

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G807	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 213 W WATER ST CENTERVILLE, IN 47330		
(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 the investigation of complaint #IN00436079.</p> <p>Complaint #IN00436079: No deficiencies related to the allegation(s) are cited.</p> <p>Unrelated deficiency cited.</p> <p>Survey Dates: July 8 and 9, 2024.</p> <p>Facility Number: 012632 Provider Number: 15G807 AIMS Number: 201065000</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 7/11/24.</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 1 of 2 sampled clients (A), the facility failed to conduct a thorough investigation regarding client A's self-injurious behavior resulting in medical intervention.</p> <p>Findings include:</p> <p>On 7/8/24 at 2:00 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>A Bureau of Disabilities Services (BDS) report</p>	W 0154	<p>CORRECTION: <i>The facility must have evidence that all alleged violations are thoroughly investigated.</i> Specifically: All facility investigations will be completed by trained investigators. <i>The facility must have evidence that all alleged violations are thoroughly investigated.</i> Specifically:</p> <p>All facility investigations will be completed by trained</p>	08/08/2024

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

TITLE

(X6) DATE

Bob Morris

QIDP Manager

07/25/2024

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>dated 6/5/24 indicated the following incident occurred on 6/4/24 at 6:50 PM: "On the evening of 6/4/24 staff engaged in conversation with [client A], she got up and attempted to elope, staff offered redirection and stepped in front of the door [client A] became physically aggressive towards staff. Staff implemented a 2-person You're safe I'm safe (behavioral intervention) hold, for safety and offered supportive 1:1 (one to one) conversation and [client A] was offered the use of coping skills, which she accepted, and staff released the hold. [Client A] was offered the use of her PRN (as needed medication for behavior) to help her calm and gain control of her thoughts. Staff obtained approval and administered Igalmi (for behavior) 120 mcg (micrograms). [Client A] used coping skills and had 1:1 supportive conversation to help calm. [Client A] apologized and went to the restroom. Staff maintained conversation while [client A] was in the restroom, when [client A] did not respond staff entered finding [client A] sitting on the bathroom floor with her socks tied around her neck, her face was purple. Staff immediately removed the socks, and checked her vital signs. Her pulse was weak, she did not speak for 10 seconds then began talking saying she wished they would have let her die. Another staff was directed by the nurse and supervisor to call emergency services for [client A] to be transported to the hospital for a psychiatric evaluation. Staff followed the ambulance to the [Hospital] Emergency Department. While at the hospital [client A] remained agitated and verbally aggressive and was then admitted into [Hospital] for a psychiatric evaluation. Staff were in communication with the supervisor, nurse, behavioral clinician, and administrative team throughout the incident. Plan to Resolve: Staff were unable to assess [client A's] self-injury prior to her hospitalization. A</p>		<p>investigators. When incidents requiring investigation occur, the QA Manager or designee will assign the investigation to a specific investigator. The QIDP Manager will conduct follow-up with the investigator to assure completion within required timeframes, and that each allegation is investigated thoroughly. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required.</p> <p>A specific trained investigator has been assigned to the facility. In addition to weekly face to face training and follow-up with the Quality Assurance Manager, the investigators will receive ongoing mentorship from the QIDP Manager, including but not limited to interview techniques, gathering and analysis of documentary evidence. The emphasis of this mentorship/training will be development of appropriate scope and conclusions, as well as time management skills to facilitate timely completion of investigations. The training focus will also include assuring all qualifying incidents are investigated. The QIDP Manager will provide weekly follow-up to the QA Manager regarding progress and additional training needs.</p> <p>When the investigator assigned to</p>	

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	<p>body check will be completed, and all injuries will be documented when she returns home. [Client A] has a history of agitation, physical and verbal aggression, and self-injury outlined in her Behavior Support Plan. The use of her PRN Igalmi and You're Safe, I'm Safe holds has guardian and Human Rights Committee approval and is included in her plan. The hold lasted for a total of 5 minutes with repositioning for comfort every two to three minutes".</p> <p>There was no documentation indicating the facility conducted an investigation regarding the incident.</p> <p>On 7/9/24 at 2:15 PM, the Qualified Intellectual Disabilities Professional Manager (QIDPM); Area Supervisor (AS) and the Behavior Clinician/Qualified Intellectual Disabilities Professional (BC/QIDP) were interviewed. The QIDPM indicated an investigation wasn't completed, but there should have been.</p> <p>9-3-2(a)</p>		<p>the facility is not available, The QIDP Manager or designee assigned by the QA Manager will assume responsibility for completion of required investigations.</p> <p>PREVENTION: The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and administrative staff, (comprised of the Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDPs, Quality Assurance Coordinators, Area Supervisors, Assistant Nurse Manager and Nurse Manager). The Quality Assurance Manager and QIDP Manager will maintain ultimate responsibility for reviewing incidents to assure all required allegations are investigated. The Quality Assurance Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to</p>	

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			<p>conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day time frame. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs.</p> <p>The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Direct Support Staff, Operations Team, Regional Director</p>	