

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G465	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/03/2021
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 6025 BUCKSKIN CT INDIANAPOLIS, IN 46250		
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W 0000 Bldg. 00	<p>This visit was for the pre-determined full recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>This visit was in conjunction with the investigation of complaint #IN00328554.</p> <p>Dates of Survey: February 22, 23, 24, 25, 26, and March 3, 2021.</p> <p>Facility Number: 000979 Provider Number: 15G465 Aims Number: 100244860.</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 3/18/21.</p>	W 0000		
W 0159 Bldg. 00	<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 record review and interview for 2 of 3 sampled clients (clients A and B), the QIDP (Qualified Intellectual Disabilities Professional) failed to ensure clients A and B obtained their state identification cards needed to attend required medical appointments.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 2/23/21 at 9:30 AM. Client A's record did not indicate documentation of a comprehensive dental</p>	W 0159	<p>CORRECTION: <i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.</i> Specifically: client A and B have obtained identification documentation to ensure their ability to attend medical appointments. The QIDP will be retrained regarding the need to assure that</p>	04/02/2021

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>examination completed within 30 days of admission to the group home (admission date for client A was 11/17/20).</p> <p>Client B's record was reviewed on 2/23/21 at 10:40 AM. Client B's record indicated a medical audit completed on 12/21/20. Client B's medical audit indicated a dental examination was scheduled for 12/30/20. Client B's record did not indicate documentation of a dental examination completed on 12/30/20. Client B's medical audit indicated a vision examination was scheduled for 12/29/20. Client B's record did not indicate documentation of a vision examination completed on 12/29/20. Client B's record did not indicate documentation of a comprehensive dental examination completed within 30 days of admission to the group home (admission date for client B was 11/17/20).</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 2/25/21 at 9:22 AM. LPN #1 indicated clients A and B had not attended any of their scheduled vision, hearing, or dental examinations since moving into the group home in November. LPN #1 indicated she was informed by the RM (Resident Manager) the clients had not attended any of their scheduled medical appointments because neither client had obtained their ID's (Identifications cards) needed for the appointments.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional) Manager #1 was interviewed on 2/25/21 at 9:55 AM. QIDPM #1 indicated the facility has been unable to obtain the proper documentation from client A and B's former provider to obtain their ID's. QIDPM #1 indicated requests were made to the former provider for proper documentation at the time of</p>		<p>when new clients are admitted to the facility, the team needs to assure that they have all necessary documentation to exercise their rights as citizens and receive required assessments and other services.</p> <p>PREVENTION: Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative Monitoring is defined as follows:</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 	

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W 0210 Bldg. 00	<p>admission of clients A and B in November, but never received. QIDPM #1 indicated he was unsure when the last request was made.</p> <p>9-3-3(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview for 2 of 3 sampled clients (clients A and B), the facility failed to ensure client A and B's dietary assessments were completed within 30 days of admission to the group home, and client B's Functional Assessment was completed within 30 days of admission to the group home.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 2/23/21 at 9:30 AM.</p>	W 0210	<p>are observed the monitor is expected to step in, and model the appropriate provision of supports.</p> <ul style="list-style-type: none"> 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>Administrative support at the home will include but not be limited to assuring clients have appropriate identification documentation.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: <i>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Specifically, client A's Comprehensive Functional Assessment has been completed and client A and B have received dietary assessments.</i></p>	04/02/2021

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	<p>Client A's dietary assessment was dated 2/8/21. Client A's dietary assessment indicated an original admission date of 11/17/20. The review did not indicate a dietary assessment completed within 30 days of admission to the group home.</p> <p>Client A's Functional Assessment dated 2021 was reviewed. The review indicated client A's Functional Assessment had the following sections not completed: Section II: Basic Concepts (Attending Skills), Section III: Academic Skills (Writing Skills and Number Skills), Section V: Health/Nutritional Skills (Meal Preparation Skills and Kitchen Safety Skills), and Section VIII: Hazardous Products Skills (Hazardous Product Safety Skills). The review indicated a handwritten comment of 'no answer' above sections II, III, and V. The review indicated a handwritten comment of 'to be answered' above section VIII. The review did not indicate a completed Functional Assessment for client A within 30 days of admission to the group home.</p> <p>Client B's record was reviewed on 2/23/21 at 10:40 AM.</p> <p>Client B's dietary assessment was dated 2/8/21. Client B's dietary assessment indicated an original admission date of 11/19/20 (sic) (record indicated actual admission date of 11/17/20). The review did not indicate a dietary assessment completed within 30 days of admission to the group home.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 2/24/21 at 11:31 AM. QIDP #1 indicated client A's Functional Assessment was not completed. QIDP</p>			<p>PREVENTION:</p> <p>The QIDP will retrained regarding the need to assure that all relevant re-assessments are completed for clients within 30 days of admission. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than five times weekly, including at least one weekend observation. This monitoring will occur face to face and via video conferencing platforms due to the need to contain the spread of COVID-19. After 30 days, administrative monitoring will occur no less than three times weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility.</p> <p>Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> The role of the 	

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	<p>#1 indicated he thought the Functional Assessment was to be completed within the first 90 days of admission to the group home. QIDP #1 indicated he should have completed all sections of the Functional Assessment within the first 30 days of client A's admission. QIDP #1 was asked about the completion of a client's initial dietary assessment. QIDP #1 indicated the initial dietary assessment should be completed within the first 30 days of a new client's admission to the group home. QIDP #1 indicated client A and client B's initial dietary assessments were not completed within the first 30 days of admission.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 2/25/21 at 9:22 AM. LPN #1 indicated an initial dietary assessment for a new admission to the group home should be completed within 30 days of the original admission date to the group home. LPN #1 stated, "I initially requested a dietary assessment for both clients in November, however she (dietician) never responded and then we got a new dietitian, and that is why they weren't done within the appropriate time."</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 2/25/21 at 9:55 AM. QIDPM #1 indicated an initial dietary assessment for a new admission to the group home should be completed within 30 days of the original admission date to the group home. QIDP #1 indicated client A and B's initial dietary assessments were not completed within the first 30 days of the admission to the group home.</p> <p>9-3-4(a)</p>		<p>administrative monitor is not simply to observe & Report.</p> <ul style="list-style-type: none"> 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>Administrative oversight will include assuring that all relevant re-assessments are completed for clients within 30 days of admission.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Health Services Team, Operations Team, Regional Director</p>	

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W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview for 3 of 3 sampled clients (clients A, B, and C), the facility failed to ensure clients A, B, and C's goals of meal preparation in their ISPs (Individual Support Plans) were being implemented.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/22/21 from 2:45 PM through 6:19 PM and on 2/23/21 from 6:30 AM through 8:02 AM. On 2/22/21 at 4:19 PM, AS (Area Supervisor) #1 began preparing the evening meal. Clients A and B left on an outing at 5:04 PM. No prompting or encouragement of clients A, B, and C's participation in dinner meal preparation was observed before clients A and B left on the outing or for client C throughout the observation. At 5:36 PM, AS #1 completed the dinner meal preparation independently.</p> <p>Client A's record was reviewed on 2/23/21 at 9:30 AM. Client A's ISP (Individualized Support Plan) dated 12/15/20 indicated client A had a goal to prepare a side dish at meal time with the assistance of staff. Client A's ISP indicated client A did not know how to cook and he would like to learn how to prepare a simple dish.</p>	W 0249	<p>CORRECTION: <i>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</i> Through observation, the team determined this deficient practice may have affected all clients. Specifically, all facility direct support and supervisory staff will be retrained regarding proper implementation of clients' prioritized learning meal preparation goals, when applicable and the need to provide informal meal preparation training to all clients.</p> <p>PREVENTION: The facility's QIDP will be trained regarding the need to assure aggressive and consistent implementation of active treatment for all clients.</p> <p>A management staff will be</p>	04/02/2021

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	<p>Client B's record was reviewed on 2/23/21 at 10:40 AM. Client B's ISP dated 12/15/20 indicated client B had a goal to prepare a side dish at meal time with assistance of staff. Client B's ISP indicated he did not know how to cook and would like to learn how to prepare a simple dish.</p> <p>Client C's record was reviewed on 2/23/21 at 11:41 AM. Client C's ISP dated 4/14/20 indicated client C had a goal to prepare a side dish at meal time with assistance of staff. Client C's ISP indicated he did not know how to cook and would like to learn how to prepare a simple dish.</p> <p>AS (Area Supervisor) #1 was interviewed on 2/23/21 at 7:11 AM. AS #1 indicated the clients do have goals which include assisting with meal preparation. AS #1 indicated they should have prompted and encouraged the clients to assist with the meal preparation on 2/22/21.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 2/24/21 at 11:31 AM. QIDP #1 was asked about meal preparation and why client A, B, and C's goal of preparing a simple side dish was not run on 2/22/21. QIDP #1 indicated meal preparation should be a house based activity in which the clients should be involved in if they desire. QIDP #1 indicated staff should have prompted the clients to assist with meal preparation, and only prepare the meal alone if the clients refused to participate.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 2/25/21 at 9:55 AM. QIDPM #1 indicated with client A, B, and C's goal of meal preparation,</p>		<p>present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor implementation of prioritized goals and informal training, as well as proper intervention with target behaviors. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative Monitoring is defined as follows:</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 	

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W 0323 Bldg. 00	<p>they should have been prompted and encouraged to participate in the dinner meal preparation.</p> <p>9-3-4(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 1 of 3 sampled clients (client C), the facility failed to ensure client C had current hearing and vision examinations completed.</p> <p>Findings include:</p> <p>Client C's record was reviewed on 2/23/21 at 11:41 AM. Client C's record did not indicate documentation of a current hearing or vision examination.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 2/24/21 at 11:30 AM. QIDP #1 indicated they currently do</p>	W 0323	<p>are observed the monitor is expected to step in, and model the appropriate provision of supports.</p> <ul style="list-style-type: none"> 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>Administrative support at the home will include meal preparation training.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: <i>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</i> Specifically, client B will receive visual and audiological examinations. An audit of facility medical charts indicated this deficient practice did not affect additional clients.</p> <p>PREVENTION:</p> <ul style="list-style-type: none"> The Facility nurse will complete monthly audits of all 	04/02/2021

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W 0351 Bldg. 00	<p>not have documentation of client C's current hearing or vision examinations.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 2/25/21 at 9:22 AM. LPN #1 indicated client C's hearing and vision examinations had been scheduled but they were missed and she was unaware why they were missed.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 2/25/21 at 9:55 AM. QIDPM #1 was asked about documentation of client C's current vision and hearing examinations. QIDPM #1 stated, "If there was no documentation in the file and the nurse was not able to provide documentation, then we do not have it."</p> <p>9-3-6(a)</p>		<p>charts and turn in the audits to the Nurse Manager for review.</p> <ul style="list-style-type: none"> The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up. The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) and nursing staff will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that medical follow-along including but not limited to visual examinations take place as required. <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Heath Services Team, Direct Support Staff, Operations Team, Regional Director</p>	

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	<p>include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).</p> <p>Based on record review and interview for 2 of 3 sampled clients (clients A and B), the facility failed to ensure clients A and B had a comprehensive dental examination completed within one month of admission.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 2/23/21 at 9:30 AM. Client A's record did not indicate documentation of a comprehensive dental examination completed within one month of admission (admission date of 11/17/20).</p> <p>Client B's record was reviewed on 2/23/21 at 10:40 AM. Client B's record did not indicate documentation of a comprehensive dental examination completed within one month of admission (admission date of 11/17/20).</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 2/24/21 at 11:30 AM. QIDP #1 indicated they did not have documentation of a comprehensive dental examination completed for clients A and B. QIDP #1 stated, "From what I have gotten from nursing, they had these appointments just prior to moving to the group home in November, and we are trying to retrieve these items from their former providers."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 2/25/21 at 9:22 AM. LPN #1</p>	W 0351	<p>CORRECTION: <i>A complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility.</i> Specifically, the facility has acquired appropriate identification documentation and will obtain dental evaluations for clients A and B. A review of facility medical records indicated this deficient practice did not affect other clients.</p> <p>PREVENTION: The Health Services Team will work with The Residential Manager, QIDP and facility Medical Coach to assure that all relevant assessments, including but not limited to dental examinations, are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area</p>	04/02/2021

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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 6025 BUCKSKIN CT INDIANAPOLIS, IN 46250		
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	<p>indicated the facility does not have documentation of a comprehensive dental examination completed clients A and B. LPN #1 indicated she had scheduled appointments for both clients comprehensive dental examinations at least twice, but had been told they have been waiting on each client's identification cards, which was the reason the appointments had not occurred.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 2/25/21 at 9:55 AM. QIDPM #1 indicated the need for clients A and B to each have an identification card to attend their comprehensive dental examinations was not initially communicated to administration causing the delay in obtaining the identification cards and attendance to the appointments. QIDPM #1 indicated they had been working on obtaining the proper documentation to get client A and B's identification cards from their former provider.</p> <p>9-3-6(a)</p>		<p>Supervisors, Nurse Manager and Assistant Nurse Manager) will follow up with the QIDP no less twice weekly when new clients are admitted to the facility to assure appropriate assessment occurs as required. Prior to admitting new clients, the Program Manager and/or QIDP Manager will assist the QIDP with developing a schedule to assure that all necessary assessments occur.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>	