STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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	This visit was for a post certification revisit (PCR) to the investigation of complaint #IN00309404 completed on 11/7/19. Complaint #IN00309404: Not corrected. This visit was in conjunction to the investigation of complaint #IN00312362. Dates of Survey: December 30, 31, 2019 and January 7, 2020. Facility Number: 000979 Provider Number: 15G465 AIMS Number: 100244860 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/13/20.	W 0000		
W 0154 Bldg. 00	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 14 allegations of abuse, neglect, mistreatment reviewed, the facility failed to complete a thorough investigation into multiple incidents of elopement involving client A. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 12/30/19 at 9:27 AM.	W 0154	**CORRECTION:** *The facility must have evidence that all alleged violations are thoroughly investigated.* Specifically, all agency investigators have been retrained to assure that duration of time away from supervision is included in investigations of client elopements. **PREVENTION:** Each day, QIDP Manager or	02/06/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	1. A BDDS report dated 12/2/19 indicated, "...On 12/02/19 (sic), [client A] walked out of the house through the back door and staff could not keep her and lost sight of her. Staff immediately called the supervisor and 911. The police found [client A] and took her to [name of hospital] Emergency Department For (sic) a psychiatric evaluation. [Client A] did not meet the criteria for in-patient treatment and the psychiatrist released her to Rescare staff with no new orders and a collaborative safety plan. Moments after returning to her home, [client A] walked out the door again, staff again called 911 (sic). Police located [client A] and informed staff she was being taken back to the [name of hospital] Emergency Department for further evaluation. She was released with no new orders and remained uncooperative with Rescare staff...". A review of the BDDS report dated 12/2/19 indicated client A eloped from the group home. The review indicated after client A returned to the group home after her first elopement, moments later she eloped for a second time. -An Investigation Summary (IS) dated 12/5/19 indicated the following: -"...On 12.01.19 around 5:15 pm, with no prior antecedent, [client A] (individual) walked out the back door of the home. [Staff #1] (DSP (Direct Support Professional)) was cooking dinner in the kitchen. As [staff #1] was the only staff present (the second staff was previously instructed by the supervisor to go to another home to gather document (sic)) and could not leave the other individuals unattended. [Staff #1] immediately called the supervisor. After 10 minutes, [client A] had not returned so [staff #1] notified the supervisor. The police arrived at the home with		designee will compile a list of incidents requiring investigation, and distribute the list to administrative staff (including the Quality Assurance Manager, Program Managers, Quality Assurance Coordinators, Operations Manager, Nurse Manager and Assistant Nurse Manager) for review and revision, as needed. The Quality Assurance Manager will assign investigations to trained investigators, and verify allegations are reported as required. The Quality Assurance Manager and QIDP Manager will work with investigators to assure all investigations include appropriate scope. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	[client A] then informed [staff #1] that [client A] was being transported to [name of hospital] for psychiatric evaluation. [Staff #1] notified the supervisor. [Client A] was seen but did not meet the criteria to be admitted for in-patient treatment and at 3:20 pm (12/02/19) [client A] was discharged home...". -"...Scope of Investigation.". -" 1) Why did [client A] (individual) elope from the home?" -" 2) Did staff follow Rescare Policy and Procedures appropriately?...". -"...Summary of Interviews...". -"...[Client A] (individual) -." -"Why did you leave?." -"I left because [staff #2] left without me and I wanted to go get a pop." -"I wanted to go but he told me no because he was taking his own car." -"[Staff #1] (DSP) -." -"We ran out of progress notes and notified the supervisor so he said [staff #2] should go to the other home to get more." -"I was cooking and I was asking everyone to come in the kitchen area so I can see them all." -"I then saw [client A] go to the front door because she wanted to go with [staff #2]."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	-"I told her she could not go to another home...". -"...I heard the back door and I saw [client A] going out." -"I asked her to come back in and she said she was not going to come back in because she was annoyed that [staff #2] did not take her with him." -"I told her that I would ask him to bring her back a pop so she could calm down." -"She (client A) said no and refused to come in and she left." -"I could not go after her because I was the only staff." -"About 10 minutes (sic), I called the supervisor." -"I think the supervisor called 911." -"[Staff #2] (DSP) -." -"I was out getting progress notes from [name of group home] (another site." -"When I came back I was told [client A] had left...". -"...Factual Findings." -"Progress Notes - 12/01 - 12/02/19." -"It is documented on 12/01/19 prior to incident in question that [client A] had a good day. After her evening medications, [client A] began to have behaviors and said she wanted to go out with staff then she left the home...".			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	-"...Conclusion." -"1) It is substantiated that [client A] (individual) eloped from the home because she was upset with [staff #2] (DSP) for not taking her to get a pop when he left the home to visit go to another site...". A review of the IS dated 12/5/19 indicated it was substantiated client A eloped from the group home on 12/1/19. The review indicated only one staff was present at the time of the elopement. The review did not indicate the investigation's scope or conclusion indicated the length of time client A was out of line of sight of staff. 2. A BDDS report dated 12/12/19 indicated, "...On the night of 12/11/19, staff was conducting a 15 minute check during sleeping hours on [client A], per her plan, when staff noticed she (client A) was not on her bed and had gone out through her bedroom window. Staff immediately informed the supervisor and filed a missing person report with the police. A search team immediately started looking for [client A] and she was found at a bridge 0.2 miles from the house by staff, as the police were arriving. [Client A] came back to the house and a body assessment was conducted on her, and she had no injuries...". -A review of the BDDS report dated 12/12/19 indicated client A eloped from the home through her bedroom window. -An IS dated 12/12/19 indicated the following: -"...On 12.11.19 at 11:42 PM, [staff #3] (DSP) was the only staff on duty and [client A] (individual) as (sic) sleeping. [Staff #3] completed 15-minute checks on her, per her plan (checks should be			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	completed every 15-minutes during sleeping hours). [Staff #3] discovered [client A] was not in her bed and the bedroom window was open. [Staff #3] immediately informed the supervisor and filed a missing person report with the police. A search team immediately started looking for [client A] and she was found at a bridge 0.2 miles from the house by staff, as the police were arriving. [Client A] was escorted back to the home...". -"...Scope of Investigation." -"1) Why did [client A] (individual) elope from the home?." -"2) Did [staff #3] (DSP) follow ResCare Policy and Procedures appropriately?...". -"...[Staff #3] (DSP) -." -"How did [client A] leave her room?." -"[Client A] came out of her window." -"Earlier she told me she wanted to go to bed to bed (sic) to sleep." -"15 minutes later, I (staff #3) went in there to check on her and I discovered that she had gone out of the window and ran away." -"I was the only staff so I called the supervisor...". -"...[Client A] (Individual) -." -"Why did you (client A) elope?." -"I got mad because [staff #4] and [staff #5] left so I jumped out of my window."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	-"Did you want to talk to [staff #3] before you left?." -"No." -"He (staff #3) doesn't understand me." -"[Staff #4] and [staff #5] do sometimes." -"They found me by the bridge...". -"...The police brought me back...". -"...[RS (Resident Manager) #1] (Resident Manager) -." -"[Staff #3] told me that [client A] told him that she was about to go to bed." -"She has 15-minutes (sic) checks during sleep hours." -"He checked on her once then, (sic) he was doing laundry, then he went back to check on her 15-minutes later and she was gone and her window was open...". -"...He [staff #3] called me and I told him to check the other individuals and look in the back yard because he was on (sic) the only staff on duty and he cannot leave the other individuals lone (sic). I told him I was on my way...". -"...The police brought her home...". -"...Factual Findings...". -"...Progress Notes." -"The incident in question is not documented on			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	the progress notes...". -"...Conclusion." -"1) It is substantiated, by her own admission, that [client A] (individual) eloped from the home because her previous staff had left the home and she likes them working at the home...". A review of the IS dated 12/12/19 indicated it was substantiated client A eloped from the group home through her bedroom window. The review indicated only one staff was working at the time of the elopement. The review did not indicate the investigation's scope or conclusion indicated the length of time in which client A was out of line of sight of staff. Client A's record was reviewed on 12/31/19 at 9:57 AM. -A Tracking Sheet (for tracking 15 minute bed checks for client A during sleeping hours) dated 12/12/19 indicated from 12:00 AM through 2:15 AM, no staff initials or staff documentation indicating a bed check was completed. The tracking sheet indicated the first documentation of a bed check completed by staff was completed at 2:30 AM by staff #3. -A Daily Progress Note (DPN) dated 12/01/19 indicated, on the daily narrative section (written by staff #1), client A opened the back door and eloped so staff #1 quickly called the on-call to inform them because he (staff #1) was the only staff at the house since the other staff had gone to another group home to get progress notes. The DPN indicated after 10 minutes, staff #1 called the on-call again and informed him that she (client A) was still not at the group home.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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

-A DPN dated 12/12/19 indicated, on the daily narrative section (written by staff #3), client A was sleeping in her room, staff went to check on her, noticed she had opened her room window and ran out of the house. The DPN indicated staff called RM #1 and police found her and brought her back home around 2:42 AM.

-Client A's Behavior Support Plan (BSP) dated 4/19/19 (with Revision Dates: 9/10/19 and 10/14/19) indicated the following:

-"...[Client A] Will (sic) continue to be in line of sight during waking hours and 15minutes (sic) check while (sic) until further notice...".

-"...Elopement/Leaving Assigned Area: is defined as [client A] leaving or attempting to leave her designated area without staff supervision or attempts to leave the designated area without staff supervision while out in the community...".

-"...Reactive Strategy."

-"Wandering Off:...".

-"...Immediately follow the person and call for staff to notify the RM (Resident Manager) of the situation."

-"If the consumer has left the property:."

-"Continue to follow the individual and attempt to redirect...".

QAM (Quality Assurance Manager) #1 was interviewed on 12/31/19 at 11:42 AM. QAM #1 was asked if client A eloped on 12/1/19 and 12/12/19. QAM #1 stated, "Yes." QAM #1 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	asked if the investigations into client A's elopements on 12/1/19 and 12/12/19 identified the length of time in which client A was out of line of sight of staff. QAM #1 stated, "No, it was not identified through the scope of questioning. It should have been." QAM #1 was asked if all allegations of abuse, neglect, or exploitation should be thoroughly investigated. QAM #1 stated, "Yes, to follow policy and procedure and to prevent future incidents, ensuring proactive measures are in place." This federal tag relates to complaint #IN00309404. This deficiency was cited on 11/7/19. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)			
W 0186 Bldg. 00	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on observation, record review, and interview for 1 of 3 sampled clients (client A), the facility failed to ensure sufficient staff were present to prevent the elopement of client A. Findings include: Observation was conducted at the group home on 12/30/19 from 6:25 AM through 8:15 AM. When	W 0186	**CORRECTION:** *The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.* Specifically, the Governing Body has directed the facility to modify the staffing matrix to assure that there are no less than two staff on	02/06/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	the surveyor arrived clients A and D were up and in the living room. Staff #5 was getting the clients up for the day, and assisting client B in the shower. Staff #5 was asked if he was the only staff at the home. Staff #5 stated, "Yes, the other staff, she was supposed to be here at 6:00 AM. I don't know where she is. I have already texted the manager and she (RM (Regional Manager) #1) is on her way." At 6:56 AM, with only one staff present, three clients (clients A, B, and D) were in the living room, and staff #5 continued to wake other clients up and get them into the bathroom for morning hygiene and get them dressed for the day. At 6:58 AM, RM #1 arrived at the group home. 1. A BDDS report dated 12/2/19 indicated, "...On 12/02/19 (sic), [client A] walked out of the house through the back door and staff could not keep her and lost sight of her. Staff immediately called the supervisor and 911. The police found [client A] and took her to [name of hospital] Emergency Department For (sic) a psychiatric evaluation. [Client A] did not meet the criteria for in-patient treatment and the psychiatrist released her to Rescare staff with no new orders and a collaborative safety plan. Moments after returning to her home, [client A] walked out the door again, staff again called 911 (sic). Police located [client A] and informed staff she was being taken back to the [name of hospital] Emergency Department for further evaluation. She was released with no new orders and remained uncooperative with Rescare staff...". A review of the BDDS report dated 12/2/19 indicated client A eloped from the group home. -An Investigation Summary (IS) dated 12/5/19 indicated the following:		duty between 6:00 AM and 9:00 AM to provide active treatment during morning medication administration, morning hygiene and breakfast. No less than two staff will be on duty during evening hours, with additional staffing resources to be made available, based on acute need. To assure no gaps in coverage occur, as of 1/16/20, a second overnight staff has been added to the schedule. When direct support personnel are unavailable to provide coverage as described above, salaried supervisory staff will fill in, providing direct support as needed. **PREVENTION:** Each evening for the next 90 days, the Residential Manager will submit a list of scheduled staff with their assigned hours, for the following day. The list will be reviewed by the Area Supervisor, Program Manager, Operations Manager, Quality Assurance Manager and QIDP Manager. Administrative staff will direct the team with making adjustments as needed. After 90 days, the Operations Manager and Quality Assurance Manager will determine the level of monitoring necessary to assure appropriate coverage. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	-"...On 12.01.19 around 5:15 pm, with no prior antecedent, [client A] (individual) walked out the back door of the home. [Staff #1] (DSP (Direct Support Professional)) was cooking dinner in the kitchen. As [staff #1] was the only staff present (the second staff was previously instructed by the supervisor to go to another home to gather document (sic)) and could not leave the other individuals unattended. [Staff #1] immediately called the supervisor. After 10 minutes, [client A] had not returned so [staff #1] notified the supervisor. The police arrived at the home with [client A] then informed [staff #1] that [client A] was being transported to [name of hospital] for psychiatric evaluation. [Staff #1] notified the supervisor. [Client A] was seen but did not meet the criteria to be admitted for in-patient treatment and at 3:20 pm (12/02/19) [client A] was discharged home...". -"...Scope of Investigation." -" 1) Why did [client A] (individual) elope from the home?." -" 2) Did staff follow Rescare Policy and Procedures appropriately?...". -"...Summary of Interviews...". -"...[Client A] (individual) -." -"Why did you leave?." -"I left because [staff #2] left without me and I wanted to go get a pop." -"I wanted to go but he told me no because he was taking his own car."		Manager, Quality Assurance Coordinators, Nurse Manger Assistant Nurse Manager) and the QIDP will conduct administrative monitoring during varied shifts/times, no less than weekly, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, 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: · 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 Administrative support at the home will include assuring	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	-"[Staff #1] (DSP) -." -"We ran out of progress notes and notified the supervisor so he said [staff #2] should go to the other home to get more." -"I was cooking and I was asking everyone to come in the kitchen area so I can see them all." -"I then saw [client A] go to the front door because she wanted to go with [staff #2]." -"I told her she could not go to another home...". -"...I heard the back door and I saw [client A] going out." -"I asked her to come back in and she said she was not going to come back in because she was annoyed that [staff #2] did not take her with him." -"I told her that I would ask him to bring her back a pop so she could calm down." -"She (client A) said no and refused to come in and she left." -"I could not go after her because I was the only staff." -"About 10 minutes (sic), I called the supervisor." -"I think the supervisor called 911." -"[Staff #2] (DSP) -." -"I was out getting progress notes from [name of group home] (another site)."		adequate direct support staff are on duty to meet the needs of all clients. The Quality Assurance Manager and QIDP Manager or other designated Quality Assurance staff will perform spot checks of attendance records to assure ongoing compliance. If deficiencies are noted, the QA staff will notify the Program Manager, Operations Manager and Executive Director to assure prompt corrective action. Prior to each schedule period, the Operations Team will follow-up verbally and via email to assure that appropriate coverage has been arranged. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	-"When I came back I was told [client A] had left...". -"...Factual Findings." -"Progress Notes - 12/01 - 12/02/19." -"It is documented on 12/01/19 prior to incident in question that [client A] had a good day. After her evening medications, [client A] began to have behaviors and said she wanted to go out with staff then she left the home...". -"...Conclusion." -"1) It is substantiated that [client A] (individual) eloped from the home because she was upset with [staff #2] (DSP) for not taking her to get a pop when he left the home to visit go to another site...". A review of the IS dated 12/5/19 indicated it was substantiated client A eloped from the group home on 12/1/19. The review indicated only one staff was present at the time of the elopement. 2. A BDDS report dated 12/12/19 indicated, "...On the night of 12/11/19, staff was conducting a 15 minute check during sleeping hours on [client A], per her plan, when staff noticed she (client A) was not on her bed and had gone out through her bedroom window. Staff immediately informed the supervisor and filed a missing person report with the police. A search team immediately started looking for [client A] and she was found at a bridge 0.2 miles from the house by staff, as the police were arriving. [Client A] came back to the house and a body assessment was conducted on her, and she had no injuries...".			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	-A review of the BDDS report dated 12/12/19 indicated client A eloped from the home through her bedroom window. -An IS dated 12/12/19 indicated the following: -"...On 12.11.19 at 11:42 PM, [staff #3] (DSP) was the only staff on duty and [client A] (individual) as (sic) sleeping. [Staff #3] completed 15-minute checks on her, per her plan (checks should be completed every 15-minutes during sleeping hours). [Staff #3] discovered [client A] was not in her bed and the bedroom window was open. [Staff #3] immediately informed the supervisor and filed a missing person report with the police. A search team immediately started looking for [client A] and she was found at a bridge 0.2 miles from the house by staff, as the police were arriving. [Client A] was escorted back to the home...". -"...Scope of Investigation." -"1) Why did [client A] (individual) elope from the home?." -"2) Did [staff #3] (DSP) follow ResCare Policy and Procedures appropriately?...". -"...[Staff #3] (DSP) -." -"How did [client A] leave her room?." -"[Client A] came out of her window." -"Earlier she told me she wanted to go to bed to bed (sic) to sleep." -"15 minutes later, I (staff #3) went in there to check on her and I discovered that she had gone out of the window and ran away."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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

-"I was the only staff so I called the supervisor...".

-"...[Client A] (Individual) -."

-"Why did you (client A) elope?."

-"I got mad because [staff #4] and [staff #5] left so I jumped out of my window."

-"Did you want to talk to [staff #3] before you left?."

-"No."

-"He (staff #3) doesn't understand me."

-"[Staff #4] and [staff #5] do sometimes."

-"They found me by the bridge...".

-"...The police brought me back...".

-"...[RS (Resident Manager) #1] (Resident Manager) -."

-"[Staff #3] told me that [client A] told him that she was about to go to bed."

-"She has 15-minutes (sic) checks during sleep hours."

-"He checked on her once then, (sic) he was doing laundry, then he went back to check on her 15-minutes later and she was gone and her window was open...".

-"...He [staff #3] called me and I told him to check the other individuals and look in the back yard because he was on (sic) the only staff on duty

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	and he cannot leave the other individuals lone (sic). I told him I was on my way...". -"...The police brought her home...". -"...Factual Findings...". -"...Progress Notes." -"The incident in question is not documented on the progress notes...". -"...Conclusion." -"1) It is substantiated, by her own admission, that [client A] (individual) eloped from the home because her previous staff had left the home and she likes them working at the home...". A review of the IS dated 12/12/19 indicated it was substantiated client A eloped from the group home through her bedroom window. The review indicated only one staff was working at the time of the elopement. Client A's record was reviewed on 12/31/19 at 9:57 AM. -A DPN dated 12/12/19 indicated, on the daily narrative section (written by staff #3), client A was sleeping in her room and staff went to check on her and noticed she had opened her room window and rand out of the house. The DPN indicated staff called RM #1 and police found her and brought her back home around 2:42 AM. -Client A's Behavior Support Plan (BSP) dated 4/19/19 (with Revision Dates: 9/10/19 and 10/14/19) indicated the following:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	-"...[Client A] Will (sic) continue to be in line of sight during waking hours and 15minutes (sic) check while (sic) until further notice...". -"...Elopement/Leaving Assigned Area: is defined as [client A] leaving or attempting to leave her designated area without staff supervision or attempts to leave the designated area without staff supervision while out in the community...". -"...Reactive Strategy." -"Wandering Off:...". -"...Immediately follow the person and call for staff to notify the RM (Resident Manager) of the situation." -"If the consumer has left the property:." -"Continue to follow the individual and attempt to redirect...". QAM (Quality Assurance Manager) #1 was interviewed on 12/31/19 at 11:42 AM. QAM #1 was asked if sufficient staff (at least 2 staff) were working on the morning of 12/31/19 when all the clients were waking up and getting ready for their day. QAM #1 stated, "No, and the staff who was not there is receiving disciplinary action." QAM #1 was asked why at least 2 staff should be working. QAM #1 indicated primarily due to client A's frequent elopements. QAM #1 was asked what is expected of staff for supervision of client A. QAM #1 stated, "15 minute checks while sleeping and direct line of sight during waking hours." QAM #1 was asked if the expectation of 15 minute checks while sleeping and direct line of sight during waking hours can be completed with only one staff. QAM #1 indicated, no.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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
	This federal tag relates to complaint #IN00309404. This deficiency was cited on 11/7/19. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-3(a)			