

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G175	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/22/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 3607 MIDDLE RD JEFFERSONVILLE, IN 47130
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>This visit was in conjunction with the investigation of complaint #IN00326851.</p> <p>Survey dates: 7/19/21, 7/20/21, 7/21/21 and 7/22/21.</p> <p>Facility Number: 000709 Provider Number: 15G175 AIM Number: 100243190</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/30/21.</p>	W 0000		
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A had an active legal guardian or healthcare representative.</p> <p>Findings include:</p> <p>Observation was conducted at the facility on</p>	W 0125	<p>1. The facility has identified a Health Care representative for individuals in the home.</p> <p>2. The Health Care Representative document will be on file and located in the home and medical binder for appointment referral</p>	08/21/2021

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 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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	<p>7/19/21 from 4:18 PM to 6:28 PM. During observation client A remained to himself primarily in the home's common living areas. At 5:00 PM, client A was seated outside in front of the garage with staff #1. Client A was asked how he was. Client A did not provide a verbal reply. Staff #1 stated, "He just recently came back for the hospital. His neck is still bothering him (client A had been recently intubated while in an intensive care unit)". Staff #1 was asked what client A's recent medical issues had been. Staff #1 stated, "Morning shift went to check on him and 30 minutes later he was sick. He was red in color (client A's vomit had been red in color)". Staff #1 was asked what was determined by the hospital visit to be the reason for client A's sickness. Staff #1 stated, "I honestly don't know. Nobody told me what it was from. His diet (food texture) switched up. He can no longer have hard foods. It's not pureed, but ground (ground meat)".</p> <p>At 5:34 PM, client A joined his peers at the dining room table for the evening meal. Staff #1 and the Qualified Intellectual Disability Professional (QIDP) reviewed the preparation of client A's pork to ensure it was ground according to his recently revised diet consistency. The QIDP indicated client A's diet had changed to ground meat with soft foods due to findings while at the ICU of aspiration on his vomit from his recent illness. At 5:38 PM, client A pushed his plate toward the serving dish where regular texture prepared pork was being passed around the table and began to cry. At 5:42 PM, client A attempted to serve himself some pork that had not been ground and was redirected by staff #3 and the QIDP. At 5:44 PM, client A took a bite of his ground pork and stopped eating. Staff #3 stated, "I hate to see him cry". At 5:47 PM, client A stood from the table, took his plate to the trash</p>		<p>3. The Area Supervisor will ensure all medical providers are given the information for the Health Care Representative to ensure all medical concerns are addressed</p> <p>Persons Responsible: QIDP, Area Supervisor</p>	

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	<p>can, scraped his food into the trash and then took his plate to the sink. The QIDP stated, "Can he have some boost (Nutrition Supplement)?"</p> <p>At 5:49 PM, client A returned outside where he had been sitting. At 5:56 PM, client A returned from outside to the kitchen / dining area. Staff #4 began to assist client A with gathering clothes to prepare for his shower. At 5:58 PM, staff #3 stated to the QIDP requesting if she could give client A "some more cheesy potatoes since he ate some of those". The QIDP instructed staff #3 to call client A's nurse. At 6:03 PM, staff #3 returned inside the home after calling the nurse and stated, "[Nurse] said it was fine to give him more potatoes. We're going to the doctor tomorrow to talk about his diet (dining plan)". At 6:11 PM, staff #4 was in the bathroom with client A assisting him with his shower. At 6:16 PM, client A returned from the shower to the kitchen / dining area. Staff #1 placed a plate of cheesy potatoes on the table in front of client A and asked if he wanted some apple sauce. Staff #1 then placed a bowl of apple sauce in front of client A. Client A continued to eat his cheesy potatoes and apple sauce.</p> <p>On 7/19/21 at 2:50 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying Investigative Summaries was completed. The reports indicated:</p> <p>BDDS report dated 7/12/21 indicated, "It was reported staff went to wake [client A] for medication administration. Staff found [client A] on the floor leaning against his bed with vomit on him. [Client A] did not respond to staff and EMS (emergency medical services) was called. [Client A] was transported to [hospital] ER (emergency</p>			

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	<p>room) for evaluation. [Client A] was evaluated and intubated due to aspiration on what Dr (doctor) believed was his own vomit. [Client A] was admitted to ICU (intensive care unit). CT Scan was completed on his brain and spine and was negative for injury".</p> <p>Investigative Summary dated 7/11/21 indicated, "Briefly describe the incident, including where it happened: [Area Supervisor] - [Former Staff #1] went to wake [client A] for med (medication) pass (administration). [Client A] was sitting on the floor leaning on his bed with vomit on him. [Former Staff #1] yelled for me and I went to his room. I tried to talk to him, but he was not responding to me. I called 911 and EMS transported [client A] to [hospital] ER. [Client A] was admitted into ICU and put on a ventilator for what the Dr thought was a clogged airway. The nurse at the hospital later said that they believed [client A] aspirated on his own vomit. [Client A] had not eaten breakfast yet that morning ... Has this consumer had a history of choking or swallowing difficulty and a dysphagia risk? No ...Has this consumer had a recent speech evaluation and/or swallow study completed? [Client A] had a speech eval (evaluation) at hospital after this incident and was placed on a GI (Glycemic Index) soft diet ...Has this consumer had any recent illness? [Client A] has had no recent illness ... Recommendations: Continue to do scheduled bed checks and monitor for illness. Staff to be trained on new orders upon discharge".</p> <p>On 7/20/21 at 12:53 PM, client A's record was reviewed and indicated:</p> <p>-Individual Program Plan (IPP) dated 3/21/21 indicated, "Interdisciplinary Members: ...[Name</p>			

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	<p>of Person] Guardian...Individual Profile: [Client A]... He has good ambulation skills and can go anywhere in the home independently. [Client A] has lived in the home for over 15 years ...</p> <p>Discharge Plan: The interdisciplinary team recommends that [client A] have supervision while participating in community activities, as he has not acquired safe pedestrian skills. [Client A] requires structure for leisure time activities. The interdisciplinary team has reviewed the comprehensive assessments and determined that at this time, due to the level of needs and training required and his inability to transfer some skills to other environments or settings is in need of continued placement and active treatment services. Alternative placement was discussed with [client A]. Team discussed other placement, waiver services, and supported living. It is the consensus of the team that ResCare will continue to provide services to [client A]. Alternative placement may be a reasonable consideration at a later time".</p> <p>On 7/20/21 at 12:26 PM, the QIDP and Nurse were interviewed. The QIDP and Nurse were asked about the Community Residential Facility Surveyor Worksheet provided and informed that the worksheet indicated client A was an Emancipated Adult. The QIDP and Nurse were asked if client A could make informed decisions about his medical care. The Nurse stated to the QIDP, "They (hospital) never contacted me about informed consents". The QIDP stated, "No, he's (client A) is not able to make decisions. He needs a Healthcare Rep (Representative)".</p> <p>On 7/21/21 at 2:46 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP indicated client A was admitted to the hospital and that she had visited</p>			

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W 0130 Bldg. 00	<p>with him. The QIDP stated, "The (hospital) Nurse said it's Pancreatitis. It could be a small gallstone blocking his Pancreas. They're getting him hydrated, his numbers up (laboratory levels) and they're going to keep him to see if he needs to pass a gallstone. I'm glad we made the decision to send him back to the hospital". The QIDP was asked about the status of client A's Guardianship / Healthcare Representative. The QIDP indicated she had spoken with the provider Nurse after the interview on 7/20/21 and stated, "We're going to get with [name] County Guardianship. It's only for [name] county". The QIDP indicated further follow up was being pursued to obtain a Healthcare Representative for client A.</p> <p>9-3-2(a) 483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 1 of 3 sampled clients (A) and 1 additional client (D), the facility failed to ensure the privacy of 1) client A's bathroom door being shut while receiving supports with his shower and 2) client D was dressed in clothing when he walked through the laundry room area to his bedroom to obtain soap for his shower and then back to the bathroom.</p> <p>Findings include:</p> <p>An observation was completed on 7/19/21 from 4:18 PM to 6:28 PM. The observation indicated the following:</p>	W 0130	<ol style="list-style-type: none"> The QIDP will review the ISP and develop a goal to address the hygiene and privacy of such hygiene routines. The Area Supervisor will provide the clients each a robe to use during routine hygiene to utilize when ambulating from the bathroom to their respective rooms. The QIDP will in-service the staff on the new hygiene goals and utilizing the robes during routine bathing. 	08/13/2021

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	<p>-At 6:00 PM, client A left the dining area to go into the living room. Client A began to undress in preparation for his shower. The Qualified Intellectual Disabilities Professional (QIDP) jumped up from the dining room table verbally prompting client A to wait. As the QIDP assisted client A, staff #4 entered into the home dining room adjacent to the living room from the garage. Staff #4 then began to assist client A in the living room with gathering his clothing and items for his shower. Staff #4 provided physical prompts and assistance with client A and the two went to the bathroom adjacent to the dining room and laundry room.</p> <p>-At 6:11 PM, staff #4 stood in the doorway to the bathroom where client A was going to shower and provided both verbal and physical prompts to client A. Client A stood in the bathroom without clothing on while the bathroom door remained opened and staff #4 provided prompting to client A.</p> <p>-At 6:13 PM, client D was in the living room. Client D had gathered some clothing and wanted to take his shower. The QIDP verbally prompted client D to wait until client A had finished with his shower and left the bathroom before entering to take his shower. Staff #4 then followed the QIDP's verbal prompt with more verbal prompts to client D to wait. Staff #4 stated, "I want [client D] to wait until I pick up the towels and clean a little".</p> <p>-At 6:20 PM, client D went into the bathroom and then walked out with no clothing on through the laundry room area into his bedroom. Client D then returned carrying something in his hand with no clothing on back into the bathroom. Staff #4 stated, "[Client D]". Client D then shut the door</p>		Persons Responsible: QIDP, Area Supervisor	

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W 0210 Bldg. 00	<p>to the bathroom.</p> <p>-At 6:21 PM, staff #4 was asked what client D had obtained from his bedroom and carried in his hand into the bathroom. Staff #4 stated, "I don't know" and then entered the bathroom shutting the door. Staff #4 came out a moment later and stated, "He said soap".</p> <p>On 7/20/21 at 11:39 AM, the QIDP was interviewed. The QIDP was asked about ensuring the privacy of clients A and D during their shower routines. The QIDP stated, "Maybe we need robes. I agree, that needs further IDT (Interdisciplinary Team) review". The QIDP indicated the privacy of clients A and D should be maintained while performing their routines for showering.</p> <p>On 7/20/21 at 2:21 PM, the Nurse was interviewed. The Nurse was asked about ensuring the privacy of clients A and D during their shower routines. The Nurse stated, "I've not witnessed any type of behavior like that. They'll need to be trained". The Nurse indicated the privacy of clients A and D should be maintained while performing their routines for showering.</p> <p>9-3-2(a) 483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B's needs were assessed through a Speech</p>	W 0210	1. Program Manager will in-service Area Supervisor and Nurse on the expectation for	08/13/2021

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	<p>Therapy evaluation within 30 days of client B's admission to the group home.</p> <p>Findings include:</p> <p>On 7/20/21 at 1:44 PM, client B's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 3/21/21 indicated, "Date of Admission: 7/3/2019 ... Individual Profile: [Client B] has lived at the [street name] home for almost 2 years. He is non-verbal but can point and make his needs known. He can feed and ambulate himself well. He needs prompting and redirection to complete his daily living skills. He needs help with money management, daily living skills and completing hygiene".</p> <p>-Speech Therapy (ST) Evaluation, no documentation was available for review.</p> <p>On 7/20/21 at 2:21 PM, the Nurse was interviewed. The Nurse was asked about the status of client B's ST evaluation and assessment for communication supports. The Nurse indicated client B's evaluations for ST could not be provided for review. The Nurse stated, "I can see where that could benefit him. I'll have to look". The Nurse indicated further follow up was required to determine the status of client B's ST evaluation.</p> <p>On 7/21/21 at 2:46 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client B's ST evaluation and status for an assessment of his communication support needs. The QIDP stated, "I know picture cards were tried. The only thing that is bad is he takes Ativan (anxiety) to get him</p>		<p>assessments needed for a new admission within the first 30 days.</p> <p>2. Nurse will schedule a Speech Evaluation. The date of evaluation is August 13, 2021.</p> <p>3. The business department has ordered new Medicaid replacement cards.</p> <p>4. The Area Supervisor will ensure the Evaluations are completed according to schedule.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Nurse</p>	

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W 0249 Bldg. 00	<p>to go. He gets very anxious. We'll keep trying. I agree with you". The QIDP indicated further follow up would be completed to verify the status of client B's ST evaluation. At 3:40 PM, the QIDP provided further feedback after reviewing records at client B's home. The QIDP stated, "At [time] on [date] a vision appointment is scheduled. I don't see anything else". The QIDP was asked to clarify if no documentation of client B's ST evaluation could be provided for review. The QIDP stated, "Correct. I'm not seeing anything".</p> <p>On 7/22/21 at 11:24 AM, the QIDP was interviewed. The QIDP stated, "I spoke with [Area Supervisor] and looked through the red book (medical record). According to [Area Supervisor] the issue is the doctor (consult office) will not take a copy of the Medicaid card. We never had an original copy". The QIDP was asked to confirm there was no ST evaluation for review. The QIDP stated, "Correct, if they could come up with some sort of communication for him, it could be helpful". The QIDP indicated the lack of an original copy of client B's Medicaid card was new information and that she had already made a request to obtain a copy since some medical offices would not accept a photo copy.</p> <p>9-3-4(a) 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</p>						

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	<p>individual program plan.</p> <p>Based on observation, record review and interview of 1 of 3 sampled clients (C), the facility failed to implement client C's dining supports with the use of a lid on his sip cups.</p> <p>Findings include:</p> <p>Observations were completed on 7/19/21 from 4:18 PM to 6:28 PM and on 7/20/21 from 6:45 AM to 8:04 AM. The observations indicated the following:</p> <p>-At 4:18 PM, client C was at the dining room table finishing a snack with his peers. Client C was seated in a wheelchair at one end of the dining room table. Client C was wearing a clothing protector around his neck. As client C took a drink, client C used a plastic sip cup without a lid. At 4:26 PM, client C hit the table with his hand. At 4:31 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated client C was upset because his routine was to eat his snack and then go to his room to lay down in his bed for period of time.</p> <p>-At 5:36 PM, client C's peers began gathering at the dining room table for their evening meal.</p> <p>-At 5:54 PM, the QIDP prompted staff #3 to assist with getting client C out of his bed and to the dining room to participate in the evening meal. The QIDP stated, "He didn't want to get up for me, but for her (staff #3) he did".</p> <p>-At 5:56 PM, client C began drinking Kool-Aid from a sip cup without a lid. Client C continued to eat his meal prepared in a pureed diet texture that consisted of pork, cheesy potatoes, mixed vegetables and Kool-Aid to drink. Client C used a</p>	W 0249	<ol style="list-style-type: none"> 1. Nurse will review and update the dining plan for Client C 2. Nurse will schedule a speech evaluation for Client C 3. Nurse will train staff on the new updated dining plans to ensure all adaptive equipment is used properly 4. Nurse will ensure all adaptive equipment noted on the updated dining plan are ordered and available in the home <p>Persons Responsible: Nurse, DSP Staff</p>	08/14/2021

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	<p>large black handle spoon, a plate with a raised lip, a clothing protector and a sip cup without a lid. When client C drank from the sip cup without a lid, fluid would spill from the side of his mouth onto his clothing protector.</p> <p>-At 6:02 PM, staff #1 poured more Kool-Aid into client C's sip cup without a lid. Client C used the sip cup without a lid and fluid spilled from the side of his mouth onto his clothing protector.</p> <p>-At 6:03 PM, client C again used his sip cup without a lid and more fluid spilled from the side of his mouth onto his clothing protector.</p> <p>-At 6:06 PM, client C had a second sip cup without a lid. The second sip cup had milk. Client C drank from this sip cup and again more fluid spilled for around the side of mouth and onto his clothing protector. Client C continued to finish his evening meal and drank from two sip cups without lids until finished at 6:20 PM.</p> <p>Morning observation:</p> <p>-At 6:56 AM, clients gathered around the dining room table. Client C was seated in his wheel chair at one end of the table. Client C used a large black handle spoon, plate with a raised lip, a clothing protector and a sip cup that had a lid. Client C ate his pureed diet textured eggs and bagel and a pureed banana. Client C drank apple juice from the sip cup with a lid during his morning meal without any fluid spilling around his mouth until finished at 7:14 AM.</p> <p>-At 7:19 AM, staff #5 assisted client C outside once finished with his morning routine and adult daily living skills to wait on his peers to be transported to day program. At 7:35 AM, staff #5</p>			

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	<p>was asked why client C used a sip cup with a lid during his morning meal and no lid on his sip cups during his evening meal. Staff #5 stated, "He's supposed to". Staff #5 indicated client C should use a sip cup with a lid as a part of his dining support plan.</p> <p>On 7/20/21 at 10:40 AM, client C's record was reviewed. The record indicated:</p> <p>Individual Support Plan dated 3/21/21 indicated, "Adaptive Equipment: Wrist weights ... Adaptive Utensils: plate, spoon, cup ...".</p> <p>-Dining Plan dated 3/17/21 indicated, "Fluid texture: Thin liquids ... Mealtime adaptive equipment: Wrist weights for meals. Adaptive spoon and fork. Plate guard. Adaptive cup".</p> <p>Client C was not observed to use wrist weights during the morning or evening meal. Client C did not appear to have issues with food spilling from his large black handle spoon or transferring a bite of food with his large handle spoon from his plate to his mouth, like the difficulty he had with drinking from a sip cup with no lid. Client C's dining plan did not define the use of an adaptive cup with or without a lid.</p> <p>On 7/20/21 at 11:39 AM, the QIDP was interviewed. The QIDP was asked about client C's dining supports and the use of a sip cup without a lid and fluid spilling out from the side of his mouth onto his clothing protector. The QIDP stated, "Yes (should have a lid), should implement the dining plan as written". The QIDP indicated further review and follow up was needed for client C's dining supports and the use of a sip cup with a lid.</p>			

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W 0323 Bldg. 00	<p>On 7/20/21 at 11:58 AM, the Nurse was interviewed. The Nurse was asked about client C's dining supports and the use of a sip cup without a lid and fluid spilling out from the side of his mouth onto his clothing protector. The Nurse stated, "Yeah (should have a lid), I'll have to train on that. I think it (sip cup) would need to include the lid". The Nurse indicated further review and follow up was need to client C's dining supports and the use of a sip cup with a lid.</p> <p>9-3-4(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B had annual hearing evaluation.</p> <p>Findings include:</p> <p>On 7/20/21 at 1:44 PM, client B's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 3/21/21 indicated, "Date of Admission: 7/3/2019 ... Individual Profile: [Client B] has lived at the [street name] home for almost 2 years. He is non-verbal but can point and make his needs known. He can feed and ambulate himself well. He needs prompting and redirection to complete his daily living skills. He needs help with money management, daily living skills and completing hygiene".</p> <p>-Hearing Evaluation, no annual hearing evaluation</p>	W 0323	<ol style="list-style-type: none"> 1. Program Manager will in-service the Nurse on Annual Medical examinations needs which include vision and hearing. 2. The Nurse will ensure all medical appointments are current and documentation is present. 3. The Nurse will schedule a vision appointment for Client B on August 10, 2021. 4. The Nurse will obtain an OTPT evaluation for appointment, a referral was received on August 9, 2021 and Nurse is scheduling OTPT to begin before August 31, 2021. <p>Persons Responsible: Program Manager, Nurse</p>	08/14/2021

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	<p>documentation was available for review.</p> <p>On 7/20/21 at 2:21 PM, the Nurse was interviewed. The Nurse was asked about the status of client B's annual hearing evaluation. The Nurse indicated no documentation was available for review in client B's record. The Nurse reviewed client B's record and stated, "Hearing, I'll have to see". The Nurse indicated further follow up was needed to determine the status of client B's hearing evaluation.</p> <p>On 7/21/21 at 2:46 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the status of client B's annual consults and further follow up for client B's hearing evaluation. The QIDP indicated client B required the use of Ativan (anxiety) to attend medical consults. The QIDP indicated further follow up would be provided for the status of client B's annual hearing evaluation. At 3:40 PM, the QIDP provided further follow up and indicated the only scheduled appointment found for client B was for an evaluation of his vision. The QIDP was asked to confirm no other scheduled consults identified for client B. The QIDP stated, "I don't see anything else scheduled through the end of November. No there is nothing else in here. [Client B] did have an appointment for doctor [name] on [date]". The QIDP completed a search of the doctor's practice and indicated that visit was for allergies. No documentation for client B's hearing evaluation could be provided for review.</p> <p>On 7/22/21 at 11:24 AM, the QIDP was interviewed. The QIDP stated, "I spoke with [Area Supervisor] and looked through the red book (medical record). According to [Area Supervisor] the issue is the doctor (consult office) will not</p>			

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W 0336 Bldg. 00	<p>take a copy of the Medicaid card. We never had an original copy". The QIDP was asked to confirm if there was no Hearing evaluation for review. The QIDP stated, "Correct". The QIDP indicated the lack of an original copy of client B's Medicaid card was new information and that she had already made a request to obtain a copy since some medical offices would not accept a photo copy.</p> <p>9-3-6(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview for 2 of 3 sampled clients (A and C), the facility's nursing services failed to maintain quarterly assessments to monitor the health status of clients A and C.</p> <p>Findings include:</p> <p>On 7/20/21 at 12:53 PM, client A's record was reviewed. The record indicated the following:</p> <p>-Nursing quarterly summaries were reviewed. No nursing quarterly assessment was available for review for the months of November, December 2020 and January 2021.</p> <p>On 7/20/21 at 10:40 AM, client C's record was reviewed. The record indicated the following:</p> <p>-Nursing quarterly summaries were reviewed. No nursing quarterly assessment was available for review for the months of November, December</p>	W 0336	<p>1. The Program Manager will in service Nurse to complete timely quarterly assessments.</p> <p>2. The Nurse will ensure that quarterly assessments are completed on time and ensure documentation is available for review.</p> <p>Persons Responsible: Program Manager, Nurse</p>	08/14/2021

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W 0368 Bldg. 00	<p>2020 and January 2021.</p> <p>On 7/20/21 at 2:21 PM, the Nurse was interviewed. The Nurse was asked if quarterly nursing summaries for clients A and C's January 2021 quarters were available for review. The Nurse stated, "It was done (January 2021 quarterlies). It's missing documentation for [client C] and [client A]". The nurse indicated she could recall both clients A and C's January 2021 quarterly assessments had been completed, however was unable to locate the quarterly assessments to provide them for review.</p> <p>9-3-6(a) 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 3 of 3 sampled clients (A, B and C), and 2 additional clients (E and G), the facility failed to ensure medications were administered as ordered by the physician without error.</p> <p>Findings include:</p> <p>On 7/19/21 at 2:50 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and investigation summary were completed. The BDDS reports failed to include the specific medication errors unless noted.</p> <p>-BDDS incident report dated 7/7/21 indicated, "It was reported that on 7/6/21 [client A] did not receive Buspirone (anxiety) 15 mg (milligrams) and Lorazepam (anxiety) 0.5 mg at 4 PM medication administration. Nurse was contacted</p>	W 0368	<ol style="list-style-type: none"> The Program manager will In-service the Nurse to monitor Quick Mar daily to ensure all medications have been given and recorded properly. The Nurse will report any issues with the Quick Mar documentation to the Area Supervisor The Area Supervisor will address any concerns with Quick Mar documentation in home to ensure all the medications are given correctly and timely. <p>Persons Responsible: Program Manager, Area Supervisor, Nurse, DSP Staff</p>	08/13/2021
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	<p>and no side effects have been reported. Plan to resolve: Staff will be retrained on medication administration. Staff will continue to report all medication errors".</p> <p>-BDDS incident report dated 7/7/21 indicated, "It was reported that on 7/6/21 [client C] did not receive Quetiapine (depressive disorder) 200 mg, Benzotropine (Parkinson Disease) 2 mg, and Baclofen (muscle relaxer)10 mg at 4:00 PM medication administration. Nurse was contacted, and no side effects have been reported. Plan to Resolve: Staff will be retrained on medication administration. Staff will continue to report all medication errors".</p> <p>-BDDS incident report dated 7/7/21 indicated, "It was reported that on 7/6/21 [client E] did not receive Chlorpromazine (psychotic disorders) 100 mg at 4:00 PM medication administration. Nurse was contacted. And no side effects have been reported".</p> <p>-BDDS incident report dated 6/30/21 indicated, "It was reported [client E] did not receive Chlorpromazine 100 mg at 4:00 PM medication pass. No side effects have been reported. Plan to resolve: Staff will be in-serviced on administering all medications listed for medication pass".</p> <p>-BDDS incident report dated 6/30/21 indicated, "It was reported [client A] did not receive Buspirone 15 mg at 4:00 PM medication pass. No side effects have been reported. Plan to Resolve: Staff will be in-serviced on administering all medications listed for medication pass".</p> <p>-BDDS incident report dated 6/30/21 indicated,</p>			

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	<p>"It was reported [client C] did not receive Baclofen 10 mg, Benzotropine 2 mg, and Quetiapine 200 mg at 4:00 PM medication pass. No side effects have been reported. Plan to Resolve: Staff will be in-serviced on administering all medications listed for medication pass".</p> <p>-BDDS incident report dated 6/4/21 indicated, "During med (medication) audit on 6/4/21 it was found that on 6/3/21 at 7:00 AM medication administration [client G] did not receive Vitamin D3 and only received one Atenolol (Hypertension) 25 mg. [Client G] is to have two Atenolol 25 mg per physician's orders. No side effects were reported. Plan to Resolve: Staff will receive in-service on medication administration. Staff will continue to report any medication errors to Nurse".</p> <p>-BDDS incident report dated 5/21/21 indicated, "It was reported [client B] did not receive Lorazepam 1 mg at 12:00 PM on the following dates: 5/10/21, 5/11/21, 5/12/21, 5/13/21, 5/14/21, 5/18/21, 9/19/21 (sic). [Client B] began attending day program on 5/10/21 from 8:00 AM - 4:00 PM and medication was not sent to day program for administration. Previously [client B] attended day program from 8:00 AM until 12:00 PM and medication was given at home. No side effects have been reported".</p> <p>-BDDS incident report dated 5/18/21 indicated, "It was reported [client A] did not receive Lorazepam 0.5 mg at 7:00 AM medication pass. No side effects have been reported. Plan to Resolve: Staff will be in-serviced on medication administration".</p> <p>-BDDS incident report dated 5/18/21 indicated,</p>			

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	<p>"It was reported [client B] did not receive Lorazepam 1 mg at 7:00 AM medication pass. No side effects have been reported. Plan to Resolve: Staff will be in-serviced on medication administration".</p> <p>-BDDS incident report dated 4/6/21 indicated, "It was reported [client B] did not receive Lorazepam at 12:00 PM med pass. Nurse was notified and no side effects were reported. Plan to Resolve: Staff will continue to monitor [client B] for side effects. Staff will be in-serviced on medication administration".</p> <p>-BDDS incident report dated 2/17/21 indicated, "It was reported staff was auditing medications and discovered from 2/10/21 - 2/15/21 [client G] received 2 Fenofibrate (lipid disorder) 48 mg tablets daily instead of 1 tablet daily. Nurse was contacted. No side effects were reported. Plan to Resolve: Staff will continue to contact Nurse for all medication errors. Staff will be retrained on medication administration".</p> <p>-BDDS incident report dated 2/15/21 indicated, "It was reported staff was unable to locate the medication bubble pack containing [client C's] 7 PM dose of Quetiapine 400 mg and he did not receive the medication on 2/13 or 2/14 at PM med pass. Plan to Resolve: Pharmacy has been contacted regarding the medication reorder and it will be in the home on 2/15. The prescribing physician is being contacted regarding the missing doses. No side effects have been reported at this time. An investigation has been initiated into the incident".</p> <p>Investigation summary dated 2/15/21 - 2/19/21 indicated, "Scope of Investigation: 1) Was the Quetiapine 400 mg in the home for the month of</p>			

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	<p>February? 2) Is the Quetiapine 400 mg bubble pack missing? Factual Findings: Review of medication audit sheet for Quetiapine 400 mg shows the last audit was completed on 1/28 at 2 AM by [staff #5], documenting 4 pills remaining to last through the end of the month. A new medication bubble pack should have been sent by Pharmacy for the month of February. Review of packing slips show the Quetiapine 400 mg was not sent with February cycle fill. Conclusion: It is substantiated the Quetiapine 400 mg bubble pack was not sent by the pharmacy for the month of February. It is substantiated the medication is not missing. Recommendations: Retrain staff on med. administration using scanner, utilize chain of custody form when delivering meds. Retrain staff to audit cycle fill meds as soon as possible after receiving".</p> <p>-BDDS incident report dated 2/9/21 indicated, "It was reported Nurse was auditing medication on 2/8/21 and found [client A] did not receive 7:00 AM Lorazepam 0.5 mg on 2/6/21 and 2/7/21 due to staff error. No side effects were reported. Plan to Resolve: All missed medications will continue to be reported. Staff will be retrained on medication administration".</p> <p>On 7/20/21 at 12:53 PM, client A's record was reviewed. The record indicated:</p> <p>-Physician's Orders dated July 2021 indicated, "Buspirone HCL 15 mg tabs (tablets) give one tab 15 mg by mouth three times a day. Schedule: Daily at 7:00, Daily at 16:00 (4:00 PM), Daily at 19:00 (7:00 PM) ... Lorazepam Tab 0.5 mg give one tablet by mouth three times daily. Schedule: daily at 7:00, Daily at 16:00, Daily at 20:00 (8:00 PM)".</p>			

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	<p>On 7/20/21 at 1:44 PM, client B's record was reviewed. The record indicated:</p> <p>-Physician's Orders dated July 2021 indicated, "Lorazepam Tab 1 mg give one tablet by mouth every morning. Schedule: daily at 7:00".</p> <p>On 7/20/21 at 10:40 AM, client C's record was reviewed. The record indicated:</p> <p>-Physician's Orders dated July 2021 indicated, Quetiapine Tab 200 mg give one tablet by mouth twice daily ...Schedule: Daily at 7:00, Daily at 16:00 ... Quetiapine Tab 400 mg Tabs give one tablet by mouth at bedtime Schedule: Daily at 19:00 ...Benztropine Tab 2 mg give one tablet by mouth three times daily crushed in pudding/applesauce Schedule: daily 7:00, Daily at 16:00, Daily at 20:00 (8:00 PM) ... Baclofen Tab 10 mg give one tablet by mouth three times daily for muscle spasms. Schedule: Daily at 7:00, Daily at 16:00, daily at 20:00".</p> <p>On 7/20/21 at 2:45 PM, a focused review of client E's record was conducted. The record indicated:</p> <p>-Physician's Orders dated July 2021 indicated, "Chlorpromazine 100 mg Tab give one tablet by mouth three times daily. Schedule: Daily at 8:00, Daily at 16:00, Daily at 20:00".</p> <p>On 7/20//21 at 2:55 PM, a focused review of client G's record was conducted. The record indicated:</p> <p>-Physician's Orders dated July 2021 indicated, "Vitamin D3 25 MCG Tab give one tablet by mouth once daily. Schedule: Daily at 8:00 ... Atenolol 25 mg take 2 tablets (50 mg) by mouth</p>			

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W 0382 Bldg. 00	<p>once daily for HTN ok to crush. Schedule: Daily at 7:00 ... Fenofibrate Tab 48 mg give one tablet by mouth once daily. Schedule: Daily at 7:00"</p> <p>On 7/20/21 at 10:49 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the medication administration error history for clients A, B, C, E and G. The QIDP stated, "I talked with [Nurse] and know that we've retrained. I said if the training has not worked, more is needing to be done". The QIDP indicated medication should be administered without error and according to the Physician's Orders.</p> <p>On 7/20/21 at 2:21 PM, the Nurse was interviewed. The Nurse was asked about the medication error history in the home for clients A, B, C, E and G. The Nurse stated, "Yeah, staff failing to do their job. I can train them, but they still make errors. It's an issue. I think some of the issue was staff going over who gives the 4 PM because it was at the start of the shift. Whoever works 4 PM to midnight does the 4 PM. If that person is late the day shift would be responsible". The Nurse was asked how staff should administer clients A, B, C, E and G's medications. The Nurse stated, "Following the Physician's Orders". The Nurse indicated medication should be administered without error and according to the Physician's Orders.</p> <p>9-3-6(a) 483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 1 of 3</p>	W 0382	1. The Facility will insure	08/14/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G175	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/22/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 3607 MIDDLE RD JEFFERSONVILLE, IN 47130
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	<p>sampled clients (B), the facility failed to maintain drug security while preparing medication to administration with client B.</p> <p>Findings included:</p> <p>Observation was completed on 7/19/21 from 4:18 PM to 6:28 PM. The observation indicated the following:</p> <p>-At 4:28 PM, client B was pacing through dining and displayed aggression toward client D. The Qualified Intellectual Disabilities Professional (QIDP) redirected client B to his bedroom.</p> <p>-At 4:37 PM, staff #1 began preparing for the evening medication administration. The medication cabinet was unlocked. Staff #1 then left the medication administration room to get rubber gloves.</p> <p>-At 4:38 PM, staff #1 then assisted staff #3 with redirection of client B's physical aggression in the laundry room area. Client B was redirected back to his bedroom.</p> <p>-At 4:39 PM, staff #3 indicated she would prepare client B's medications for administration and entered the medication administration room.</p> <p>-At 4:44 PM, staff #3 left the medication administration room with client B's medication to administer it with him in his bedroom. Staff #3 opened client B's bedroom door and verbally prompted him to take his medicine. Client B took his medicine without incident inside his bedroom. The medication administration room door was left open and the medication cabinet was left unlocked with medicine unsecured.</p>		<p>Clients medication are secure when medication is not being administered.</p> <p>2. Staff will be retrained on the proper security of medication when medication is not being administered by the Site Supervisor.</p> <p>3. Random Observations will be completed by the Nurse, Area Supervisor and Site Supervisor to ensure medication is secured while not being medications</p> <p>Persons Responsible: Program Manager, Area Supervisor, Nurse, Residential Manager, DSP.</p>	

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 3607 MIDDLE RD JEFFERSONVILLE, IN 47130		
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	<p>On 7/20/21 at 10:49 AM, the QIDP was interviewed. The QIDP was asked about medication security during client B's medication administration while in his bedroom. The QIDP stated, "I think they (staff) feel no one would get in there (medication administration room)". The QIDP was asked if medications should be securely maintained. The QIDP stated, "Yes, not only was the med room open the medication cabinet was left unlocked". The QIDP was asked if the home had a history indicating medication security issues. The QIDP indicated staff had a habit of leaving the medication administration room door open, but the medication cabinet usually would be locked unless medications were being administered with clients. The QIDP was asked if a history of medication security issues existed at the home. The QIDP stated, "Yes, potentially".</p> <p>On 7/20/21 at 2:21 PM, the Nurse was interviewed. The Nurse was asked about the medication security during client B's medication administration and if medication should be secured at all times. The Nurse stated, "Yeah. If anyone was interrupt in a med pass and left (medication administration room), they should lock the cabinet. That's the proper way to do it". The Nurse indicated medication should be securely maintained at all times.</p> <p>9-3-6(a)</p>				