

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 05/25/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 213 W WATER ST CENTERVILLE, IN 47330		
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00404787.</p> <p>Complaint #IN00404787: Federal/state deficiencies related to the allegation(s) are cited at W129 and W154.</p> <p>Survey Dates: May 24 and 25, 2023.</p> <p>Facility Number: 012632 Provider Number: 15G807 AIMS Number: 201065000</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 6/5/23.</p>	W 0000		
W 0129 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 provide each client with the opportunity for personal privacy.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (A), the facility failed to ensure client A's privacy regarding the use of a video camera in her bedroom.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 5/24/23 from 4:00 PM to 5:00 PM. Throughout the observation a chime sounded each time someone entered or exited through the exterior doors of the group home. Client A's bedroom contained working alarms on both of the</p>	W 0129	<p>CORRECTION: <i>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. Specifically, The video camera in client A's bedroom has been disconnected and will be removed.</i></p> <p>PREVENTION: Facility Administrative level staff (Area Supervisor, Behavioral Clinician, QIDP) will be retrained regarding the fact that prior to</p>	06/24/2023

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

TITLE

(X6) DATE

Bob Morris

QIDP Manager

06/17/2023

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>windows, there was a motion sensor installed on the wall near the ceiling at the foot of her bed, and there was a video camera installed in the corner of her room near the ceiling. There was a plexiglass box surrounding the camera.</p> <p>On 5/24/23 at 11:40 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>A 3/21/23 Bureau of Developmental Disabilities Services (BDDS) report indicated, "On 3/20/23, staff observed [client A] in her bedroom at 7:50 AM. At 8:05 AM, staff noted that [client A] had disabled her alarms and exited the home through her window. Staff notified the supervisor and initiated a search. The supervisor notified the administrative team, filed a missing person report with the [city] Police and arrived to assist with the search. The supervisor located [client A] at 11:20 AM, at the [church] parking lot, two blocks from [client A's] home. EMS (Emergency Medical Services) transported [client A] to the [Hospital Emergency Department] for a psychiatric evaluation. [Client A] remained agitated throughout her ER (emergency room) visit. She told the ER psychiatrist she had swallowed a rock while away from staff supervision. Chest and abdominal X-rays indicated [client A] had not swallowed any non-food items. [Client A] also (sic) Urine Microscopic and Urinalysis tests which produced no acute findings. The psychiatrist diagnosed [client A] with Psychosis, Unspecified Psychosis Type and released her with no new orders. EMS transported [client A] back to her home....</p> <p>Plan to Resolve: [Client A] was not injured and received supportive conversation and reassurance from staff throughout the afternoon and evening. [Client A] has a history of</p>		<p>obtaining guardian and Human Rights Committee approval for restrictive programs, the need for personal privacy must be weighed against the benefits of implementing the restrictive practice.</p> <p>For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, and Nurse Manager) will conduct administrative monitoring no less than 3 times a week during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, including weekend observations. After 30 days, administrative monitoring will occur no less than monthly 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. Current Operations Team members received training from the QIDP Manager to assure a clear understanding of administrative monitoring as defined below.</p> <ul style="list-style-type: none"> The role of the administrative monitor is not 	

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	<p>Elopement, Verbal and Physical Aggression, Property destruction and Self-injury addressed in her Behavior Support Plan. She does not have plan approved alone time and was away from staff supervision for three and a half hours.... One of [client A's] alarms has been located and restored, the other will be replaced...."</p> <p>On 5/24/23 at 3:00 PM, client A's record was reviewed and indicated the following:</p> <p>Client A's behavior tracking from 1/1/23 to 5/24/23 was reviewed and indicated the elopement on 3/20/23 was the only incident where client A was able to evade staff supervision.</p> <p>Client A's 4/6/23 Behavior Support Plan (BSP) indicated client A had a target behavior of elopement. Restrictions: "Cameras: The use of video cameras in the home. The usage of video cameras in the home will be used as preventative measures to assist staff with preventing elopement and other behavioral issues in the home (example: peer on peer aggression) and for safety purposes only and will be non-recording. If cameras are necessary to prevent elopement in the bedroom area, they will only be viewed for the purpose of preventing elopement, without recording, and only with guardian permission. The Human Rights Committee has approved the usage of cameras in the home on 3/24/2023. Plan to restore: If a consumer requires a camera in the bedroom area, the IDT (interdisciplinary team) will discuss the removal of the bedroom camera quarterly to restore rights or until guardian requests removal".</p> <p>On 5/24/23 at 4:00 PM, client A was interviewed. Client A indicated she eloped one time and hid at the church down the road. Client A indicated she</p>		<p>simply to observe & Report.</p> <ul style="list-style-type: none"> When opportunities for training are observed, the monitor must step in and provide the training and document it. If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. Review all relevant documentation, providing documented coaching and training as needed <p>Administrative support at the home will include assuring an environment free from violating client's privacy.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Direct Support Staff, Operations Team, Regional Director</p>	

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	<p>had tried to sneak out her window several times, but staff caught her each time. Client A indicated there was one time where she did get out but staff saw her and kept her from leaving the yard.</p> <p>On 5/24/23 at 4:25 PM, staff #1 was interviewed. Staff #1 indicated client A has eloped from the group home one time and she walked to the church down the road and hid for a few hours before staff found her. Staff #1 indicated the window alarms and motion sensors in client A's room have been effective at preventing elopements. Staff #1 indicated the camera was installed last week.</p> <p>On 5/24/23 at 4:48 PM, staff #2 was interviewed. Staff #2 indicated client A has eloped one time. Staff #2 indicated client A pulled the alarm off her window and took the batteries out of it and threw a boot at the motion sensor which caused it to not work. Staff #2 indicated other attempts to elope have been prevented by the use of the window alarms and motion sensor. Staff #2 indicated client A's guardian requested the camera to be installed after the elopement incident due to safety concerns. Staff #2 indicated the IDT met and agreed the camera was needed and it was installed last week.</p> <p>On 5/25/23 10:29 AM, the Behavior Clinician (BC) was interviewed. The BC indicated there was one elopement incident where client A was able to evade supervision. The BC stated, "[Guardian] requested an emergency IDT and the use of the camera in the bedroom. She (client A) threatens to leave a lot, but she doesn't actually leave. There was an IDT meeting on 3/26/23 and that was the day it (camera) was approved". The BC was asked about client A's privacy. The BC stated, "There is a room in the back of the house</p>			

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	<p>that nobody is ever in. She can go there anytime she wants to. She really isn't in her room much during the day. Honestly, the camera thing mom requested that. That is why it is in there. It doesn't record. It is to make sure she isn't trying to elope. She can have privacy anytime she wants in the back room. The motion sensor was implemented a few months before the camera. She threw a boot at the motion sensor to disable it and took the window alarm off before she left the home. She had a bed alarm at one time, but she disabled it. The motion sensor replaced the bed alarm. Anything within her reach she will disable. [Client A] will go with anyone so it is a safety issue and mom wants to ensure she doesn't elope again". The BC indicated the camera was installed last week.</p> <p>On 5/25/23 at 11:26 AM, staff #3 was interviewed. Staff #3 indicated client A has only managed to get out of the house and evade supervision once. Staff #3 indicated the window alarms and motion sensors have been effective at preventing previous elopements. Staff #3 stated, "[Guardian] wanted a camera in her room so staff could see if she was attempting to elope. She's very smart and turns off the window alarms. She can go into the other living room for privacy. I agree it's a privacy issue, but [guardian] insisted on the camera".</p> <p>On 5/25/23 at 12:28 PM, the Qualified Intellectual Disabilities Professional Manager (QIDPM) was interviewed. The QIDPM indicated the IDT met and agreed a camera would be installed in client A's room to prevent elopement and for her safety. The QIDPM indicated client A eloped and evaded staff supervision one time. The QIDPM indicated client A had a history of disabling the window alarms and motion sensor. The QIDPM indicated approval was obtained from the human rights</p>				

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W 0154 Bldg. 00	<p>committee prior to implementing the camera. The QIDPM did not agree with the camera being a privacy issue because it was installed for safety reasons.</p> <p>This federal tag relates to complaint #IN00404787.</p> <p>9-3-2(a)</p> <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 2 of 2 sampled clients (A and B) and 1 additional client (D), the facility failed to conduct thorough investigations regarding client A's elopement from the group home and 2 incidents of client to client aggression regarding clients A, B and D.</p> <p>Findings include:</p> <p>On 5/24/23 at 11:40 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1. A 3/21/23 Bureau of Developmental Disabilities Services (BDDS) report indicated, "On 3/20/23, staff observed [client A] in her bedroom at 7:50 AM. At 8:05 AM, staff noted that [client A] had disabled her alarms and exited the home through her window. Staff notified the supervisor and initiated a search. The supervisor notified the administrative team, filed a missing person report with the [city] Police and arrived to assist with the search. The supervisor located [client A] at 11:20 AM, at the [church] parking lot, two blocks from [client A's] home. EMS (Emergency Medical Services) transported [client A] to the [Hospital Emergency Department] for a psychiatric</p>	W 0154	<p>CORRECTION:</p> <p><i>The facility must have evidence that all alleged violations are thoroughly investigated.</i></p> <p>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 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.</p> <p>Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required. In addition to weekly face to face training and follow-up with the</p>	06/24/2023

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	<p>evaluation. [Client A] remained agitated throughout her ER (emergency room) visit. She told the ER psychiatrist she had swallowed a rock while away from staff supervision. Chest and abdominal X-rays indicated [client A] had not swallowed any non-food items. [Client A] also (sic) Urine Microscopic and Urinalysis tests which produced no acute findings. The psychiatrist diagnosed [client A] with Psychosis, Unspecified Psychosis Type and released her with no new orders. EMS transported [client A] back to her home. Once in her bedroom, [client A] began tearing papers off the wall and yelling threats at staff and housemates. Additionally, she refused her 5:00 PM dose of Gabapentin 400mg (for behaviors). Staff provided verbal redirection and offered coping skills, but [client A] continued to escalate. She began hitting and kicking staff. Blocking and verbal redirection were not effective, and staff placed [client A] in a two person You're Safe, I'm Safe (behavioral intervention) hold for safety. When [client A] began to calm, staff released the hold. [Client A] laid on the living room floor, yelling at intervals until 10:00 PM when she told staff she was tired and went to bed.</p> <p>Plan to Resolve: [Client A] was not injured and received supportive conversation and reassurance from staff throughout the afternoon and evening. [Client A] has a history of Elopement, Verbal and Physical Aggression, Property destruction and Self-injury addressed in her Behavior Support Plan. She does not have plan approved alone time and was away from staff supervision for three and a half hours. The use (sic) You're Safe, I'm Safe holds has guardian and Human Rights Committee approval. The hold lasted five minutes with releases and repositioning for comfort every two to three minutes. One of [client A's] alarms has been</p>		<p>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 QIDP Manager will provide weekly follow-up to the QA Manager regarding progress and additional training needs.</p> <p>When the investigator assigned to 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:</p> <p>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 the Operations Team, comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Assistant Nurse Manager. The Quality Assurance Manager will</p>	

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	<p>located and restored, the other will be replaced. [Client A] is currently receiving 24/7 (24 hour) one-to-one supervision pending an interdisciplinary team meeting on 3/23/23 to develop additional supports".</p> <p>There was no documentation indicating the facility conducted an investigation regarding client A's elopement from the group home.</p> <p>On 5/25/23 at 12:28 PM, the Qualified Intellectual Disabilities Professional Manager (QIDPM) was interviewed. The QIDPM indicated incidents of elopement should be investigated and client A's elopement was not investigated.</p> <p>2. A 4/4/23 BDDS report indicated, "On 4/3/23, [client B's] housemate [client A] had been in an agitated state. Staff encouraged [client B] to stay away out of [client A's] personal space with limited success. At 5:00 PM, despite staff verbal redirection [client B] walked past [client A] who reached around staff and hit [client B] on her left shoulder. [Client B] did not retaliate. [Client B] walked with staff to another area in the house (sic). Staff completed a physical assessment and notified the supervisor and nurse. [Client B] resumed her normal routine. Plan to Resolve: [Client B] was not injured, and staff provided post-incident supportive conversation and reassurance. Staff will continue to monitor the interactions between [client A] and [client B] and will report any concerns to the supervisor, behavioral clinician and QIDP (Qualified Intellectual Disabilities Professional)...."</p> <p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p>		<p>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 conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. 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.</p> <p>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>	

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	<p>On 5/25/23 at 12:28 PM, the QIDPM was interviewed. The QIDPM indicated incidents of client to client aggression should be investigated.</p> <p>3. A 5/12/23 BDDS report indicated, "On 5/12/23, [client B] was walking toward the front door to sit outside with staff. She stopped in front of [client D's] bedroom. Before staff could intervene, [client D] ran up to [client B] and pushed her away from her bedroom. [Client B] did not retaliate, and staff separated them immediately. [Client B] accompanied staff outside as planned. [Client D] attempted to exit the house and staff blocked. [Client D] began attempting to hit, bite, kick, and spit on staff, who blocked and moved out of her way. [Client D] began pushing dining room furniture around and when staff redirected her verbally, she sat on the floor and scooted herself around while yelling. Staff offered coping skills and [client D] was able to calm herself and resume her normal routine. Staff notified the supervisor and nurse. Plan to Resolve: No one was injured and both individuals received post-incident supportive conversation and reassurance...."</p> <p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p> <p>On 5/25/23 at 12:28 PM, the QIDPM was interviewed. The QIDPM indicated incidents of client to client aggression should be investigated.</p> <p>This federal tag relates to complaint #IN00404787.</p> <p>9-3-2(a)</p>			