

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

PRINTED: 08/04/2021

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15G157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/09/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RES CARE COMMUNITY ALTERNATIVES SE IN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>3011 APACHE DR JEFFERSONVILLE, IN 47130</b>		
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W 0000  Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Survey dates: 7/6/21, 7/7/21, 7/8/21 and 7/9/21.</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 7/21/21.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) <b>GOVERNING BODY</b></p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), and 5 additional clients (#4, #5, #6, #7 and #8), the facility's governing body failed to exercise operating direction over the facility to ensure the following maintenance needs were addressed: 1) guttering was clean and free from debris material, 2) vegetation did not overgrow into the back staircase and sides of the home, 3) the toilet in the small bathroom functioned properly and 4) repair of the back patio door with glass removal from the patio area.</p> <p>Findings include:</p> <p>Observation was conducted on 7/7/21 from 6:34</p>	W 0104	<p>1. The Program Manager contacted Aramark on Monday July th 2021 for an update on the deficiencies and status of maintenance requests. The expectation that repairs be complete in a timely manner was the topic of this meeting.</p> <p>2. Staff will be in-serviced to follow up on maintenance requests weekly for non urgent requests and daily for urgent request.</p> <p>3. The Area Supervisor will report weekly on open work orders to the Program Manager</p>	08/13/2021

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>AM to 9:04 AM. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8. The observation indicated the following:</p> <p>-At 8:07 AM, clients #1, #2, #4 and the Residential Manager (RM) were outside under the back patio vaping and smoking. The back patio door had yellow tape which completely outlined the seal all the way around the back patio door. Broken pieces of glass were on the railing and laid on the ground and under the table where clients #1, #2 and #4 were seated. When asked what had happened to the outer layer of glass client #1 stated, "We were sitting out here, and it shattered. No one hit it, it just shattered". The RM stated, "I suggested a French Door (replacement)". When asked why yellow tape was around the inner layer of glass client #1 stated, "To cover any broken glass". Client #4 stated, "They said we could use the door, but [Staff #2] doesn't want us to". When asked when it occurred the RM stated, "Not long ago. Just before I started, so maybe 3 weeks ago".</p> <p>-At 8:17 AM, the RM asked client #4, "Did they call a work order in for that?" The RM then stated, "It just imploded right?" and then continued texting on her phone.</p> <p>-At 8:30 AM, the Qualified Intellectual Disabilities Professional (QIDP) arrived at the home. After the QIDP completed her temperature and Covid-19 screening she returned outside where clients #1, #2, #4 and the RM were on the back patio.</p> <p>-At 8:40 AM, the QIDP was shown the glass on the railing and on the ground and asked the purpose of the yellow tape. Client #4 stated before the QIDP could answer, "The yellow tape</p>		<p>during the ESN weekly update meeting.</p> <p>4. The Program Manager will escalate repair requests to David Danzo Aramark's Maintenance Representative.</p> <p>5. The Administrator will ensure the facility maintenance and repair work is completed in a timely fashion. Staff will be in serviced on reporting maintenance issues immediately</p> <p>6. Staff will call 844-RESCARE to schedule a service call with Aramark to schedule work orders as needed.</p> <p>7. The administrator contacted Aramark to schedule the removal of debris material from guttering to ensure they are clean and free from blockage. Service order ARA-RES222270 scheduled on 7/19/2021. Work will be complete no later than 8/8/2021.</p> <p>8. The administrator contacted Aramark to schedule the removal of vegetation and overgrowth from the back staircase and sides of the home. Service order ARA-RES222270 scheduled on 7/19/2021. Work will be complete no later than 8/8/2021.</p> <p>9. The administrator contacted Aramark to schedule the repair of the toilet in the small bathroom on 7/8/2021. Service order ARA-RES219314 scheduled on 7/08/2021. Work was complete</p>	

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	<p>is holding the glass". The QIDP stated, "I know". The QIDP indicated further follow up with the Associate Director (AD) could determine the work order history and when the back patio door had broken. The RM stated, "I'll get that swept today" and indicated all clients wear shoes when outside on the home's back patio. The QIDP picked up some pieces of broken glass from the railing to throw away.</p> <p>-At 8:45 AM, the toilet in the small bathroom was clogged up. Clients #1 and #4 indicated the toilet had been clogged, repaired, and now clogged again and unusable. The QIDP indicated the work order history could be obtained from the AD.</p> <p>-At 8:50 AM, the QIDP walked around the home the home with the surveyor. A vining vegetation was growing over the back staircase from the back patio, up both sides of the home and around the back door from client #8's bedroom. Tree limbs grew into the south side of the home and bent upward toward the sky and ran along the side of the home growing into the gable end ventilation of the home. The guttering around the home had a black debris material along the side of the guttering. Clients #1 and #4 indicated water leaked through the newly built back patio roof and would flood the back patio area.</p> <p>On 7/8/21 at 3:05 PM, the facility's work order history was received and reviewed. The work order history indicated the following:</p> <p>-6/16/21 at 19:25 (7:25 PM) indicated, "Service Category: Windows and Glass ... Job Status: Complete ... Job Description: the back sliding door is cracking and is about to break".</p>		<p>on later than 7/12/2021.</p> <p>10. The administrator contacted Aramark to schedule the repair the back patio door on 6/19/2021. Service order ARA-RES212269 scheduled on 6/16/2021. Additional repairs have been scheduled delay for glass vendor has pushed final installation to 8/13/2021, Door is currently safe for use and area cleaned.</p> <p><b>Persons Responsible:</b> Aramark, Program Manager, Quality Assurance, Area Supervisor, Residential Manager, and DSP.</p>	

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	<p>-7/7/21 at 9:47 AM indicated, "Service Category: General Building ... Job Status: Scheduled ... Job Description: clean patio (broken glass) and gutters".</p> <p>-7/7/21 at 9:46 AM indicated, "Service Category: Landscaping - Mow ... Job Status: Open ... Job Description: Needs trimming by the windows downstairs".</p> <p>-7/7/21 at 9:48 AM indicated, "Service Category: Landscaping ... Job Status: Scheduled ... Job Description: Clear landscaping around stairs and patio door (client #8's door)".</p> <p>-7/2/21 at 8:56 AM indicated, "Service Category: Plumbing ... Job Status: Completed ... Job Description: Toilet clogged - 3 bathrooms total at the home".</p> <p>-7/8/21 at 14:59 (2:59 PM) indicated, "Service Category: Plumbing ... Job Status: Open ... Job Description: Toilet is clogged again - 3 bathrooms total at the home".</p> <p>On 7/8/21 at 2:35 PM, the Associate Director (AD) was interviewed. The AD was asked about the broken back patio door with removal of broken glass from the area, the guttering, the overgrown vegetation and the clogged toilet. The AD indicated some maintenance requests had been made for the broken patio door and clogged toilet. The AD indicated the guttering and overgrown vegetation were not reported. The AD indicated the home should be maintained and in good repair. The AD indicated more follow up was needed to address the broken back patio door with broken glass removal from the area, the guttering inspected to ensure water drains properly, the trimming of overgrown vegetation</p>			

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W 0159  Bldg. 00	<p>and further repair to address the clogged toilet.</p> <p>On 7/8/21 at 3:21 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the broken back patio door with removal of broken glass from the area, the guttering, the overgrown vegetation and the clogged toilet. The QIDP stated, "I don't think the work order for landscaping and guttering was reported. So, I'm looking at adding a form to track contact information and date a repair is requested so we won't have to talk with [maintenance]. We can see the history like how many times it was reported. I think they (staff) try to get it (environmental concerns) reported, they've got to communicate". The QIDP indicated the home should be maintained and in good repair. The QIDP indicated more follow up was needed to address the broken back patio door with broken glass removal from the area, the guttering inspected to ensure water drains properly, the trimming of overgrown vegetation and further repair to address the clogged toilet.</p> <p>9-3-1(a)</p> <p>483.430(a) QIDP 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 1 of 3 sampled clients (#2), the Qualified Intellectual Disabilities Professional (QIDP) failed to integrate, coordinate and monitor the client's program plan. The QIDP failed to ensure the client #2's quarterly reviews addressed progress toward client #2's training objectives.</p>	W 0159	<p>1. The Assistant Director will retrain the QIDP on integrating client's active treatment program, coordination and monitoring and ensuring the clients' quarterly reviews address progress toward training objectives.</p> <p>2. The QIDP will ensure each</p>	08/08/2021

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W 0192  Bldg. 00	<p>Findings include:</p> <p>On 7/7/21 at 12:18 PM, client #2's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 3/17/21, indicated the following objectives, "Safety and community skills, Money Management, Hygiene, Personal Relationships, Oral Hygiene and Daily Living Skills". Client #2's July, August and September 2020, 3rd quarter reviews, were not available for review.</p> <p>On 7/8/21 at 3:21 PM, the Qualified Intellectual Disabilities Professional was interviewed. The QIDP was asked about client #2's quarterly review for the months of July, August and September 2020. The QIDP indicated client #2's record was missing the 3rd quarter review. The QIDP indicated the 3rd quarter review for the months of July, August and September 2020 for client #2 was not available for review.</p> <p>9-3-3(a)</p> <p>483.430(e)(2) <b>STAFF TRAINING PROGRAM</b> For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on observation, record review and interview for 1 additional client (#5), the facility failed to ensure client #5 received an assessment for injury upon return to the facility to identify bruising sustained from a weekend leave of absence.</p> <p>Findings include:</p> <p>Observation was completed on 7/6/21 from 3:56</p>		W 0192	<p>client's active treatment program is integrated, coordinated, and monitored.</p> <p>3. The QIDP will ensure the clients' quarterly reviews addressed progress toward training objectives.</p> <p><b>Persons Responsible:</b> Assistant Director, QIDP.</p> <p>1. The Area Supervisor will train and in service the Residential Manager on implementation of proper Leave of Absence (LOA) document used when individuals are out of facility on therapeutic leave, Including the proper check for any injury or bruising upon their return. Any injury or bruising will be reported to Nursing</p>	(X5) COMPLETION DATE  <b>08/08/2021</b>

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	<p>PM to 5:32 PM. The observation indicated the following:</p> <p>-At 3:59 PM, client #5 was seated in the living room. Client #5 described her weekend and was excited to share she had gotten engaged over the previous weekend. Client #5 indicated she had been on a leave of absence and proudly showed her engagement ring to the surveyor.</p> <p>-At 4:29 PM, client #5 was seated in a rocker recliner using her phone. On client #5's right knee were 3 quarter size bruises. Client #5 was asked what had happened to her right knee to create the bruising. Client #5 stated, "I went down a slip and slide". Client #5 was asked if that occurred over the previous weekend. Client #5 stated, "Yeah, his family had a slip and slide".</p> <p>On 7/7/21 at 1:27 PM, a focused review of client #5's record was conducted. The record indicated the following:</p> <p>-No assessment or staff notes identifying the bruises on client #5's right knee.</p> <p>On 7/7/21 at 1:45 PM, the Nurse was interviewed. The Nurse was asked if she was aware client #5 had three bruises on her right knee. The Nurse stated, "No, nobody has told me about any bruises". The Nurse was asked what documentation would contain bruises found from client #5's return and an injury was found. The Nurse stated, "The staff should complete a leave of absence form and notify me if any injury had occurred". The Nurse was asked if anyone had notified her of client #5 sustaining an injury over her weekend leave and the Nurse stated, "No".</p> <p>On 7/8/21 at 3:21 PM, the Qualified Intellectual</p>			<p>1. The Residential Manager will train and in service the DSP staff on implementation of proper Leave of Absence (LOA) document used when individuals are out of facility on therapeutic leave, Including the proper check for any injury or bruising upon their return. Any injury or bruising will be reported to Nursing.</p> <p>1. The DSP staff will implement the LOA document at the time any individual takes therapeutic leave and completes the required check upon return to ensure no injury or bruising has occurred while out of facility. Any injury or bruising will be reported to Nursing.</p> <p>Persons Responsible: Area Supervisor, Residential Manager</p>	

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W 0210 Bldg. 00	<p>Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client #5's bruising and a leave of absence form completed to identify an injury had occurred over the previous weekend. The QIDP stated, "I did an investigation. I called [family] and confirmed the bruises occurred while at home. The staff was new and did not do the form". The QIDP was asked what form the staff should have completed. The QIDP stated, "It's the leave of absence, that was not done, so I can't send it to you. We'll train". The QIDP indicated staff had not completed the leave of absence assessment form to determine client #5 had sustained a bruising over the prior weekend upon return to the facility. The QIDP indicated further follow up was needed and staff retraining would be completed.</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. Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3's needs were assessed in the areas of Occupational Therapy and Speech Therapy within 30 days of client #3's admission to the group home.</p> <p>Findings include:</p> <p>On 7/7/21 at 12:57 PM, client #3's record was reviewed. The record indicated the following:</p>		W 0210	<p>1. The Assistant Director will in-service the Nurse on The Operation Standard policy for new consumer assessments including standard timeline for completing required assessments.</p> <p>2. The Nurse will ensure all admissions are assessed according to the standard requirements.</p> <p>3. The Nurse has scheduled the appointment for client #3</p>	08/08/2021

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W 0322 Bldg. 00	<p>-Individual Support Plan (ISP) dated 3/17/21 indicated, "Date of Admission: 10/23/2020 ... Individual Profile: [Client #3] lived at home with her adopted [family] prior to moving to [group home]. She has good mobility and understands the importance of good hygiene but needs to be reminded. She needs verbal prompts to complete ADL (Adult Daily Living) living skills".</p> <p>-Occupational Therapy (OT) Evaluation, no documentation was available for review.</p> <p>-Speech Therapy (ST) Evaluation, no documentation was available for review.</p> <p>On 7/8/21 at 1:07 PM, the Nurse was interviewed. The Nurse was asked about the status of client #3's OT and ST evaluations. The Nurse indicated client #3's evaluations for OT and ST could not be provided for review. The Nurse stated, "She still needs the OT and Speech evals (evaluations)". The Nurse indicated further follow up was required for completion of client #3's OT and ST evaluations.</p> <p>9-3-4(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2's referral for a colonoscopy was completed.</p> <p>Findings include:</p> <p>On 7/7/21 at 12:18 PM, client #2's record was reviewed. The record indicated the following:</p>	W 0322	<p>Occupational therapy, 4. The Nurse has scheduled the appointment for client #3 Speech therapy</p> <p>Persons Responsible: Assistant Director, Nurse</p> <p>="" span=""&gt;</p> <p>1.The Assistant Director will in-service the Nurse on reviewing medical charts and needs in the home to ensure we provide all preventive and general medical care for individuals we serve.</p> <p>2.The Nurse will visit the home routinely and review charts to</p>	08/08/2021

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W 0336  Bldg. 00	<p>-Medical consult form dated 5/18/21 indicated, "New orders: get colonoscopy".</p> <p>On 7/8/21 at 1:07 PM, the Nurse was interviewed. The Nurse was asked about client #2's referral for a colonoscopy. The Nurse stated, "Her (client #2) Gastro (Gastroenterologist) is going to be rescheduled to get the colonoscopy. I don't know what happened there. It's in the works being scheduled".</p> <p>9-3-6(a)</p> <p>483.460(c)(3)(iii) <b>NURSING SERVICES</b></p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 1 of 3 sampled clients (#3), the facility's nursing services failed to maintain quarterly assessments to monitor the health status of client #3.</p> <p>Findings include:</p> <p>On 7/7/21 at 12:57 PM, client #3's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 3/17/21 indicated, "Date of Admission: 10/23/2020 ...".</p> <p>-Nursing quarterly summaries were reviewed. No quarterly nursing assessment was available for November, December 2020 and January 2021.</p> <p>On 7/8/21 at 1:07 PM, the Nurse was</p>	W 0336	<p>ensure all medical consults have been scheduled in a timely manner.</p> <p>3. The Nurse has scheduled the appointment for client #2 colonoscopy.</p> <p>Persons Responsible: Assistant Director, Nurse</p> <p>1. The Assistant Director will in-service the Nurse on proper completion of quarterly assessments and reviews for all client we serve.</p> <p>2. The Nurse will ensure that assessments and reviews for each client are completed accordingly and in a timely manner.</p> <p>Persons Responsible: Assistant Director, Nurse</p>	08/08/2021

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(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
W 0356 Bldg. 00	<p>interviewed. The Nurse was asked if a quarterly nursing summary for November, December 2020 and January 2021 was available for review. The Nurse indicated packets which contain the initial quarterly assessment for newly admitted clients should have been placed in client #3's record. The Nurse stated, "It looks like I did not complete a January (2021 quarterly review) for [client #3]. I meant to fill it out. When she moved in at the end of October, I should have filled out a packet for January. I'm guessing I meant to do it and forgot". The Nurse indicated client #3's initial quarter in January 2021 was not available for review.</p> <p>9-3-6(a)</p> <p>483.460(g)(2) <b>COMPREHENSIVE DENTAL TREATMENT</b> The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2's dentures fit properly.</p> <p>Findings include:</p> <p>Observation was completed on 7/7/21 from 6:34 AM to 9:04 AM. The observation indicated the following:</p> <p>-At 8:13 AM, client #2 was outside on the back patio smoking. Client #4 joined client #2 outside on the back patio. Both client #2 and client #4 ate a pop tart, vaped and smoked and spoke with client #1 and the Residential Manager (RM)</p>		W 0356	<p>1. The Area Supervisor will in-service the Residential Manager on the adaptive equipment tracking spreadsheet and reporting of malfunctioning equipment any client may have.</p> <p>2. The Residential Manager will in-service the staff on the adaptive equipment tracking spreadsheet and reporting of malfunctioning equipment any client may have.</p> <p>3. The staff will ensure all adaptive equipment is checked daily and charted on the adaptive equipment spreadsheet. The nurse will be notified of any</p>	08/08/2021

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	<p>while eating their pop tart and vaping and smoking.</p> <p>-At 8:23 AM, client #2 asked the RM if she could go into the office to get her dentures. As the RM and client #2 were standing to go inside to get client #2's dentures, client #4 stated, "Her (client #2) bottom plate doesn't fit. They've been trying to get it fixed though".</p> <p>-At 8:26 AM, client #2 and the RM returned to the back patio. Client #2 had her top denture, but not her bottom dentures in her mouth. Client #2 was asked why she was not using her bottom denture. Client #2 stated, "My bottom denture doesn't fit. They've tried to fix it. It's my bone structure". The RM stated, "I'm not sure how often Medicaid pays for dentures, but we'll have to get that checked out and fixed".</p> <p>On 7/7/21 at 12:18 PM, client #2's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 3/17/21 indicated, "Adaptive Equipment: Eyeglass". Dentures was not listed as an adaptive support need.</p> <p>-Medical consult dated 7/8/20 indicated, "Denture Screening. Doctors Progress Notes/Diagnosis: Exam and oral cancer screening with [name]. Soft tissue good. Cleaned upper dentures today".</p> <p>-Medical consult dated 10/6/20 indicated, "Pt (patient) lost dentures. Doctors Progress Notes/Diagnosis: Exam. Xray. Will send in Pre-D (documentation) for new dentures".</p> <p>-Interdisciplinary Team Meeting (IDT) dated</p>		<p>malfunctioning or broken adaptive equipment to ensure repairs or replacement in a timely manner.</p> <p>4. The QIDP has added Adaptive Equipment for client #2 Individual Support Plan (ISP) to include Eyeglasses and Dentures on 7-29-21.</p> <p>1. Persons Responsible: Area Supervisor, Residential Manager, Nurse, QIDP, DSP Staff</p> <p>DATE OF COMPLETION: August 8, 2021</p>	

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	<p>10/21/20 indicated, "HRC (Human Rights Committee) (Dentures). Meeting minutes: HRC is being requested for [client #2] to turn in her dentures to be cleaned and adaptive equipment check. Plan of Action: She threw away her dentures and needs this to ensure she doesn't throw away new set".</p> <p>-Medical consult dated 11/23/20 indicated, "Reason for visit: fitting for dentures. Doctors Progress Notes/Diagnosis: impression for dentures".</p> <p>On 7/8/21 at 1:07 PM, the Nurse was interviewed. The Nurse was asked about client #2's bottom denture not fitting properly and not using them. The Nurse stated, "[Client #2's] dentures are new. She requires prompts to wear them. She doesn't like to wear them". The Nurse was asked about the fit of client #2's bottom denture. The Nurse stated, "I believe the longer she continues to not wear them they won't fit. I will definitely get her checked. She's never told me it did not fit. I know she had to use [name of denture adhesive]". The Nurse was asked if more follow up to ensure client #2's bottom denture fit and/or the reason for not wearing the bottom denture was needed. The Nurse stated, "absolutely".</p> <p>9-3-6(a)</p>			