STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	02/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	7859 DELBROOK DR INDIANAPOLIS, IN 46260

(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 pre-determined full recertification and state licensure survey. Dates of Survey: February 12, 13, 14, 17, and 18, 2020. Facility Number: 000963 Provider Number: 15G449 AIMS Number: 100244740 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/27/20.	W 0000		
W 0140 Bldg. 00	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 3 of 3 sampled clients (clients #1, #2, and #3), the facility failed to maintain an accurate accounting of clients #1, #2, and #3's finances and failed to ensure the facility's financial procedures were followed. Findings include: A financial review was completed on 2/13/20 at 3:04 PM. -Client #1's financial review indicated a cash on hand balance of $17.51. The review indicated a January 2020 Resource Ledger Sheet (RLS) with a	W 0140	**CORRECTION:** *The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.* Specifically, financial records will be reproduced for surveyors as requested. For all clients, personal financial ledgers will be updated by the Residential Manager and reviewed by the Area Supervisor and certified as accurate per facility protocol. The Residential Manager will receive detailed	03/19/2020

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

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	cash ledger balance of $18.31. The review did not indicate a (RLS) for February 2020. -Client #2's financial review indicated a cash on hand balance of $11.57. The review indicated an October 2019 RLS with a cash ledger balance of $10.82. The review did not indicate a RLS for November 2019, December 2019, January 2020, or February 2020. -Client #3's financial review indicated a cash on hand balance of $14.41. The review indicated a January 2020 RLS with a cash ledger balance of $14.65. The review did not indicate a RLS for February 2020. QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 2/13/20 at 2:42 PM. QIDPM #1 was asked if the facility had documentation of an up to date cash ledger balance sheet for clients #1, #2, and #3 with an accurate cash on hand balance. QIDPM #1 stated, "If it is not in the binder, then we may not." QIDPM #1 was asked if each client's financial binders should include documentation of an up to date cash ledger balance sheet with an accurate cash on hand balance. QIDPM #1 stated, "Yes we should have." 9-3-2(a)		training and will maintain an up to date ledger to track purchases for all clients. All staff will assure that clients provide receipts for purchases as appropriate and the Residential Manager will maintain copies of receipts for purchases recorded on the ledgers. A review of records indicated this deficient practice affected all clients who reside in the facility. **PREVENTION:** The Residential Manager will maintain responsibility for maintaining client financial records and the Area Supervisor will audit these records no less than weekly. All staff will be retrained regarding the need to assist clients with budgeting and collecting receipts, with appropriate accompanying documentation. The Area Supervisor will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally, members of the Operations Team comprised of the Operations Directors, Program Managers, Nurse Manager, Executive Director, Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators, will incorporate audits of client finances into weekly administrative monitoring during varied shifts/times, daily, to assure interaction with multiple staff, involved in a full range of active	

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			treatment scenarios, all staff demonstrate competence. Administrative support will include assuring a complete and accurate accounting of client finances is present. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director	
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 2 of 3 sampled clients (clients #2 and #3), the facility's nurse failed to ensure client #2's comprehensive high risk health plan for choking/aspiration dated 1/6/20 indicated the proper dietary orders, to ensure client #2's MAR (medication administration record) indicated the proper route for administration of his Escitalopram (antidepressant) medication, and to ensure client #3's MAR indicated the proper dietary orders. Findings include: Client #2's record was reviewed on 2/13/20 at 1:21 PM. 1. Client #2's MAR dated 01/01/20 through 01/31/20 indicated the following: -"....Medication...". -"...***Dietary Orders***...". -"...Date: 08/09/2018."	W 0331	**CORRECTION:** *The facility must provide clients with nursing services in accordance with their needs.* Specifically: Client #2's Comprehensive High-Risk Plan for Choking has been revised to correspond with current diet orders and client #3's Medication Administration Record has been corrected to include the correct route for the administration of Escitalopram. A review of facility documents indicated this deficient practice did not affect additional clients. **PREVENTION:** Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators,	03/19/2020

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	-"Feeding per peg tube, jevity 1.5 (or equivalent)...". -"...NPO (nothing by mouth) diet A review of client #2's MAR dated 01/01/20 through 01/31/20 indicated client #2's dietary orders were for feeding to be completed per peg tube. The review indicated client #2 was to be administered nothing by mouth. -A comprehensive high risk health plan for client #2 dated 1/6/2020 indicated the following: -"...Comprehensive High Risk Health Plan...". -"...Problem...". -"...Choking, potential for." -"Secondary to GERD (acid reflux) and Edentulous (no teeth) oropharyngeal dysphagia (difficulty initiating a swallow)." -"...Aspiration, potential for...". -"...Actions...". -"...1. Follow Pureed guidelines at all times. Give nectar thick consistency fluids...". A review of client #2's comprehensive high risk health plan for choking/aspiration dated 1/6/2020 indicated client #2 was to follow pureed guidelines at all times. The review did not indicate client #2 was to be fed per peg tube as indicated on client #2's MAR. -A Group Home Quarterly Nutrition Assessment		Nurse Manger Assistant Nurse Manager) will conduct administrative monitoring and documentation reviews no less than weekly during varied shifts/times, 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. Additionally: ·The Facility nurse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review. ·The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up. ·The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. Administrative support at the home will include: · Assuring Comprehensive High-Risk Plans correspond to current physician orders. · Assuring physician orders are properly transcribed onto the Medication Administration Record.	

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	form dated 10/28/19 indicated the following: -"...Group Home Quarterly Nutrition Assessment...". -"...Name: [client #2]...". -"...Current Diet Order...". -"...Date: 07/25/19...". -"...Jevity 1.5 237 ml (milliliter) x 7 feedings 2433 calories...". -"...Date: 10/28/19...". -"...Continues...". A review of client #2's Group Home Quarterly Nutrition Assessment dated 10/28/19 indicated on 7/25/19 client #2's dietary orders were jevity 1.5 237 ml (milliliter) with 7 feedings during the day for a total of 2433 calories per day. The review indicated on 10/28/19 the dietary orders were to be continued as written on 7/25/19. LPN (Licensed Practical Nurse) #1 was interviewed on 2/13/20 at 2:42 PM. LPN #1 was asked about client #2's dietary orders. LPN #1 stated, "Jevity through g(gastrostomy)-tube, nothing orally." LPN #1 was asked if client #2's comprehensive high risk health plan for choking/aspiration dated 1/6/20 should have indicated to follow pureed guidelines at all times and give nectar thick consistency liquids. LPN #1 stated, "No, he is to have nothing by mouth." LPN #1 was asked whose responsibility it was to ensure client #2's comprehensive high risk health plan for choking/aspiration indicated the proper dietary orders. LPN #1 stated, "The nurse."		**RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director	

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	QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 2/13/20 at 2:42 PM. QIDPM #1 was asked whose responsibility it was to ensure client #2's comprehensive high risk health plan for choking/aspiration indicated the proper dietary orders. QIDPM #1 stated, "The nurse." 2. Client #2's record was reviewed on 2/13/20 at 1:21 PM -Client #2's MAR dated 01/01/2020 through 01/31/2020 indicated the following: -"...Medication...". -"...Date: 07/26/2018." -"NPO...". -"...Date: 12/04/2019." -"Escitalopram (treat depression and generalized anxiety disorder) Sol (solution) 5mg (milligram)/5ml (milliliter)...". -"...Give 20ml (20 mg) by mouth once daily...". A review of client #2's MAR dated 01/01/2020 through 01/31/2020 indicated client #2's escitalopram medication was transcribed to be taken by mouth once a day. The review indicated client #2 was NPO (to take nothing by mouth). LPN #1 was interviewed on 2/13/2020 at 2:42 PM. LPN #1 was asked how client #2's medications were to be administered. LPN #1 stated, "G-tube." LPN #1 was asked if client #2 can take anything orally (outside of physician's ordered ice chips).			

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	LPN #1 stated, "No, I don't think he has anything else ordered." LPN #1 was asked if client #2's escitalopram medication should indicate to be given by mouth once a day on the MAR. LPN #1 stated, "No, should be per g-tube." LPN #1 was asked who was responsible for ensuring each client's instructions for administration of each medication was correctly transcribed on the MAR. LPN #1 stated, "The nurse." QIDPM #1 was interviewed on 2/13/2020 at 2:42 PM. QIDPM #1 was asked who was responsible for ensuring each client's instructions for administration of each medication was correctly transcribed on the MAR. QIDPM #1 stated, "The nurse." 3. Client #3's record was reviewed on 2/13/20 at 12:37 PM. -Client #3's MAR dated 01/01/2020 through 01/31/2020 indicated the following: -"...Medication...". -"...***Dietary Orders***...". -"...Date: 04/19/2006." -"No Caffeine - FYI (for your information)." -"Encourage fluids - FYI." -"Living lite, no added salt...". A review of client #3's MAR dated 01/01/2020 through 01/31/2020 indicated client #3's dietary orders were no caffeine, encourage fluids, and living lite with no added salt. The review did not indicate a pureed diet.			

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-Client #3's Group Home Quarterly Nutrition Assessment dated 10/28/19 indicated the following:

-"...Group Home Quarterly Nutrition Assessment...".

-"...Name: [client #3]...".

-"...Current Diet Order...".

-"...Date: 07/25/19...".

-"...Living lite, NAS (no added salt), pureed...".

-"...Date: 10/28/19...".

-"...continues...".

A review of client #3's Group Home Quarterly Nutrition Assessment dated 10/28/19 indicated client #3's dietary orders on 7/25/19 were living lite, no added salt, and pureed. The review indicated client #3's dietary orders on 10/28/19 were to continue to follow the orders from 7/25/19.

LPN #1 was interviewed on 2/13/20 at 2:42 PM. LPN #1 was asked about client #3's diet. LPN #1 stated, "Pureed diet." LPN #1 was asked if client #3's current MAR has pureed diet listed under his dietary orders. LPN #1 stated, "No, we can get that added." LPN #1 was asked if pureed diet should be transcribed under his dietary orders on his MAR. LPN #1 stated, "Yes."

QIDPM #1 was interviewed on 2/13/20 at 2:42 PM. QIDPM #1 was asked whose responsibility it was to ensure client #3's MAR had the correct dietary orders transcribed. QIDPM #1 stated, "The

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	nurse." 9-3-6(a)			
W 0352 Bldg. 00	483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 3 of 3 sampled clients (clients #1, #2, and #3), the facility failed to ensure clients #1, #2, and #3 had annual dental examinations. Findings include: Client #1's record was reviewed on 2/13/2020 at 1:01 PM. -A ResCare Record of visit form dated 1/22/19 indicated the following: -"...Record of Visit." -"Name: [client #1]." -"Date of Visit: 1/22/19...". -"...1. Reason for Visit: Dental exam (examination)...". -"...Recommendations for treatment: Please return in 1 yr (year) for exam...". A review of the ResCare record of visit form dated 1/22/19 indicated client #1 attended a dental examination on 1/22/19. The review indicated a recommendation for treatment for client #1 to return in 1 year for examination. The review did	W 0352	**CORRECTION:** *Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually.* Specifically, the facility will obtain dental examinations for clients #1, #2 and #3. An audit of facility medical charts indicated this deficient practice did not affect additional clients. **PREVENTION:** · The Facility rse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review. · The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up. · The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. Members of the Operations Team (comprised of the Executive Director, Operations Directors,	03/19/2020

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	not indicate a dental examination completed within the last year for client #1. Client #2's record was reviewed on 2/13/20 at 1:21 PM. -A Rescare Record of Visit form dated 2/4/19 indicated the following: -"...Record of Visit." -"Name: [client #2]." -"Date: 2/4/19...". -"...1. Reason for Visit: Dental exam...". -"...4. Recommendation for treatment: please return in 1 yr (year) for exam...". A review of client #2's Rescare Record of Visit form dated 2/4/19 indicated client #2 attended a dental examination on 2/4/19. The review indicated a recommendation for treatment for client #2 to return in 1 year for a examination. The review did not indicate a dental examination completed within the last year for client #2. Client #3's record was reviewed on 2/13/20 at 12:37 PM. Client #3's record did not indicate documentation of a dental examination within the last year. QIDPM (Qualified Intellectual Disability Professional Manager) #1 was interviewed on 2/13/20 at 2:42 PM. QIDPM #1 was asked if the facility had documentation of completed dental examinations for clients #1, #2, and #3 within the last year. QIDPM #1 stated, "We will check, if we cannot locate them in their files, I would have to		Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Nurse Manager and Assistant Nurse Manager) and nursing staff will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that medical follow-along including but not limited to dental examinations take place as required. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director	

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	assume we do not have them." QIDPM #1 was not able to locate documentation of completed dental examinations for clients #1, #2, and #3 in their files. 9-3-6(a)			