

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

PRINTED: 03/22/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/30/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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{W 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the PCR (Post Certification Revisit) to the annual recertification and state licensure survey which included the PCR to the investigation of complaint #IN00234659 completed on 8/18/17.</p> <p>This visit was done in conjunction with the investigation of complaint #IN00251294 which resulted in an Immediate Jeopardy that was not removed on 1/30/18.</p> <p>Complaint #IN00234659 Corrected.</p> <p>Dates of Survey: 1/23/18, 1/24/18, 1/25/18, 1/26/18, 1/29/18 and 1/30/18.</p> <p>Facility Number: 001000 Provider Number: 15G486 AIMS Number: 100245010</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/1/18.</p>	{W 000}			
W 102	<p>GOVERNING BODY AND MANAGEMENT CFR(s): 483.410</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>This CONDITION is not met as evidenced by: Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 4 of 4</p>	W 102			3/3/18

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

TITLE

(X6) DATE

02/12/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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W 102	<p>Continued From page 1</p> <p>sampled clients (A, B, C and D), plus 1 additional client (E).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policies and procedures to prevent staff to client physical abuse regarding clients A, B and C and to prevent neglect of client A regarding a pattern of weight loss, to ensure client E's ambulation needs were reassessed following a progressive decline in functional ambulatory skills, to ensure staff implemented client E's CHRHP (Comprehensive High Risk Health Plan) for fall prevention, the nurse implemented dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss, to ensure client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated, to ensure clients C, D and E had a continuous supply of medications from the pharmacy, to ensure clients C, D and E's medications were administered as ordered by their physicians and to ensure client E had a gait belt and his prescription eyeglasses.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 4 sampled clients (A, B and C).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Health Care Services for 3 of 4 sampled clients (A, C and D), plus 1 additional client (E).</p>	W 102			

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W 102	<p>Continued From page 2</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policies and procedures to prevent staff to client physical abuse regarding clients A, B and C and to prevent neglect of client A regarding a pattern of weight loss, to ensure client E's ambulation needs were reassessed following a progressive decline in functional ambulatory skills, to ensure staff implemented client E's CHRHP (Comprehensive High Risk Health Plan) for fall prevention, the nurse implemented dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss, to ensure client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated, to ensure clients C, D and E had a continuous supply of medications from the pharmacy, to ensure clients C, D and E's medications were administered as ordered by their physicians and to ensure client E had a gait belt and his prescription eyeglasses. Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 4 sampled clients (A, B and C). Please see W122.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Health Care Services for 3 of 4 sampled clients (A, C and D), plus 1 additional client (E). Please see W318.</p>	W 102			

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W 102	Continued From page 3	W 102			
W 104	<p>9-3-1(a) GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D), plus 1 additional client (E), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policies and procedures to prevent staff to client physical abuse regarding clients A, B and C and to prevent neglect of client A regarding a pattern of weight loss, to ensure client E's ambulation needs were reassessed following a progressive decline in functional ambulatory skills, to ensure staff implemented client E's CHRHP (Comprehensive High Risk Health Plan) for fall prevention, the nurse implemented dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss, to ensure client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated, to ensure clients C, D and E had a continuous supply of medications from the pharmacy, to ensure clients C, D and E's medications were administered as ordered by their physicians and to ensure client E had a gait belt and his prescription eyeglasses.</p> <p>Findings include:</p>	W 104		3/3/18	

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W 104	<p>Continued From page 4</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policies and procedures to prevent staff to client physical abuse regarding clients A, B and C and to prevent neglect of client A regarding a pattern of weight loss. Please see W149.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client E's ambulation needs were reassessed following a progressive decline in functional ambulatory skills. Please see W218.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure staff implemented client E's CHRHP (Comprehensive High Risk Health Plan) for fall prevention. Please see W249.</p> <p>4. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the nurse implemented dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss and client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated. Please see W331.</p> <p>5. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients C, D and E had a continuous supply of medications from the pharmacy. Please see W361.</p> <p>6. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients C, D and E's medications were administered as ordered by their physicians.</p>	W 104			

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W 104	Continued From page 5 Please see W368.	W 104			
W 122	<p>7. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client E had a gait belt and his prescription eyeglasses. Please see W436.</p> <p>9-3-1(a) CLIENT PROTECTIONS CFR(s): 483.420</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>This CONDITION is not met as evidenced by: Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 3 of 4 sampled clients (A, B and C). The facility failed to implement its written policies and procedures to prevent staff to client physical abuse regarding clients A, B and C and to prevent neglect of client A regarding a pattern of weight loss.</p> <p>Findings include:</p> <p>The facility failed to implement its written policies and procedures to prevent staff to client physical abuse regarding clients A, B and C and to prevent neglect of client A regarding a pattern of weight loss. Please see W149.</p>	W 122		3/3/18	
W 149	<p>9-3-2(a) STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)</p>	W 149		3/3/18	

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W 149	<p>Continued From page 6</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D), the facility failed to implement its written policies and procedures to prevent staff to client physical abuse regarding clients B, C and D and to prevent neglect of client A regarding a pattern of weight loss.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/29/18 at 9:51 AM. The review indicated the following:</p> <p>-BDDS report dated 1/16/18 indicated, "[Client D, age and diagnosis], who lives in a supervised group living residence with six other men. While assisting [client D], staff noted a pattern of bruises, specifically he had a 1 inch in diameter bruise below his left knee, a 0.75 inch bruise on his left shin, a 1.25 inch round bruise on his left shoulder, a 3.5 inch long oval bruise on his left upper are (sic), and a 0.75 inch bruise on his left outer wrist. He said that he received the injuries when [staff #5] punched him and hit him with a hanger, on an iunspecified (sic) date and time. The ResCare nurse transported [client D] to the [hospital] to have the injuries evaluated. ER (Emergency) personnel examined [client D] and performed X-rays and discharged him to ResCare staff with a diagnosis of Assault with Contusions and a recommendation to take</p>	W 149			

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W 149	<p>Continued From page 7</p> <p>ibuprofen as needed for pain. [Staff #5] has been suspended pending investigation and the team is providing [client D] with emotional support. Staff are tracking the bruises... (sic) healing process on an injury follow-up flow sheet and [client D] is voicing no complaints of discomfort at this time. ResCare will maintain an increased administrative presence in the home during the course of the investigation."</p> <p>-BDDS report dated 1/16/18 indicated, "[Client B, age and diagnosis], who lives in a supervised group living residence with six other men. [Client B] complained to staff of experiencing abdominal pain because [staff #5] hit him on an unspecified date and time. The ResCare Nurse assessed [client B] and transported him to the [hospital] for evaluation. ER personnel examined [client B], noted no injuries and released him to ResCare staff with a diagnosis of Assault, normal exam. [Staff #5] has been suspended pending investigation and the team is providing [client B] with emotional support. [Client B] is voicing no complaints of discomfort at this time. ResCare will maintain an increased administrative presence in the home during the course of the investigation."</p> <p>-BDDS report dated 1/16/18 indicated, "[Client C, age and diagnosis], who lives in a supervised group living residence with six other men. While assisting [client C], he complained of back pain because [staff #5] hit him on an unspecified date and time. The ResCare nurse assessed [client C] and discovered a 1 inch scratch on his back. Staff applied first aid. [Staff #5] has been suspended pending investigation and the team is providing [client C] with emotional support. Staff are tracking the scratch..s (sic) healing process on an</p>	W 149			

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W 149	<p>Continued From page 8</p> <p>injury follow-up flow sheet and [client C] is voicing no complaints of discomfort at this time. ResCare will maintain an increased administrative presence in the home during the course of the investigation."</p> <p>-Investigative Summary dated 1/15/18 through 1/19/18 indicated, "Conclusion (1.) The evidence substantiates [staff #5] struck [client D]. (2.) The evidence substantiates [staff #5] struck [client C]. (3.) The evidence substantiates [staff #5] struck [client B]."</p> <p>Staff #1 was interviewed on 1/23/18 at 4:54 PM. When asked if she was aware of any bruises or injuries of unknown origin on the clients in the home, staff #1 stated, "Only the one incident." Staff #1 indicated she was aware of the allegations of staff to client abuse regarding clients B, C and D by staff #5. Staff #1 indicated she had not had concerns with staff #5's interactions prior to the incident. Staff #1 indicated she was not aware of any ongoing or additional allegations of abuse or neglect in the home. Staff #1 indicated staff #5 had been suspended and not returned to the house for work.</p> <p>RM (Residential Manager) #1 was interviewed on 1/23/18 at 4:20 PM. When asked if she was aware of any bruises or injuries of unknown origin on the clients in the home, RM #1 stated, "The last incident was with [client D]. He had bruises all over the left side of his body. From his shoulders to his ankles. Beat up pretty bad." When asked if she was aware of or have any concerns regarding the treatment of the clients in the home by staff, RM #1 stated, "No concerns had been reported. I had concerns about [staff #5], the</p>	W 149			

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W 149	<p>Continued From page 9</p> <p>overnight staff not bathing or giving the guys proper breakfast. He had submitted his two week notice before the incident (1/15/18)." RM #1 indicated she was not aware of any ongoing or additional allegations of abuse or neglect.</p> <p>Staff #3 was interviewed on 1/23/18 at 5:46 PM. When asked if she was aware of any bruises or injuries of unknown origin on the clients in the home, staff #3 stated, "My first night of shadowing (on the job training) was last Monday (1/15/18). I came in. Cooked and everything and then assisted with the showers. That's when I noticed [client D's] side. Got him dry from the shower in his room and seen all the bruises. I wanted to cry for him. I asked who did this and he said '[staff #5]'. I went and reported it to [staff #1]. She called and reported it to [RM #1]. [RM #1] came in and they questioned him about where the bruises came from. He told them the same thing, that it was [staff #5]. [RM #1] called the nurse to report it. I did the IR (Incident Report) and my shift was over." Staff #3 indicated she was not aware of any additional or ongoing abuse in the home.</p> <p>PD (Program Director) #1 was interviewed on 1/24/18 at 12:24 PM. When asked if he was aware of any bruises or injuries of unknown origin on the clients in the home, PD #1 stated, "Currently, no." PD #1 indicated there had been an incident involving staff #5 and clients B, C and D. PD #1 indicated clients B and C had been hit in the stomach and client D had bruises on his shoulder and shin. PD #1 indicated staff #5 was suspended and terminated after the investigation was completed. PD #1 indicated he was not aware of any ongoing or additional allegations of abuse in the home.</p>	W 149			

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W 149	<p>Continued From page 10</p> <p>2. Client A's record was reviewed on 1/24/18 at 9:44 AM. Client A's GHQNA (Group Home Nutrition Quarterly Assessment) undated indicated the following:</p> <p>-8/2016: weight was 256 pounds. -10/2016: weight was 256.7 pounds. 12/2016: weight was 256.3 pounds. -1/2017: weight was 257.8 pounds. -3/2017: weight was 257.8 pounds.</p> <p>Goals/Assessments:</p> <p>-1/11/17, "CBW (Current Body Weight) 257.8 pounds. Weight stable. No concerns noted. Will continue current plan of care and new goal to maintain weight less than or equal to 258 pounds."</p> <p>-4/12/17, "March weight at 257.8 pounds. Goal met to maintain weight less than or equal to 258 pounds. No new concerns noted. Will continue with current plan of care and goal to maintain 258 pounds."</p> <p>-7/12/17, "CBW not available at this time. No new concerns noted. Will continue with current plan and goal to maintain weight less than or equal to 258 pounds."</p> <p>The undated GHQNA form did not indicate additional documentation of weights.</p> <p>Client A's History and Physical Examination form dated 9/13/17 indicated client A's weight was 227 pounds.</p> <p>Client A's GHNA dated 10/26/17 indicated:</p>	W 149			

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W 149	<p>Continued From page 11</p> <p>- "Date: 10/2017. Weight: 200 pounds."</p> <p>Summary of Nutrition Assessment:</p> <p>- "Extreme variables with weight. Staff reports no changes/stable and (illegible)."</p> <p>- "(Illegible) weight fluctuation. Recent medical physical noted. New order to check cheeks to ensure swallow of meals."</p> <p>Goals:</p> <p>- "Determine baseline weight. Daily weight for 3 days."</p> <p>- "Speech screen."</p> <p>Client A's Prescription Order form dated 9/22/17 indicated, "Speech evaluation. Treat as indicated."</p> <p>Client A's record did not indicate documentation of a speech evaluation.</p> <p>Client A's Dietitian Nutritional Recommendations Worksheet dated 10/26/17 indicated the following:</p> <ul style="list-style-type: none"> - "Problem: [Client A] extreme weight fluctuation (illegible) dysphagia." - "Goal: Determine baseline. Tolerate current diet." - "Suggestions: Daily weight for 30 days and speech screening." <p>Client A's record did not indicate documentation</p>	W 149			

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W 149	<p>Continued From page 12</p> <p>of daily weight monitoring/documentation for 30 days.</p> <p>Client A's record did not indicate documentation of a speech evaluation.</p> <p>Client A's Weekly Vitals (WVs) forms from July 2017 through the 1/24/18 date of review indicated the following weight documentation regarding client A:</p> <p>-6/7/17: 244.3 pounds. -6/28/17: 244.3 pounds.</p> <p>-7/5/17: 244.1 pounds. -7/13/17: 245.3 pounds. -7/19/17: 244.3 pounds. -No documentation of weight for Wednesday 7/26/17.</p> <p>-8/3/17: 244.7 pounds. -8/9/17: 236.5 pounds. -8/16/17: 244.3 pounds. -8/25/17: 244.3 pounds. -No documentation of weight for Wednesday 8/30/17.</p> <p>-9/2/17: 244.2 pounds. -9/8/17: 244 pounds. -9/13/17: 243 pounds. -9/19/17: 244.3 pounds. -9/27/17: 226.9 pounds.</p> <p>-10/5/17: 225.9 pounds. -10/13/17: 221.8 pounds. -10/18/17: 200.4 pounds. -10/25/17: 218 pounds.</p> <p>-11/8/17: 217.6 pounds. -11/15/17: 218 pounds.</p>	W 149			

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W 149	<p>Continued From page 13</p> <p>-No documentation of weight for Wednesday 11/1/17, 11/22/17 or 11/29/17.</p> <p>-12/13/17: 199.5 pounds.</p> <p>-No documentation of weight for Wednesday 12/6/17, 12/20/17 or 12/27/17.</p> <p>-1/24/18: 208.8 pounds.</p> <p>-No documentation of weight for Wednesday 1/3/18, 1/10/18 or 1/13/18.</p> <p>Client A's Comprehensive High Risk Health Plan (CHRHP) dated 6/26/17 indicated, "Staff will monitor for, note, record and report to (the) nurse immediately: Decreased appetite, not wanting to drink fluids...."</p> <p>Client A's Daily Progress Notes dated 12/24/17 through the 1/24/18 date of review indicated the following:</p> <p>- "Nutritional Intake and Triggers: Breakfast, Lunch and Dinner."</p> <p>- "Consumed all of meal = 100% Consumed 3/4th's of meal = 75% Consumed 1/2 of meal = 50% Consumed 1/4th of meal = 25% Refused meal = 0 %"</p> <table border="0"> <tr> <td>Date</td> <td>Breakfast</td> <td>Lunch</td> </tr> <tr> <td></td> <td>Dinner</td> <td></td> </tr> <tr> <td>1/24/18</td> <td colspan="2">No Progress Note or data provided.</td> </tr> <tr> <td>1/23/18</td> <td colspan="2">No Progress Note or data provided.</td> </tr> <tr> <td>1/22/18</td> <td colspan="2">No Progress Note or data provided.</td> </tr> <tr> <td>1/21/18</td> <td colspan="2">No Progress Note or data provided.</td> </tr> </table>			Date	Breakfast	Lunch		Dinner		1/24/18	No Progress Note or data provided.		1/23/18	No Progress Note or data provided.		1/22/18	No Progress Note or data provided.		1/21/18	No Progress Note or data provided.		W 149			
Date	Breakfast	Lunch																							
	Dinner																								
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W 149	<p>Continued From page 14</p> <p>1/20/18 No Progress Note or data provided.</p> <p>1/19/18 No Progress Note or data provided.</p> <p>1/18/18 No Progress Note or data provided.</p> <p>1/17/18 100% No % recorded. No % recorded.</p> <p>1/16/18 No % recorded. No % recorded. No % recorded.</p> <p>1/15/18 "Good" 100% No % recorded.</p> <p>1/14/18 "Good" No % recorded. No % recorded.</p> <p>1/13/18 No Progress Note or data provided.</p> <p>1/12/18 "Good" No % recorded. No % recorded.</p> <p>1/11/18 No Progress Note or data provided.</p> <p>1/10/18 No Progress Note or data provided.</p> <p>1/9/18 No Progress Note or data provided.</p> <p>1/8/18 No Progress Note or data provided.</p> <p>1/7/18 No Progress Note or data provided.</p> <p>1/6/18 100% No % recorded. No % recorded.</p> <p>1/5/18 No % recorded. No % recorded. No % recorded.</p>			W 149			

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W 149	<p>Continued From page 15</p> <p>1/4/18 100% No % recorded. No % recorded.</p> <p>1/3/18 No % recorded. No % recorded. No % recorded.</p> <p>1/2/18 No Progress Note or data provided.</p> <p>1/1/18 No Progress Note or data provided.</p> <p>Date Breakfast Lunch Dinner</p> <p>12/31/17 No Progress Note or data provided.</p> <p>12/30/17 No Progress Note or data provided.</p> <p>12/29/17 100% No % recorded. No % recorded.</p> <p>12/28/17 "Good" No % recorded. No % recorded.</p> <p>12/27/17 No Progress Note or data provided.</p> <p>12/26/17 100% "Good" No % recorded.</p> <p>12/25/17 LOA (Leave of Absence) LOA</p> <p>12/24/17 100% "Good" "Good"</p> <p>Client A's Nursing Monthly Summary (NMS) form dated 12/20/17 indicated client A's current weight was 243 pounds. Client A's NMS form was blank and not completed regarding sections for his IBW (Ideal Body Weight), weight 1 month ago, weight 6 months ago and weight 1 year ago tracking. Client A's NMS form indicated, "Nurses Medical</p>			W 149			

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W 149	<p>Continued From page 16</p> <p>Notes: All entries must be dated and signed. Must include: Summary of all medical appointments, hospitalizations, required follow-up, all correspondence (labs, physicians, etc.), assessments, any other identified problems and any continuation of documentation from NMS if applicable. Comments: No changes." Client A's NMS form dated 12/20/17 indicated LPN #1 had completed the form.</p> <p>Client A's Quarterly Nursing Assessment (QNA) form dated 2017 indicated the following:</p> <p>-Evaluations: 9/12/17 physical, 8/23/17 dental and 10/26/17 nutritional. The review did not indicate documentation of additional evaluations during 2017</p> <p>-Appointments/Exams: blank.</p> <p>-Hospitalizations/ER (Emergency Room) visits: blank.</p> <p>-1st Quarter Summary, undated indicated, "No health concerns. See med notes. [LPN #2]."</p> <p>-2nd Quarter Summary, undated indicated, "No health concerns. See med note. [LPN #2]."</p> <p>-3rd Quarter Summary, undated indicated, "No medication changes or seizure activity. [LPN #1]."</p> <p>-4th Quarter Summary, undated indicated, "No changes in patient's baseline. [LPN #1]."</p> <p>Client A's TR (Treatment Records) dated from September 2017 through January 2018 indicated the following:</p>	W 149			

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W 149	<p>Continued From page 17</p> <p>-September 2017, "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of client A's weight on Wednesday 9/6/17, Wednesday 9/13/17, Wednesday 9/20/17 or Wednesday 9/27/17.</p> <p>-October 2017: "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of daily weight tracking as recommended (10/26/17) by the Registered Dietician.</p> <p>-November 2017: The TR did not indicate documentation of daily weight tracking as recommended (10/26/17) by the Registered Dietician.</p> <p>-December 2017, "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of client A's weight on Wednesday 12/13/17 or Wednesday 12/27/17.</p> <p>-January 2018, "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of client A's weight on Wednesday 1/3/18, Wednesday 1/10/18 or Wednesday 1/17/18.</p> <p>Client A's GHNA (Group Home Nutrition Assessment) form dated 2016 indicated the following:</p> <p>-4/2016: weight was 262 pounds.</p>	W 149			

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W 149	<p>Continued From page 18</p> <p>-6/2016: weight was 256 pounds. -8/2016: weight was 256 pounds. -10/2016: weight was 256.7 pounds.</p> <p>The 2016 GHNA form did not indicate additional documentation of weights for 2016.</p> <p>Client A's record did not indicate additional documentation of follow up assessment with the Registered Dietitian, client A's Primary Care Physician or other medical professional assessment regarding client A's weight loss.</p> <p>LPN (Licensed Practical Nurse) #1, NM (Nurse Manager) #1, QIDPM (Qualified Intellectual Disabilities Professional Manager) #1, QIDP #1 and ED (Executive Director) #1 were interviewed on 1/24/18 at 11:35 AM. LPN #1 indicated she had completed client A's 12/2017 NMS form. LPN #1 indicated she had not documented client A's historical 1 month, 6 month or 1 year weight tracking component on the NMS. QIDP #1 indicated she had recently been assigned to the home and was not aware of client A's weight loss. LPN #1 indicated she was aware client A had been losing weight. LPN #1 indicated client A had been refusing to eat. LPN #1 indicated she had not monitored/observed client A eat a meal. LPN #1 indicated she had not implemented any additional nursing measures to monitor client A's weight, or food intake. NM #1 indicated the 10/26/17 Dietary Review had recommended weight tracking for 30 days. NM #1 indicated there was not documentation available to review regarding the 30 day weight monitoring. NM #1 indicated there was a 9/22/17 Physicians Order from client A's PCP for a speech evaluation. NM #1 indicated client A had not received the speech evaluation and was not currently scheduled for a</p>	W 149			

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W 149	<p>Continued From page 19</p> <p>speech evaluation. When asked if she had communicated or followed up with client A's dietitian or PCP regarding his continued weight loss, LPN #1 stated, "Yes, I've had phone conversations with them." When asked if there was any available documentation of dietitian or PCP communication or conversations, LPN #1 stated, "No."</p> <p>RM (Residential Manager) #1 was interviewed on 1/23/18 at 4:30 PM. When asked if she had any concerns regarding clients in the home losing weight or not getting enough food to eat, RM #1 stated, "[Client A] has been losing weight. I stated September 11, 2017. He's lost over 30 pounds in 2-3 months. They are supposed to be having the dietitian in to see him." RM #1 indicated client A's weight and vitals were monitored and documented every Wednesday. RM #1 indicated LPN (Licensed Practical Nurse) #1 was aware of client A's weight loss.</p> <p>Staff #1 was interviewed on 1/23/18 at 4:54 PM. When asked if she was aware of or had any concerns regarding clients in the home losing weight or not getting enough food to eat, staff #1 stated, "Had a client lose over 40 pounds." Staff #1 indicated the client who had lost 40 pounds was client A. Staff #1 stated, "[Staff #5] (former employee), the overnight staff would only give them cereal for breakfast during the week. We'd put out the menu and food like eggs, and oatmeal and then find the food back in the cabinet or put away."</p> <p>Staff #2 was interviewed on 1/23/18 at 5:29 PM. When asked if she was aware of or had any concerns regarding client in the home losing weight or not getting enough food to eat, Staff #2</p>	W 149			

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W 149	<p>Continued From page 20</p> <p>stated, "[Client A] has lost weight." Staff #2 was uncertain of how much weight client A had lost. Staff #2 stated, "[Client A] gets enough to eat."</p> <p>Client A was interviewed on 1/23/18 at 7:45 AM. Client A gave limited responses to questions. Client A indicated he was doing okay and smiled when spoken to.</p> <p>Client B was interviewed on 1/23/18 at 7:38 AM. Client B was agitated and reluctant to be interviewed. Client B indicated he was doing okay and was excited to go on an upcoming home visit.</p> <p>Client C was interviewed on 1/23/18 at 7:50 AM. Client C was reluctant to be interviewed. Client C gave limited responses. Client C indicated he was doing okay at the home.</p> <p>Client D was interviewed on 1/23/18 at 7:42 AM. Client D was reluctant to be interviewed. Client D gave limited responses and repeated statements from the nearby TV. Client D indicated he was doing okay.</p> <p>Client E was interviewed on 1/23/18 at 7:40 AM. Client E smiled and made eye contact while making limited audible vocalizations in response to questions. Client E indicated he was doing okay.</p> <p>Client F was interviewed on 1/23/18 at 7:50 AM. Client F smiled and indicated he was doing okay before walking away to go outside to smoke a cigarette.</p> <p>Client G declined to be interviewed and remained in his room or areas away from surveyor</p>	W 149			

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W 149	<p>Continued From page 21 during/throughout the observation periods.</p> <p>PD (Program Director) #1 was interviewed on 1/24/18 at 12:24 PM. When asked if he had any concerns regarding clients in the home not being fed enough food, PD #1 stated, "Not sure. I'm not seeing it when I'm in there. The gentlemen are at their ideal weights." When asked if he had any concerns or was aware of any concerns regarding weight loss in the home, PD #1 stated, "Know that we had someone with a reduction but I don't recall his name at this house." PD #1 indicated staff should document clients food intake on each clients daily progress note. PD #1 indicated the facility's abuse and neglect policy should be implemented to prevent abuse, neglect and mistreatment.</p> <p>An interview attempt was made on 1/25/18 at 1:04 PM with the Registered Dietician. No return call has been received at the time of submission.</p> <p>The facility's policy and procedures were reviewed on 1/30/18 at 10:47 AM. The facility's Abuse, Neglect, Exploitation (and) Mistreatment Policy dated 2/26/11 indicated the following:</p> <p>- "Policy: Adept staff actively advocates for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Adept, ResCare and local state and federal guidelines."</p> <p>- "Physical abuse: the act or failure to act that results or could result in physical injury to an individual. Non-accidental injury inflicted by</p>	W 149			

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W 149	Continued From page 22 another person or persons." -"Medical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide necessary medical attention, proper nutritional support or administering medications as prescribed." -"Program intervention neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention with out a qualified person notification/review." -"Any Adept staff who suspects an individual is the victim of abuse, neglect, mistreatment, or exploitation should immediately notify this suspicion to their [supervisor]."	W 149			
W 218	9-3-2(a) INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include sensorimotor development. This STANDARD is not met as evidenced by: Based on observation, record review and interview for 1 additional client (E), the facility failed to ensure client E's ambulation needs were reassessed following a progressive decline in functional ambulatory skills. Findings include: Observations were conducted at the group home	W 218		3/3/18	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/30/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 218	<p>Continued From page 23</p> <p>on 1/22/18 from 4:15 PM through 6:00 PM, 1/24/18 from 7:15 AM through 8:00 AM, 1/25/18 from 4:50 PM through 6:00 PM and on 1/26/18 from 7:40 AM through 8:15 AM. Client E was observed in the home throughout the observation periods. Client E did not have a gait belt. Client E ambulated through the home with an unsteady gait and was not assisted by staff while walking. Client E did not utilize eyeglasses. Client E had a manual wheelchair and rolling walker at the home.</p> <p>Observations were conducted at the group home on 1/26/18 from 7:40 AM through 8:15 AM. PD (Program Director) #2, staff #4 and staff #6 were present working in the home with clients A, B, C, D, E, F and G. Client E was seated in the home's living room in his personal recliner. Client B was seated on the home's couch next to client E's recliner. Client E was non-verbal (used limited vocalizations to express his wants and needs) and utilized limited vocalizations, some physical gestures including facial expressions/gestures. Client E's arms and legs were contracted (stiff, rigid, inflexible joints, muscles and tendons). Client E did not utilize a gait belt. At 8:00 AM, staff #6 asked PD #2 to prompt client E to come to the medication administration room to receive his morning medications. PD #2 verbally prompted client E to go to the medication administration room with staff #6 to receive his morning medications. Client E began attempting to move his body towards the edge of the recliner and attempted to stand upright from his seated position. Client E used a rocking motion to attempt to stand up. PD #2 did not initially provide physical assistance to client E. Client B who was seated next to client E's recliner stated, "You have to help him. He can't get up by himself." PD</p>	W 218			

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W 218	<p>Continued From page 24</p> <p>#2 then provided client E with physical assistance to stand up and then prompted him to go to the medication administration room. Client E ambulated to the medication room with no staff assistance and no gait belt. Client E's gait was unsteady and unbalanced. PD #2, staff #4 and staff #6 did not provide assistance or support to client E while he walked to the medication administration room and then returned to his seat after placing his medication water cup in the home's kitchen. Client E returned unassisted to his recliner. Client E's facial expressions had changed and he was frowning and grimacing (wrinkling his nose, squeezing his eyes shut, twisting his mouth). Client E sat down in the recliner in a plopping motion (sat down clumsily, awkwardly) which caused the chair to rock backwards toward the wall. Client B stated, "You better be careful. You will hurt your head" as client E sat down. Client E did not utilize eyeglasses. Client E had a manual wheelchair and rolling walker at the home.</p> <p>Observations were conducted at client E's day program on 1/29/18 at 1:30 PM through 1:45 PM. Client E was seated in a manual wheelchair in his classroom. Client E did not have a gait belt on.</p> <p>Day Services Staff (DSS) #1 was interviewed on 1/29/18 at 1:40 PM. DSS #1 indicated he worked with client E in his classroom on a daily basis and had previously worked with client E at his group home. DSS #1 indicated client E utilized a wheelchair while at the day program. DSS #1 indicated client E did not utilize a gait belt while at the day program. DSS #1 indicated client E transferred himself without assistance for toileting. DSS #1 stated, "He wheels himself in there when he needs to go and doesn't need any</p>	W 218			

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W 218	<p>Continued From page 25 assistance or use a gait belt."</p> <p>A focused review of client E's BDDS (Bureau of Developmental Disabilities Services) reports and IR (Incident Reports) since August 2017 was conducted on 1/26/18 at 9:09 AM. The review indicated the following:</p> <p>-IR dated 1/15/18 indicated, "[Client G] and [client E] was head (sic) towards the table for dinner. [Client G] had his chair tried to push pass (sic) [client E]. [Client E] lost his balance and fell between the wall and open space in laundry area."</p> <p>-"The wall have (sic) dent in it and [client E] need (sic) more space to use walker."</p> <p>Client E's record was reviewed on 1/26/18 at 9:06 AM.</p> <p>Client E's POs (Physician's Orders) form dated October 2017 indicated, "May use wheelchair for mobility as needed as suggested per PT (Physical Therapy)."</p> <p>Client E's Record of Visit form dated 1/21/17 indicated client E was seen at a medical clinic for evaluation after a fall. Client E's Record of Visit form dated 1/21/17 indicated, "Laceration of right upper eyebrow" and "Referral to ER (Emergency Room) (illegible) for treatment and possible sedation".</p> <p>Client E's Record of Visit dental evaluation form dated 12/6/16 indicated, "Recent fall (with) injury of lip resulted. Lip- red lesion some blistering present."</p>	W 218			

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W 218	<p>Continued From page 26</p> <p>Client E's PT (Physical Therapy) Record of Visit form dated 12/14/16 indicated, "Recommend wheelchair adjustment to lower seat to floor height to increase ease with foot propulsion. Diagnosis: CP (Cerebral Palsy). Recommendations for treatment: Recommend [client E] apply ice and compression sleeves to both knees to account for pain when walking. Continue using gait belt for safety when walking."</p> <p>Client E's Prescription form dated 11/30/16 indicated, "PT/OT evaluation and treat as indicated. Diagnosis: unsteady gait."</p> <p>Client E's Dental Summary Progress Report dated 8/21/16 indicated, "[Client E] had a fall with a laceration to lip. Sutures (dissolvable) placed to laceration."</p> <p>Client E's Record of Visit form dated 11/10/15 indicated, "Reason for visit: Wheelchair evaluation for mobility device. Results/findings of examination: [Client E] presents with significantly impaired gait ability, decreased endurance, (sic) appearance of pain with mobility and very high fall risk. Diagnosis: Gait instability, fall risk, balance impairment, decreased functional mobility. Recommendations for treatment: [Client E] would benefit from use of a high-strength ultra-lightweight manual wheelchair to reduce caregiver burden and increase independence with functional mobility."</p> <p>Client E's record of Visit form dated 11/4/15 indicated, "Reason for visit: PT for gait, balance and standing endurance. Results/findings: Has not made progress towards goals. Feels wheelchair level safest both at home and job. Assessment next visit. Diagnosis: CP (and) gait</p>	W 218			

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W 218	<p>Continued From page 27</p> <p>abnormality. Recommendations for treatment: Use gait belt. Wheelchair evaluation next visit 11/10/15; otherwise not recommending gait/balance training."</p> <p>Client E's record of visit form dated 10/29/15 indicated, "Decreased balance, unstable gait, [client E] is unsafe to ambulate without assistance."</p> <p>Client E's Prescription form dated 8/14/15 indicated, "PT/OT (Occupational Therapy) to evaluation for hand contraction and ambulation. Decrease in independent ADLS (Activities of Daily Living Skills)."</p> <p>Client E's CHRHP (Comprehensive High Risk Health Plan) dated 6/26/17 indicated the following:</p> <p>- "At Risk for Falls-history of falls related to diagnoses of Cerebral Palsy and profound deafness (unknown)."</p> <p>- "2. May utilize wheelchair as needed."</p> <p>- "3. Use gait belt with all transfers and ambulation."</p> <p>- "Definition. Standby assistance: When you require the presence of another person, within arm's reach of you to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)."</p> <p>Client E's CHRHP dated 6/26/17 did not indicate documentation/include client E's 11/10/15 recommendations for use of an ultra-lightweight wheelchair or compression sleeve for knee pain</p>	W 218			

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W 218	<p>Continued From page 28 associated with walking.</p> <p>Client E's record did not indicate documentation of additional PT/OT assessment regarding client E's ambulation needs since 12/14/16. Client E's record did not clarify or reconcile client E's PT/OT recommendations for wheelchair usage with client E's POs.</p> <p>Client E's record did not indicate documentation of additional PT/OT assessment regarding client E's ambulation needs.</p> <p>Client E's Record of Visit form dated 4/18/17 indicated, "May use bifocal glasses or reading glasses, mostly would benefit his vision at near (sic)."</p> <p>NM (Nurse Manager) #1 was interviewed on 1/26/18 at 10:28 AM. When asked to clarify client E's 11/10/15 Record of Visit form recommendations for wheelchair usage, NM #1 indicated the form did not specify when client E should utilize the wheelchair (as needed, full time, on outings, etc.) NM #1 stated, "Yeah, I see what you mean. I will clarify that." NM #1 indicated she would clarify when client E should utilize the wheelchair and provide documentation of clarification via email. NM #1 indicated she would follow up to locate additional PT/OT documentation of assessment or evaluation. When asked to clarify or reconcile client E's use of a rolling walker in the home and vision recommendations dated 4/18/17 regarding his ambulation needs, NM #1 indicated she would follow up to clarify the walker usage and inclusion of wearing his eyeglasses for fall prevention.</p> <p>QIDP #1 via electronic correspondence on</p>	W 218			

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W 218	<p>Continued From page 29</p> <p>1/29/18 at 5:00 PM sent a CHRHP regarding falls for client E which was undated. The attached document was reviewed upon receipt. The undated CHRHP for falls indicated the following:</p> <p>- "Roller walker may be used for short distances around the house, with gait belt and stand by assist."</p> <p>- "May utilize wheelchair as needed for long distances</p> <p>- "Staff will provide standby assistance with all ambulation and transfers."</p> <p>- "Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)."</p> <p>QIDP #1 via electronic correspondence on 1/29/18 at 5:31 PM sent two different CHRHPs regarding falls for client E which were dated 6/26/17. The attached documents were reviewed up receipt. Client E's 1 of 1 CHRHP for falls dated 6/26/17 indicated the following:</p> <p>- "At risk for falls- history of falls related to diagnoses of Cerebral Palsy and Profound Deafness."</p> <p>- "May utilize wheelchair as needed."</p> <p>- "Use gait belt with all transfers and ambulation."</p> <p>- "Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily</p>	W 218			

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W 218	<p>Continued From page 30</p> <p>living (such as toileting, bathing, standing, walking, transferring)."</p> <p>Client E's 2 of 3 CHRHP for falls dated 6/26/17 indicated the following:</p> <p>- "Staff to provide assistance support as needed with ambulation (walking). Pay special attention in dangerous areas such as crossing the street, around cars, stairs, curbs, shower/tub etc."</p> <p>- "Encourage [client E] to use a slow, steady gait when up."</p> <p>Client E's CHRHP for falls dated 6/26/17 and labeled 2 of 3 did not indicate the use of a gait belt, stand by assistance or the use of a wheelchair.</p> <p>NM #1 via electronic correspondence on 1/29/18 at 6:42 PM sent client E's CHRHP dated 4/11/16. The attached document was reviewed upon receipt. Client E's CHRHP for falls dated 4/11/16 indicated the following:</p> <p>- "Staff to provide assistance support as needed with ambulation (walking). Pay special attention in dangerous areas such as crossing the street, around cars, stairs, curbs, shower/tub etc."</p> <p>- "Encourage [client E] to use a slow, steady gait when up."</p> <p>Client E's CHRHP for falls dated 4/11/16 did not indicate the use of a gait belt, stand by assistance, compression sleeve for his knees or the use of a wheelchair.</p> <p>Client E's record did not indicate documentation</p>	W 218			

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W 218	Continued From page 31 of an order for the use of a rolling walker. NM #1 was interviewed on 1/29/18 at 6:20 PM. NM #1 indicated she had updated client E's CHRHP on 1/16/18 which she clarified was the undated updated CHRHP previously provided. NM #1 indicated client E's ambulation needs and supports should be reassessed and clarified. NM #1 indicated the agency was in the process of obtaining a Physician's Order for a PT/OT evaluation for client E.	W 218			
W 249	9-3-4(a) PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observation, record review and interview for 1 additional client (E), the facility failed to ensure staff implemented client E's CHRHP (Comprehensive High Risk Health Plan) for fall prevention. Findings include: Observations were conducted at the group home on 1/22/18 from 4:15 PM through 6:00 PM,	W 249		3/3/18	

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W 249	<p>Continued From page 32</p> <p>1/24/18 from 7:15 AM through 8:00 AM, 1/25/18 from 4:50 PM through 6:00 PM and on 1/26/18 from 7:40 AM through 8:15 AM. Client E was observed in the home throughout the observation periods. Client E did not have a gait belt. Client E ambulated through the home with an unsteady gait and was not assisted by staff while walking. Client E did not utilize eyeglasses. Client E had a manual wheelchair and rolling walker at the home.</p> <p>Observations were conducted at the group home on 1/26/18 from 7:40 AM through 8:15 AM. PD (Program Director) #2, staff #4 and staff #6 were present working in the home with clients A, B, C, D, E, F and G. Client E was seated in the home's living room in his personal recliner. Client B was seated on the home's couch next to client E's recliner. Client E was non-verbal (used limited vocalizations to express his wants and needs) and utilized limited vocalizations, some physical gestures including facial expressions/gestures. Client E's arms and legs were contracted (stiff, rigid, inflexible joints, muscles and tendons). Client E did not utilize a gait belt. At 8:00 AM, staff #6 asked PD #2 to prompt client E to come to the medication administration room to receive his morning medications. PD #2 verbally prompted client E to go to the medication administration room with staff #6 to receive his morning medications. Client E began attempting to move his body towards the edge of the recliner and attempted to stand upright from his seated position. Client E used a rocking motion to attempt to stand up. PD #2 did not initially provide physical assistance to client E. Client B who was seated next to client E's recliner stated, "You have to help him. He can't get up by himself." PD #2 then provided client E with physical assistance</p>	W 249			

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W 249	<p>Continued From page 33</p> <p>to stand up and then prompted him to go to the medication administration room. Client E ambulated to the medication room with no staff assistance and no gait belt. Client E's gait was unsteady and unbalanced. PD #2, staff #4 and staff #6 did not provide assistance or support to client E while he walked to the medication administration room and then returned to his seat after placing his medication water cup in the home's kitchen. Client E returned unassisted to his recliner. Client E's facial expressions had changed and he was frowning and grimacing (wrinkling his nose, squeezing his eyes shut, twisting his mouth). Client E sat down in the recliner in a plopping motion (sat down clumsily, awkwardly) which caused the chair to rock backwards toward the wall. Client B stated, "You better be careful. You will hurt your head" as client E sat down. Client E did not utilize eyeglasses. Client E had a manual wheelchair and rolling walker at the home.</p> <p>Observations were conducted at client E's day program (facility owned and operated) on 1/29/18 at 1:30 PM through 1:45 PM. Client E was seated in a manual wheelchair in his classroom. Client E did not have a gait belt on.</p> <p>Day Services Staff (DSS) #1 was interviewed on 1/29/18 at 1:40 PM. DSS #1 indicated he worked with client E in his classroom on a daily basis and had previously worked with client E at his group home. DSS #1 indicated client E utilized a wheelchair while at the day program. DSS #1 indicated client E did not utilize a gait belt while at the day program. DSS #1 indicated client E transferred himself without assistance for toileting. DSS #1 stated, "He wheels himself in there when he needs to go and doesn't need any</p>	W 249			

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W 249	Continued From page 34 assistance or use a gait belt." Client E's record was reviewed on 1/26/18 at 9:06 AM. Client E's CHRHP (Comprehensive High Risk Health Plan) dated 6/26/17 indicated the following: -"At Risk for Falls-history of falls related to diagnoses of Cerebral Palsy and profound deafness (unknown)." -"2. May utilize wheelchair as needed." -"3. Use gait belt with all transfers and ambulation." -"Definition. Standby assistance: When you require the presence of another person, within arm's reach of you to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)." NM (Nurse Manager) #1 was interviewed on 1/26/18 at 10:28 AM. NM #1 indicated client E's 6/26/17 CHRHP for fall prevention included the use of a gait belt and standby assistance while transferring or ambulating.	W 249			
W 318	9-3-4(a) HEALTH CARE SERVICES CFR(s): 483.460 The facility must ensure that specific health care services requirements are met.	W 318		3/3/18	

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W 318	<p>Continued From page 35</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the facility failed to meet the Condition of Participation: Health Care Services for 4 of 4 sampled clients (A, B, C and D), plus 1 additional client (E). The nurse failed to implement dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss. The nurse failed to ensure client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated. The facility failed to ensure clients C, D and E had a continuous supply of medications from the pharmacy and failed to ensure clients C, D and E's medications were administered as ordered by their physicians.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 1/24/18 at 1:15 PM. The Immediate Jeopardy began on 10/26/17 when the nurse failed to implement dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss. ED (Executive Director) #1, OM (Operations Manager) #1, QIDPM (Qualified Intellectual Disabilities Professional Manager) #1, OM #2 and QAM (Quality Assurance Manager) #1 were notified of the Immediate Jeopardy on 1/24/18 at 1:15 PM.</p> <p>The facility did not submit a plan for removal of Immediate Jeopardy. The facility's Immediate Jeopardy continued because the facility's Health Care Services needed to demonstrate competent monitoring and assessment of the clients' health needs. The Immediate Jeopardy was not removed.</p>			W 318			

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W 318	Continued From page 36 Findings include: 1. The nurse failed to implement dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss. The nurse failed to ensure client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated. Please see W331. 2. The facility failed to ensure clients C, D and E had a continuous supply of medications from the pharmacy. Please see W361. 3. The facility failed to ensure clients C, D and E's medications were administered as ordered by their physicians. Please see W368.	W 318			
W 331	9-3-6(a) NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview for 1 of 4 sampled clients (A), plus 1 additional client (E), the nurse failed to implement dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss. The nurse failed to ensure client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated.	W 331		3/3/18	

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W 331	<p>Continued From page 37</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 1/24/18 at 9:44 AM.</p> <p>Client A's GHQNA (Group Home Nutrition Quarterly Assessment) undated indicated the following:</p> <p>-8/2016: weight was 256 pounds. -10/2016: weight was 256.7 pounds. 12/2016: weight was 256.3 pounds. -1/2017: weight was 257.8 pounds. -3/2017: weight was 257.8 pounds.</p> <p>Goals/Assessments:</p> <p>-1/11/17, "CBW (Current Body Weight) 257.8 pounds. Weight stable. No concerns noted. Will continue current plan of care and new goal to maintain weight less than or equal to 258 pounds."</p> <p>-4/12/17, "March weight at 257.8 pounds. Goal met to maintain weight less than or equal to 258 pounds. No new concerns noted. Will continue with current plan of care and goal to maintain 258 pounds."</p> <p>-7/12/17, "CBW not available at this time. No new concerns noted. Will continue with current plan and goal to maintain weight less than or equal to 258 pounds."</p> <p>The undated GHQNA form did not indicate additional documentation of weights.</p> <p>Client A's History and Physical Examination form dated 9/13/17 indicated client A's weight was 227</p>	W 331			

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W 331	<p>Continued From page 38 pounds.</p> <p>Client A's GHNA dated 10/26/17 indicated:</p> <p>- "Date: 10/2017. Weight: 200 pounds."</p> <p>Summary of Nutrition Assessment:</p> <p>- "Extreme variables with weight. Staff reports no changes/stable and (illegible)."</p> <p>- "(Illegible) weight fluctuation. Recent medical physical noted. New order to check cheeks to ensure swallow of meals."</p> <p>Goals:</p> <p>- "Determine baseline weight. Daily weight for 3 days."</p> <p>- "Speech screen."</p> <p>Client A's Prescription Order form dated 9/22/17 indicated, "Speech evaluation. Treat as indicated."</p> <p>Client A's record did not indicate documentation of a speech evaluation.</p> <p>Client A's Dietitian Nutritional Recommendations Worksheet dated 10/26/17 indicated the following:</p> <p>- "Problem: [Client A] extreme weight fluctuation (illegible) dysphagia."</p> <p>- "Goal: Determine baseline. Tolerate current diet."</p>	W 331			

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W 331	<p>Continued From page 39</p> <p>- "Suggestions: Daily weight for 30 days and speech screening."</p> <p>Client A's record did not indicate documentation of daily weight monitoring/documentation for 30 days.</p> <p>Client A's record did not indicate documentation of a speech evaluation.</p> <p>Client A's Weekly Vitals (WVs) forms from July 2017 through the 1/24/18 date of review indicated the following weight documentation regarding client A:</p> <p>-6/7/17: 244.3 pounds. -6/28/17: 244.3 pounds.</p> <p>-7/5/17: 244.1 pounds. -7/13/17: 245.3 pounds. -7/19/17: 244.3 pounds. -No documentation of weight for Wednesday 7/26/17.</p> <p>-8/3/17: 244.7 pounds. -8/9/17: 236.5 pounds. -8/16/17: 244.3 pounds. -8/25/17: 244.3 pounds. -No documentation of weight for Wednesday 8/30/17.</p> <p>-9/2/17: 244.2 pounds. -9/8/17: 244 pounds. -9/13/17: 243 pounds. -9/19/17: 244.3 pounds. -9/27/17: 226.9 pounds.</p> <p>-10/5/17: 225.9 pounds. -10/13/17: 221.8 pounds. -10/18/17: 200.4 pounds.</p>	W 331			

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W 331	<p>Continued From page 40</p> <p>-10/25/17: 218 pounds.</p> <p>-11/8/17: 217.6 pounds.</p> <p>-11/15/17: 218 pounds.</p> <p>-No documentation of weight for Wednesday 11/1/17, 11/22/17 or 11/29/17.</p> <p>-12/13/17: 199.5 pounds.</p> <p>-No documentation of weight for Wednesday 12/6/17, 12/20/17 or 12/27/17.</p> <p>-1/24/18: 208.8 pounds.</p> <p>-No documentation of weight for Wednesday 1/3/18, 1/10/18 or 1/13/18.</p> <p>Client A's Comprehensive High Risk Health Plan (CHRRP) dated 6/26/17 indicated, "Staff will monitor for, note, record and report to (the) nurse immediately: Decreased appetite, not wanting to drink fluids...."</p> <p>Client A's Daily Progress Notes dated 12/24/17 through the 1/24/18 date of review indicated the following:</p> <p>- "Nutritional Intake and Triggers: Breakfast, Lunch and Dinner."</p> <p>- "Consumed all of meal = 100% Consumed 3/4th's of meal = 75% Consumed 1/2 of meal = 50% Consumed 1/4th of meal = 25% Refused meal = 0 %"</p> <table border="0"> <tr> <td>Date</td> <td>Breakfast</td> <td>Lunch</td> </tr> <tr> <td></td> <td>Dinner</td> <td></td> </tr> <tr> <td>1/24/18</td> <td colspan="2">No Progress Note or data provided.</td> </tr> <tr> <td>1/23/18</td> <td colspan="2">No Progress Note or data provided.</td> </tr> </table>	Date	Breakfast	Lunch		Dinner		1/24/18	No Progress Note or data provided.		1/23/18	No Progress Note or data provided.		W 331		
Date	Breakfast	Lunch														
	Dinner															
1/24/18	No Progress Note or data provided.															
1/23/18	No Progress Note or data provided.															

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W 331	<p>Continued From page 41</p> <p>1/22/18 No Progress Note or data provided.</p> <p>1/21/18 No Progress Note or data provided.</p> <p>1/20/18 No Progress Note or data provided.</p> <p>1/19/18 No Progress Note or data provided.</p> <p>1/18/18 No Progress Note or data provided.</p> <p>1/17/18 100% No % recorded. No % recorded.</p> <p>1/16/18 No % recorded. No % recorded. No % recorded.</p> <p>1/15/18 "Good" 100% No % recorded.</p> <p>1/14/18 "Good" No % recorded. No % recorded.</p> <p>1/13/18 No Progress Note or data provided.</p> <p>1/12/18 "Good" No % recorded. No % recorded.</p> <p>1/11/18 No Progress Note or data provided.</p> <p>1/10/18 No Progress Note or data provided.</p> <p>1/9/18 No Progress Note or data provided.</p> <p>1/8/18 No Progress Note or data provided.</p> <p>1/7/18 No Progress Note or data provided.</p> <p>1/6/18 100% No % recorded. No % recorded.</p>			W 331			

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W 331	<p>Continued From page 42</p> <p>1/5/18 No % recorded. No % recorded. No % recorded.</p> <p>1/4/18 100% No % recorded. No % recorded.</p> <p>1/3/18 No % recorded. No % recorded. No % recorded.</p> <p>1/2/18 No Progress Note or data provided.</p> <p>1/1/18 No Progress Note or data provided.</p> <p>Date Breakfast Lunch Dinner</p> <p>12/31/17 No Progress Note or data provided.</p> <p>12/30/17 No Progress Note or data provided.</p> <p>12/29/17 100% No % recorded. No % recorded.</p> <p>12/28/17 "Good" No % recorded. No % recorded.</p> <p>12/27/17 No Progress Note or data provided.</p> <p>12/26/17 100% "Good" No % recorded.</p> <p>12/25/17 LOA (Leave of Absence) LOA</p> <p>12/24/17 100% "Good" "Good"</p> <p>Client A's Nursing Monthly Summary (NMS) form dated 12/20/17 indicated client A's current weight was 243 pounds. Client A's NMS form was blank</p>			W 331			

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W 331	<p>Continued From page 43</p> <p>and not completed regarding sections for his IBW (Ideal Body Weight), weight 1 month ago, weight 6 months ago and weight 1 year ago tracking. Client A's NMS form indicated, "Nurses Medical Notes: All entries must be dated and signed. Must include: Summary of all medical appointments, hospitalizations, required follow-up, all correspondence (labs, physicians, etc.), assessments, any other identified problems and any continuation of documentation from NMS if applicable. Comments: No changes." Client A's NMS form dated 12/20/17 indicated LPN #1 had completed the form.</p> <p>Client A's Quarterly Nursing Assessment (QNA) form dated 2017 indicated the following:</p> <p>-Evaluations: 9/12/17 physical, 8/23/17 dental and 10/26/17 nutritional. The review did not indicate documentation of additional evaluations during 2017</p> <p>-Appointments/Exams: blank.</p> <p>-Hospitalizations/ER (Emergency Room) visits: blank.</p> <p>-1st Quarter Summary, undated indicated, "No health concerns. See med notes. [LPN #2]."</p> <p>-2nd Quarter Summary, undated indicated, "No health concerns. See med note. [LPN #2]."</p> <p>-3rd Quarter Summary, undated indicated, "No medication changes or seizure activity. [LPN #1]."</p> <p>-4th Quarter Summary, undated indicated, "No changes in patient's baseline. [LPN #1]."</p>	W 331			

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W 331	<p>Continued From page 44</p> <p>Client A's TR (Treatment Records) dated from September 2017 through January 2018 indicated the following:</p> <p>-September 2017, "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of client A's weight on Wednesday 9/6/17, Wednesday 9/13/17, Wednesday 9/20/17 or Wednesday 9/27/17.</p> <p>-October 2017: "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of daily weight tracking as recommended (10/26/17) by the Registered Dietician.</p> <p>-November 2017: The TR did not indicate documentation of daily weight tracking as recommended (10/26/17) by the Registered Dietician.</p> <p>-December 2017, "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of client A's weight on Wednesday 12/13/17 or Wednesday 12/27/17.</p> <p>-January 2018, "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of client A's weight on Wednesday 1/3/18, Wednesday 1/10/18 or Wednesday 1/17/18.</p> <p>Client A's GHNA (Group Home Nutrition</p>	W 331			

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W 331	<p>Continued From page 45</p> <p>Assessment) form dated 2016 indicated the following:</p> <p>-4/2016: weight was 262 pounds. -6/2016: weight was 256 pounds. -8/2016: weight was 256 pounds. -10/2016: weight was 256.7 pounds.</p> <p>The 2016 GHNA form did not indicate additional documentation of weights for 2016.</p> <p>Client A's record did not indicate additional documentation of follow up assessment with the Registered Dietitian, client A's Primary Care Physician or other medical professional assessment regarding client A's weight loss.</p> <p>LPN (Licensed Practical Nurse) #1, NM (Nurse Manager) #1, QIDPM (Qualified Intellectual Disabilities Professional Manager) #1, QIDP #1 and ED (Executive Director) #1 were interviewed on 1/24/18 at 11:35 AM. LPN #1 indicated she had completed client A's 12/2017 NMS form. LPN #1 indicated she had not documented client A's historical 1 month, 6 month or 1 year weight tracking component on the NMS. QIDP #1 indicated she had recently been assigned to the home and was not aware of client A's weight loss. LPN #1 indicated she was aware client A had been losing weight. LPN #1 indicated client A had been refusing to eat. LPN #1 indicated she had not monitored/observed client A eat a meal. LPN #1 indicated she had not implemented any additional nursing measures to monitor client A's weight, or food intake. NM #1 indicated the 10/26/17 Dietary Review had recommended weight tracking for 30 days. NM #1 indicated there was not documentation available to review regarding the 30 day weight monitoring. NM #1</p>	W 331			

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W 331	<p>Continued From page 46</p> <p>indicated there was a 9/22/17 Physicians Order from client A's PCP for a speech evaluation. NM #1 indicated client A had not received the speech evaluation and was not currently scheduled for a speech evaluation. When asked if she had communicated or followed up with client A's dietitian or PCP regarding his continued weight loss, LPN #1 stated, "Yes, I've had phone conversations with them." When asked if there was any available documentation of dietitian or PCP communication or conversations, LPN #1 stated, "No."</p> <p>RM (Residential Manager) #1 was interviewed on 1/23/18 at 4:30 PM. When asked she if had any concerns regarding clients in the home losing weight or not getting enough food to eat, RM #1 stated, "[Client A] has been losing weight. I stated September 11, 2017. He's lost over 30 pounds in 2-3 months. They are supposed to be having the dietitian in to see him." RM #1 indicated client A's weight and vitals were monitored and documented every Wednesday. RM #1 indicated LPN (Licensed Practical Nurse) #1 was aware of client A's weight loss.</p> <p>Staff #1 was interviewed on 1/23/18 at 4:54 PM. When asked if she was aware of or had any concerns regarding clients in the home losing weight or not getting enough food to eat, staff #1 stated, "Had a client lose over 40 pounds." Staff #1 indicated the client who had lost 40 pounds was client A. Staff #1 stated, "[Staff #5] (former employee), the overnight staff would only give them cereal for breakfast during the week. We'd put out the menu and food like eggs, and oatmeal and then find the food back in the cabinet or put away."</p>	W 331			

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W 331	<p>Continued From page 47</p> <p>Staff #2 was interviewed on 1/23/18 at 5:29 PM. When asked if she was aware of or had any concerns regarding client in the home losing weight or not getting enough food to eat, Staff #2 stated, "[Client A] has lost weight." Staff #2 was uncertain of how much weight client A had lost. Staff #2 stated, "[Client A] gets enough to eat."</p> <p>Client A was interviewed on 1/23/18 at 7:45 AM. Client A gave limited responses to questions. Client A indicated he was doing okay and smiled when spoken to.</p> <p>Client B was interviewed on 1/23/18 at 7:38 AM. Client B was agitated and reluctant to be interviewed. Client B indicated he was doing okay and was excited to go on an upcoming home visit.</p> <p>Client C was interviewed on 1/23/18 at 7:50 AM. Client C was reluctant to be interviewed. Client C gave limited responses. Client C indicated he was doing okay at the home.</p> <p>Client D was interviewed on 1/23/18 at 7:42 AM. Client D was reluctant to be interviewed. Client D gave limited responses and repeated statements from the nearby TV. Client D indicated he was doing okay.</p> <p>Client E was interviewed on 1/23/18 at 7:40 AM. Client E smiled and made eye contact while making limited audible vocalizations in response to questions. Client E indicated he was doing okay.</p> <p>Client F was interviewed on 1/23/18 at 7:50 AM. Client F smiled and indicated he was doing okay before walking away to go outside to smoke a</p>	W 331			

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W 331	<p>Continued From page 48 cigarette.</p> <p>Client G declined to be interviewed and remained in his room or areas away from surveyor during/throughout the observation periods.</p> <p>PD (Program Director) #1 was interviewed on 1/24/18 at 12:24 PM. When asked if he had any concerns regarding clients in the home not being fed enough food, PD #1 stated, "Not sure. I'm not seeing it when I'm in there. The gentlemen are at their ideal weights." When asked if he had any concerns or was aware of any concerns regarding weight loss in the home, PD #1 stated, "Know that we had someone with a reduction but I don't recall his name at this house." PD #1 indicated staff should document food intake on each clients' daily progress note.</p> <p>An interview attempt was made on 1/25/18 at 1:04 PM with the Registered Dietician. No return call has been received at the time of submission.</p> <p>2. Observations were conducted at the group home on 1/22/18 from 4:15 PM through 6:00 PM, 1/24/18 from 7:15 AM through 8:00 AM, 1/25/18 from 4:50 PM through 6:00 PM and on 1/26/18 from 7:40 AM through 8:15 AM. Client E was observed in the home throughout the observation periods. Client E did not have a gait belt. Client E ambulated through the home with an unsteady gait and was not assisted by staff while walking. Client E did not utilize eyeglasses. Client E had a manual wheelchair and rolling walker at the home.</p> <p>Observations were conducted at the group home on 1/26/18 from 7:40 AM through 8:15 AM. PD (Program Director) #2, staff # 4 and staff #6 were</p>	W 331			

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W 331	Continued From page 49 present working in the home with clients A, B, C, D, E, F and G. Client E was seated in the home's living room in his personal recliner. Client B was seated on the home's couch next to client E's recliner. Client E was non-verbal (used limited vocalizations to express his wants and needs) and utilized limited vocalizations, some physical gestures including facial expressions/gestures. Client E's arms and legs were contracted (stiff, rigid, inflexible joints, muscles and tendons). Client E did not utilize a gait belt. At 8:00 AM, staff #6 asked PD #2 to prompt client E to come to the medication administration room to receive his morning medications. PD #2 verbally prompted client E to go to the medication administration room with staff #6 to receive his morning medications. Client E began attempting to move his body towards the edge of the recliner and attempted to stand upright from his seated position. Client E used a rocking motion to attempt to stand up. PD #2 did not initially provide physical assistance to client E. Client B who was seated next to client E's recliner stated, "You have to help him. He can't get up by himself." PD #2 then provided client E with physical assistance to stand up and then prompted him to go to the medication administration room. Client E ambulated to the medication room with no staff assistance and no gait belt. Client E's gait was unsteady and unbalanced. PD #2, staff #4 and staff #6 did not provide assistance or support to client E while he walked to the medication administration room and then returned to his seat after placing his medication water cup in the home's kitchen. Client E returned unassisted to his recliner. Client E's facial expressions had changed and he was frowning and grimacing (wrinkling his nose, squeezing his eyes shut, twisting his mouth). Client E sat down in the	W 331			

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W 331	<p>Continued From page 50</p> <p>recliner in a plopping motion (sat down clumsily, awkwardly) which caused the chair to rock backwards toward the wall. Client B stated, "You better be careful. You will hurt your head" as client E sat down. Client E did not utilize eyeglasses. Client E had a manual wheelchair and rolling walker at the home.</p> <p>Observations were conducted at client E's day program on 1/29/18 at 1:30 PM through 1:45 PM. Client E was seated in a manual wheelchair in his classroom. Client E did not have a gait belt on.</p> <p>Day Services Staff (DSS) #1 was interviewed on 1/29/18 at 1:40 PM. DSS #1 indicated he worked with client E in his classroom on a daily basis and had previously worked with client E at his group home. DSS #1 indicated client E utilized a wheelchair while at the day program. DSS #1 indicated client E did not utilize a gait belt while at the day program. DSS #1 indicated client E transferred himself without assistance for toileting. DSS #1 stated, "He wheels himself in there when he needs to go and doesn't need any assistance or use a gait belt."</p> <p>A focused review of client E's BDDS (Bureau of Developmental Disabilities Services) reports and IR (Incident Reports) since August 2017 was conducted on 1/26/18 at 9:09 AM. The review indicated the following:</p> <p>-IR dated 1/15/18 indicated, "[Client G] and [client E] was head (sic) towards the table for dinner. [Client G] had his chair tried to push pass (sic) [client E]. [Client E] lost his balance and fell between the wall and open space in laundry area."</p>	W 331			

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W 331	<p>Continued From page 51</p> <p>- "The wall have (sic) dent in it and [client E] need (sic) more space to use walker."</p> <p>Client E's record was reviewed on 1/26/18 at 9:06 AM.</p> <p>Client E's POs (Physician's Orders) form dated October 2017 indicated, "May use wheelchair for mobility as needed as suggested per PT (Physical Therapy)."</p> <p>Client E's Medical Clinic Record of Visit form dated 1/21/17 indicated client E was seen for evaluation after a fall. Client E's Record of Visit form dated 1/21/17 indicated, "Laceration of right upper eyebrow" and "Referral to ER (Emergency Room) (illegible) for treatment and possible sedation".</p> <p>Client E's Dental Record of Visit form dated 12/6/16 indicated, "Recent fall (with) injury of lip resulted. Lip- red lesion some blistering present."</p> <p>Client E's Physical Therapy Record of Visit form dated 12/14/16 indicated, "Recommend wheelchair adjustment to lower seat to floor height to increase ease with foot propulsion. Diagnosis: CP (Cerebral Palsy). Recommendations for treatment: Recommend [client E] apply ice and compression sleeves to both knees to account for pain when walking. Continue using gait belt for safety when walking."</p> <p>Client E's Prescription form dated 11/30/16 indicated, "PT/OT evaluation and treat as indicated. Diagnosis: unsteady gait."</p> <p>Client E's Dental Summary Progress Report dated 8/21/16 indicated, "[Client E] had a fall with</p>	W 331			

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W 331	<p>Continued From page 52</p> <p>a laceration to lip. Sutures (dissolvable) placed to laceration."</p> <p>Client E's Record of Visit form dated 11/10/15 indicated, "Reason for visit: Wheelchair evaluation for mobility device. Results/findings of examination: [Client E] presents with significantly impaired gait ability, decreased endurance, (sic) appearance of pain with mobility and very high fall risk. Diagnosis: Gait instability, fall risk, balance impairment, decreased functional mobility. Recommendations for treatment: [Client E] would benefit from use of a high-strength ultra-lightweight manual wheelchair to reduce caregiver burden and increase independence with functional mobility."</p> <p>Client E's record of Visit form dated 11/4/15 indicated, "Reason for visit: PT for gait, balance and standing endurance. Results/findings: Has not made progress towards goals. Feels wheelchair level safest both at home and job. Assessment next visit. Diagnosis: CP (and) gait abnormality. Recommendations for treatment: Use gait belt. Wheelchair evaluation next visit 11/10/15; otherwise not recommending gait/balance training."</p> <p>Client E's record of visit form dated 10/29/15 indicated, "Decreased balance, unstable gait, [client E] is unsafe to ambulate without assistance."</p> <p>Client E's Prescription form dated 8/14/15 indicated, "PT/OT (Occupational Therapy) to evaluation for hand contraction and ambulation. Decrease in independent ADLS (Activities of Daily Living Skills)."</p>	W 331			

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W 331	<p>Continued From page 53</p> <p>Client E's CHRHP (Comprehensive High Risk Health Plan) dated 6/26/17 indicated the following:</p> <p>- "At Risk for Falls-history of falls related to diagnoses of Cerebral Palsy and profound deafness (unknown)."</p> <p>- "2. May utilize wheelchair as needed."</p> <p>- "3. Use gait belt with all transfers and ambulation."</p> <p>- "Definition. Standby assistance: When you require the presence of another person, within arm's reach of you to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)."</p> <p>Client E's CHRHP dated 6/26/17 did not indicate documentation/include client E's 11/10/15 recommendations for use of an ultra-lightweight wheelchair or compression sleeve for knee pain associated with walking.</p> <p>Client E's record did not indicate documentation of additional PT/OT assessment regarding client E's ambulation needs since 12/14/16. Client E's record did not clarify or reconcile client E's PT/OT recommendations for wheelchair usage with client E's POs.</p> <p>Client E's record did not indicate documentation of additional PT/OT assessment regarding client E's ambulation needs.</p> <p>Client E's Record of Visit form dated 4/18/17 indicated, "May use bifocal glasses or reading glasses, mostly would benefit his vision at near</p>	W 331			

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W 331	<p>Continued From page 54 (sic)."</p> <p>NM (Nurse Manager) #1 was interviewed on 1/26/18 at 10:28 AM. When asked to clarify client E's 11/10/15 Record of Visit form recommendations for wheelchair usage, NM #1 indicated the form did not specify when client E should utilize the wheelchair (as needed, full time, on outings, etc.) NM #1 stated, "Yeah, I see what you mean. I will clarify that." NM #1 indicated she would clarify when client E should utilize the wheelchair and provide documentation of clarification via email. NM #1 indicated she would follow up to locate additional PT/OT documentation of assessment or evaluation. When asked to clarify or reconcile client E's use of a rolling walker in the home and vision recommendations dated 4/18/17 regarding his ambulation needs, NM #1 indicated she would follow up to clarify the walker usage and inclusion of wearing his eyeglasses for fall prevention.</p> <p>QIDP #1 via electronic correspondence on 1/29/18 at 5:00 PM sent a CHRHP regarding falls for client E which was undated. The attached document was reviewed upon receipt. The undated CHRHP for falls indicated the following:</p> <p>- "Roller walker may be used for short distances around the house, with gait belt and stand by assist."</p> <p>- "May utilize wheelchair as needed for long distances</p> <p>- "Staff will provide standby assistance with all ambulation and transfers."</p> <p>- "Standby assistance: When you require the</p>	W 331			

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W 331	<p>Continued From page 55</p> <p>presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)."</p> <p>QIDP #1 via electronic correspondence on 1/29/18 at 5:31 PM sent two different CHRHPs regarding falls for client E which were dated 6/26/17. The attached documents were reviewed up receipt. Client E's 1 of 1 CHRHP for falls dated 6/26/17 indicated the following:</p> <p>- "At risk for falls- history of falls related to diagnoses of Cerebral Palsy and Profound Deafness."</p> <p>- "May utilize wheelchair as needed."</p> <p>- "Use gait belt with all transfers and ambulation."</p> <p>- "Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)."</p> <p>Client E's 2 of 3 CHRHP for falls dated 6/26/17 indicated the following:</p> <p>- "Staff to provide assistance support as needed with ambulation (walking). Pay special attention in dangerous areas such as crossing the street, around cars, stairs, curbs, shower/tub etc."</p> <p>- "Encourage [client E] to use a slow, steady gait when up."</p> <p>Client E's CHRHP for falls dated 6/26/17 and labeled 2 of 3 did not indicate the use of a gait</p>			W 331			

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W 331	Continued From page 56 belt, stand by assistance or the use of a wheelchair. NM #1 via electronic correspondence on 1/29/18 at 6:42 PM sent client E's CHRHP dated 4/11/16. The attached document was reviewed upon receipt. Client E's CHRHP for falls dated 4/11/16 indicated the following: -"Staff to provide assistance support as needed with ambulation (walking). Pay special attention in dangerous areas such as crossing the street, around cars, stairs, curbs, shower/tub etc." -"Encourage [client E] to use a slow, steady gait when up." Client E's CHRHP for falls dated 4/11/16 did not indicate the use of a gait belt, stand by assistance, compression sleeve for his knees or the use of a wheelchair. Client E's record did not indicate documentation of an order for the use of a rolling walker. NM #1 was interviewed on 1/29/18 at 6:20 PM. NM #1 indicated she had updated client E's CHRHP on 1/16/18 which she clarified was the undated updated CHRHP previously provided. NM #1 indicated client E's ambulation needs and supports should be reassessed and clarified. NM #1 indicated the agency was in the process of obtaining a Physician's Order for a PT/OT evaluation for client E.	W 331			
W 361	9-3-6(a) PHARMACY SERVICES CFR(s): 483.460(i)	W 361		3/3/18	

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W 361	<p>Continued From page 57</p> <p>The facility must provide or make arrangements for the provision of routine and emergency drugs and biologicals to its clients. Drugs and biologicals may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview for 2 of 4 sampled clients (C and D), plus 1 additional client (E), the facility failed to ensure clients C, D and E had a continuous supply of medications from the pharmacy.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 1/29/18 at 9:44 AM. The review indicated the following:</p> <p>1. BDDS report dated 11/17/17 indicated, "Staff reported to the ResCare (nurse) that upon review of the medication supply, [client C] had not b (sic) given his prescribed Lorazepam 0.5mg (Milligrams) (psychosis) to be taken for two days, November 15, 2017 through November 17, 2017 because the supply had run out."</p> <p>Client C's record was reviewed on 1/24/18 at 8:44 AM. Client C's Physician's Order dated October 2017 indicated the following:</p> <p>- "Lorazepam Tablet 0.5 milligrams. Substitute for Ativan 0.5 milligrams. Give one tablet by mouth three times daily for psychosis, bipolar disorder, (and) adjustment disorder (6 AM, 12 PM and 6</p>	W 361			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/30/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 361	Continued From page 58 PM)." 2. BDDS report dated 1/14/18 indicated, "It was reported that [client D] was not administered his physician prescribed medication, Prozac 20 milligrams, (anxiety) on 1.13.18 at 06:00 AM due to no supply. The ResCare nurse was notified and the medication was called in to the pharmacy." Client D's record was reviewed on 1/30/18 at 8:51 AM. Client D's Medication Administration Record dated November 2017 indicated the following: -"Fluoxetine Capsule 20 milligrams. Substitute for Prozac 20 milligrams. Give one capsule by mouth once daily for anxiety (6 AM)." 3. BDDS report dated 1/19/18 indicated, "Upon review of the medication supply, it was discovered (that) [client E] had not received his prescribed Olanzapine 5 milligrams (bipolar) to be taken at 9 PM from January 1st, 2018 through January 17, 2018 and Escitalopram 10 milligrams (depression/anxiety) at 7 AM had not been given from January 3rd, 2018-January 18, 2018. Due to not being sent with the monthly refills by the home's contracted pharmacy." NM #1 was interviewed on 1/29/18 at 6:20 PM. NM #1 indicated clients C, D and E should have medications available for administration from the pharmacy. 9-3-6(a) DRUG ADMINISTRATION CFR(s): 483.460(k)(1)	W 361			
{W 368}		{W 368}		3/3/18	

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{W 368}	<p>Continued From page 59</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview for 2 of 4 sampled clients (C and D), plus 1 additional client (E), the facility failed to ensure clients C, D and E's medications were administered as ordered by their physicians.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 1/29/18 at 9:44 AM. The review indicated the following:</p> <p>1. BDDS report dated 11/17/17 indicated, "Staff reported to the ResCare (nurse) that upon review of the medication supply, [client C] had not b (sic) given his prescribed Lorazepam 0.5mg (Milligrams) (psychosis) to be taken for two days, November 15, 2017 through November 17, 2017 because the supply had run out."</p> <p>Client C's record was reviewed on 1/24/18 at 8:44 AM. Client C's Physician's Order dated October 2017 indicated the following:</p> <p>-"Lorazepam Tablet 0.5 milligrams. Substitute for Ativan 0.5 milligrams. Give one tablet by mouth three times daily for psychosis, bipolar disorder, (and) adjustment disorder (6 AM, 12 PM and 6 PM)."</p> <p>2. BDDS report dated 1/14/18 indicated, "It was reported that [client D] was not administered his</p>	{W 368}			

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{W 368}	<p>Continued From page 60</p> <p>physician prescribed medication, Prozac 20 milligrams, (anxiety) on 1.13.18 at 06:00 AM due to no supply. The ResCare nurse was notified and the medication was called in to the pharmacy."</p> <p>Client D's record was reviewed on 1/30/18 at 8:51 AM. Client D's Medication Administration Record dated November 2017 indicated the following:</p> <p>- "Fluoxetine Capsule 20 milligrams. Substitute for Prozac 20 milligrams. Give one capsule by mouth once daily for anxiety (6 AM)."</p> <p>3. BDDS report dated 1/19/18 indicated, "Upon review of the medication supply, it was discovered (that) [client E] had not received his prescribed Olanzapine 5 milligrams (bipolar) to be taken at 9 PM from January 1st, 2018 through January 17, 2018 and Escitalopram 10 milligrams (depression/anxiety) at 7 AM had not been given from January 3rd, 2018-January 18, 2018. Due to not being sent with the monthly refills by the home's contracted pharmacy."</p> <p>NM #1 was interviewed on 1/29/18 at 6:20 PM. NM #1 indicated clients C, D and E's medications should be administered as ordered by their physicians.</p> <p>This federal tag was cited on 8/18/17. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>	{W 368}			
W 436	<p>SPACE AND EQUIPMENT</p> <p>CFR(s): 483.470(g)(2)</p>	W 436		3/3/18	

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W 436	<p>Continued From page 61</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview for 1 of 6 clients who utilized adaptive equipment, the facility failed to ensure client E had a gait belt and his prescription eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/22/18 from 4:15 PM through 6:00 PM, 1/24/18 from 7:15 AM through 8:00 AM, 1/25/18 from 4:50 PM through 6:00 PM and on 1/26/18 from 7:40 AM through 8:15 AM. Client E was observed in the home throughout the observation periods. Client E did not have a gait belt. Client E did not utilize eyeglasses.</p> <p>Observations were conducted at the group home on 1/26/18 from 7:40 AM through 8:15 AM. PD (Program Director) #2, staff #4 and staff #6 were present working in the home with clients A, B, C, D, E, F and G. Client E was seated in the home's living room in his personal recliner. Client B was seated on the home's couch next to client E's recliner. Client E was non-verbal (used limited vocalizations to express his wants and needs) and utilized limited vocalizations, some physical gestures including facial expressions/gestures. Client E's arms and legs were contracted (stiff, rigid, inflexible joints, muscles and tendons).</p>	W 436			

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W 436	<p>Continued From page 62</p> <p>Client E did not utilize a gait belt. Client E did not utilize eyeglasses.</p> <p>Observations were conducted at client E's day program on 1/29/18 at 1:30 PM through 1:45 PM. Client E was seated in a manual wheelchair in his classroom. Client E did not have a gait belt on. Client E did not utilize eyeglasses.</p> <p>Day Services Staff (DSS) #1 was interviewed on 1/29/18 at 1:40 PM. DSS #1 indicated he worked with client E in his classroom on a daily basis and had previously worked with client E at his group home. DSS #1 indicated client E utilized a wheelchair while at the day program. DSS #1 indicated client E did not utilize a gait belt while at the day program. DSS #1 indicated client E transferred himself without assistance for toileting. DSS #1 stated, "He wheels himself in there when he needs to go and doesn't need any assistance or use a gait belt." Client E did not utilize eyeglasses.</p> <p>Client E's record was reviewed on 1/26/18 at 9:06 AM. Client E's CHRHP (Comprehensive High Risk Health Plan) dated 6/26/17 indicated the following:</p> <p>- "At Risk for Falls-history of falls related to diagnoses of Cerebral Palsy and profound deafness (unknown)."</p> <p>- "2. May utilize wheelchair as needed."</p> <p>- "3. Use gait belt with all transfers and ambulation."</p> <p>- "Definition. Standby assistance: When you require the presence of another person, within</p>	W 436			

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W 436	Continued From page 63 arm's reach of you to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)." Client E's Record of Visit form dated 4/18/17 indicated, "May use bifocal glasses or reading glasses, mostly would benefit his vision at near (sic)." NM (Nurse Manager) #1 was interviewed on 1/26/18 at 10:28 AM. NM #1 indicated client E should utilize his adaptive equipment. 9-3-7(a)	W 436			