

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G184	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2018
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 1818 H ST BEDFORD, IN 47421		
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W 0000 Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey.</p> <p>Survey dates: November 5 and 7, 2018.</p> <p>Facility Number: 000717 Provider Number: 15G184 AIM Number: 100234700</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 11/19/18.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 8 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6, #7 and #8), the facility's governing body failed to exercise operating direction over the facility by failing to ensure the home remained in good repair.</p> <p>Findings include:</p> <p>On 11/5/18 from 3:00 PM to 6:12 PM and 11/7/18 from 5:58 AM to 7:48 AM, observations were conducted at the group home. During the observations, the following issues were noted affecting clients #1, #2, #3, #4, #5, #6, #7 and #8:</p> <p>1) The countertop to the right of the oven was not connected to the lower cabinet. The countertop moved when the surveyor rested his</p>	W 0104	<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> ResCare Environmental Service Worker will be fixing the following by 12/7/18: <ul style="list-style-type: none"> The countertop to the right of the oven will be secured to the lower cabinet. The threshold below the storm door in main entryway will be fixed as to eliminate a one inch gap. Replacement of the upstairs bathroom drop ceiling rails. Soft floor surrounding the 	12/07/2018

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 disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>hand on the countertop. The countertop was lifted exposing three one inch screws sticking up from the lower cabinet. There was a dead cockroach underneath the countertop. On 11/5/18 at 5:49 PM, surveyor pointed out a live cockroach crawling across the dinner table to the Home Manager (HM) prior to clients eating a family style meal. The HM was asked if the bug was cockroach. The HM stated, "Yes".</p> <p>2) The drawer underneath the oven was lined with aluminum foil. The foil was covered with a yellowish brown substance. There were pans and other cooking utensils stored in the drawer.</p> <p>3) The sidewalk in the front of the house was uneven with cracked and crumbling concrete. The thresh hold below storm door in main entryway had one inch gap.</p> <p>On 11/7/18 at 10:17 AM, a 3/24/15 Maintenance Request/Work Order indicated, "Replace walkway from front porch to city sidewalk. Replace walkway from city sidewalk to curb - where clients load into and unload from van." The Work Completed section was blank.</p> <p>4) The upstairs bathroom shower had black, brown and yellow substance in the cracks. The areas where the walls and floor met the tub were discolored (black, brown, tan and gray).</p> <p>5) The upstairs bathroom exhaust vent was clogged with dust and lint.</p> <p>6) The upstairs bathroom drop ceiling rails made of metal were rusted.</p> <p>7) The upstairs bathroom toilet was surrounded by a soft floor.</p>			<p>upstairs bathroom toilet.</p> <ul style="list-style-type: none"> o The loose cabinet door in the kitchen will have the magnetic holder placed on it to keep the door shut. o The cracked living room window will be repaired. o The upstairs walls, doors and trim to be painted. · Terminix came and sprayed for cockroaches within 48 hours of date of survey. Terminix completes monthly inspections and spraying of the home. · The drawer underneath the oven was cleaned on 11/8/18 and is no longer covered with a yellowish-brown substance. · The City of Bedford will be contacted regarding the sidewalk in the front of the house. A plan will be put in place to replace and fix the sidewalks uneven, cracked and crumbling concrete. · Cleaning of the inside and outside of the tub area to eliminate all black, brown, tan and gray colors to take place by 12/7/18 by Program Manager. · The upstairs bathroom exhaust vent was cleaned on 11/8/18. · The wall area behind the upstairs bathroom toilet will be cleaned by the Program Manager by 12-7-18. · The light bulbs missing in the upstairs bathroom were placed in the light fixture on 11/8/18. · The upstairs bathroom

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	<p>On 11/7/18 at 10:17 AM, an 8/13/18 Maintenance Request/Work Order indicated, "(Upstairs) bathroom floor around stool." The Work Completed section indicated, "Will arrange for contractor to replace floor."</p> <p>8) The wall area behind the upstairs toilet was covered in a brown, tan and black substance.</p> <p>9) The light fixture in the upstairs bathroom was missing two light bulbs.</p> <p>10) The upstairs bathroom sink was covered in a greenish white and brown substance.</p> <p>11) The cabinet door to the left of the refrigerator in the kitchen was loose. The door was missing the magnetic holder to keep the door closed.</p> <p>On 11/7/18 at 10:17 AM, a 12/15/17 Maintenance Request/Work Order indicated, "Kitchen cabinet door..." in the description of the request.</p> <p>12) The window in the living room had a crack two feet in length.</p> <p>On 11/7/18 at 10:17 AM, a 2/24/16 Maintenance Request/Work Order indicated, "Front window living room cracked." The Work Completed section was blank.</p> <p>On 11/7/18 at 9:22 AM the Qualified Intellectual Disabilities Professional (QIDP) assistant indicated the cockroach problem might be due to the next door neighbor's recent move of appliances. The QIDP assistant indicated when the neighbor moves large items in and out the group home notices issues with cockroaches. The QIDP assistant stated to the Area Supervisor</p>		<p>sink's faucet was replaced to eliminate the greenish and brown substance on 11/8/18.</p> <p>How we will identify others:</p> <ul style="list-style-type: none"> Staff training (Attachment A) to ensure all environmental issues are noted on a Maintenance Request/Work Order (Attachment B) and the order is to be faxed to the Program Director, Beth Wilhelm. The Program Director will forward the Work Order to the Environmental Service Worker for completion and include a completion date. The Environmental Service Worker will complete assigned task by completion date. If unable to complete by assigned completion date, the Environmental Service Worker will discuss issues causing the delay to the Program Director for resolution. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> Staff will be trained (Attachment A) to ensure all environmental issues are noted on a Maintenance Request/Work Order (Attachment B) and the order is to be faxed to the Program Director, Beth Wilhelm. The Program Director will forward the Work Order to the Environmental Service Worker for completion and include a completion date. The Environmental Service 	

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	<p>(AS), "a mouse could fit under that", referring to the main entryway gap between the storm door and threshold. At 9:36 AM, the QIDP assistant indicated the maintenance issues needed to be corrected.</p> <p>On 11/7/18 at 9:36 AM, the Area Supervisor indicated the maintenance issues needed to be corrected.</p> <p>On 11/7/18 at 9:59 AM, the Home Manager (HM) indicated the upstairs walls, doors and trim needed to be painted. The HM indicated the sidewalk repair work was not completed. The HM indicated the cracked living room window was not repaired. The HM indicated the floor in the upstairs bathroom needed to be repaired. The HM indicated the work had not been scheduled. The HM indicated the kitchen cabinet door needed to be repaired. On 11/7/18 at 10:22 AM, the HM stated, "been short staffed, I've dropped the ball."</p> <p>On 11/7/18 at 10:52 AM, the maintenance staff (MS) stated, "This is a dirty house." The MS stated "Repairs need to be made."</p> <p>9-3-1(a)</p>		<p>Worker will complete assigned task by completion date. If unable to complete by assigned completion date, the Environmental Service Worker will discuss issues causing the delay to the Program Director for resolution.</p> <ul style="list-style-type: none"> Management Team will complete monthly Site Review Forms in each home and thoroughly document all issues in each home. Site Review form will be sent on to the Quality Assurance Director who will forward all issues to the designated Program Manager and Environmental Service Worker for each home. Program Manager, Program Director, and Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Upon notification from Program Director of any issues within a home, the Program Manager will follow up with the Area Supervisor on completion of these issues. Program Director will ensure Environmental Service Worker has received a deadline for completion of all issues noted. Program Manager will 	

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				<p>maintain Monthly contact with the Environmental Service Worker on the status of completion on all listed items noted in this survey until all items are completed.</p> <p>Program Manager, Program Director, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</p> <p>Completion Date: 12-7-18</p>