

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

PRINTED: 04/26/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G648		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/01/2023	
NAME OF PROVIDER OR SUPPLIER QUALITY COMMUNITY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP COD 108 ALTRA DR CLARKSVILLE, IN 47129			
(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 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included the investigation of complaint #IN00392745.</p> <p>Complaint #IN00392745: Unsubstantiated; due to a lack of sufficient evidence.</p> <p>Survey dates: 2/22/23, 2/23/23, 2/24/23, 2/27/23, 2/28/23 and 3/1/23.</p> <p>Facility Number: 001160 Provider Number: 15G648 AIM Number: 100240260</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 3/6/23.</p>			W 0000			
W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 2 of 8 incident reports affecting clients C and E, the facility failed to thoroughly investigate incidents of 1) a fall with injury and 2) a choking requiring the use of the Heimlich Maneuver.</p> <p>Findings include:</p> <p>On 2/23/23 at 1:42 PM, a review of the facility's Bureau of Developmental Disabilities Services (BDDS) incident reports was conducted. The review indicated the following affecting clients C</p>			W 0154	<p>Though the cited incidents were not unknown events and were observed events without suspected or alleged violations; QCS will record information used in our preparation process for incident reports onto an additional document labeled "Incident Investigation." The new form will be designed to formalize the process to "rule out" ANE, mistreatment and/ or violation of</p>		03/23/2023

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

TITLE

(X6) DATE

Sheridan Gaston

Director of Operations

03/23/2023

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>and E:</p> <p>1) A BDDS incident report dated 3/2/22 indicated, "On 3/1/22 at 2:10 PM, [client C] was lying down in the 'Blue Room' of the Day Options Day Program at Quality Community Services. She got up and she states she lost her balance and fell to the floor. She states she attempted to break her fall with her right wrist. After the fall she complained of significant pain in her wrist. When she was assessed, her right wrist was noted to be out of alignment ... Staff transported her and accompanied her to in the ER (emergency room). She was seen there and a closed reduction was attempted. It was noted that there were bone chips at the fracture site. She has been referred to an orthopedic surgeon ... Plan to Resolve: The client will be seeing [name of doctor] on 3/3/22 at 1:30 PM for further evaluation. Her right arm will be kept elevated. She has been given Tylenol for pain. In the AM of 3/2/22 the numbing done in the ER has worn off and her pain is escalating. [Name of doctor] office has been called for pain medication. That office stated to call [name of hospital] ER. [Name of hospital] ER was called and stated that they do not prescribe medication once a patient has been discharged. The client's PCP (primary care physician) ... has been called and notified of the need for pain medication".</p> <p>-No investigation summary was provided for review.</p> <p>2) A BDDS incident report dated 10/5/22 indicated, "[Client E] has a history of choking and on 10/3/22 during dinner at approximately 6:30 PM, [client E] choked. She was eating spaghetti and cantaloupe at the time. Staff ultimately performed the Heimlich Maneuver. Staff reported the incident immediately to the on call nurse.</p>				<p>individual's rights even when these are not alleged or even likely components. This adaptation in procedure will be applied to all SGL client incident reports. QCS administrative team will conduct an in-service training on 3/23/23 the additional procedures. The Director of Administrative Services will monitor all IR for compliance. The correction will be completed by 3/23/23.</p>		

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	<p>[Client E] was awake, alert, and breathing without difficulty following the incident. Nurse advised staff to transport to the ER (emergency room) for evaluation. Client was evaluated and sent home with instructions to increase water intake, continue to use dysphagia (swallowing difficulty) diet, monitor for new symptoms, return to ER as needed and to follow up with PCP (primary care physician) and GI (Gastroenterologist doctor) within one week. Plan to Resolve: Risk and dining plans reviewed and are appropriate. Staff followed plans. PCP and GI have been contacted and appointments are being scheduled. QCS (Quality Community Services) will continue to monitor for any lingering symptoms and will return to ER if needed".</p> <p>-No investigation summary was provided for review.</p> <p>On 2/27/23 at 4:00 PM, the Chief Executive Officer (CEO), Administrator and Qualified Intellectual Disabilities Professional (QIDP) were interviewed. The CEO, Administrator and QIDP were asked about investigation summaries available for review for the incidents of client C's fall with injury and client E's choking to rule out abuse, neglect, mistreatment and/or violation of an individual's rights. The CEO and Administrator indicated the provider had investigated, interviewed, and reviewed the circumstance around both incidents, but had not formally documented the investigation process as described by the surveyor. The CEO, Administrator and QIDP were asked about the mandatory components of investigation and provided examples of date and duration of the investigation, scope of the investigation to determine if the allegation(s) was substantiated and/or unsubstantiated, fact finding of evidence</p>						

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W 0164 Bldg. 00	<p>for documents reviewed, date and time of witness interviews with reconciliation for discrepancies found, and the documented conclusion with recommendations for corrective measures. The CEO indicated the provider needed to follow up further to develop a format for documenting the investigation process to ensure the mandatory components of an investigation would be included. The CEO, Administrator and QIDP indicated further follow up was needed.</p> <p>9-3-2(a)</p> <p>483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A received a recommended trial for Speech Therapy services.</p> <p>Findings include:</p> <p>Observations were conducted on 2/22/23 from 3:47 PM to 5:40 PM, on 2/23/23 from 7:03 AM to 8:50 AM and at the facility operated day service location on 2/23/23 from 10:55 AM to 12:08 PM. At 4:26 PM, client A brought clothes from her room to show to staff #1 indicating she wanted to wear those clothes to day program the following day. Client A spoke in a fast pace and then returned her clothing back to her room. At 4:32 PM, client A was asked if she liked living at the group home. Client A stated, "Yes, I do". Client A was asked how long she had lived at the group home. Client A stated, "I don't know", turned and walked into the dining room. Client A spoke in a</p>			W 0164	<p>The speech therapy consultation recommendation was obtained in a 450B from a PCP. The recommendation is only for a "trial of speech therapy" for client A. A therapy provider was sought with great effort over many months. No service providers were found to provide this service for this client in the region. QCS is in the final stages of process for obtaining a private pay speech therapist to fulfill this requirement. It is highly unlikely that any continued speech therapy will be recommended and the support team does not feel that this service is needed or advisable. QCS will review all SGL client files to review for similar situations. The Director of Administrative</p>		03/23/2023

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	<p>fast pace when asked about her home.</p> <p>At 7:19 AM, the Home Manager used a verbal prompt and asked client A if she had made her bed. Client A stated, "I'm sorry" and went to her bedroom to make her bed. At 7:26 AM, staff #5 used verbal prompts and physical cues to explain to client A when she made coffee, only two people at the home drank coffee, and to prevent too much coffee being made used her hand to indicate where the water level should be filled too. Client A watched staff #5 indicate where the water level should be filled to and stated, "I'm sorry". In both instances of client A stating "I'm sorry", the Home Manager and staff #5 explained it was not an issue but they were trying to assist her with completing tasks. At 7:49 AM, client A was at the dining room table packing her backpack. At 7:51 AM, the surveyor sat next to client A and asked if she liked going to the day service program. Client nodded her head yes. At 7:53 AM, client A was asked what she liked about the day service program. Client A responded and used her tablet to show a picture of a family members wedding ring on her hand and stated, "She's going to be married". Client A spoke in a fast paced manner. At 7:54 AM, client A stood up from the table and went toward her bedroom. At 7:58 AM, client A returned to the dining room and handed the surveyor the wedding invitation for the family member she was talking about previously who was going to be married. Client A used her tablet with pictures and the wedding invitation during her conversations with the surveyor. Client A spoke in a fast pace manner and was difficult to understand. Client A used her pictures on the tablet and invitation as props during the conversation.</p> <p>On 2/23/23 at 8:16 AM, the Home Manager was</p>				<p>Services will conduct an in-service training on 3/23/23 with nursing and QIDP employees. The Director of Administrative Services will monitor for ongoing compliance. To correct procedure for possible future events, QCS will meet with support team members to discuss the recommendation and the desired outcomes from implementing similar recommendations after 90 days if service recommendations are not readily obtainable. The correction will be completed by 3/23/23.</p>		

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	<p>interviewed. The Home Manager was asked about the verbal prompts used to communicate with client A, like the one used to prompt her to make her bed. The Home Manager stated, "Right. We're working on how to fold clothes too. She would just roll it up. She used to work with her mom and would get upset. There has been one outburst here (group home) and maybe two at day obs (day service location). She bites her nails and picks at her face. I think it's being anxious". The Home Manager indicated client A could express her wants and needs but would require prompts to explain tasks. The Home Manager indicated client A could communicate her wants and needs but it was difficult to understand her at times.</p> <p>On 2/23/23 from 10:55 AM to 12:08 PM an observation was conducted at the facility operated day service location. At 11:04 AM, client A requested from the Home Manager, who was also the day service coordinator, if she could switch groups to work with peers in an adjacent area on a craft project. The day service coordinator stated, "If you want to, sure". Client A switched groups to complete craft project. Client A spoke in a fast pace manner and it was difficult to understand her at times.</p> <p>At 11:57 AM, client A finished her lunch and went into the craft room where the day service coordinator and staff #1 were. Client A asked the day service coordinator and staff #1 about shopping and cooking over the upcoming weekend. Client A indicated she wanted some new electronics but her family and indicated she needed to wait to save money. Client A used her tablet to pull up shoes she had interest in purchasing to show staff #1. Client A indicated she liked the color of the black and pink design on the shoes she had shown to staff #1. Client A</p>						

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	<p>spoke in a fast pace and used her tablet to illustrate her wants and needs for shopping.</p> <p>On 2/27/23 at 12:50 PM, a review of client A's record was conducted. The review indicated the following:</p> <p>-Speech Therapy consult form dated 5/11/22 indicated, "Findings/New Diagnosis From Visit: Mixed expressive and receptive language deficit, articulation impairment. Treatments/Procedures Today: Eval (evaluation) of speech production and language. New orders/Recommendations For Further Treatment: Trial of Speech Therapy to target / increase intelligibility and communication ...".</p> <p>On 2/27/23 at 1:03 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client A's recommendation for Speech Therapy and if any documentation could be provided for review. The QIDP stated, "We could not find a Medicaid provider". The QIDP indicated the interdisciplinary team attempted numerous Speech Therapy providers to arrange a trial but unable to find a provider willing to accept Medicaid billing. The QIDP was asked why the provider where client A had received her Speech Therapy evaluation would not provide the trial consultation. The QIDP indicated she could not recall the reason and would need to follow up more with nursing services.</p> <p>On 2/28/23 at 3:27 PM, the Nurse was interviewed. The Nurse was asked about client A's recommendation for a trial Speech Therapy consult and why the provider of the evaluation did not perform the trial consultation. The Nurse stated, "We sent her to [hospital for speech</p>						

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W 0225 Bldg. 00	<p>evaluation] and sent it to Medicaid for approval. During that time, they (hospital for speech evaluation) stopped accepting Medicaid". The Nurse indicated various therapy locations and other hospitals in the location were contacted and either Speech Therapy was not offered and/or accepted as a Medicaid billing provider. The Nurse continued her statement by stating, "We tried and made considerable effort and could not find approval". The Nurse was asked how a trial for Speech Therapy might impact client A's program plans. The Nurse stated, "She's difficult to understand at times. It was not for a lack of effort. I talked with [QIDP] yesterday and she was going to reach out to waiver case managers to see if we can identify options. There is the potential that her communication could improve ... On a normal day to day basis, she can express and get her point across". The Nurse indicated the interdisciplinary team continued to search for options to obtain the Speech Therapy trial recommended.</p> <p>On 2/28/23 at 4:08 PM, an Administrator was interviewed. The Administrator was asked about client A's recommendation for trial Speech Therapy and the challenges the interdisciplinary team had experienced finding a provider to provide this service. The Administrator stated, "We're going to have to look at an outside perspective for that". The Administrator indicated further follow was needed.</p> <p>9-3-3(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on record review and interview for 1 of 3</p>			W 0225	The vocational portion of the		03/23/2023

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	<p>sampled clients (A), the facility failed to ensure client A was assessed for vocational work skills and interests.</p> <p>Findings include:</p> <p>An observation was conducted at the facility operated day service location on 2/23/23 from 10:55 AM to 12:08 PM. At 10:55 AM, client A assisted in the kitchen and placed drinks from a cart into a refrigerator. At 11:04 AM, client A requested with the day service coordinator if she could switch groups and work with peers in an adjacent area on a craft project. The day service coordinator stated, "If you want to, sure". Client A switched groups to complete her project of drawling and cutting out her craft. At 11:35 AM, client A started eating her lunch. Client A brought a turkey sandwich with cheese, chips, pudding and diet soft drink. At 11:57 AM, client A finished her lunch and went into the craft room with the day service coordinator and staff #1. Client A asked the day service coordinator and staff #1 about shopping and cooking over the upcoming weekend. Client A indicated she wanted some new electronics but her family and indicated she need to wait to save money. Client A then pulled up some shoes she had interest in purchasing on her tablet to show staff #1. Client A indicated she liked the color of the black and pink design on the shoes she had shown to staff #1.</p> <p>On 2/27/23 at 12:50 PM, a review of client A's record was conducted. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 5/25/22 did not indicate a vocational goal.</p> <p>There was no vocational assessment available for</p>				<p>assessment for client A was not completed as a clerical oversight. QCS will review all SGL client files to review for similar situations. The Director of Administrative Services will conduct an in-service training on 3/23/23 with QIDP employees. The Director of Administrative Support Services will monitor for ongoing compliance. The correction will be completed by 3/23/23.</p>		

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	<p>review.</p> <p>On 2/27/23 at 1:03 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about a vocational assessment for client A. The QIDP stated, "I don't see an assessment. She came from waiver. She worked [sheltered workshop name] and did not want to go back. She said she wanted to go to our day obs (facility operated day service)". The QIDP indicated an assessment with client A's vocational work skills and interest could not be provided for review.</p> <p>9-3-4(a)</p>						