

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G159	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2023
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 1337 E SOUTHVIEW LN PAOLI, IN 47454
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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: 10/23/23, 10/24/23, 10/25/23, 10/26/23 and 10/27/23.</p> <p>Facility Number: 000695 Provider Number: 15G159 AIM Number: 100243150</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 11/8/23.</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 and interview for 3 of 3 sampled clients (#1, #2 and #3) and 4 additional clients (#4, #5, #6 and #7), the facility's governing body failed to exercise operating direction over the facility to ensure trees and vegetation on three corners of the home were not overgrown into the guttering and onto the roof, water from the front porch did not overflow onto the sidewalk, discoloring the sidewalk, leaving a depression in the ground 6 inch deep by 3 feet long next to the sidewalk, and the window screen adjacent to the front porch was not damaged.</p> <p>Findings include:</p> <p>An observation was conducted on 10/24/23 from</p>	W 0104	<p>The AED contacted the facility's maintenance manager who scheduled the removal of trees and vegetation overgrowth on three corners of the home.</p> <p>The AED contacted the facility's maintenance manager to address water from the front porch overflowing onto the sidewalk. The Maintenance Manager will ensure the side walk is pressure washed to remove discoloration and fill the depression in the ground caused by water runoff.</p> <p>The AED contacted the facility's maintenance manager</p>	11/30/2023

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

TITLE

(X6) DATE

Mark Slaughter

AED

11/27/2023

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>6:15 AM to 7:59 AM. The following environmental issues were found:</p> <p>1) At 7:51 AM, the Team Leader used a verbal prompt with clients #1, #2, #3, #4, #5, #6 and #7 to indicate it was time to leave for day programming. The group exited through a side door to the driveway. Upon exit, two trees were observed overgrowing into the back of the home's guttering and onto the roof. Additionally, the two opposite side corners of the home had trees and vegetation overgrowing into the guttering and onto the roof.</p> <p>2) At 7:58 AM, a large black stain on the sidewalk adjacent to the front porch with a depression in the ground approximately 6 inches deep and 3 feet in length went along the front sidewalk.</p> <p>3) Above this dark stain on the front sidewalk was a broken window screen.</p> <p>On 10/24/23 at 8:14 AM, the Area Supervisor (AS) was interviewed. The AS was asked about the overgrown vegetation on the three corners of the home, the stain on the sidewalk and depression in the ground along the side of the front sidewalk. The AS indicated she had trimmed the trees and vegetation during the spring and stated, "It needs trimmed again". The AS indicated a new maintenance person was working with the provider and she would communicate with him. The AS was asked if documentation of work order requests could be provided for review. The AS indicated requests for maintenance was informally communicated through phone calls, text messaging and/or emails. The AS indicated no documented work order requests could be provided for review. The AS was asked about the stain on the sidewalk. The AS indicated rainwater would flow off the front porch roof and onto the</p>		<p>who scheduled the repair or replacement of the window screen adjacent to the front porch.</p> <p>All repair work will be verified the program manager and report progress to the AED until work is complete.</p> <p>All staff at the facility will be re-trained on completing Maintenance Request Form. The Are supervisor will track maintenance request until work is complete.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p><b>Persons Responsible:</b> Program Manager, maintenance manager, AED, maintenance technician, Area Supervisor, Residential Manager, Direct Support Lead, DSP, QA</p>	

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	<p>sidewalk which created the stained area. The AS was asked about the depression in the ground along the front sidewalk. The AS stated, "There were bushes growing up into the windows, vines, and everything. I thought it looked pretty good, but now I see what you're saying".</p> <p>On 10/25/23 at 10:45 AM, both the AS and Team Leader (TL) were interviewed. The AS and TL were asked about the broken window adjacent to the front porch. The TL indicated she had communicated with maintenance about a damaged window the day prior. The AS and TL were asked about documentation of work order request for review. Both the AS and TL indicated no documented work order request for repair could be provided for review.</p> <p>On 10/25/23 at 2:55 PM, the Assistant Executive Director (AED) was interviewed. The AED was asked about work orders for the environmental issues of overgrown vegetation, the stained sidewalk with a depression in the ground and the broken window screen. The AED stated, "We do have a work order process that the houses should have access to and turn into their supervisors. We had to go back to an online system and probably something we would have to train the supervisors. Generally, a phone call will take care of getting a response. We need to get with a landscaper to fix that (overgrown vegetation and water drainage). I appreciate [Area Supervisor] doing that (spring cleaning of vegetation), but we need a landscaper to fix things like that. We'll have to in-service the staff and supervisor on that (work order process)".</p> <p>9-3-1(a)</p>			

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W 0240  Bldg. 00	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2's target behavior and behavior tracking were defined to ensure measurable data collection.</p> <p>Findings include:</p> <p>On 10/24/23 at 1:12 PM, a review of client #2's record was conducted. The review indicated the following:</p> <p>-Behavior Support Plan (BSP) dated 3/22/23 indicated, "Target Behaviors... Anxiety: Defined as any occurrence of where her anxiety gets too high, she repeats herself excessively...</p> <p>PTSD (Post-Traumatic Stress Disorder): Defined as any of occurrence of intrusive thoughts, nightmares, flashbacks...</p> <p>Dysthymic Disorder: Defined as any occurrence of chronic depression...</p> <p>Gossiping/Eavesdropping: Defined as any occurrence that [client #2] eavesdrops on staff and/or peers and then discusses what she heard with other people...".</p> <p>-Behavior Tracking titled "Antecedent-Behavior-Consequence (ABC)" dated August 2023 through October 2023 indicated the following target behaviors for tracking: "Physical Aggression, Verbal Aggression, Property Destruction, Noncompliance, Self-Injurious Behavior/Suicidal</p>	W 0240	<p>The facility will ensure the individual program plan describes relevant interventions to support the individual toward independence. The Facility will maintain a recordkeeping system that documents the client's behavior tracking that is defined and measurable.</p> <p>The QIPD will review client #2 BSP and ABC Tracking to ensure they are aligned, and measurable data is collected.</p> <p>The QIPD will retrain facility staff on updated BSP and ABC Tracking</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	11/30/2023
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	<p>Ideation, Antagonizing Others, Elopement, Leaving Assigned Area, Inappropriate Sexual Behaviors, Manipulation, Other...".</p> <p>Client #2's behavior tracking dated August 2023 through October 2023 indicated the following targeted behaviors on these dates: "8/9/23 - Verbal Aggression, Noncompliance and Manipulation 8/10/23 - Verbal Aggression 8/29/23 - Verbal Aggression 8/30/23 - Verbal Aggression 10/11/23 - Verbal Aggression 10/13/23 - Verbal Aggression 10/15/23 - Verbal Aggression...".</p> <p>Client #2's BSP for targeted behavior did not indicate a definition for verbal aggression, noncompliance and/or manipulation. In addition, client #2's ABC tracking did not indicate the target behaviors within her BSP. Client #2's behavior data was not measurable in relation to the targeted behavior indicated within her BSP.</p> <p>On 10/24/23 at 1:35 PM, the Qualified Intellectual Disabilities Professional (QIDP) and Team Leader were interviewed. The QIDP was asked about client #2's behavior data and the lack of target behavior defining verbal aggression. The QIDP stated, "We need tracking fixed. It (behavior tracking) does not include her target behaviors. To be honest, it does not have her Anxiety on it. I'm not sure why that (behavior tracking) switched". The QIDP and TL discussed client #2's target behavior and behavior tracking. The TL indicated the former QIDP put the current ABC behavior tracking in place for client #2. The TL was asked by the QIDP why no behavior data was indicated for the month of September 2023. The TL indicated client #2 had not exhibited behavior</p>			

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W 0440 Bldg. 00	<p>indicated on the ABC tracking for September 2023. At 1:39 PM, the QIDP stated to the TL, "When I put the new tracking in place you'll record a zero for no behaviors". Both the QIDP and TL indicated further follow up was needed to ensure client #2's target behaviors from her BSP and the ABC behavior tracking aligned to ensure measurable data could be collected.</p> <p>9-3-4(a)</p> <p>483.470(i)(1) EVACUATION DRILLS</p> <p>at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and 4 additional clients (#4, #5, #6 and #7), the facility failed to conduct quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>On 10/24/23 at 8:01 AM, a review of the facility's evacuation drills was conducted and indicated the following which affected clients #1, #2, #3, #4, #5, #6 and #7:</p> <p>During the first shift (7 AM - 3 PM), there was no documentation of evacuation drills conducted from 10/1/22 through 12/31/22 and 4/1/23 through 6/30/23.</p> <p>During the second shift (3 PM - 11 PM), there was no documentation of evacuation drills conducted from 10/1/22 through 12/31/22 and 7/1/23 through 9/30/23.</p> <p>On 10/24/23 at 8:14 AM, the Area Supervisor (AS) was interviewed. The AS was asked about the missing evacuation drills for first and second shift</p>	W 0440	<p>All staff at the home will be re-trained on conducting evacuation drills quarterly on all shifts. The Residential Manager will review all drills to ensure all required drills area conducted. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff.</p> <p>The Area Supervisor will visit the home at least monthly to ensure the drills are in the home and up to date.</p> <p>Direct Supper Lead will submit monthly drills to the QA Department upon completion. The QA Department will notify the Area Manager and Program manager if the facility has not performed monthly drills as required.</p> <p>The Area supervisor will ensure drills are completed as</p>	11/30/2023

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

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	<p>of personnel. The AS stated, "I need to find them. I know we have these, I just need to find them. There should be a drill done per shift on every quarter". The AS indicated she needed to complete further follow up in regard to the evacuation drill scheduling and for more documentation.</p> <p>On 10/26/23 at 3:15 PM, the AS indicated no further evacuation drills were found or could be provided for review.</p> <p>9-3-7(a)</p>		<p>required.</p> <p>The program manager will conduct random monthly inspections to ensure drills are being completed as required.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p><b>Persons Responsible:</b> Program Manager, Area Supervisor, Residential Manager, Direct Support Lead, DSP, QA</p>		