

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

PRINTED: 11/28/2018
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G465		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/31/2018	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP COD 6025 BUCKSKIN CT INDIANAPOLIS, IN 46250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0000 Bldg. 00	<p>This visit was for a post certification revisit (PCR) to the full recertification and state licensure survey and to the investigation of complaint #IN00272821 completed on 9/21/18.</p> <p>Complaint #IN00272821: Corrected.</p> <p>This visit was in conjunction with the investigation of complaint #IN00276809.</p> <p>Dates of Survey: October 25, 26, 29 and 31, 2018.</p> <p>Facility Number: 000979 Provider Number: 15G465 AIMS Number: 100244860</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/7/18.</p>			W 0000			
W 0368 Bldg. 00	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 1 additional client (D), the facility failed to ensure client D received her prescription medication as ordered by the physician.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/25/18 at 1:24 PM.</p>			W 0368	<p>CORRECTION: <i>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Specifically, client D is currently receiving her medications as prescribed. Facility staff will complete a weekly audit of all clients' medication to assure that medications are being</i></p>		11/30/2018

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>A BDDS report dated 10/2/18 indicated on 10/1/18, "... On 10/1/18, during a review of medication and documentation, it was discovered that [client D] did not receive her 12:00 PM dose Ziprasidone (anti-psychotic) cap (capsule) 20 mg (milligram), while attending day service, due to no supply. Specifically, [client D] did not receive her 12 noon (afternoon) dosage of the medication on the following dates 9-7-18, 9/10/18-9/14/18, 9/17/18-9/21/18 and 9/24/18-9/28/18. The supervisor and nurse were notified of this incident..."</p> <p>Client D's record was reviewed on 10/29/18 at 10:12 AM. Client D's Physician's Orders dated 10/1/18 to 10/31/18 indicated, "... Ziprasidone Cap 20 MG... Give one capsule by mouth daily after lunch, -12 PM..."</p> <p>A review of client D's Physician's Orders dated 10/1/18 to 10/31/18 indicated client D had a physician's order to receive Ziprasidone 20 MG daily at 12:00 PM.</p> <p>RN (Registered Nurse) #1 was interviewed on 10/26/18 at 12:05 PM. RN #1 was asked if client D had received her prescription Ziprasidone 20 MG daily at 12:00 PM on 9-7-18, 9/10/18-9/14/18, 9/17/18-9/21/18 and 9/24/18-9/28/18. RN #1 stated, "No." RN #1 indicated client D should have received her Ziprasidone 20 MG as ordered by the physician.</p> <p>This deficiency was cited on 9/21/18. The facility failed to implement a systemic plan to prevent recurrence.</p> <p>9-3-6(a)</p>				<p>administered per physician orders and reordered as needed, in a timely manner. When discrepancies are noted, the nurse will be notified, to assure prompt resolution.</p> <p>Additionally, the QIDP has assumed responsibility for supporting clients with psychiatric appointments, to assure new orders are communicated clearly and implemented promptly.</p> <p>PREVENTION: The facility nurse will conduct weekly follow-up to assure medication audits occur as scheduled and that medications are administered as ordered.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring medications are administered as prescribed. Members of the Operations Team (comprised of the Executive Director, Operations Directors, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Assistant Nurse Manager) will review facility support documents</p>		

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			<p>and perform visual assessments of the facility no less than weekly until all staff demonstrate competence. After of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: <u>Medication administration</u>, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, <u>medication administration</u>, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows:</p>		

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			<ul style="list-style-type: none"> ·The role of the administrative monitor is not simply to observe & Report. ·When opportunities for training are observed, the monitor must step in and provide the training and document it. ·If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. ·Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. ·Review all relevant documentation, providing documented coaching and training as needed. <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring medications are administered as prescribed.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, facility nurse, Direct Support Staff, Health Services Team, Operations Team</p>		