STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G247	A. BUILDING 00 B. WING	05/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	2401 CORNWELL DR JEFFERSONVILLE, IN 47130

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W 0000 Bldg. 00	This visit was for a pre-determined full annual recertification and state licensure survey. This visit included a Covid-19 focused infection control survey. Survey dates: 5/24/21, 5/25/21, 5/26/21 and 5/27/21. Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/15/21.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and 4 additional clients (#4, #5, #6 and #7), the facility's governing body failed to exercise operating direction over the facility to ensure 1) the repair of a hole in the entry hallway, 2) the basement was free from clutter, boxes and puzzle pieces throughout the flooring, 3) the back deck was not left unfinished with paint and vegetation protruding through the deck boards and railing, 4) the siding on the back of the home was repaired and 5) a broken door on client #7's desk were all maintained and in good repair. Findings include:	W 0104	1.The Program Manager contacted Aramark on Monday June 14th 2021 for an update on the deficiencies and status of maintenance requests. The expectation that repairs be complete in a timely manner was the topic of this meeting. 2.Staff will be in-serviced to follow up on maintenance requests weekly for none urgent requests and daily for urgent request. 3.The Area Supervisor will report weekly on open work orders to the Program Manager during the ESN	07/01/2021

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

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	Observation was completed on 5/24/21 from 3:52 PM to 5:45 PM and on 5/25/21 from 6:32 AM to 10:07 AM. The observations indicated the following: -At 3:56 PM, staff #2 completed the Covid-19 screening and took the temperature of the surveyor in the hallway adjacent to the main entry way. While completing the screening process, at 4:00 PM a baseball size hole in the wall near a register on the floor was observed. -At 8:08 AM, client #7 returned to his bedroom after eating his morning meal. Client #7 sat a desk in his room while working on a puzzle. The left-hand side of client #7's desk was missing a door. The Qualified Intellectual Disability Professional (QIDP) and client #7 were asked what happened to the door on the desk. Client #7's response was not understandable. The QIDP looked around and found the missing door was leaning against the wall opposite of client #7's desk. At 8:11 AM, the QIDP asked client #7, "Do you want your door fixed"? Client #7 stated, "Yeah". The QIDP then stated to client #7, "How long has it been broken"? Client #7 stated, "Yeah". At 8:12 AM, the QIDP asked the team leader (TL) how long client #7's desk door had been broken. The TL stated, "I'm not sure how long it's been broken. He does have a thing about taking stuff apart. He probably took it apart and didn't tell anyone". A closer look at the inside of the desk and the missing door indicated screws were still attached to the brackets on the door and the holes where it was previously mounted appeared stripped out, rather than taken apart. -At 8:19 AM, the basement had numerous boxes throughout, some open, some empty. Plastic		weekly update meeting. 4.The Program Manager will escalate repair requests to David Danzo Aramark's Maintenance Representative. 5.The Administrator will ensure the facility maintenance and repair work is completed in a timely fashion. Staff will be in serviced on reporting maintenance issues immediately 6.Staff will call 844-RESCARE to schedule a service call with Aramark to schedule work orders as needed. 7.The administrator contacted Aramark to schedule the repair of the hole in the entry way repairs will be completed no later than July 1, 2021 work may be delayed to vendor and material availability. 8.The administrator contacted Aramark to schedule the removal of clutter and boxes, smaller items such as puzzle pieces will be removed by staff. Clutter removal will be completed no later than July 1, 2021 work may be delayed to vendor and material availability. 9.The administrator contacted Aramark to schedule the finishing staining on the back deck and removal of vegetation from deck boards and railing. Work will be completed no later than July 1, 2021 work may be delayed to vendor and material availability. 10.The administrator contacted Aramark to schedule the repair of siding on the back of home. Work	

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	banding from packaging was on the floor and multiple partially completed puzzles and puzzle pieces were scattered all throughout the floor, plastic bags with adult incontinent brief packaging, some open and some not, were scattered throughout the floor, an old exercise bike, 6 used oxygen tanks and plastic totes all blocked access to the shelving where the home's emergency food supply was kept. All food items were within their expiration dates with the exception of 6 one gallon containers of water. The 6 one gallon containers of water had an expiration date of 7/22/2020. At 8:44 AM, the TL was asked about the organization of the basement and monitoring of the food supply. The TL stated, "Usually [staff #2] keeps track of the food supply and the dates". The TL indicated the clients did not use the basement as a living or recreational space. The TL indicated the home alternated the foods by cooking the stored food items before their expiration. The TL indicated the 6 one gallon containers of water was an oversight and stated, "I didn't know water could spoil". The TL indicated workorders for requests to help with the cleaning and organization of the basement should be available for review. The TL stated, "We've been asking for a dumpster and asking [Maintenance] to help with the basement for some time". The TL indicated workorder history should be available for review. This affected clients #1, #2, #3, #4, #5, #6 and #7. -At 9:43 AM, vegetation protruded through the deck board on the home's elevated back porch adjacent to the dining room. The back porch was painted an orange/red color. The staircase going down from the back deck into the back yard had multiple types of vegetation protruding through the deck boards and the railing of the staircase. At the concert landing area adjacent to an exterior		will be completed no later than July 1, 2021 work may be delayed to vendor and material availability. 11.The administrator contacted Aramark to schedule the repair of broken door for Client #7 bedroom and repair of desk. Work will be completed no later than July 1, 2021 work may be delayed to vendor and material availability. 12.Management will meet with a representative from Aramark weekly to discuss open service orders **Persons Responsible**: Aramark, Program Manager, Quality Assurance, Area Supervisor, Residential Manager, and DSP.	

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	exit door from the home, broken furniture was leaning against the home and on the concert path. Above a window a section of siding from the home was missing approximately 6 to 8 feet in length. The missing siding and broken furniture were on the concrete path leading to where the back yard gate was used for trash removal on the street. From the street looking back toward the home, the entire back side of the home's back porch was observed to be unfinished with paint. The orange/red color paint had run down spindles and railing. The back deck had only been painted on the interior side and the exterior left unfinished facing the street. On 5/26/21 at 1:43 PM, the Program Manager (PM) was interviewed. The PM was asked about the hole in the hallway, basement, back deck, client #7's missing desk door and the home's missing siding. The PM indicated the last time she was down in the basement it did not look the way it had been described. The PM indicated awareness of a dumpster being requested to address the cleaning and organization of the basement and then stated, "I will get a dumpster and some manpower to clean that basement". The PM indicated the Associate Director could assist with identifying workorder history. The PM indicated the hole in the wall was not an environmental issue she was aware of and more follow up would be needed. The PM indicated if client #7's desk door could not be repaired, replacement of client #7's desk would be an option and further follow up would be pursued. The PM indicated the back deck had been stained the previous year. The PM stated, "I stained that. The staff was supposed to finish that. We'll get that taken care of". The PM stated in regard to the missing siding, "We had a critter problem. I think they (maintenance) screened over the hole (where squirrels were			

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	entering) and either didn't fix it or it blew off". The PM indicated the overgrown vegetation protruding through the deck boards and railing was not a reported environmental issue reported and stated, "I would guess that has not been reported. I trimmed it last year. [Associate Director] would have any workorders or reference numbers (for environmental repairs)". On 5/26/21 at 2:18 PM the Associate Director (AD) was interviewed. The AD was asked about the hole in the hallway, basement, back deck, client #7's missing desk door and the missing siding from the home. The AD stated a drywall repair for the hallway had been reported on "5/9/21. The tentative schedule date (for repair) is 6/7/21". The AD indicated client #7's broken desk door did not appear to have been a reported environmental concern and stated, "I didn't see anything. I can put it in". The AD indicated the cleaning and organization of the basement had been a reported area with maintenance. The AD indicated he recalled a dumpster had been purchased and recalled going to the home to help identify a location to drop the dumpster off so it would not block any areas where access was needed. The AD stated, "Waste and junk removal was 1/22/21. It was called in. I guess they're saying it was done, so more follow up is needed. There are actually 2 workorders where we've asked for furniture to be cleared. Another trash removal was called in 4/19/21". The AD indicated no workorder history was available for the environmental concerns described regarding the back deck and stated, "I don't see a workorder for painting the rest of the porch. I'll put a workorder in for that now". The AD indicated more follow up was needed concerning the missing siding from the home. The AD stated, "I have a workorder for the squirrels. That was called in 4/30/21. I don't			

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	see one (missing siding). The city will call us on that. I got that (workorder) sent in as well". The AD indicated the home should be maintained and in good repair. The AD indicated further follow up was needed. On 5/26/21 at 2:41 PM, the AD provided workorder history for review. On 5/26/21 at 3:08 PM, a review of workorders for the home was completed. The review indicated the following: -5/26/21 at 14:33 (2:33 PM) indicated, "Deck needs sanded and painted ... Deadline 6/24/21". -5/26/21 at 14:37 (2:37 PM) indicated, "Siding and Gutters ... siding missing backside upper area 6-to-8-foot section missing. Deadline 6/24/21". -5/9/21 at 8:57 (8:57 AM) indicated, "Drywall repair. Hole in the wall. Deadline 6/7/21". -4/15/21 at 16:08 (4:08 PM) indicated, "General Building. Trash removal from building. Deadline 4/19/21". 9-3-1(a)			
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 5 incident reports affecting client #1, the facility failed to thoroughly investigate client #1's unwitnessed fall on 2/22/21 when he indicated a 3 1/2 inch bruise on his upper right arm had been sustained. Findings include: On 5/24/21 at 2:31 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports, internal incident reports and	W 0154	1.The Quality Assurance Department will ensure all investigations are completed in accordance with the policies of ResCare, local, state, and federal guidelines. 2.The Quality Assurance Department will be retrained by the Quality Assurance Manager on the local, state, and federal guidelines for investigations of	06/26/2021

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	investigation summaries were completed. The incident reports indicated the following: -BDDS report dated 2/23/21 indicated, "It was reported staff noticed a 3 ½ inch bruise yellowish in color on [client #1's] right upper arm. [Client #1] reported to staff he had fallen out of bed and did not tell staff at the time of the fall". The review indicated no investigation summary of the unknown injury was available for review. On 5/26/21 at 10:32 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the investigation into client #1's unwitnessed fall resulting in a bruise. The QIDP indicated the investigation was not available for review. The QIDP stated, "It (bruise) was noticed on 2/22/21". The QIDP was asked if the investigation was missing. The QIDP stated, "I believe so". The QIDP indicated no investigation into client #1's unwitnessed fall on 2/22/21 was available for review. On 5/26/21 at 10:53 AM, the Quality Assurance Coordinator (QAC) was interviewed. The QAC was asked about the investigation into the incident of client #1 unwitnessed fall on 2/22/21. The QAC indicated a fall would generate an investigation and one should have been completed. The QAC indicated an investigation into client #1's unwitnessed fall could not be provided for review. The QAC indicated investigation into client #1's unwitnessed fall should have been thoroughly investigated and available for review. 9-3-2(a)		ANE. 3.The Facility will retrain staff on the Abuse, Neglect, and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect, and Exploitation Policy is followed. Monitoring of ANE will be done by The Program Manager, Area Supervisor, and Residential Manager to ensure all incidents of possible abuse, neglect, and exploitation are reported to the QA department. Persons Responsible: Program Manager, Area Supervisor, Residential Manager, Quality Assurance, Human Resources Manager.	

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W 0217 Bldg. 00	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status. Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2 had been reassessed for appropriate diet consistency and mealtime supports. Findings include: Observation was completed on 5/24/21 from 3:52 PM to 5:45 PM. The observation indicated the following: -At 5:03 PM, the Home Manager verbally prompted the clients to wash their hands and prepare for eating their evening meal. -At 5:13 PM, client #2 began eating his ground chicken, soup beans, green beans and fruit salad. Client #2 had Kool-Aid and water to drink. Client #2's chicken was prepared to a ground consistency. -At 5:25 PM, client #2 took a drink of water and continued to eat his soup beans with a regular spoon. -At 5:27 PM, client #2 coughed to clear his throat. Staff #1 prompted client #2 by physically pointing to his glass to take a drink. Client #2 continued to cough. The Home Manager verbally prompted client #2 to stand. The Home Manager indicated if client #2 was going to get sick to have him turn away from the table. Client #2 continued to cough until he appeared to have cleared his throat. The Qualified Intellectual Disabilities Professional (QIDP) approached the table. At 5:28 PM, the	W 0217	1.The QIDP will update Client #2's comprehensive functional assessment to include a reassessment for appropriate diet consistency and mealtime supports. 2.The QIDP will update the ISP to include the use of adaptive utensils during meal time and train all staff in the Facility on the updated plan and monitor for effectiveness and recommend strategies to the Team. 3.The Nurse will schedule Client #2 for a swallow study to determine additional meal time dining supports. 4.The Nurse will schedule an appointment for Client #2 to assess diet consistency and adaptive dining support. 5.The Residential Manager and DSPs will monitor clients to for any changes in additional health related concerns and recommend any strategies to the Team. 6.The Nurse, Program Manager, Residential Manager, Area Supervisor and QIDP will proactively monitor all clients in the Facility to ensure plan effectiveness and recommend strategies to the Team for all clients 7.The Program Manager, Residential Manager, Nurse, Area	06/26/2021

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	QIDP verbally prompted client #2 to say "Hi". Client #2 made a vocalization indicating he had cleared his air passage and throat. Client #2 then sat back down at the table and poured more Kool-Aid to drink. -At 5:30 PM, client #2 continued to drink until finished when he returned his plate, bowl, cups and utensils to the sink at 5:35 PM. -At 5:36 PM, client #2 went into his bedroom and gathered some clothing and went to the bathroom and shut the door. Client #2 was heard to clear his throat once more as he prepared to take his evening shower. On 5/25/21 at 12:39 PM, client #2's record was reviewed. The record indicated the following: -Dining Plan dated 10/1/20 indicated, "Behavior Concerns: No problems with chewing. [Client #2] has diagnosis of mild Dysphagia (difficulty swallowing), Barrett's Esophagus Syndrome (thickening of the esophagus) and GERD (Gastroesophageal Reflux Disease). [Client #2] is edentulous. Staff to encourage [Client #2] to sit upright for at least 60 minutes after meals. Staff to monitor for and report s/s (signs and symptoms) of gastric distress to nurse. If meal refusal in part or entire meal offer healthy substitute. Total meal refusal x 2, notify nurse. Food Texture: Mechanical soft (blended or ground) with ground meats. Fluid Texture: Thin Liquids ... Triggers to notify Nursing Staff: Coughing with struggle ... Vomiting ... watery eyes ...". On 5/25/21 at 2:30 PM, the Nurse was interviewed. The Nurse was asked about client #2's dining habits and mealtime supports. The Nurse stated, "He's (client #2) a mechanical soft diet. He		Supervisor and QIDP will meet Quarterly to discuss clients and recommend updates. Persons Responsible: Program Manager, Area Supervisor, Nurse, QIDP, Residential Manager, and DSP.	

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	probably needs another speech evaluation". The Nurse was asked when client #2's last evaluation was completed. The Nurse stated, "October 16th, 2019, yep we'll get a speech eval (evaluation)". The Nurse was asked if she had ever been notified of client #2 coughing while eating or becoming physically sick during a meal. The Nurse stated, "No, that's new to me. Any time there is anything around diet I want to know". The Nurse was asked if struggling with a cough was a trigger to notify nursing based on client #2's dining plan. The Nurse stated, "It says notify. They (staff) should notify me". The observation of client #2's meal where he coughed, physically prompted to drink and then verbally prompted to stand while coughing to clear his throat was a scenario where staff should notify nursing. The Nurse stated, "Yes, they didn't notify me". On 5/26/21 at 11:46 AM, the team leader (TL) was interviewed. The TL was asked about client #2's dining habits, mealtime supports and the notification requirement with Nursing from client #2's dining plan. The TL stated, "It doesn't happen very often. When he gets distracted. Like putting his hand up (gesturing) telling me he wants a haircut". The TL was asked if it happens or if the incident of coughing with the prompts to stand was an isolated incident. The TL stated, "Yes, it's not daily or even weekly". The TL was asked if the physical and verbal prompting to drink and stand were typical staff reactions to an incident of client #2 struggling to clear his throat during a meal. The TL stated, "Yes or stand up or say baby. He will try to mumble them out". The TL was asked why the prompt to stand had occurred. The TL stated, "To have him clear his throat". The TL was asked if client #2's dining concerns had been reported to the Nurse or QIDP. The TL stated, "No". The TL was asked if there had been			

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	client specific training completed for client #2's dining plan. The TL stated, "We have, but that's kind of new to us. Those are little things we've come up with. We prompt him to eat slow or drink". The TL was asked if the training of client #2's dining plan included contacting the Nurse if client #2 struggled with coughing or vomited while eating a meal. The TL stated, "I would have if he struggled a little more, but I didn't". 9-3-4(a)			
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to implement client #2's dining plan by not notifying the nurse of client #2's struggle with coughing during his evening meal. Findings include: Observation was completed on 5/24/21 from 3:52 PM to 5:45 PM. The observation indicated the following: -At 5:03 PM, the Home Manager verbally prompted the clients to wash their hands and prepare for eating their evening meal. -At 5:13 PM, client #2 began eating his ground chicken, soup beans, green beans and fruit salad.	W 0249	1.An IDT will meet to formulate client #2 individual program plan, that includes 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. 2.The QIDP and nurse will update client #2 plan to include a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the	06/26/2021

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Client #2 had Kool-Aid and water to drink. Client #2's chicken was prepared to a ground consistency. -At 5:25 PM, client #2 took a drink of water and continued to eat his soup beans with a regular spoon. -At 5:27 PM, client #2 coughed to clear his throat. Staff #1 prompted client #2 by physically pointing to his glass to take a drink. Client #2 continued to cough. The Home Manager verbally prompted client #2 to stand. The Home Manager indicated if client #2 was going to get sick to have him turn away from the table. Client #2 continued to cough until he appeared to have cleared his throat. The Qualified Intellectual Disabilities Professional (QIDP) approached the table. At 5:28 PM, the QIDP verbally prompted client #2 to say "Hi". Client #2 made a vocalization indicating he had cleared his air passage and throat. Client #2 then sat back down at the table and poured more Kool-Aid to drink. -At 5:30 PM, client #2 continued to drink until finished when he returned his plate, bowl, cups and utensils to the sink at 5:35 PM. -At 5:36 PM, client #2 went into his bedroom and gathered some clothing and went to the bathroom and shut the door. Client #2 was heard to clear his throat once more as he prepared to take his evening shower. On 5/25/21 at 12:39 PM, client #2's record was reviewed. The record indicated the following: -Dining Plan dated 10/1/20 indicated, "Behavior Concerns: No problems with chewing. [Client #2] has diagnosis of mild Dysphagia (difficulty		objectives identified in the individual program plan. 3.The QIDP will update the ISP to include the use of adaptive utensils during meal time and train all staff in the Facility on the updated plan and monitor for effectiveness and recommend strategies to the Team. 4.The Nurse will schedule Client #2 for a swallow study to determine additional meal time dining supports. 5.The Nurse will schedule an appointment for Client #2 to assess diet consistency and adaptive dining support. 6.The Residential Manager and DSPs will monitor clients to for any changes in additional health related concerns and recommend any strategies to the Team. 7.The Nurse, Program Manager, Residential Manager, Area Supervisor and QIDP will proactively monitor all clients in the Facility to ensure plan effectiveness and recommend strategies to the Team for all clients 8.The Program Manager, Residential Manager, Nurse, Area Supervisor and QIDP will meet Quarterly to discuss clients and recommend updates. Persons Responsible: Program Manager, Area Supervisor, Nurse, QIDP, Residential Manager, and	

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	15G247	A. BUILDING 00 B. WING	05/27/2021

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	swallowing), Barrett's Esophagus Syndrome (thickening of the esophagus) and GERD (Gastroesophageal Reflux Disease). [Client #2] is edentulous. Staff to encourage [Client #2] to sit upright for at least 60 minutes after meals. Staff to monitor for and report s/s (signs and symptoms) of gastric distress to nurse. If meal refusal in part or entire meal offer healthy substitute. Total meal refusal x 2, notify nurse. Food Texture: Mechanical soft (blended or ground) with ground meats. Fluid Texture: Thin Liquids ... Triggers to notify Nursing Staff: Coughing with struggle ... Vomiting ... watery eyes ...". On 5/25/21 at 2:30 PM, the Nurse was interviewed. The Nurse was asked about client #2's dining habits and mealtime supports. The Nurse stated, "He's (client #2) a mechanical soft diet. He probably needs another speech evaluation". The Nurse was asked when client #2's last evaluation was completed. The Nurse stated, "October 16th, 2019, yep we'll get a speech eval (evaluation)". The Nurse was asked if she had ever been notified of client #2 coughing while eating or becoming physically sick during a meal. The Nurse stated, "No, that's new to me. Any time there is anything around diet I want to know". The Nurse was asked if struggling with a cough was a trigger to notify nursing based on client #2's dining plan. The Nurse stated, "It says notify. They (staff) should notify me". The observation of client #2's meal where he coughed, physically prompted to drink and then verbally prompted to stand while coughing to clear his throat was a scenario where staff should notify nursing. The Nurse stated, "Yes, they didn't notify me". On 5/26/21 at 11:46 AM, the team leader (TL) was interviewed. The TL was asked about client #2's dining habits, mealtime supports and the		DSP.	

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	notification requirement with Nursing from client #2's dining plan. The TL stated, "It doesn't happen very often. When he gets distracted. Like putting his hand up (gesturing) telling me he wants a haircut". The TL was asked if it happens or if the incident of coughing with the prompts to stand was an isolated incident. The TL stated, "Yes, it's not daily or even weekly". The TL was asked if the physical and verbal prompting to drink and stand were typical staff reactions to an incident of client #2 struggling to clear his throat during a meal. The TL stated, "Yes or stand up or say baby". He will try to mumble them out". The TL was asked why the prompt to stand had occurred. The TL stated, "To have him clear his throat". The TL was asked if client #2's dining concerns had been reported to the Nurse or QIDP. The TL stated, "No". The TL was asked if there had been client specific training completed for client #2's dining plan. The TL stated, "We have, but that's kind of new to us. Those are little things we've come up with. We prompt him to eat slow or drink". The TL was asked if the training of client #2's dining plan included contacting the Nurse if client #2 struggled with coughing or vomited while eating a meal. The TL stated, "I would have if he struggled a little more, but I didn't". 9-3-4(a)			
W 0322 Bldg. 00	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 2 of 3 sampled clients (#2 and #3), the facility failed to ensure clients #2 and #3 had an annual physical examination. Findings include:	W 0322	1.The facility will provide or obtain preventive and general medical care of each client in the Facility 2.Appointments for Clients #2 and #3 annual physical will be	06/26/2021

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	On 5/25/21 at 12:39 PM, client #2's record was reviewed. Client #2's previous annual physical was dated 6/21/2019. Client #2's record did not indicate a more current annual physical was available for review. On 5/25/21 at 1:12 PM, client #3's record was reviewed. Client #3's previous annual physical was dated 3/28/2019. Client #2's record did not indicate a more current annual physical was available for review. On 5/25/21 at 2:30 PM, the Nurse was interviewed. The Nurse was asked about clients #2 and #3's annual physical examinations. The Nurse stated, "Yes, he (client #2) was scheduled. I just need to call the doctor". The Nurse was asked about the status of client #3's annual physical. The Nurse stated, "He changed doctors too. I just need to call and get his (client #3's) printout". The Nurse indicated annual physicals for clients #2 and #3 would be obtained and provided for review by either her or the Qualified Intellectual Disabilities Professional (QIDP). On 5/26/21 at 11:07 AM, the QIDP was interviewed. The QIDP was asked about clients #2 and #3's annual physical examinations. The QIDP stated, "[Client #2] needs an annual physical and they're going to schedule an appointment". The QIDP was asked about client #3's annual physical. The QIDP indicated client #3 needed an annual physical scheduled and stated, "Correct". 9-3-6(a)		scheduled by the nurse. 3.Staff will be retrained on ensuring the clients make it to their scheduled appointments. The staff in the Facility will be retrained on the client appointment procedure. **Persons Responsible:** Direct Support Professionals, Residential Manager, Area Supervisor, Program Manager, Nursing, Director of Nursing	
W 0382 Bldg. 00	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and			

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	biologicals locked except when being prepared for administration. Based on observation and interview for 1 additional client (#6), the facility failed to maintain drug security while preparing medication to administration with client #6. Findings included: Observation was completed on 5/24/21 from 3:52 PM to 5:45 PM. The observation indicated the following: -At 4:08 PM staff #2 started to prepare medicines for administration and unlocked the medication closet. -At 4:14 PM, staff #2 indicated she might have to call the nurse because it appeared client #6 was out of Ketoconazole 2 % (medicated shampoo) shampoo. The Home Manager entered the medication administration room and located a new prescription bottle that had been filled. -At 4:16 PM, staff #2 brought out client #6's basket of medications from the medication closet. Staff #2 poured out the Ketoconazole 2 % medicated shampoo into a small plastic cup and placed it on the desk. -At 4:18 PM, client #7 picked up his small cup of Ketoconazole 2 % medicated shampoo and left the medication room. Staff #2 verbally prompted client #6 as he left indicating his medication administration had not been completed. Staff #2 then stood and followed client #6 out of the medication administration room. Client #6's medication basket was left out unsecured on the desk and the medication closet was left unlocked and unsecured.	W 0382	1.The Facility will insure Clients medication are secure when medication is not being administered. 2.Staff will be retrained on the proper security of medication when medication is not being administered by the Site Supervisor. 3.Random Observations will be completed by the Nurse, Area Supervisor and Site Supervisor to ensure medication is secured while not being administered. **Persons Responsible**: Program Manager, Area Supervisor, Nurse, Residential Manager, DSP.	06/26/2021

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	-At 4:19 PM, client #6 and staff #2 reentered the medication room. Staff #2 continued with client #6's medication administration until completed. -At 4:24 PM, staff #2 indicated she needed to see if client #7 had his feet elevated so she could chart on client #7's medication administration record. Staff #2 stated, "I'm going to go check on [client #7] to make sure his feet are elevated". Staff #2 then left the medication administration room, leaving client #6's medication basket out on the desk unsecured and the medication closet left unlocked and unsecured. -At 4:26 PM, staff #2 reentered the medication administration room and then placed client #6's medication basket in the medication closet. Staff #2 placed the lock on the medication closet latch but did not lock the medication closet. Staff #2 left the medication administration room leaving the medication closet unlocked. Staff #2 returned to medication administration room at 4:28 PM with client #2. On 5/25/21 at 9:33 AM, the team leader (TL) was interviewed. The TL was asked about the staff training for medication administration and security of medications. The TL indicated staff received training in medication administration during orientation at time of hire through Core A and B medication training and 3 medication administration observations of the employee were completed before the Nurse signed off and approved of the employee being trained to administer medications. The TL was asked if medication should be maintained and secured at all times. The TL stated, "Yes". The TL was asked how medications should be secured. The TL stated, "Locked". The TL was asked if			

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	medications should ever be left unattended. The TL stated, "No, never". On 5/25/21 at 3:22 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the security of client #6's medication during medication administration. The QIDP indicated medication should be maintained and secured at all times and stated, "Correct". On 5/25/21 at 3:24 PM, the Nurse was interviewed. The Nurse was asked about the security of client #6's medications during medication administration. The Nurse indicated medications should be maintained and secured at all times. The Nurse stated, "We'll have to do training (medication security)". 9-3-6(a)			