

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G136	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/06/2021
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 427 W LONGEST ST PAOLI, IN 47454
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W 0000  Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey. This visit included the Covid-19 focused infection control survey.</p> <p>Survey Dates: 5/3/21, 5/4/21, 5/5/21 and 5/6/21.</p> <p>Facility Number: 000673 Provider Number: 15G136 AIM Number: 100248740</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/17/21.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 8 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6, #7 and #8), the facility's governing body failed to exercise operating direction over the facility by failing to ensure the home remained in good repair.</p> <p>Findings include:</p> <p>On 5/4/21 from 3:58 PM to 6:09 PM, an observation was conducted at the group home. At 4:30 PM, the door frame trim on the inside of clients #3's and #7's bedroom door was broken with a piece 12 inches long missing with exposed nail heads. At 6:03 PM, client #1 was hand washing the pots and pans from dinner. Client #1</p>	W 0104	<p>ISSUE: The facility's governing body failed to exercise operating direction over the facility by failing to ensure the home remained in good repair. The door frame trim on the inside of clients #3's and #7's bedroom door was broken with a piece 12 inches long missing with exposed nail heads and the dishwasher is broken.</p> <p>PLAN TO CORRECT: The broken piece on clients #3 and #7's bedroom door was removed, on site after the closing of survey by the residential manager. Work</p>	06/01/2021

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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W 0249 Bldg. 00	<p>stated, "The dishwasher is broken and has been for a while. We have reported it but nothing has been done." This affected clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>On 5/4/21 at 4:33 PM, client #7 stated, "Yes, the door frame needs fixed. I have asked staff to hammer in the nails so that I would not get hurt on them."</p> <p>On 5/6/21 at 11:13 AM, the QIDP (Qualified Intellectual Disabilities Professional) indicated she had not been made aware the doorframe was broken. The QIDP indicated a work order would be placed to repair the doorframe. The QIDP indicated work orders for the broken dishwasher had been submitted. The QIDP stated, "The RM (Resident Manager) has told me service technicians have come to the house to repair the dishwasher, but it still is not fixed." The QIDP stated, "The dishwasher needs to be fixed."</p> <p>9-3-1(a)</p> <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. Based on observation, interview and record</p>			W 0249	<p>order for new replacement wood on the door was called in on 5/10/2021 to Aramark. A follow up on the open work order for Longest street was called in by Program Manager on 5/12/2021. Aramark made it out to the home to assess the repair for both the door frame and order the replacement dishwasher on 5/25/2021. Dishwasher was ordered on 5/25/2021 and will be installed on 5/27/2021 or 5/28/2021. The new door frame piece will be replaced on 5/27/2021. Program Manager will follow up monthly with the Residential Manager to ensure the home remains in good working order.</p> <p>PERSONS RESPONSIBLE: Residential Manager, Program Manager</p> <p>DATE TO BE COMPLETED: 6/1/2021</p> <p>ISSUE: Upon entering the group</p>		06/01/2021

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	<p>review for 1 additional client (#8) in the home, the facility failed to ensure the client's program plan for door alarms was implemented.</p> <p>Findings include:</p> <p>On 5/4/21 from 3:58 PM to 6:09 PM, an observation was conducted at the group home. At 4:18 PM, the front door leading to the front porch was open. There was no alarm present on the screen door. At 6:09 PM, upon exiting the home through the medication room door, an alarm was present but did not sound. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>On 5/5/21 from 6:03 AM to 7:56 AM, an observation was conducted at the group home. At 6:03 AM, upon entering the group home through the medication room, no alarm sounded. At 7:17 AM, a door leading from the medication room to the backyard had an alarm present. No alarm sounded when the door was opened. At 7:34 AM, the front door was open. There was no alarm present on the screen door. At 8:04 AM, upon exiting the group home through the medication room door, the alarm did not sound. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>On 5/6/21 at 12:30 PM, a focused review of client #8's 5/1/20 Behavior Support Plan (BSP) indicated the following target behaviors:</p> <p>- "Elopement: any occurrence of leaving the premises with the intention to run away.</p> <p>- Leaving assigned area: any occurrence of leaving the area without staff permission but staff still have her within eye view."</p>		<p>home and exiting through the medication room, no alarm sounded. At 7:17 AM, a door leading from the medication room to the backyard had an alarm present. No alarm sounded when the door was opened.</p> <p>PLAN TO CORRECT: Program Manager went to home on 5/10/2021 to make sure door alarms were in working order. Battery replacement was needed. Program Manager replaced the battery, and the door chimed for entry and exit. Residential Manager will train home staff to report any alarms not working and fix on site immediately. Program Manager will follow up monthly to ensure all safety measures, as door alarms, are in good working order.</p> <p>PERSONS RESPONSIBLE: Program Manager, Residential Manager</p> <p>DATE TO BE COMPLETED: Completed 5/10/2021, Will follow up monthly</p>				

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	On 5/6/21 at 11:18 AM, the QIDP (Qualified Intellectual Disabilities Professional) stated, "Yes, the doors leading to the exterior should have alarms on them." The QIDP stated, "All of the alarms should be in working order." The QIDP indicated the alarms were on the doors for client #8 who has elopement in her behavior plan.  9-3-4(a)						