgeon assessed that he would not tolerate surgery. Per guardian decision, he was placed in hospice on the afternoon 6/6/18 and he was pronounced deceased at 4:25 PM, on 6/6/18."</p> <p>The facility provided an addendum Investigation on 7/12/18 at 11:29 AM. The addendum was dated 7/7/18 and indicated the following:</p> <p>-"Conclusion: Operation of provision of medical supports:</p> <p>The evidence substantiates that the San Ricardo Team failed to aggressively address [client A's]</p>		<p>the company. The area supervisor has assumed complete oversight of the home including coordinating with the facility nurse to assure that recommended medical follow up occurs and that when client's health condition changes or deteriorates, assessment by an appropriate medical professional occurs promptly or that emergency medical services are obtained based on the urgency of the emerging condition. The Area Supervisor will remain in this role until a new Residential Manager is hired and appropriately trained. Moving forward, the Area Supervisor and Program Manager will provide aggressive oversight, coaching and support to the new manager combined with ongoing communication with the facility nurse to assure consistent application of needed healthcare supports.</p> <p>All facility staff have been retrained regarding proper implementation of all clients' comprehensive high-risk plans. Fill-in staff not normally assigned to the facility will be trained on risk plans prior to working in the home.</p> <p>Facility bowel tracking protocols have been modified to incorporate the use of the Bristol Stool Scale to assure more accurate monitoring of clients' bowel activity. All facility staff have been</p>	

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

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	<p>weight loss and changes in physical condition. Specifically, his team failed to obtain an abdominal CT scan recommended on 4/26/18 and failed to identify nutritional deficits secondary to meal refusals. [Client A] had Comprehensive High-Risk Plans in place for constipation, weight loss, falls, skin ulcers, respiratory infection, seizures, choking, hypothyroidism."</p> <p>- "[Client A] and his seven housemates received 32 hours of direct staff support daily. ResCare residential staff, ResCare nursing staff, [client A's] primary care physician, and other specialists were in regular communication regarding [client A's] health status. A review of testimonial evidence provided an inconsistent description of supports provided to [client A], compared to documentation in his Progress notes."</p> <p>Client A's record was reviewed no 6/20/18 at 5:10 PM. Client A's NMS (Nursing Monthly Summary) dated 6/7/18 indicated the following:</p> <p>- "6/1/18: Spoke with hospital for update. They cannot clear the bowel and have tried multiple enemas. Waiting on GI to round again today. His labs are not great. The doctor was there at time I called and asked for me to fax our most recent labs as his (blood levels) are not good right now and his potassium is high."</p> <p>- "6/4/18: Nurse practitioner called today to ask if sister was guardian as they wanted to speak with her. Blockage is still not clear, he is not oriented, tho (sic) he is swearing at them. His labs are still not good. GI (Gastroenterology) was coming in again today. When I know more will advise the team."</p> <p>- "6/5/18: Just spoke with nurse. KUB (Kidney</p>		<p>retrained regarding proper implementation of the modified bowel tracking protocols. Fill-in staff not normally assigned to the facility will be trained on these procedures prior to working in the home.</p> <p>PERVENTION: The Nurse Manager will review all reports of significant health and safety issues and will meet with the Quality Assurance Manager or designee weekly to discuss health and safety issues including but not limited to needed updates to risk plans, monitoring of emerging and changing health conditions, appropriate communication with doctors and other outside medical professionals, as well as staff training needs.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff competently secure clients who use wheelchairs prior to transport in the facility van. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and</p>	

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

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	<p>testing) was completed and showing that the blockage is worsening. Sister did provide hospital with paperwork for guardianship. He is not a surgical candidate at this time and they are keeping him comfortable and nurse practitioner is going to contact his sister again to discuss with her how aggressive she wishes them to be."</p> <p>-"6/6/18: [Client A] has now been placed on hospice and has a morphine (pain relief) drip. They cannot do the surgery as he is not strong enough and would not survive. They will keep him comfort (sic) measures and his sister is on her way to the hospital. 4:34 PM, email sent that he passed away."</p> <p>Client A's Record of visit form dated 3/9/18 indicated, "GI (Gastrointestinal) Appointment." The 3/9/18 GI Appointment indicated client A's date of birth and social security information was not correct and a new patient appointment would need to be rescheduled for 4/26/18 for client A to be evaluated.</p> <p>Client A's Record of Visit form date 4/26/18 indicated the following:</p> <ul style="list-style-type: none"> -"Reason for visit: weight loss, constipation (and) Abdominal Distension (substances, such as air/gas or fluid, accumulate in the abdomen causing its outward expansion beyond the normal girth of the stomach and waist.)" -"Results/Findings of examination: Abdominal Distension, chronic constipation (and) weight loss." -"Diagnosis: chronic constipation (and) possible carcinoma (cancer)." 		<p>Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than three times weekly for the next 30 days, and after 30 days, will conduct administrative observations no less than weekly until all staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). 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. Additionally, after this period of intensive administrative monitoring, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through</p>	

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

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	<p>-"Recommended treatment: CT scan (imaging test) (of) abdomen/pelvis to exclude cancer. Continue Miralax (laxative). Start Milk of Magnesia (laxative)."</p> <p>Client A's Physician's Order dated 4/26/18 indicated, "CT abdomen pelvis with IV contrast...."</p> <p>Client A's CHRHP (Comprehensive High Risk Health Plan) dated 5/20/18 indicated the following:</p> <ul style="list-style-type: none"> -"Triggers to notify nurse: weight below 100 pounds. Vomiting. Meal refusal. Decreased appetite." -"1. Encourage adherence to Healthy Eating menu; 2.) Maintain diet as ordered on MAR (Medication Administration Record); 3.) [Client A] must have supervision during all food/drink including snacks; 4.) Encourage [client A] to eat/drink slowly; 5.) Cue [client A] to slow down, and alternate bites of food with drink; 6.) Boost (dietary supplement) to be offered if less than 50% of meal is consumed, meal log is to be completed; 7.) [Client A] is to remain upright with 90 degree hip flexion during meals; 8.) Daily weight documented on MAR and flow sheet; 9.) Notify nurse if weight falls below 100 pounds; 10.) Nurse will monitor weight weekly during site audit; 11.) Nurse will notify physician of monthly unexplained weight loss of (sic); 12.) Nurse will assure that labs are obtained as ordered by the physician; 13.) Nurse will assure that routine medical appointments and follow up are carried out as ordered." <p>Client A's CHRHP dated 3/12/18 indicated the following:</p>		<p>the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 documented coaching and training as needed. <p>These administrative documentation reviews will include:</p> <p>1.Assuring facility nursing has monitored clients' regarding</p>	

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	<p>-"Triggers to notify nurse: hard, small, (or) dry stools (bowel movement). Refusing to eat or drink, Vomiting. Spending a lot of time on the toilet. Straining or grunting. Rectal bleeding. Liquid runny stools. Smears of stool in undergarments. Three days with no bowel movements. PRN (As needed) constipation medication has been given and no results (bowel movements) within 8 hours."</p> <p>-"Monitor and document bowel pattern daily on the BM (Bowel Movement) tracking sheet; 2.) Give medication as ordered on MAR; 3.) Encourage at least 8 ounces of water with each medication pass; 4.) encourage at least 8 ounces of fluid with each meal. Note: If [client A] doesn't drink lots of fluid (especially water) while taking Natural Fiber Powder (laxative) it will have the opposite effect and cause him to become constipated; 6.) (sic) Administer PRN (Milk of Magnesia or prune juice) as directed by nurse; 7.) Encourage a well balanced diet by following the Healthy Eating menu provided; 8.) Record in progress notes and notify nurse of signs/symptoms of constipation; 9.) Nurse will notify physician should changes in bowel function occur and document in [client A's] medical record; 10.) Staff will monitor for, note, record and report to nurse immediately decreased appetite, not wanting to drink fluids, generalized weakness and fatigue."</p> <p>Client A's Nursing Monthly Summary (NMS) dated March 2018 indicated there were no changes in client A's diagnosis, daily weights fluctuated between 111-114 pounds but did not include data for the one month, 6 month or 1 year weight review and indicated client A had at least one BM every 3 days with no PRN use noted for constipation. Client A's NMS dated March 2018</p>		<p>emerging and changing medical conditions</p> <p>2.Assuring facility nursing has informed doctors of emerging medical conditions and changes clients' medical condition.</p> <p>3.Assuring facility nursing develops comprehensive High-Risk Plans and other programs to address all clients' changing and emerging healthcare conditions.</p> <p>4.Assuring staff are trained and demonstrate competency in caring for emerging and changing health conditions and implementing high risk plans.</p> <p>5.Assuring staff implement comprehensive high risk plans as written.</p> <p>6.Assuring staff monitor clients' bowel activity per established protocols.</p> <p>Additionally:</p> <p>1.The Nurse Manager will do side by side audits of SGL home with the assigned nurse weekly.</p> <p>2.Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review. The Executive Director will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential</p>	

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

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	<p>indicated, "3/9/18 GI appointment. Not seen. Office stated DOB (Date of Birth) doesn't match Medicaid card, which is due to (the) fact he is under parents. Should have been seen. Rescheduled for 4/26/18 at 11:15 (AM)."</p> <p>Client A's NMS dated February 2018 indicated client A's weight was 113 pounds and did not include data for the 1 month, 6 month or 1 year tracking portion. Client A did not receive any PRN medications during the review for constipation. Client A's NMS dated February 2018 indicated, "2/8/18 no call back from [hospital] gastroenterology. Second attempt made referral form faxed to [hospital] fax provided on voicemail. Waiting for return call to schedule. No concerns at this time."</p> <p>Client A's NMS dated January 2018 indicated, "1/31/18 voicemail left with [hospital] gastroenterology to schedule new patient appointment for follow up."</p> <p>Client A's NMS dated May 2018 indicated the following:</p> <p>-"Late entry: 5/9/18, received phone call from [medical office assistant at primary care physicians office]. They completed lab work early this week at appointment. Hemoglobin is 9.3, following orders: discontinue Simvastatin (cholesterol) due to weight loss. They are mailing an (sic) FOB (fecal occult blood test/blood in the feces) stool kit to collect and return. Educated med coach and site supervisor of this, how to collect and they can either mail the sample or take to [primary care physicians office]. [Medical Office Assistant] gave me a history of weight loss as follows: August 2016: 154 pounds, November 2016: 132 pounds, June 2017: 120 pounds, May</p>		Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director	

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

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	<p>2018: 105 pounds. Sent [Primary Care Physician] a fax for parameters and any new orders on weight status. Advised to provide ensure or boost if 50% or less is consumed of meals. Notify him of weight at 100 pounds."</p> <p>-"5/30/18, Staff called (and) reported [client A] being very weak, poor eating and weight loss. Have reviewed weights during audits at home. Advised staff to send to [hospital]."</p> <p>-"5/31/18, Admitted to [hospital] with diagnosis of kidney injury and fecal impaction. Gave my contact information also spoke with pharmacy at hospital to very (sic) they have correct med list."</p> <p>Client A's Hospital Inpatient Record was reviewed on 6/21/18 at 5:40 PM. The review indicated the following:</p> <p>-"Date/time of death: 06/06/18 2143. Preliminary cause of death: Fecal impaction."</p> <p>-Physical Exam upon arrival at the ER on 5/30/18 at 10:23 PM. "Physical Exam Constitutional: He appears cachectic (loss of weight, muscle atrophy, fatigue, weakness and significant loss of appetite in someone who is not actively trying to lose weight). No distress."</p> <p>"Abdominal: Soft. He exhibits distention and mass (palpable masses). There is no tenderness.</p> <p>-"CT abdomen pelvis without IV contrast Reason for exam: abdominal distention.</p> <p>Collected: 05/30/18 2356 Order Status: Completed Updated: 05/31/18 DATE AND TIME: 5/30/2018 11:23 PM</p>			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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	<p>HISTORY: abdominal distention. COMPARISON: 3/29/2016</p> <p>Significant constipation with large amount of stool throughout the majority of the colon. No dilated small bowel loops. Impression:</p> <p>2. Severe bilateral hydronephrosis (kidney swells due to the failure of normal drainage of urine from the kidney to the bladder). Significant urinary bladder distention.</p> <p>3. Significant constipation. Large...colonic fecal impaction."</p> <p>"The patient, [client A, age and gender] with past medical history of bipolar, depression, hypercholesterolemia, hypothyroidism, psychosis, schizophrenia, and seizures. He presents to the Emergency Department for medical evaluation from his group home. Apparently, the patient had been dropped off at crisis and was then brought over here as he was covered in stool and was not acting appropriately."</p> <p>"He appears malnourished and cachectic. He does have a significantly distended abdomen that is soft with palpable masses."</p> <p>"He had a CT abdomen and pelvis given his distention as well as diarrhea. He had severe bilateral hydronephrosis with significant urinary bladder distention."</p> <p>Area Supervisor (AS) #1 was interviewed on 6/25/18 at 2:22 PM. AS #1 indicated he was covering at client A's group home as the Area</p>			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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	<p>Supervisor from 5/16/18 through 5/31/18. AS #1 indicated his duties included scheduling house staff, ensuring the RM (Residential Manager) was training staff as needed, ensuring the clients overall needs were being met and assisting with running appointments with the nurse and med coach. AS #1 indicated RM #1 was the homes' med coach during the time of his oversight. AS #1 stated, "I did notice he was losing some weight. But thought he was okay. I was only at the house for 2 weeks. Never noticed or notified of any diarrhea or vomiting. To me, last time, many months ago was the last time I saw him. When I worked with him again, I knew there had been a change (weight loss) but didn't follow up". AS #1 indicated he received a call from staff #2 on 5/30/18 to notify him client A was weak and needed to go to the hospital. AS #1 advised staff #2 he was no longer over the home and should notify the on-call manager. AS #1 indicated he texted PM #1 on 5/30/18 at 8:20 PM to notify him of staff #2's report regarding client A. AS #1 indicated PM #1 took control and he was no longer involved. AS #1 indicated he was not aware of client A's GI appointment, colonoscopy or stool tests.</p> <p>PM #1 was interviewed on 6/25/18 at 2:49 PM. PM #1 indicated he had been in the PM position over client A's group home since January 2018. PM #1 stated, "At that time, had spoken to [AS #1 and RM #2]. Staff had reported [client A] not acting himself. Lethargic. He was toileting but didn't want to stand up. Didn't want to walk. [RM #2] reported he had BM (Bowel Movement). Not sure of the consistency. At that point, the on-call nurse got involved. The on-call instructed (that) [client A] go the hospital for evaluation. Staff took him to [hospital]. [Staff #1] transported [client A] from the day services that day to the home." PM</p>			

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

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	<p>#1 stated, "Saw him most often at day service. Know they had been concerned about maintaining his weight, stomach distended and some follow up with doctors. Other than that, we were monitoring. Was involved in conversations about his mobility. [Previous group home] moved to [current group home] Urine incontinent. As far as know, staff were reporting."</p> <p>Staff #1 was interviewed on 6/26/18 at 7:28 AM. Staff #1 indicated his normal shift at the home was 9 PM through 9 AM. Staff #1 indicated his routine duties included laundry, cleaning of the home, monitoring the clients during the overnight hours and preparing the morning meal.</p> <p>Staff #1 stated, "First time I met [client A] I worked with him at [previous group home]. They brought him here within the last two months."</p> <p>Staff #1 stated, "Yeah (lost weight), when they brought [client A] we noticed something about him, he don't like sitting down, he don't like eating. Only eat cereal, milk and pop. He don't like eating. Take him to the hospital that was when he passed on. I was on duty. When they moved him from [previous group home] noticed didn't like to sit down, only cereal only (sic). No vomit. No diarrhea. No complaint of pain." Staff #1 stated, "I told the house manager, [RM #2] so then she was to take him to (the) hospital."</p> <p>When asked if he documented client A's refusals to eat, staff #1 stated, "No. No did not document what he was eating. I used to put that he ate but not cereal. I took his weight every morning. Sometime it would fluctuate, sometimes 113 pounds, or 114 pounds."</p> <p>Staff #3 was interviewed on 6/25/18 at 5:28 PM. Staff #3 indicated she had worked at the group home since February 2018 on the 2 PM through 10 PM shift. Staff #3 stated, "I was told, [client A]</p>			

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

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	<p>was a very happy person. Wasn't normal on that day (5/30/18), he wouldn't eat anything and wouldn't walk around. Before he would eat cereal. Said he couldn't eat because of his teeth (edentulous/no teeth). He never complained of pain. He would just eat cereal or drink chocolate milk and wait until the cereal was soggy. We would give him bread. He refused to eat most of the time." Staff #3 indicated client A's meal consumption should have been documented as a percentage of the meal eaten in his daily notes. Staff #3 stated, "He wouldn't sit down that day. No vomiting. Most of the time he would go the restroom (independently). I took him to the restroom and he used it on himself and used it in the van. It was runny diarrhea." Staff #3 stated, "Was walking fine (when he) got off the van (from day services). Used the walker. When he came in the house tried to sit down on the couch. He looked weak. We called [RM #2], [RM #1] was med coach at that time. [RM #2] told to us to call the on-call nurse. [On-call Nurse] said to check his weight, do vitals and didn't need to take to the hospital keep doing 15 minutes checks. He came back from day program around 4:30 PM ish (sic)." Staff #3 stated, "I don't remember what time he left for the hospital. First [staff #1] was having car issues and didn't want to drive the (group home) van. I was in the middle of letting [RM #2] know what was going on."</p> <p>RM #1 was interviewed on 6/27/18 at 10:56 AM. RM #1 stated, "Changes in his, [client A's] behavior was a concern. I had only worked 2-3 weeks with him before he went to the hospital. He was just repeating himself, little more baby like behavior and started calling me mom. He wanted to be babied." RM #1 stated, "No changes with his food, BM or urine. He just wanted cereal. Was drinking a lot of milk. Other staff would tell me he</p>				

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

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	<p>just ate cereal, assumed as a new staff [client A] only ate cereal and milk. He wouldn't eat. Didn't know that was unusual as a new staff. I mentioned it to [RM #2], that he was refusing meals." When asked if client A's meal consumption was tracked, RM #1 stated, "Not that I know of. It wasn't specially what he ate, just how much." RM #1 indicated client A had not received a CT scan to her knowledge. RM #1 indicated client A had been sent a stool sample kit to be completed and returned via mail. RM #1 indicated the stool sample kit was not completed</p> <p>LPN #1 was interviewed on 6/26/18 at 1:47 PM. LPN #1 stated, "[Client A], the med coach ran appointments while he was at [previous agency owned group home]. There were some issues with his medicaid card and social security number." When asked what prompted client A's GI appointment, LPN #1 stated, "It was already scheduled. It was an investigation to find out what was going on with the bowels. Was told to ensure that it happened (by previous assigned nurse). I only had him from mid February (2018) to death (6/6/18). I had numerous conversations with [previous nurse] (who had) known [client A]. He had hard to hear bowel sounds unless auscultation (use of device to aid). Often had a distended abdomen. Was not hard when I did my assessments with [client A]. GI specialist to scope to ensure imaging to do [testing] to see if there was a stool in there that was not passing.</p> <p>Between 3/9/18 and 4/26/18, had moved to San Ricardo." When asked if there were any reports of client A not eating or drinking, LPN #1 stated, "Not until there (sic) that Thursday and they reported that he had not been eating well and not ambulating all that week. But was not advised until Thursday night."</p>			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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W 0418 Bldg. 00	<p>This federal tag relates to complaint #IN00264837.</p> <p>9-3-6(a)</p> <p>483.470(b)(4)(ii) CLIENT BEDROOMS</p> <p>The facility must provide each client with a clean, comfortable mattress.</p> <p>Based on observation and interview for 1 additional client (G), the facility failed to ensure client G's mattress was in good repair, clean and comfortable.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/25/18 from 4:00 PM through 6:15 PM. Client G's mattress had an unpleasant odor and had a damaged portion in the middle (uneven, lumpy, indented).</p> <p>RM (Residential Manager) #1 was interviewed on 6/25/18 at 4:36 PM. When asked if client G's mattress was in good repair, RM #1 stated, "No, it looks like there is a dent in the middle of it." RM #1 indicated client G's mattress had an odor that was indistinguishable but was unpleasant.</p> <p>Observations were conducted at the group home on 6/26/18 from 6:30 AM through 8:00 AM. Client G's mattress had been replaced with a vinyl covered mattress.</p> <p>Client G was interviewed on 6/26/18 at 6:35 AM. Client G stated, "They took my mattress (last night). They gave me a new mattress. I don't like it. It's too hard. My back hurts. It's too hard."</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 and QIDP (Qualified</p>	W 0418	<p>CORRECTION: <i>The facility must provide each client with a clean, comfortable mattress.</i> Specifically, the facility has provided Client G with a new mattress. A visual inspection of the facility indicated that this deficient practice did not affect any additional clients.</p> <p>PERVENTION: The Residential Manager will conduct home environment safety inspections of the facility no less than monthly that include visual observations of all mattresses to assure cleanliness and comfort.</p> <p>The Operations Team (including Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator) visual inspections of the facility which will occur no less than three times weekly for the next 30 days, and no less than weekly until the facility demonstrates medications are adequate furnishings including but not limited to clean, comfortable mattresses are in</p>	08/11/2018

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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W 0440 Bldg. 00	<p>Intellectual Disabilities Professional) #1 were interviewed on 6/26/18 at 2:20 PM. QIDPM #1 indicated client G's mattress was switched from 6/25/18 to 6/26/18. QIDPM #1 indicated client G was provided with a urinary incontinence resistant mattress. QIDPM #1 indicated client G should have a comfortable mattress available for him to sleep on.</p> <p>9-3-7(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G), the facility failed to ensure each shift of personnel completed a fire drill each quarter for clients A, B, C, D, E, F and G.</p> <p>Findings include:</p> <p>The facility's fire evacuation drill log was reviewed on 6/26/18 at 9:36 AM. The review did not include documentation of fire drills being completed for the first, second and third shifts of personnel during the third (July, August, September) and fourth (October, November, December) quarters of 2017.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 6/26/18 at 11:04 AM. QIDP #1 was asked if there was additional documentation available for review regarding the third and fourth quarters of 2017. QIDP #1 indicated there was not additional documentation available for review and fire drills</p>	W 0440	<p>place. At the conclusion of 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>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p> <p>CORRECTION: The facility must hold evacuation drills at least quarterly for each shift of personnel. Specifically, the facility has conducted additional evacuation drills on each shift during the current quarter.</p> <p>PREVENTION: Professional staff will be retrained regarding the need to conduct evacuation drills on each shift and for all staff each quarter. The Operations Team will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Program Manager will track evacuation drill compliance and follow up with facility professional staff and the agency Safety Committee accordingly.</p>	08/11/2018

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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W 9999 Bldg. 00	<p>should be conducted one per quarter per shift of personnel for clients A, B, C, D, E, F and G.</p> <p>9-3-7(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rules were not met.</p> <p>460 IAC 9-3-3 Facility Staffing Authority: IC12-28-5-19 Affected: IC 4-21.5;IC 5-2-55; IC 12-28-5-12; IC 22-12</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin (TB) test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>This State rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 3 employee files reviewed, the facility failed to</p>	W 9999	<p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p><i>Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin (TB) test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician. Specifically, Staff #1 will receive an annual Tuberculosis screening.</i></p> <p>PREVENTION: The health services team has established a bi-annual tuberculosis testing process that will assure all staff receive annual screening. Health Services</p>	08/11/2018

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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	<p>ensure staff #1 had annual symptom screening documentation available for review.</p> <p>Findings include:</p> <p>Staff #1's employee file was reviewed on 6/25/18 at 12:19 PM. Staff #1's file indicated he had a chest x-ray on 11/5/15. The file did not indicate documentation of TB/Mantoux symptom screening annually since the 11/5/15 chest x-ray.</p> <p>HRS (Human Resources Specialist) #1 was interviewed on 6/25/18 at 12:51 PM. HRS #1 indicated staff #1 was in the process of being scheduled to complete a symptom screening. HRS #1 indicated staff #1 should have a symptom screening completed annually.</p> <p>9-3-3(e)</p>		<p>personnel will track employee compliance and staff who do not comply with the testing procedure will be removed from the work schedule until such time as they complete the required PPD or chest X-Ray. Additionally, the agency's Safety Committee will coordinate with Health Services to follow-up and ensure compliance.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Safety Committee</p>	