STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G136	A. BUILDING 00 B. WING	11/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	427 W LONGEST ST PAOLI, IN 47454

(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 full recertification and state licensure survey. This survey was done in conjunction with the PCR/Post Certification Revisit to the investigation of complaint #IN00273049. Dates of Survey: November 19, 20 and 21, 2018. Facility Number: 000673 AIM Number: 100248740 Provider Number: 15G136 These deficiencies reflect findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/4/18.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 3 of 3 sampled clients (A, B and C), and 4 additional clients (D, E, F and G), the governing body failed to exercise operating direction over the facility to ensure fire doors were not kept from closing automatically and failed to ensure clients had egress from a day program area. Findings include: Observations were conducted at the facility on the afternoon of 11/19/18 from 12:30 PM until 6:00 PM. Clients A, B, C, D, E, F and G resided in the facility.	W 0104	While facility researches options for installing mechanisms on the doors to allow the doors to be held open and automatically shut in case of a fire, the Residential Manager of the facility will train all staff to keep the doors closed at all times. Persons Responsible: Direct Support Professionals, Residential Manager, Area Supervisor, Program Manager, Associate Executive Director	12/21/2018

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G136	A. BUILDING 00 B. WING	11/21/2018

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	During the observation period, a bedroom hallway connecting the facility's dining area to the living/family room area had doors which were held open with doorstops. The doors at either end of the bedroom hallway were not equipped with a mechanism to allow them to be held open and automatically shut in case of fire. Observations were conducted of the basement area of the facility which housed a day program for clients A, D, E and G on 11/20/18 at 12:02 PM. Residential Manager (RM) #1 and the surveyor went to the outside entrance of the day program area. Staff #2 had to physically unlock the entryway door to allow the visitors to enter the program room. The entry door did not open by a simple turn of the door handle to allow clients to immediately gain access to the outside of the building in case of emergency. Interview with RM #1 on 11/10/18 at 12:30 PM indicated clients A, D, E and G were supervised closely by staff at the day program and there was no reason to prevent their ready egress from the day program room. Interview with staff #3 on 11/20/18 at 12:45 PM indicated the doors in the bedroom hallway were fire doors. 9-3-1(a)			
W 0192 Bldg. 00	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on observation and interview for 1 of 3 sampled clients (B), the facility failed to ensure staff was trained to wear gloves when	W 0192	The Area Supervisor will hold a training in service in the home for all Direct Support Professionals	12/21/2018

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	administering client B's glucometer test. Findings include: Observations were conducted at the facility on the afternoon of 11/19/18 from 12:30 PM until 6:00 PM. Staff #2 was observed to administer a glucometer test (meter used to test blood glucose content) to client B at 4:16 PM. The testing procedure consisted of a finger stick administered by staff #2 to client B in order to obtain a blood sample to test in the glucometer machine. Staff #2 did not wear gloves when she administered the test. The three glucometer readings were "error," so staff #2 asked LPN #1 to assist her. LPN #1 came to the medication area and administered a glucometer test to client B after first donning gloves. LPN #1 and staff #2 were interviewed on 11/19/18 at 4:26 PM. The interview indicated staff #2 should have used gloves when performing the finger stick and glucometer testing for client B. 9-3-3(a)		and the Residential Manager on proper personal protective equipment measures. This includes the proper handwashing techniques, usage of gloves and proper removal of gloves. Persons Responsible: Direct Support Professionals, Area Supervisor, Program Manager, Associate Executive Director	