

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

PRINTED: 06/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G596	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/28/2023
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NAME OF PROVIDER OR SUPPLIER  REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP COD 1426 S ALVORD LN EVANSVILLE, IN 47714
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W 0000  Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>Survey dates: 4/25, 4/26, 4/27 and 4/28/2023.</p> <p>Facility number: 001110 Provider number: 15G596 AIM number: 100240090</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 5/25/23.</p>	W 0000		
W 0130  Bldg. 00	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients (clients #1, #2 and #3), the facility failed to provide privacy for clients #1, #2 and #3 while taking medications.</p> <p>Findings include:</p> <p>Observations were completed on 4/25/23 from 2:45 PM through 5:45 PM and on 4/26/23 from 6:00 AM through 8:21 AM. On 4/25/23 at 5:15 PM, client #6 was prompted to the medication room by Direct Support Professional (DSP) #3. Client #2 followed client #6 into the medication room and was not prompted to leave. DSP #3 stated to client #6, "it's time for your shower and the shampoo for your dry scalp" as he prepared client #6's selenium</p>	W 0130	<p>130</p> <p>Alvord group home staff did not ensure privacy of the clients during treatment and medication passes by closing the medication room door and by more than one client being in the room. All Alvord group home staff have been retrained on providing privacy while clients are receiving medications and medical treatments, specifically by closing the medication room door and only allowing one client in the room during medication passes/treatments. This training</p>	06/23/2023

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

TITLE

(X6) DATE

Suzanne Ailstock

Residential Coordinator

06/09/2023

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>sulfamide shampoo (for dry scalp). On 4/26/23 at 6:15 AM, client #6 was in the medication room and received his medication from DSP #1. At 6:18 AM, client #2 was prompted to the medication room. Client #2 was administered his medications in pudding, his temperature taken and his pulse oximeter checked by DSP #1 while client #6 was still in the medication room. At 6:20 AM client #3 was prompted to the medication room by DSP #1. DSP #1 administered client #3's medications in pudding and took his temperature while client #2 was still in the medication room. At 6:28 AM, client #1 was prompted to the medication room by DSP #1. At 6:34 AM, DSP #1 administered client #1's medication to him in pudding and took his temperature with clients #2 and #6 in the room. At 6:40 AM, DSP #1 administered client #2's liquid medication with clients #1 and #6 also present in the medication room. Throughout the observations the medication room was open, allowing staff and clients to go in and out of the room while the clients were receiving their medications and vital signs.</p> <p>On 4/25/23 at 6:45 AM, DSP #1 stated clients "have a right to privacy" when receiving care from staff.</p> <p>On 4/26/23 at 5:15 PM an interview was conducted with DSP #3. DSP #3 stated "yes, of course" clients should be provided privacy when receiving medications and medical treatments.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/28/23 at 1:00 PM. The QIDP staff should provide the clients with privacy during medication administration. The QIDP stated, "Yes, they should be giving the clients their privacy, they should be closing the door."</p>		<p>included the Core A and B Indiana Direct Support Professional training that Medication administration should occur in a private area, DSP's must respect individuals' rights including...Rights to privacy, Right to confidentiality treatment. The retraining on the specific Core A and B rights to privacy and confidential treatment with Alvord staff will bring additional awareness and ensure privacy for clients while taking medications in the future. Additionally, group home management will complete observations 2-3 times per week and observe that privacy is occurring during medication passes at all necessary times. Systemically, all Easterseals' Management and DSP's will be retrained on client's rights to privacy when receiving medications and medical treatment, specifically closing the doors for privacy and ensuring no other clients are in the room during medication passes and treatments.</p>		

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W 0210 Bldg. 00	<p>The Core A and B Indiana Direct Support Professional Training dated 6/9/2020 was reviewed on 4/28/22 at 2:00 PM. The training indicated in part, "...Medication administration should occur in a private area....Legal and Ethical Obligations: All individuals are entitled to basic rights when receiving care. DSPs must respect individuals' rights including: ... Right to privacy, Right to confidentiality of treatment..."</p> <p>9-3-2(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>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.</p> <p>Based on record review and interview for 2 of 3 sampled clients (clients #2 and #3), the facility failed to ensure clients #2 and #3 had a Comprehensive Functional Assessment (CFA) completed within 30 days after admission.</p> <p>Findings include:</p> <p>1) Client #2's record was reviewed on 4/27/23 at 12:00 PM. The review indicated client #2 was admitted to the home on 10/12/22 and there was no CFA.</p> <p>2) Client #3's record was reviewed on 4/27/23 at 1:00 PM. The review indicted client #3 was admitted to the home on 3/6/23 and there was no CFA.</p> <p>On 4/27/23 at 12:33 PM the Residential Office Coordinator (ROC) indicated clients #2 and #3 did</p>	W 0210	<p>210</p> <p>The QIDP has completed new CAFA's for client #2 and client #3 as these were not completed within 30 days after their admission. The Alvord Group home QIDP will be re-inserviced on the need to reassess clients by utilizing the CAFA within 30 days of their admission.</p> <p>Systemically, all Easterseals' QIDP's will be inserviced on completing the CAFA within 30 days of new client's admissions and updated annually thereafter. The re-training of all QIDP's will prevent future occurrences of CAFA assessments not being completed when needed.</p>	06/16/2023

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W 0247 Bldg. 00	<p>not have a CFA.</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 4/27/23 at 3:00 PM. The QIDP indicated clients #2 and #3 did not have a CFA. The QIDP stated, "I asked the old manager to do it and she didn't. I should have followed up." The QIDP also stated, "The CFA should be completed 30 days after admission."</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation and interview for one additional client (client #4), the facility failed to promote choice making for client #4 regarding his meal.</p> <p>Findings include:</p> <p>Observations were completed on 4/25/23 from 2:45 PM through 5:45 PM and on 4/26/23 from 6:00 AM through 8:21 AM. On 4/26/23 at 7:40 AM, client #4 was at the table eating breakfast and stated to Direct Support Professional (DSP) #1 "I don't like mandarin oranges." DSP #1 replied "that's my favorite canned fruit" and did not offer client #4 a choice in a different fruit. At 7:42 AM, DSP #1 told client #4 to "take one more bite" of his fruit and then proceeded to feed him two bites of mandarin oranges.</p> <p>On 4/25/23 at 4:50 PM an interview was conducted with DSP #2. DSP #2 stated "if he doesn't like something we fix, we're supposed to try to get</p>	W 0247	<p>247</p> <p>Alvord Group Home staff did not offer client #4 a substitution when he stated that he did not like the mandarin oranges. All Alvord group home staff have been retrained on offering substitutions, ensuring appropriate food is offered and that the substitution is documented on the Menu Substitution Record form #5075. Preventatively, Group Home management will observe to ensure that client #4 and all clients are offered substitutions when needed and the Menu Substitution Record is completed appropriately. The Group Home Manager will observe at least 2-3 times per week for one month. Systemically, all Group Home Managers will be retrained on their</p>	06/23/2023

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W 0249 Bldg. 00	<p>them to take a few bites." Regarding offering an alternative food choice, DSP #2 stated "if we had one made."</p> <p>On 4/26/23 at 5:15 PM an interview was conducted with DSP #3. DSP #3 stated if a client did not like the food served, staff should "offer a substitution."</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 4/27/23 at 3:00 PM. The QIDP indicated clients should be allowed to choose foods they like. The QIDP stated staff should have "offered him a substitution."</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (clients #1 and #2), the facility failed to implement clients #1 and #2's plans.</p> <p>Findings include:</p> <p>Observations were completed on 4/25/23 from 2:45 PM through 5:45 PM and on 4/26/23 from 6:00 AM through 8:21 AM. On 4/25/23 at 3:37 PM, clients #1 and #2 were at the dining room table eating a snack. DSP #4 was in the kitchen preparing</p>	W 0249	<p>role to monitor and ensure that the clients have substitutions offered to them when needed and that appropriate food is available for substitutions.</p> <p>249 IDT met and reviewed client #1 and #2's dining plans and agreed that they are appropriate. Alvord staff failed to implement them by ensuring appropriate supervision was provided. All Alvord group home staff have been re-trained on client #1 and client #2's dining plans which includes their required supervision needed while eating all snacks and meals.</p>	06/23/2023

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	<p>snacks for the other clients, out of line of sight to clients #1 and #2. Client #2 ate his snack very quickly with large bites and took his dirty dish to the kitchen. During this observation, staff did not prompt client #2 to slow down or take smaller bites. Staff also did not monitor clients #1 or #2 closely while eating for signs and symptoms of choking.</p> <p>On 4/26/23 at 6:46 AM, client #1 was at the dining room table eating and Direct Support Professional (DSP) #4 was in the adjoining kitchen with her back to him washing dishes with the water running. At 6:47 AM client #1 dropped his eating utensil on the floor, looked over at staff then attempted to lean over to the right in his wheelchair to pick the utensil up. At 6:49 AM, DSP #4 came in to the dining room and asked client #1 "done [client #1]? Oh, did you drop your spoon?" DSP #4 then grabbed client #1's dishes and utensil and took them to the kitchen. At 6:53 AM DSP #4 stated "everyone is pureed..." regarding the clients' meals. During this observation period, staff did not monitor client #1 closely during his meal for signs and symptoms of choking.</p> <p>Client #1's record was reviewed on 4/27/23 at 11:00 AM. A Choking Protocol dated 11/17/22 indicated client #1's current diet was "Dental soft diet with pureed meats with Nectar thick liquids." The protocol indicated he was a high risk for choking because he had a "Recurrent esophageal stricture with history of choking." Recommendations included: Small to regular sized bites, present bolus of food toward the middle of the tongue, follow current diet orders, alternate between food and fluids, eat at a normal pace...monitor for lethargy during mealtime, stop feeding if too tired to eat safely, arouse prior to placing food/fluid</p>		<p>Preventatively, The Group Home QIDP and Group Home Manager will observe to ensure the client's dining plans are being followed and appropriate supervision is being provided. The QIDP and Manager will complete observations at least 2-3 times per week for one month. After the first month, the group home manager will continue bi-monthly observations to ensure that dining plans are being followed.</p> <p>Systemically, all QIDP's and Group Home Managers will be retrained on their role to monitor and ensure that consistent implementation of dining plans are being followed as well as appropriate mealtime supervision. In addition, all group home managers complete observations at least two times a month to ensure dining plans are being followed.</p>	

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	<p>items into mouth, specific feeding recommendations: monitor closely to ensure safe eating, staff should encourage [client #1] to take small bites and avoid overfilling his mouth, alternate liquids &amp; solids."</p> <p>Client #2's record was reviewed on 4/27/23 at 12:00 PM. A Choking Protocol dated 2/23/23 indicated in part, "...choking plan: staff to monitor while eating to provide assistance as needed to ensure safety, observe for any meal time/eating/drinking issues and report to medical team ASAP...". A Dining plan dated 10/21/22 indicated in part, "Staff will monitor [client #2] while eating &amp; provide supports as needed to ensure bite sized pieces are eaten individually, staff will monitor that [client #2] eats &amp; drinks at an appropriate &amp; safe rate, watch for pocketing of food...".</p> <p>DSP #3 was interviewed on 4/26/23 at 5:15 PM. DSP #3 stated clients #1 and #2 had plans for choking. DSP #3 stated clients who are at risk for choking, interventions included "making the meal properly, use thickener properly, monitor closely, notice signs of choking, use correct dishes and utensils." DSP #3 stated staff "should be in the same room" as the clients to monitor closely while eating.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/28/23 at 1:00 PM. The QIDP indicated clients #1 and #2 were on mechanically altered diets. The QIDP stated "they are on pureed or mechanical soft." The QIDP stated there are "some clients in the home that require one to one supervision or visually within eyesight" monitoring while eating. The QIDP stated clients #1 and #2 should have been monitored more closely per their plans.</p>			

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W 0440  Bldg. 00	<p>9-3-4(a)</p> <p>483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (clients #1, #2 and #3) plus 5 additional clients (clients #4, #5, #6, #7 and #8), the facility failed to conduct quarterly evacuation drills for each shift of personnel for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>Findings include:</p> <p>A record review of evacuation drills was conducted on 4/27/23 at 4:15 PM. The record review indicated evacuation drills for the past calendar year for clients #1, #2, #3, #4, #5, #6, #7 and #8 were conducted on the following dates and shifts: 4/15/22 on second shift, 5/19/22 on second shift, 6/2/22 on 3rd shift, 7/4/22 on second shift, 9/24/22 on second shift, 10/28/22 on first shift, 12/9/22 on third shift, 1/5/23 on first shift and 2/16/23 on second shift. The review indicated there was no 1st shift drill conducted in the 2nd quarter of 2022, there was no 1st shift drill conducted for the 3rd quarter of 2022, there was no 2nd shift drill conducted for the 3rd quarter of 2022 and there was no 3rd shift drill for the first quarter of 2023.</p> <p>A review of the undated procedure for Fire Drill and Emergency Evacuations was conducted on 4/27/23 at 4:15 PM. The procedure indicated, "All homes of RCDS (Rehabilitation Center Developmental Services) shall conduct at least 12 exit drills each year which shall include transmission of fire alarm signal and simulation of emergency fire conditions. Exit drills shall occur at least once per shift per quarter and on a rotating</p>	W 0440	<p>440</p> <p>Alvord has been in transition with management over the past year. The group home coordinator and group home manager positions have both been difficult to maintain at Alvord. The inconsistency with management has created inconsistency in completion of quarterly evacuation drills. Alvord has an experienced interim Group home manager that manages another Easterseals group home. He will ensure that the drills are ran when needed and stays on schedule.</p> <p>Additionally, Easterseals administration has developed a new training system for all incoming managers which includes specific training on completing quarterly evacuation drills. This includes following the yearly Quarterly Drill Schedule to ensure all drills are completed on each shift during each quarter at varied times.</p> <p>Systemically, all group home managers will be re-inserviced on the evacuation drills process of following the Quarterly Drill Schedule, and Group Home Coordinators will be re-inserviced on monitoring and reviewing the quarterly drill schedule. Each</p>	06/23/2023

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W 0454 Bldg. 00	<p>basis to include breakfast/AM, evenings, weekends and third shift drills..."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/28/23 at 1:00 PM. The QIDP indicated there were not 12 fire drills for the home for the year. The QIDP stated fire drills were to be completed by staff "every month."</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients (clients #1, #2 and #3) plus 5 additional clients (clients #4, #5, #6, #7 and #8), the facility failed to ensure proper hand hygiene for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>Findings include:</p> <p>Observations were completed 4/25/23 from 2:45 PM through 5:45 PM and on 4/26/23 from 6:00 AM through 8:21 AM. On 4/25/23 at 3:37 PM, Direct Support Professional (DSP) #4 prompted clients #1, #2 and #5 to the table for a snack. DSP #4 served clients #1, #2 and #5 a snack without prompting them to perform hand hygiene. At 3:38 PM, client #4 was at the kitchen counter and was served a snack by DSP #4. DSP #4 did not prompt client #4 to perform hand hygiene before eating. At 3:41 PM, client #7 came to the table for a snack and was not prompted by staff to perform hand hygiene before eating. Client #5 left the table, went to the bathroom and returned to the table to</p>	W 0454	<p>group home will scan the quarterly drill to the office coordinator, and the Office Coordinator will begin monitoring the drills on a quarterly basis to ensure the evacuation drills paperwork is submitted quarterly. All group home management will be re-inserviced on the end of the month paperwork which includes the quarterly evacuation drills.</p> <p>454 Easterseals Group Home management and staff are all trained on the necessity of handwashing in order to prevent the spread of disease. Due to the noted concerns with staff not ensuring that the clients washed or sanitized their hands prior to snacks, meals, taking medications, and after toileting was observed. All staff at Alvord have been retrained on proper handwashing and/or sanitizing of hands for both clients and staff. (Clients - following toileting, prior to snacks/meals, when re-entering the group home, etc. Staff - prior to handling medications and food, between client care, entering the group home, etc.) It was also noted that urinals were not labeled and assigned to a specific client.</p>	06/23/2023

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	<p>eat his snack. Staff did not prompt client #5 to perform hand hygiene after using the bathroom and before eating. At 4:10 PM, in the laundry room, 4 urinals with no names labeled were hanging on the side of the sink and client #4's foley catheter (FC) bag was hanging above the sink with the end of the tubing not capped and touching the inside of the sink. The Program Manager (PM) indicated there was no way to know who the urinals belonged to. The PM indicated client #4's FC bag should not be uncapped or touching the inside of the sink. The PM stated "That's an infection control issue. There are lots of things that need fixed."</p> <p>On 4/26/23 at 6:15 AM, DSP #1 prompted client #6 to the medication room for medications. DSP #1 administered client #6's medications without performing hand hygiene for herself or client #6. At 6:18 AM, client #2 was prompted to the medication room. DSP #1 administered client #2's medications without performing hand hygiene for herself or client #2. At 6:20 AM, client #3 was prompted to the medication room. DSP #1 administered client #3's medication without performing hand hygiene for herself or client #3. At 6:46 AM, client #1 was assisted to the table and served breakfast by DSP #4. DSP #4 did not prompt client #1 to perform hand hygiene before eating. At 6:53 AM, client #5 was served his breakfast by DSP #4. DSP #4 did not prompt client #5 to perform hand hygiene before eating. At 7:10 AM, client #7 was served breakfast by DSP #4. DSP #4 did not prompt client #7 to perform hand hygiene before eating. At 7:13 AM, the House Manager (HM) stated to DSP #4 "have them sanitize their hands before they eat."</p> <p>On 4/26/23 at 5:15 PM an interview was conducted with DSP #3. DSP #3 stated "yes" clients should</p>		<p>This has been corrected by labeling the urinals with client initials. Alvord group home staff have also been retrained on only using the clients specific urinals with the client and clients personal items such as (urinals, toothbrushes, utensils, cups, brushes, etc. ) cannot be shared. The retraining on the Easterseals Handwashing Policy with Alvord staff will bring additional awareness and ensure proper handwashing/sanitization occurs in the future. Additionally, group home management will complete observations 2-3 times per week and observe that proper handwashing is occurring with staff and clients at all necessary times. Management will also observe for appropriate sanitation of medical equipment specifically the foley cath bag and that personal items are not being shared.</p> <p>Systemically, all Easterseals' Management and DSP's will be retrained on infection control specific to hand washing and ensuring clients personal items are not shared (ex. Urinals, toothbrushes, utensils, cups, brushes, etc.). All Easterseals nurses will begin monitoring the group homes to ensure that they are sanitary environments to avoid sources and transmission of infections.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G596	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/28/2023
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NAME OF PROVIDER OR SUPPLIER  REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP COD 1426 S ALVORD LN EVANSVILLE, IN 47714
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	<p>be prompted to perform hand hygiene before eating their meals and taking their medications.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/28/23 at 1:00 PM. The QIDP stated "staff are Core A and B trained during the onboarding process." The QIDP indicated staff should perform hand hygiene between clients when passing medications. The QIDP also indicated staff should prompt the clients to perform hand hygiene before medications and meals. The QIDP stated clients should not share urinals, "those should be labeled so they know who they belong to." The QIDP indicated client #4's FC bag should be capped when not in use. The QIDP indicated these were infection control issues.</p> <p>The Core A and B Indiana Direct Support Professional Training dated 6/9/2020 was reviewed on 3/28/22 at 2:00 PM. The review indicated, "Performing hand hygiene is the number one method to preventing the spread of disease and protecting yourself and individuals from illness... Always wash hands prior to preparing medications. Also ensure that your individual washes their hands prior to taking medications." The training also indicated, "Ensure individuals do not share personal items such as toothbrush, utensils, cups, brushes, etc."</p> <p>9-3-7(a)</p>			