STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		r í	ULTIPLE CO	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED		
		15G486	B. W	ING		06/24	/2021
	PROVIDER OR SUPPLIE		<u>. I</u>	7919 S	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT IAPOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
W 0000							
Bldg. 00	#IN00355783. Complaint #IN003	he investigation of complaint 55783: Substantiated, Federal ies related to the allegations	W	0000			
	are cited at W102, W157.	W104, W122, W149 and					
	Dates of Survey: June 16, 17, 18, 21 and 24, 2021.						
	Facility Number: 0 Provider Number: AIMS Number: 10	15G486					
	These deficiencies accordance with 40	also reflect state findings in 60 IAC 9.					
	Quality Review of #39778 on 7/12/21	this report completed by .					
W 0102 Bldg. 00		<u> </u>					
	Based on record re facility neglected t Participation: Gove sampled clients (A exercise general pedirection over the fand extended elope neglected to imple	view and interview, the o meet the Condition of erning Body for 1 of 3). The governing body failed to olicy, budget and operating facility to prevent the repeated ernents of client A and ment effective corrective at the repeated elopements of	W	0102	CORRECTION: The facility must ensure that specific governing body and management requirements armet. Specifically: Through ongoing assessment interdisciplinary team has determined that client A would benefit from receiving residen services that more closely me	the d tial	07/24/2021

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

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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AND PLAN OF COL		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	r í	ILDING	onstruction 00	(X3) DATE S COMPLE 06/24/ 2	ETED
NAME OF PROVIE		ES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256				
	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	j	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
Find 1. Trepe imply prevented for the prevented	the governing botated elopements lement effective went the repeated as esee W104. The governing botation of Participatent the repeated lected to implement is the prevention of the prevention	dy failed to prevent the of client A and neglected to corrective measures to elopements of client A. dy failed to meet the pation: Client Protections to elopements of client A and ent effective corrective the repeated elopements of W122.			his social, developmental, and behavioral needs. The governibody is working with the Burea of Developmental Disability Services and client A's guardia to secure a Medicaid Waiver, If the guardian's request. Client currently on therapeutic leave under the supervision of his guardian, pending Waiver placement. Client A will not be returning to the facility. The facility is aiding the guardian to assure client A's medical need are met prior to his residential transition. Through observation and reconview, the governing body hadetermined that this deficient practice did not affect other clients. PREVENTION: There is a new QIDP assigned the facility and the QIDP will be trained to assure that protective measures are developed in response to behavioral incider. For the next 30 days, member the Operations Team (comprisof the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QID Quality Assurance Coordinato Area Supervisors, Nurse Manager, and Assistant Nurse Manager, conduct administrative monitor of the monitor of the developed in the Supervisors, Nurse Manager, and Assistant Nurse Manager, and Assistant Nurse Manager, conduct administrative monitor.	an per A is I to e e e ats. Is of per ager a price of the per ager a price of the per ager and the per age	

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Event ID:

31ZJ11

Facility ID: 001000

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	OF CORRECTION	IDENTIFICATION NUMBER: 15G486	A. BUILDING B. WING	<u>00</u>	COMPLETED 06/24/2021
	ROVIDER OR SUPPLIEF		7919 S	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT IAPOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
				during varied shifts/times, to assure interaction with multiple staff, involved in a full range or active treatment scenarios, no less than five times weekly, including at least one weekend observation. After 30 days, administrative monitoring will occur no less than three times weekly until all staff demonstrative competence. After this period enhanced administrative monitoring and support, the Executive Director and Region Director will determine the level ongoing support needed at the facility. The role of the administrative monitor is not simply to observe & Report. When opportunities for training are observed, the more 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 mode appropriate provision of support. Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. Review all relevant documented coaching and training as needed. Administrative support will includes assuring the facility has developed.	f d d d d d d d d d d d d d d d d d d d

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING <u>00</u> COMPLETED			ETED	
		15G486	B. WING 06/24/2021			/2021	
				CTREET	ADDRESS SITY STATE ZID CODE		
NAME OF P	ROVIDER OR SUPPLIER	₹			ADDRESS, CITY, STATE, ZIP CODE		
					AN RICARDO COURT		
COMMU	NITY ALTERNATIV	'ES-ADEPT		INDIAN	IAPOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	DROVIDERIC DI ANI OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	IE	DATE
					protective measures in respon	se	
					to behavioral incidents includir		ļ
					but not limited to elopement.	.9	
					but not innited to dispersions.		
					RESPONSIBLE PARTIES: QI	DP,	ļ
					Area Supervisor, Residential		
					Manager, Direct Support Staff	,	
					Operations Team, BDDS		
					Generalist, Regional Director		
					CORRECTIONS COMPLETED)	
					BY : 7/24/21		
W 0104	483.410(a)(1)						
	GOVERNING BO						
Bldg. 00		dy must exercise general					
		d operating direction over					
	the facility.						
		view and interview for 1 of 3	W	104	CORRECTION:		07/24/2021
		, the governing body failed to			The governing body must		
	exercise general po	licy, budget and operating			exercise general policy, budge	∍t,	
	direction over the fa	acility to prevent the repeated			and operating direction over th	ne	
	and extended elope	ments of client A and			facility. Specifically:		
	neglected to impler	nent effective corrective					
	measures to preven	t the repeated elopements of			Through ongoing assessment	. the	
	client A.				interdisciplinary team has		
					determined that client A would		
	Findings include:				benefit from receiving resident		
					services that more closely me		
	1. The governing be	ody failed to implement their			his social, developmental, and		
	policy and procedu	res to prevent the repeated			behavioral needs. The govern		
		ments of client A and			body is working with the Burea	-	
		ment effective corrective			of Developmental Disability		
		t the repeated and extended			Services and client A's guardia	an	
	-	at A. Please see W149.			to secure a Medicaid Waiver,		
	1				the guardian's request. Client		
	2. The governing h	ody failed to implement			currently on therapeutic leave		
		measures to prevent the					
		ded elopements of client A.			under the supervision of his		
	Please see W157.	sea cropements of enem 11.			guardian, pending Waiver		
	1 lease see WIJ/.				placement. Client A will not be)	

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 06/24/2021			
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE			
	This federal tag rela#IN00355783.	ates to complaint		returning to the facility. The facility is aiding the guardian assure client A's medical nee are met prior to his residentia transition.	eds			
				Through observation and recoveriew, the governing body had determined that this deficient practice did not affect other clients.	as			
				PREVENTION: There is a new QIDP assigned the facility and the QIDP will be trained to assure that protection measures are developed in response to behavioral incides	be ive			
				For the next 30 days, member the Operations Team (comprison of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QI Quality Assurance Coordinate Area Supervisors, Nurse Manager and Assistant Nurse Manage conduct administrative monitor	ised am e DP, ors, nager r) will			
				during varied shifts/times, to assure interaction with multip staff, involved in a full range of active treatment scenarios, no less than five times weekly, including at least one weeker observation. After 30 days, administrative monitoring will occur no less than three time weekly until all staff demonstrations.	of o and s rate			

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	OF CORRECTION	IDENTIFICATION NUMBER: 15G486	A. BUILDING B. WING	<u>00</u>	COMPLETED 06/24/2021		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT				
СОММИ	NITY ALTERNATIVI	ES-ADEPT		IAPOLIS, IN 46256			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
				enhanced administrative monitoring and support, the Executive Director and Region Director will determine the leve ongoing support needed at the facility. The role of the administrative monitor is not simply to observe & Report. When opportunities for training are observed, the mon must step in and provide the training and document it. If gaps in active treatme are observed the monitor is expected to step in, and mode appropriate provision of support 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. Administrative support will include protective measures in resport to behavioral incidents includin but not limited to elopement. RESPONSIBLE PARTIES: QI Area Supervisor, Residential Manager, Direct Support Staff Operations Team, BDDS Generalist, Regional Director CORRECTIONS COMPLETEI	nal el of el		

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		A. BUILDING 00 B. WING		COMPLETED 06/24/2021		
	ROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY) BY: 7/24/21	(X5) COMPLETION DATE		
W 0122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3	W 0122	CORRECTION: The facility must ensure that specific client protections	07/24/2021		
	sampled clients (A). The facility neglected to prevent the repeated and extended elopements of client A and neglected to implement effective corrective measures to prevent the repeated elopements of client A. Findings include: 1. The facility neglected to implement its policy and procedures to prevent the repeated and extended elopements of client A and neglected to implement effective corrective measures to prevent the repeated elopements of client A. Please see W149. 2. The facility neglected to implement effective corrective measures to prevent the repeated and extended elopements of client A. Please see W157.		requirements are met. Specifically, the governing bod facilitated the following: Through ongoing assessment, interdisciplinary team has determined that client A would benefit from receiving resident services that more closely med his social, developmental, and behavioral needs. The facility working with the Bureau of Developmental Disability Serv and client A's guardian to secu a Medicaid Waiver, per the guardian's request. Client A is currently on therapeutic leave under the supervision of his guardian, pending Waiver	ithe cial ets is ices ure		
	This federal tag relates to complaint #IN00355783. 9-3-2(a)		placement. Client A will not be returning to the facility. The facility is aiding the guardian to assure client A's medical need are met prior to his residential transition. Through observation and recoreview, the governing body had determined that this deficient practice did not affect other	o ds		

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	OF CORRECTION	IDENTIFICATION NUMBER: 15G486	A. BUILDING B. WING	<u> </u>			
NAME OF I	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT				
COMMU	NITY ALTERNATIV	ES-ADEPT		IAPOLIS, IN 46256			
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
				PREVENTION: There is a new QIDP assigned the facility and the QIDP will be trained to assure that protection measures are developed in response to behavioral incided. For the next 30 days, member the Operations Team (comprise of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QID Quality Assurance Coordinated Area Supervisors, Nurse Manager conduct administrative monited during varied shifts/times, to assure interaction with multiplestaff, involved in a full range of active treatment scenarios, not less than five times weekly, including at least one weeken observation. After 30 days, administrative monitoring will occur no less than three times weekly until all staff demonstrative monitoring and support, the Executive Director and Region Director will determine the levingoing support needed at the facility. The role of the administrative monitor is not simply to observe & Report.	nts. rs of sed m OP, ors, ager) will rring e of or		

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PRINTED: 08/05/2021 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION	IDENTIFICATION NUMBER: 15G486	A. BUILDING B. WING	<u>00</u>	COMPL 06/24/	ETED
	PROVIDER OR SUPPLIER		7919 S	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
W 0149	483.420(d)(1)			raining are observed, the mor must step in and provide the training and document it. If gaps in active treatme are observed the monitor is expected to step in, and mode appropriate provision of supportion. 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. Administrative support will inclusted assuring the facility has develop protective measures in respont to behavioral incidents including but not limited to elopement. RESPONSIBLE PARTIES: QII Area Supervisor, Residential Manager, Direct Support Staff Operations Team, BDDS Generalist, Regional Director CORRECTIONS COMPLETED BY: 7/24/21	ude, oped se ng	
Bldg. 00	STAFF TREATME The facility must d written policies an mistreatment, neg	ENT OF CLIENTS levelop and implement d procedures that prohibit lect or abuse of the client. riew and interview for 1 of 3	W 0149	CORRECTION:		07/24/2021
		, the facility neglected to	,, 0117	The facility must develop and		V//2 1/2021

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULT A. BUILI B. WING	DING	NSTRUCTION 00	(X3) DATE : COMPL 06/24/	ETED
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PR	ID EFIX 'AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	client A and neglect	and extended elopements of the ted to implement effective to prevent the repeated to A.			implement written policies and procedures that prohibit mistreatment, neglect or abuse the client. Specifically:		
	Disabilities Services were reviewed on 6 1. A BDDS report of On 2.16.21, [client woke him up by ent roommate. [Client A a 12-inch hole in the 12-inch hole in his of A] to calm and after complied. [Client A staff left the room. A [client A] was not in home and determine notified the supervisarea and filed a poli instructions. Later, [contacted staff to in uncle notified her to was at his house near enroute (sic) to uncle uncle's house and w near [address]. [Clie who picked him up approximately 12:00 information estimat away from the grous support staff [staff # suspended pending]	lated 2/17/21 indicated, " A] became upset when staff ering his room to assist his had began yelling and punched a wall of his bedroom and a cabinet. Staff directed [client reseveral minutes, [client A] then got back in bed and had 5:45 AM, staff noticed in his bed. Staff searched the ed he had left the house. Staff sor, initiated a search of the ce report per supervisor [client A's] guardian/mom form them that [client A's] or inform her that [client A] ar [address]. As staff were let's home, [client A] left the cent to the [name] Gas Station ent A] contacted the guardian and returned him home at D PM. Preliminary less the time [client A] was phome was 9 hours Direct [fil] and [staff #2] have been investigation of the			Through ongoing assessment, interdisciplinary team has determined that client A would benefit from receiving resident services that more closely meethis social, developmental, and behavioral needs. The facility is working with the Bureau of Developmental Disability Servitand client A's guardian to sect a Medicaid Waiver, per the guardian's request. Client A is currently on therapeutic leave under the supervision of his guardian, pending Waiver placement. Client A will not be returning to the facility. The facility is aiding the guardian to assure client A's medical need are met prior to his residential transition. Through observation and reconveriew, the governing body had determined that this deficient practice did not affect other clients. PREVENTION: There is a new QIDP assigned the facility and the QIDP will be trained to assure that protective.	ial ets s ces ure	
	not have approved a	e incident [Client A] does slone time. Protective se: [client A's] level of			measures are developed in response to behavioral inciden		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	00	COMPLETED
		15G486	B. W	ING	06/24/2021	
				CENTER	ADDRESS OF A STATE OF CODE	
NAME OF P	ROVIDER OR SUPPLIER	₹			ADDRESS, CITY, STATE, ZIP CODE	
					AN RICARDO COURT	
COMMU	COMMUNITY ALTERNATIVES-ADEPT			INDIAN	APOLIS, IN 46256	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	DROWING BY AN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
	supervision is eleva	ated to line of sight at all			For the next 30 days, member	s of
	•	d 15 minute checks for 72			the Operations Team (compris	
	hours post-incident.	. The Interdisciplinary Team			of the Executive Director,	
	-	d discuss any changes in the			Operations Managers, Prograi	m
	plan moving forwar				Managers, Quality Assurance	
					Manager, QIDP Manager, QID	P,
	-An IS (Investigativ	ve Form) dated 2/17/21 to			Quality Assurance Coordinato	
	2/23/21 indicated th				Area Supervisors, Nurse Mana	ager
	2/23/21 material the following.				and Assistant Nurse Manager	_
	-" Introduction:"				conduct administrative monitor	•
					during varied shifts/times, to	
	-"At 5:45 AM staff noticed [client A] was not in				assure interaction with multiple	e
	his bed. Staff searched the home and determined				staff, involved in a full range of	
	[client A] was not in	n the home. Staff contacted			active treatment scenarios, no	
	the supervisor who	advised staff (sic) initiate a			less than five times weekly,	
	-	nd to file a police report.			including at least one weekend	d l
		other/guardian contacted staff			observation. After 30 days,	
	-	[client A] was to (sic) his			administrative monitoring will	
	uncle's house near [occur no less than three times	
					weekly until all staff demonstra	ate
	-"Summary of Inter	views:"			competence. After this period	of
					enhanced administrative	
	-" [Staff #3], DSP	O(Direct Support			monitoring and support, the	
	Professional):"				Executive Director and Region	nal
					Director will determine the leve	el of
	-"I (staff #3) got he	ere around 8:25 (AM) that			ongoing support needed at the)
	morning."				facility.	
	-"I (staff #3) was ru	nning a little late."			· The role of the	
					administrative monitor is not	
	-"I (staff #3) at first	t, I was told staff was out			simply to observe & Report.	
	looking for [client A	A]."			· When opportunities for	
					training are observed, the mor	nitor
	-"I (staff #3) was to	old [client A] had put pillows			must step in and provide the	
	under his blanket to	look like he was in bed."			training and document it.	
					· If gaps in active treatme	ent
	*	ints behind the house headed			are observed the monitor is	
	to the road".				expected to step in, and mode	I the
					appropriate provision of suppo	rts.
	-"I (staff#3) don't k	know what time he (client A)			 Assuring the health and 	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING <u>00</u> COMPLETED			ETED	
		15G486	B. W	ING		06/24/	2021
				CTDEET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	ROVIDER OR SUPPLIER	₹					
0014141		EO ADEDT			AN RICARDO COURT		
COMMU	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	BROWINED'S BLAN OF CORDECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	T.C.	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	16	DATE
	really left".				safety of individuals receiving		
					supports at the time of the		
	-"[AS (Area Supery	visor)] #1, Area Supervisor:"			observation is the top priority.		
	[115 (11164 Super	iser),] with the supervisor.			· Review all relevant		
	-"Staff informed me	e at 5:45 (AM) that [client A]			documentation, providing		
	was gone."	e at 3.43 (MM) that [elient M]			documented coaching and		
	-"Staff told me they checked on him (client A) at				training as needed.		
					adming as necucu.		
	5:30 (AM) and he v				Administrative support will incl	udo	
		vas III UCU.			assuring the facility has develo		
	!! \\ 71 41 1	145:45 (AM) 1			,	•	
	-"When they went back at 5:45 (AM), he was				protective measures in respon		
	gone."				to behavioral incidents includir	ıg	
	UT . 1.1	1 1 6 1: FG, 66,413			but not limited to elopement.		
	-"I told one staff to go look for him. [Staff #1]				DECREMENT E DARRIES OU		
		him (client A) and the			RESPONSIBLE PARTIES: QII	DP,	
	-	ne (client A) went four houses			Area Supervisor, Residential		
	· ·	S #1) called back [staff #1] was			Manager, Direct Support Staff,	,	
	_	or [client A]." I told staff to			Operations Team, BDDS		
		number to file a (police)			Generalist, Regional Director		
	report."						
					CORRECTIONS COMPLETED)	
		family called letting them			BY : 7/24/21		
	know [client A] wa	s with family."					
		s on the way to the uncle's					
		d run from there. His (client					
	A's) mother had bro	ought him back to the					
	house".						
	-"[Staff #4], DSP:"						
	-"There was a lot of	f snow. I was late that					
	morning."						
	-"The staff told me	[client A] had elopement (sic)					
	through the window	v in his room."					
	-"We could see foo	tprints in the snow."					
	-"His (client A's) M	Iom brought him back around					

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Event ID:

31ZJ11

Facility ID: 001000

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PRINTED: 08/05/2021 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		A. BUILDING B. WING	<u>00</u>	COMPLETED 06/24/2021	
NAME OF P	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE	
COMMUI	NITY ALTERNATIVI	ES-ADEPT		AN RICARDO COURT APOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
TAG		told me he left because of	TAG	District.	DAIL
	-"[Client A], Individ	tual:"			
	-"I (client A) just go	ot in one of my moods."			
	-"There was someor [name]."	ne I was talking to her name is			
	-"Mom knows her	".			
	-"I (client A) just go	ot upset."			
	-"I (client A) left out of the bedroom window."				
	-"There's no alarm on the window."				
	-"I (client A) think I morning."	left around 1 or 2 in the			
	-"The staff was back	c and forth."			
	-"The staff shut the took off."	bedroom door, that's when I			
	-"Let's just say I we	nt to a couple of places."			
	-"Then I went to my	uncle's house."			
	-"I got a ride from a	stranger."			
	-"I was helping a ch of the snow."	ick (woman) get her car out			
	-"When we got the of they said yes."	car unstuck I asked for a ride,			
	-"They took me to n uncle's house."	ny uncle; I then left my			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

31ZJ11

Facility ID: 001000

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PRINTED: 08/05/2021 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		A. BUILDING B. WING	00	COMPLETED 06/24/2021	
NAME OF F	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT	
COMMUI	NITY ALTERNATIVI	ES-ADEPT	INDIAN	APOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
		y uncle's house because he e) were on there way there."			
	-"I (client A) went to use their phone."	o a gas station and asked to			
	-"I (client A) then ca come (sic) and got r	alled my Mom, she then ne".			
	-"I (client A) wasn't coming in checking	upset because the staff was on [client B]."			
	-"[Client B] was out in the living room when I left".				
	-"I hit the wall because I got upset when was taking to [name of a woman]."				
	-"I (client A) don't t	alk to her anymore."			
	-"Don't worry what woman] about."	I was talking to [name of			
	-"The people who to know."	ook me to my Uncle's I don't			
	-"I (client A) didn't like I was in there."	put pillows in my bed to look			
	-"[Client B] was in t well and went to the	the bedroom, he wasn't feeling front room."			
	-"The staff then clos	sed my bedroom door."			
	-"That's when I took	off."			
	-"I (client A) didn't	have a ride waiting."			
	-"The staff probably	thought I was sleeping, and I			

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Event ID:

31ZJ11

Facility ID: 001000

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l í	ULTIPLE CO. JILDING	NSTRUCTION 00	COMPL		
THINDTEMIN	or conduction	15G486	B. WI		00	06/24/	
		100 100			DDDEGG CITY OTATE ZID CODE	00/21/	2021
NAME OF F	PROVIDER OR SUPPLIEF	2			AN RICARDO COURT		
COMMUI	NITY ALTERNATIV	ES-ADEPT			APOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	took off, after they	(staff) shut the door."					
-"Staff had been checking on [client B], then they brought him out to the living room, that's when I took off".							
	-"[Staff #2], DSP:"						
	-" [Client B] wan didn't want to stay i	ted to go to the living room, he n his room."					
	-"We told [client B] everyone sleeps in their room."						
	-"[Client A] was getting upset at this point."						
	-	e I should leave the [expletive] ient A) was trying (sic)."					
	-"At that point we r (sic)."	noved [client B] to the living					
	-"We kept checking	g on [client A]."					
		but every 15 minutes we or and check on him."					
	-"At 5:30 (AM) we we saw [client A] w	started getting everyone up, was not in his bed."					
	-"We looked all ove	er the house."					
	-"We noticed his be there was no alarm.	edroom window was open and					
	-"Normally the bed	room door is kept opened."					
	-"But we closed it t sleep, but we kept c	hat night so [client A] could checking on him."					

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Event ID:

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 06/24/2021	
	PROVIDER OR SUPPLIEF		7919 SA	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT APOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
	-"[Client A] put the bed."	covers to look like he was in			
	-"We called [AS #1 his footprints outside], I went outside and followed de."			
		close the window all the way."			
	-"There was no alar -"[Staff #1] went to	look for [client A]."			
	-"I (staff #2) called 311 (Non-Emergency Services) and made the report."				
	-"[Staff #1] left in his car to look for [client A]."				
	-"We got a call from (client A) was at his	n his Mom, who said he s uncle's place."			
	[client A's] uncle to	o his uncle (sic) house, old me [client A] run (sic) ause the police were called".			
	-"I then went back t	to the house."			
	-"We took [client B off the light and shu	t) to the front room and turned at the door."			
	-"We would open the	ne door and look in."			
	-"We were trying to	give [client A] his privacy."			
	-"We stood in the d	oorway."			
	-"We never went to	his (client A's) bed."			
	-"At that point [clie	nt A] was always agitated."			
	-"He (client A) had	5 pillows under his blankets."			

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31ZJ11

Facility ID: 001000

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ľ	ULTIPLE CO. UILDING	NSTRUCTION 00	(X3) DATE COMPL		
		15G486	B. W	ING		06/24/	2021
NAME OF F	PROVIDER OR SUPPLIER		_		DDRESS, CITY, STATE, ZIP CODE	•	
СОММИ	NITY ALTERNATIV	ES-ADEPT			APOLIS, IN 46256		
(X4) ID PREFIX	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	"He (client A) made someone under the last someone under the last someone under the last someone under the last last last last last last last last	cy Must be preceded by full LSC IDENTIFYING INFORMATION) le it look like there was blankets". 15 min checks." A] was in his bed sleeping." le light, he (client A) covered blanket." ad check on him [client A] gets im." I to the living room; [client to to the living room." tting upset because we were "changing and cleaning up			(EACH CORRECTIVE ACTION SHOULD BE	TE	
	-"[Client B] was cry						
	-"He (client A) was himself up with his	sleeping and covering blanket."					
	-"Every 15 minutes	we seen (sic) him."					
		s of 1 am and 2 am he (client d covering himself up with his					

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Event ID:

31ZJ11

Facility ID: 001000

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL:		NSTRUCTION	(X3) DATE COMPL		
AND PLAN	OF CORRECTION	15G486	B. WING		00	06/24/	
		15G466			<u> </u>	06/24/	2021
NAME OF I	PROVIDER OR SUPPLIER	t			DDRESS, CITY, STATE, ZIP CODE		
0014141	NUTY ALTEDNIATIV	EQ ADEDT			AN RICARDO COURT		
СОММО	NITY ALTERNATIV	ES-ADEPT		NDIANA	APOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	·	CY MUST BE PRECEDED BY FULL		EFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	1	ΓAG	DEFICIENCY)		DATE
		close to him; he snaps when					
	we turn on the light	s and get close to him."					
	-"We noticed he (cl time to get them up	ient A) was gone when it was					
	-"It was around 5:30	0 am- 5:45 am."					
	-"We noticed he had and noticed the win	d punched a hole in the wall dow was up."					
	-"We followed the footprints in the snow."						
	-"We followed the footprints around the back of 5 houses then to the side of the road."						
	-"[Client A] also br	oke a cabinet by his bed."					
	-"We didn't hear an room."	ything form (sic) he's (sic)					
		sed [client B] was yelling and wanted to go to the hospital."					
	-"Between the hour on him every 15 mi	s of 2 and 3 we were checking nutes."					
	-"We would go in the	here and turn on his light."					
	-"The first time we blanket, [client A] §	tried moving his (client A's) got aggressive."					
	-"He (client A) raiso [expletive]."	ed his voice and said what the					
	-"Between 3-4 (AM seen (sic) he was ur	I) we turned on the light and nder the blanket."					
	-"But we didn't mov the bed."	ve the blanket or get close to					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		A. BUILDING B. WING	00	COMPLETED 06/24/2021	
	ROVIDER OR SUPPLIER		7919 SA	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT APOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
		he (client A) was missing, I nis footsteps, my co-worker supervisor."			
	-"[AS #1] told us to everywhere, then ca				
	-"Then we called the	e cops."			
	-"His (client A's) un [client A] was with	cle called the site and said him".			
	-"[Client A] was in his room, until we were getting everyone up and we took his blanket off."				
	-"We noticed the wi	ndow was open".			
	-"Conclusion:"				
		ed that DSP [staff #1] failed on to Individual [client A]."			
		ed that DSP [staff #2] failed on to Individual [client A]."			
	supervision for appr	nt A] was without staff oximately 9 hours and [client between 1 am and 2 am."			
		ed that DSP [staff #1] failed policies and procedures."			
		ed that DSP [staff #2] failed policies and procedures."			
	indicated client A el on 2/16/21 and was	oped from the group home out of staff's line of r at least 9 hours. The review			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CO A. BUILDING B. WING	00	(X3) DATE COMPI 06/24	ETED
NAME OF PROVIDER OR SUPPL		7919 SA	ADDRESS, CITY, STATE, ZIP CODI AN RICARDO COURT APOLIS, IN 46256	E	
PREFIX (EACH DEFIC	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY)	.D BE	(X5) COMPLETION DATE
indicated client a window betweer The review indicated staff #1 and staff supervision of cl. 2. A BDDS repo On 2.25.21, [client redirection regard phone charger. Supercautions prohosuch as electricated self-harm. [Client proceeded to run with staff follow home. Staff contour but lost sight of [address]. Staff in nurse. The supersearch and contate person report. Staff in nurse in the supersearch	A eloped out of his bedroom 1 AM and 2 AM on 2/16/21. ated the facility substantiated 6#2 failed to provide appropriate ient A. Int dated 2/26/21 indicated, " Int A] became upset at staff ding his access to a corded taff communicated that suicide ibited access to certain items, I cords which could be used for It A] began to yell at staff and out the west door of residence ing and prompting him to return inued to follow him (client A) min at the intersection of notified supervisor and on-call visor directed staff to begin a ct police to complete a missing aff, supervisors and am members initiated a search. It preliminary facts estimate It of staff supervision hours [Client A] was not is incident and is currently on the at his Mother/guardian's home ative Form) dated 2/25/21 to	TAG			DATE
	:" lividual [client A] become (sic) explained to [client A] about the				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		(X2) MULTIPLE C A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 06/24/2021	
	ROVIDER OR SUPPLIER		7919 S	ADDRESS, CITY, STATE, ZIP CODE SAN RICARDO COURT NAPOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	
	items such as electric	prohibited access to certain ical cords. [Client A] began proceeded to run out the door behind [client A]".			
	-"Summary of Inter	views:"			
	-"[Client A], Individ	dual:"			
		They thought I was suicidal."			
	-"My phone was almost dead."				
	-"So I put my phone on a small changer (sic)."				
	-"[AS #1] was trying to take the changer (sic) away from me."				
	-"[AS #1] was tryin over and got (sic) m	g to say that my mom come by stuff."			
	-"My mom didn't ge	et my stuff".			
	-"I left around 7 (PM	M) last night."			
	-"I walked right out	the front door."			
	-"One staff followed me".	d me but he was far behind			
	-"I was on my way city] to my mom's h	to the south side of [name of ouse".			
	-"One of the staff for which one."	llowed me, but I don't know			
		to my mom's house, then a walking and stopped and 's house".			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 06/24/2021	
	PROVIDER OR SUPPLIEF		7919 SA	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT APOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
	-"[Client H]" -"[Client A] run (sic) away last night."			
	-"Well [client A] w phone."	anted a changer (sic) for his			
	-"[Staff #3] told [cl	ient A] he could not get a sphone."			
	-"[Client A] walked the door."	out the door and slapped (sic)			
	-"[Client A] was gone all night."				
	-"The staff had to g	o look for [client A]."			
	-"I (client H) wasn't going".	sure where [client A] was			
	-"[Staff #3], DSP:'	1			
	[client A] was back	[AS #1] letting her know (at the group home), and he shone changer (sic)."			
		ow [client A] couldn't have the and other stuff due to			
	-"[Client A] called	his mom, asking if she had it."			
	-"[Client A] was sa	ying mom don't (sic) have it".			
	-"I (staff #3) was in	the office doing paperwork."			
	-"[Staff #4] was wit	th [client A]."			
	-"I was working on checks."	progress notes and the 15 min			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			ULTIPLE CO	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	00	COMPLETED
		15G486	B. W	ING		06/24/2021
				STREET A	ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	PROVIDER OR SUPPLIER	t			AN RICARDO COURT	
COMMU	NITY ALTERNATIV	ES ADEDT			APOLIS, IN 46256	
COMMO	NIII ALILINAIIV	LO-ADLI I		INDIAN	AI OLIS, IN 40230	
(X4) ID	SUMMARY S'	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
	-"[Staff #4] was wit	th him (client A)."				
	"T 1	1 I -11				
		larm, I checked [staff #4]				
	went to his car and	got his phone changer (sic)."				
	-"[Staff #4] let [clie	ent A] use it."				
	-"[Client A] was co	ol for a bit."				
	-"[AS #1] come (sic	e) in around that time."				
	-"[AS #1] told us [client A] could not use his phone cord."					
	-"[Staff #4] took ba	ck the phone cord."				
		ot upset, started being verbal was moving around."				
	-"[Client A] just wa	alked out the door."				
	-"[Staff #4] followe called [AS #1] sayii	ed [client A] until [staff #4] ng he lost sight".				
	-"[Staff #4], DSP:'	,				
	-"I (staff #4) let him changer (sic)."	n (client A) use my phone				
	-"[AS #1] came ove was using my chang	er. [AS #1] sew (sic) [client A] ger (sic)."				
	-"I told [client A] I	need my changer (sic) back."				
	-"[Client A] came o cussing."	out of his room yelling and				
	-"[Client A] was say (sic) why did you cl	ying where was my changer hange my room."				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l í	UILDING	NSTRUCTION 00	COMPL		
		15G486	B. W	ING		06/24/	2021
NAME OF F	ROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE		
COMMUI	NITY ALTERNATIV	ES-ADEPT			APOLIS, IN 46256		
(X4) ID PREFIX	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΛΤΕ	(X5) COMPLETION DATE
	"[AS #1] was in the (sic) there, [client A] then we walked out." -"[AS #1] said to foe [client A]. I was was also someone." -"[Client A] started end of [name of street and of [name of street]." When [client A] for #4) was keeping up as was been supported by the provide proper support Pelopement." -"2. It is substantiat Behavior Support Pelopement." -"3. It is not substart follow Individual [content and provide proper support Pelopement." -"4. It is substantiat was without staff supports."	e office; [client A] went any a said 'I'm leaving." ent to the front door and allow him. I started following lking with him." king on his phone with arrunning when we got to the etel." first started running, I (staff with him." (client A) at [address]". attated that staff fail (sic) to ervisor (sic) to Individual ed that Individual [client A's] lan (BSP) fail (sic) to address attated that staff failed to client A's] Behavior Support ed that Individual [client A] apervision for approximately			(EACH CORRECTIVE ACTION SHOULD BE	ATE .	
	-"5. It is not substar	ntiated that staff failed to					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l í	ULTIPLE CO JILDING	NSTRUCTION 00	(X3) DATE COMPL		
11.15 12.11	or condition.	15G486	B. W		00	06/24/	
				STREET A	ADDRESS, CITY, STATE, ZIP CODE	1 20,2 1,	
NAME OF F	PROVIDER OR SUPPLIER				AN RICARDO COURT		
COMMUI	NITY ALTERNATIV	ES-ADEPT			APOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	· ·	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE.	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	follow ResCare's po	olicies and procedures."					
	-"Recommendation	s:"					
	-"Continue to follow Individual [client A	v already set protocols for]."					
	-"Follow proactive and reactive protocols to prevent any future occurrences."						
	indicated client A e on 2/25/21 and was sight/supervision fo did not indicate clie a targeted behavior. were to continue to for client A. 3. A BDDS report of On 3.11.21, [client phone call with his home out the west of staff following and return home. [Client phone.]	lated 2/25/21 to 3/3/21 loped from the group home out of staff's line of r at least 2 hours. The review nt A's BSP had elopement as The review indicated staff follow already set protocols lated 3/12/21 indicated, " A] became upset following a mother. [Client A] left the loor of the residence with prompting him (client A) to t A] refused and began rly direction toward [name of					
	street], where staff notified the supervix. After several minut walking west near to engage [client A] interaction were abl staff vehicle and ret without staff supervininutes [Client A (BSP) to address El followed".	lost sight of him. Staff sor who initiated a search. es, [client A] was located he [address]. Staff were able and following this e to redirect [client A] to the urn home. [Client A] was rision for approximately 35] has a Behavior Support plan opement, which staff re Form) dated 3/11/21 to					

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Event ID:

31ZJ11

Facility ID: 001000

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		A. BUILDING B. WING	<u>00</u>	COMPLETED 06/24/2021	
	PROVIDER OR SUPPLIER		7919 S	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT IAPOLIS, IN 46256	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE
	-" Introduction:"				
	following a phone c (sic) guardian. [Clie	dual [client A] became upset all with his mother/legally nt A] left the home out the ace with staff following and turn home".			
	-"Summary of Inter	views:"			
	-"[Client A], Individ	dual:"			
	-"I (client A) don't r	emember why I took off."			
	-"I (client A) just took off."				
	-"I (client A) think s	staff followed."			
	-"I (client A) remen	nber [staff #5]."			
	-"[AS #1] find (sic)	me first."			
	-"I (client A) would	n't talk to [AS #1]."			
	-"Because I don't lik	ke her."			
	-"[Staff #5] then car	me and he talked to me."			
	-"[Staff #5] was able home."	e to get me to come back			
	-"I (client A) don't r about why I run (sic	emember really anything)".			
	-"[AS #1], Area Sup	pervisor:".			
	-"[Staff #6] notified elopement (sic)."	my (sic) [client A] had			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		A. BUILDING B. WING	<u>00</u>	COMPLETED 06/24/2021	
NAME OF P	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT	
COMMUI	NITY ALTERNATIVI	ES-ADEPT		APOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
	-"She (staff #6) told living room talking	me [client A] was in the to staff."			
	-"And he just walke	d out the front door."			
	-"I (AS #1) sent out the search".	the notification and started			
	-"[Staff #5] and I fo	und [client A]."			
		(sic) with [client A] and we ent A] back to the house".			
	-"[Staff #7], DSP:"				
	-"[Client A] was in the living room."				
	-"He had his phone in his hand and he was acting like he was going to change (sic) his phone in the other room by the front door."				
	-"He (client A) sudd and walked outside.	lenly opened the front door			
	-"I stopped him and going for a walk."	[client A] told me he was just			
	-"I (staff #7) told [cl walk, I would go wi	lient A] if he was going for a th him."			
	-"Has (sic) we were off."	walking, [client A] just took			
	-"I (staff #7) tried to him."	e catch him, but I lost sight of			
	-"I (staff #7) went b it to the manager"	ack to the house and reported			
	-"Conclusion:"				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			JLTIPLE CO. IILDING	NSTRUCTION	(X3) DATE COMPL		
ANDILAN	or connection	15G486	B. WI		00	06/24/	
		100400				00/24/	2021
NAME OF F	PROVIDER OR SUPPLIER	8			AN PICARRO COURT		
COMMUI	NITY ALTERNATIV	ES-ADEPT			AN RICARDO COURT APOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		ntiated that staff fail (sic) to ervisor (sic) to Individual					
	-"2. It is not substantiated that Individual [client A's] Behavior Support Plan (BSP) fail (sic) to address elopement."						
		ntiated that staff fail (sic) to client A's] Behavior Support					
	-"4. It is substantiated that Individual [client A] was without staff supervision for approximately 35 minutes."						
		ntiated that staff fail (sic) to olicies and procedures."					
	-"Recommendation	s:"					
	-"Continue to follow Individual [client A	w already set protocols for]."					
	-"Follow proactive prevent any future of	and reactive protocols to occurrences."					
	indicated client A e on 3/11/21 and was sight/supervision fo review indicated sta already set protocol not indicate the faci	dated 3/11/21 to 3/18/21 loped from the group home out of staff's line of or at least 35 minutes. The off were to continue to follow as for client A. The review did ditty implemented effective as to prevent the repeated t A.					
	•	lated 3/13/21 indicated, " A] was visiting individuals at					

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE C A. BUILDING B. WING	onstruction 00	(X3) DATE COMPL 06/24	ETED	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE	(X5) COMPLETION DATE	
	residence on [addre [name of city]. Duri participated in a me interdisciplinary tea meeting to address of social media [c exited the house. St around the neighbor talk, until he (client sight. Staff searched arrived and began spersonal cellular ph the [address] resider agitated. Staff encor (staff's) personal ve success. He (client aggressive with his Staff continued to e coping skills and he staff transported hir [address] without further and the staff transported hir [address] without further and staff transported hir [address]	m via telephone. During the his recent inappropriate use lient A] became agitated and aff walked with [client A] shood, offering one to one A) was able to evade line of and [client A's] mother beaking to [client A] on his one. [Client A] returned to nee on his own but remained uraged him to get into his hicle to return home without A) became verbally mother and pushed her away. Incourage [client A] to use his was able to calm himself and in (client A) to his home on orther incident". The Form) dated 3/12/21 to be following: dual [client A] was visiting a on [address]. While there are an ameeting with his im via telephone. During the became agitated and left the diclient A] and attempted to (sic) [client A] until staff lost views:"					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		A. BUILDING B. WING	<u>00</u>	COMPLETED 06/24/2021	
NAME OF P	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT	
СОММИ	NITY ALTERNATIV	ES-ADEPT		APOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE
	-"The reason I got upset because [AS #1] wanted to say I am always on my phone 24 (hours)/7 (days a week) to everyone at the meeting."				
	-"I (client A) said yo have a job or anythi	es, I am but the reason I don't ng to do."			
	-"So, [AS #1] just k your phone 24/7."	ept saying you're always on			
	-"I (client A) said it anything to do."	s because I don't have			
	-"I (client A) want to be out being (sic) action."				
	-"This was all at my	meeting."			
	-"First, I didn't run,	but I went for a walk."			
	-"Staff was with me first walk."	when I went to (sic) for the			
	-"I (client A) came l	oack but I sit (sic) outside."			
	-"I (client A) went f following me."	or another walk and staff was			
	-"At first we were ju walking and I kept v	ust walking, the staff stopped walking."			
	-"Staff was telling n	ne to stop and come back."			
	-"I (client A) told st	aff I wanted to be walking."			
	-"I (client A) didn't the staff didn't."	run, I just kept walking and			
	-"I (client A) didn't	even turn around."			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 06/24/2021	
	PROVIDER OR SUPPLIER		7919 \$	ADDRESS, CITY, STATE, ZIP CODE SAN RICARDO COURT NAPOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	-	ne, and I answered my phone."			
	-"It was my mom w me back home".	ho picked me up and brought			
	-"[Guardian] #1, M	other/Legal Guardian:"			
	-"He (client A) didr went there to get his	n't want to get in the car, I s phone."			
	-"[Client A] kept opening the staff car's doors."				
	-"He (client A) thought it was funny."				
	-"I grabbed the car	door and told him to stop."			
	-"He (client A) show	ved me in the chest."			
	-"He (client A) then apologize to me".	tried to get out of the car to			
	-"[AS #1], Area Suj	pervisor:"			
	-"[Client A] was vis when we had a IDT	siting at [name of group home] meeting."			
	-"They talked about Usage."	t his (client A'S) phone			
	-"[Client A] got ups	set and walked out."			
	-"Staff was with [cl	ient A]."			
	-"Staff was able to to of group home]".	talk [client A] back to [name			
	-"Conclusion:"				

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Event ID:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDI		NSTRUCTION 00	(X3) DATE : COMPL		
11.15 12.11.		15G486	B. WING		00	06/24/	
	PROVIDER OR SUPPLIER		79	19 SA	DDRESS, CITY, STATE, ZIP CODE		
COMMUNITY ALTERNATIVES-ADEPT				DIANA	APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREI TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
		oes substantiate that [client A] sive towards his mother/legal					
	-"2. The evidence does substantiate that [client A] was physically aggressive towards his mother/legal guardian."						
	-"3. The evidence does substantiate that [client A] was without staff supervision for 30 minutes".						
	-"Recommendations:"						
	-"Continue to follow already set protocols for [client A]."						
	-"Follow proactive prevent any future of	and reactive protocols to occurrences."					
	indicated client A e on 3/12/21 and was sight/supervision for review indicated state already set protocol not indicate the faci	lated 3/12/21 to 3/18/21 loped from the group home out of staff's line of or at least 30 minutes. The off were to continue to follow s for client A. The review did lity implemented effective to prevent the repeated t A.					
	On 4/28/21, [client because he wanted cigarette. Staff atter verbally and he cho against the wall, chbreak free and [clie Staff tried to follow A]. Staff notified th	lated 4/29/21 indicated, " A] became upset with staff to have his housemates' inpted to redirect him ked staff and pinned her oking her. Staff was able to int A] walked out of the house. It him but lost sight of [client to supervisor who initiated a missing person report with					

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STATEME	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	A. BUILDING <u>00</u>			LETED
		15G486	B. W	B. WING 06/24/2021			
				STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF	PROVIDER OR SUPPLIE	R			AN RICARDO COURT		
COMMI	INITY ALTEDNIATIV	/ES ADEDT			APOLIS, IN 46256		
COIVIIVIO	COMMUNITY ALTERNATIVES-ADEPT			INDIAN	AI OLIO, IN 40230		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR	IATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		arch team continued to look					
		nis guardian and family was					
	_	ient A] was located at his					
		3:30 AM. His mother reported					
		orist who saw him walking					
		and drove him to her house per					
		ResCare administrative staff					
	_	's] mother's house at 3:50 AM. led the police who were also					
	1	e released [client A] to					
	^	2 2					
	ResCare staff, who transported him home without problems [Client A] has a Behavior Support Plan (BSP) to address Elopement, which						
		ient A] does not have approved					
	_	A] was without staff					
	_	proximately 6 hours He					
		re line of sight observation in					
	common areas and	15 minute checks, at varied					
	intervals, while sle	eeping".					
	-An IS (Investigati	ve Form) dated 4/28/21 to					
	5/5/21 indicated th	e following:					
	-"Summary of Inte	erviews:"					
	-"[Client A], Indiv	idual:"					
	-" I (client A) asl lower their voice."	ked the staff if they could					
	lower their voice."						
	-"The staff told me	e to don't tell her to shut up."					
	-"She went over to the other staff and told them I told her to shut up."						
	-"I (client A) went [expletive] do."	to them and said what did I					
	-"And they kept te away."	lling me to shut up and get					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		A. BUILDING B. WING	00	COMPLETED 06/24/2021	
	ROVIDER OR SUPPLIER		7919 SA	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT APOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
	-"The other staff wa	s trying to talk to me."			
	-"The one staff was away so I could not	pushing the staff (sic) face talk to her."			
	-"I was trying to use someone (sic) the ho	the phone to call [AS #1] or ouse phone."			
	-"But the staff would	dn't let me use the phone."			
	-"I got hold of my n	nom on [social media]."			
	-"This was around 8 something (PM) last night."				
	-"The staff got in my face."				
	-"We were in the of	fice area."			
	-"She (staff) was sta	anding in front of the door."			
	-"So I (client A) mo out of the office."	ved her slightly so I could get			
	-"The staff asked mo	e to come back into the			
	-"I told them I was j door and calm dowr	ust going to stand by the front n."			
	-"When I came back	in the house (sic)"			
	-"The staff was still	yelling at me."			
	-"I was just trying to	o ask a simple question."			
	-"The staff was trying	ng to take a video."			
	-"They were saying slammed her agains	I tried to choke her, and I the wall."			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		A. BUILDING B. WING	<u>00</u>	COMPLETED 06/24/2021	
NAME OF P	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT	
COMMUI	NITY ALTERNATIVI	ES-ADEPT		APOLIS, IN 46256	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
	-"So I went outside	to cool off again."			
	-"They shut the door on me."				
	-"The door was lock	ted."			
	-"I was [social medi	a] with my mom."			
	-"I heard them sayin (cigarette)."	ng I had asked for a cig			
	-"And they (staff) to	old me no and I got mad."			
	-"They said I tried choking them and slammed them against the wall."				
	-"So I took off".				
	-"I walked to my mo	om."			
	-"When I got there I	was told I couldn't stay".			
	-"I didn't hit staff."				
	-"I got picked up fro something this morn	om my mom's around 4 (AM) ning".			
	-"[Staff #8], DSP:"				
	-"[Client A] asked for	or a cigarette."			
	-"When I told him h	e didn't have any (sic)"			
	-"He (client A) push	ned me against the wall."			
	-"He then went outs the phone."	ide and I hear him talking on			
	-"[Client A] said he	was coming back with a gun."			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			ULTIPLE CO UILDING	NSTRUCTION 00	(X3) DATE COMPL		
		15G486	B. W	ING		06/24	/2021
NAME OF F	PROVIDER OR SUPPLIER		<u> </u>	1	DDRESS, CITY, STATE, ZIP CODE		
COMMUI	NITY ALTERNATIV	ES-ADEPT	7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPR		TE	COMPLETION DATE
TAG	REGULATORT OR	LSC IDENTIFTING INFORMATION)		TAG	DEFICIENCE		DATE
	-"He (client A) then	n left, we couldn't see him."					
	-"Conclusion:"						
	-"1. It is not substantiated that staff fail (sic) to provide proper supervisor (sic) to Individual						
	[client A]."						
	-"2. It is not substantiated that Individual [client A's] Behavior Support Plan (BSP) fail (sic) to address elopement."						
	-"3. It is substantiated that Individual [client A] was physical (sic) aggressive towards staff."						
	-"4. It is not substantiated that staff fail (sic) to follow Individual [client A's] Behavior Support Plan."						
		ed that Individual [client A] approximately					
		ntiated that staff fail (sic) to blicies and procedures."					
	-"Recommendation	s:"					
	-"Continue to follow [client A]."	w already set protocols for					
	-"Follow proactive and reactive protocols to prevent any future occurrences."						
	indicated client A e on 4/28/21 and was sight/supervision fo	dated 4/28/21 to 5/5/21 loped from the group home out of staff's line of or at least 6 hours. The review to continue to follow already					

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTI A. BUILDI B. WING		NSTRUCTION 00	(X3) DATE : COMPL 06/24 /	ETED
	ROVIDER OR SUPPLIER		79	19 SA	DDRESS, CITY, STATE, ZIP CODE IN RICARDO COURT APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREI TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤE	(X5) COMPLETION DATE
	indicate the facility	ent A. The review did not implemented effective to prevent the repeated t A.					
	On 6/11/21, [client were assisting a hou Staff notified the su team, and initiated a Administrative staff filed a police report administrative staff guardian, continued missing person flye	responded to assist. Staff and ResCare supervisors and contacted [client A's] searching and distributed rs [Client A] remains re and Police are continuing					
	indicated client A e on 6/11/21. The rev yet returned to the g indicated the facility general location. Th	DDS report dated 6/12/21 loped from the group home iew indicated client A had not group home. The review was aware of client A's the review indicated client A at medications for the past 5					
	1:32 PM. An email Nurse from client A "[Client A] was see for his EKG (Electr appointment. [Clien wear a heart monito	as reviewed on 6/16/21 at dated 1/15/2020 from a 's prior facility indicated, in by the cardiologist, [name] ocardiogram) and cardiology at A] has been order (sic) to r for the next thirty days A ent will be scheduled after able".					
	[Name] Services da	Jursing Summary) from ted 12/31/20 indicated, "Labs 1. Next Appt. (appointment)					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		(X2) MULTIPLE CO A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/24/2021		
	ROVIDER OR SUPPLIER		7919 S	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT IAPOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	with [Name] pediated due 8/2021".	ric Cardiology with EKG is			
	12/31/20 indicated	A's MNS form dated client A has a follow up EKG with his Cardiologist st of 2021.			
	Client A was not at available to be inter	the group home and was not viewed.			
	Client B was asked the group home on don't know, I was a client A had eloped Client B stated, "Ye	iewed on 6/16/21 at 6:49 AM. if client A had eloped from 6/11/21. Client B stated, "I sleep." Client B was asked if from the group home before. es." Client B was asked if he A was. Client B stated, "No."			
	AM. Client H was a A was. Client H sta search for him right client A had eloped group home before [client A] wanted told him no. He money so [client the door. It was I bed is empty. I'm #2 was interview AM. AS #2 was eloped from the stated, "It was Francisco."	iewed on 6/16/21 at 6:59 asked if he knew where client ted, "I don't know. They're on a r now." Client H was asked if from the fore. Client H stated, "Yes, d a charger and [staff #3] (client A) didn't have any A] went Bang, right out ast week. His (client A's) a worried about him."AS red on 6/16/21 at 7:10 asked when client A had group home. AS #2 riday (6/11/21). I came by ing was fine. He was in			
	was asked what	as so shocked." AS #2 time client A had eloped. guess it was around 10			

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SUF COMPLETI 06/24/20	ED
	PROVIDER OR SUPPLIER		7919 S	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT JAPOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	C	(X5) OMPLETION DATE
	PM."Staff #1 wa at 7:30 AM. Staff had eloped previ "Yes, before last my knowledge." had ever been preloped. Staff #1 back that day he Uncle's place. Howindow." Staff # had been on 1:1 Staff #1 stated, "people (clients) in not possible. He just has a bad ter (client A) around trouble. "Staff #2 6/16/21 at 7:38 A client A had elopstated, "Yes, may asked if client A one) supervision he was on 15 min asked if staff wo A when he went stated, "Yes theroutside with him smoking, in line interviewed on 6 #4 was asked if I client A had elopstated, "Yes I waroom." Staff #4 was aff was when come." Staff #4 was aff was when come."	sinterviewed on 6/16/21 If #1 was asked if client A ously. Staff #1 stated, time he has run twice to Staff #1 was asked if he esent when client A had stated, "Yes we got him (client A) was at his e went through his e1 was asked if client A (one to one) supervision. No there was (sic) 2 In his room so that was is high functioning. He Inper. If you follow him I you're looking for was interviewed on I you're looking for was asked if yeb 3 times." Staff #2 was had been on 1:1 (one to I staff #2 was had been on 1:1 (one to I staff #2 was uld go outside with client outside to smoke. Staff #2 was always someone when he's outside of sight. "Staff #4 was /16/21 at 8:15 AM. Staff he was on duty when wed on 6/11/21. Staff #4 s in the med (medication) was asked where the other lient A eloped. Staff #4 n the living room. But				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		r í	ULTIPLE CO JILDING	NSTRUCTION 00	(X3) DATE COMPL		
		15G486	B. W		00	06/24/	
				STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIEF				AN RICARDO COURT		
COMMU	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	· ·	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	.ΤΕ	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	` ′	ent to attend to [client B]					
		I gave him (client A) a					
	_	went outside to smoke.					
		as there but left to help					
	-	n 2 minutes we couldn't					
	,	A)." Staff #4 was asked if					
	_	ped previously. Staff #4					
	stated, "Yes, he's						
		Mother/Guardian was					
		/16/21 at 11:57 AM.					
Client A's Mother/Guardian was asked if							
	client A had contacted her since he eloped						
	from the group home on 6/11/21. Client						
		dian stated, "Yes, he's					
		Nobody knows the exact					
		le does tell me he's safe.					
	-	been off his medication					
	1	t know what he'll do at					
		M (Qualified Intellectual					
		essional Manager) #1 on 6/17/21 at 1:54 PM.					
		asked how many times					
	-	bed from his group home.					
	_	d, "I believe this is					
	-	PM #1 was asked if there					
	1	where client A was out of					
		n for extended periods.					
		d, "Yes, there were a					
	-	ere two instances when he					
	-	ltiple hours." QIDPM #1					
	_	nt A had approved alone					
		QIDPM #1 stated, "No,					
		ot been assessed as being					
		or been assessed as being opervised community					
		1 was asked for how long					
	dinc. Qibi ivi #	1 was asked for flow forig					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486 B. WING			00 COMPLETED 06/24/2021				
NAME OF P	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
COMMUI	NITY ALTERNATIVI	ES-ADEPT			AN RICARDO COURT APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	(X5) COMPLETION
TAG	had client A not			TAG	DEFICIENCE		DATE
		DPM #1 stated, "Since					
	,	1) morning." QIDPM #1					
	• `	ility's policy on the					
	prevention of abu						
	_	ould be implemented as					
	written. QIDPM	#1 indicated all					
	allegations of abu	use, neglect and					
	mistreatment sho	uld be reported and					
	effective correcti	ve measures should be					
	implemented.The	e Facility's policy and					
	procedures were	reviewed on 6/21/21 at					
	4:30 PM. The facility's Abuse, Neglect,						
		cy revised on 7/10/19					
	indicated, "Policy	y: Adept staff actively					
	advocate for the	rights and safety of all					
	individuals. All a	llegations or					
	occurrences of al						
	_	be reported to the					
	* * *	orities through the					
		rvisory channels and will					
		vestigated under the					
	•	PT, ResCare and local,					
	state and federal	•					
	1 5	ical neglect: failure to					
		nd/or services necessary					
		l to avoid physical harm.					
	•	e the support necessary					
		psychological and					
	_	. Failure to meet the					
	_	rements such as food,					
		and to provide a safe					
		Program intervention					
	_	e to implement a support					
	plan, inappropria	te application of					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED	
		15G486	B. WING 06/24/2021		
			STREET	ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	ROVIDER OR SUPPLIER	8			
COMMUN	NITY ALTERNATIV	EC ADEDT		SAN RICARDO COURT	
COMMO	NIIT ALIERNAIIV	ES-ADEPT	INDIA	NAPOLIS, IN 46256	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
	intervention with	out (sic) a qualified			
	person notification	on/review".This federal			
	tag relates to con				
	#IN00355783.9-	-			
M 0457		3-2(a)			
W 0157	483.420(d)(4) STAFF TREATME	INT OF CUIENTS			
Dida 00					
Bldg. 00	corrective action r	ation is verified, appropriate			
		view and interview for 1 of 3	W 0157	CORRECTION:	07/04/0001
		, the facility failed to	W 0157		07/24/2021
		e corrective measures to		If the alleged violation is verific	eu,
	_	d elopements of client A.		appropriate corrective action	
	prevent the repeated	relopements of cheft A.		must be taken. Specifically:	
	Findings include:			Th	41
	rindings include.			Through ongoing assessment	, tne
	The facility's RDDS	S (Bureau of Developmental		interdisciplinary team has	,
	-	s) reports and investigations		determined that client A would	
	were reviewed on 6			benefit from receiving resident	
	were reviewed on o	10/21 at 7.52 / 11v1.		services that more closely me	
	1 A BDDS report of	lated 2/17/21 indicated, "		his social, developmental, and behavioral needs. The facility	
	_	A] became upset when staff		working with the Bureau of	15
	_	tering his room to assist his		Developmental Disability Serv	ices
		A] began yelling and punched		and client A's guardian to sec	
	-	e wall of his bedroom and a		a Medicaid Waiver, per the	
		cabinet. Staff directed [client		guardian's request. Client A is	
		r several minutes, [client A]		currently on therapeutic leave	
	_] then got back in bed and		under the supervision of his	
		At 5:45 AM, staff noticed		guardian, pending Waiver	
		n his bed. Staff searched the		placement. Client A will not be	<u>.</u>
		ed he had left the house. Staff		returning to the facility. The	
	notified the supervi	sor, initiated a search of the		facility is aiding the guardian to	0
	_	ice report per supervisor		assure client A's medical need	
		[client A's] guardian/mom		are met prior to his residential	
	contacted staff to in	form them that [client A's]		transition.	
	uncle notified her to	o inform her that [client A]			
	was at his house ne	ar [address]. As staff were		Through observation and reco	ord
	enroute (sic) to unc	le's home, [client A] left the		review, the governing body ha	
	uncle's house and w	vent to the [name] Gas Station		determined that this deficient	
	near [address]. [Cli	ent A] contacted the guardian		practice did not affect other	
				1	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/24/2021
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	(X5) COMPLETION DATE
who picked him up and returned him home at approximately 12:00 PM. Preliminary information estimates the time [client A] was away from the group home was 9 hours Direct support staff [staff #1] and [staff #2] have been suspended pending investigation of the circumstances of the incident [Client A] does not have approved alone time. Protective measures are in place: [client A's] level of supervision is elevated to line of sight at all times and continued 15 minute checks for 72 hours post-incident. The Interdisciplinary Team (IDT) will meet and discuss any changes in the plan moving forward." -An IS (Investigative Form) dated 2/17/21 to 2/23/21 indicated the following: -" Introduction:" -"At 5:45 AM staff noticed [client A] was not in his bed. Staff searched the home and determined [client A] was not in the home. Staff contacted the supervisor who advised staff (sic) initiate a search of the area and to file a police report. Later [client A's] mother/guardian contacted staff to inform them that [client A] was to (sic) his uncle's house near [address]." -"Summary of Interviews:"	clients. PREVENTION: There is a new QIDP assigned the facility and the QIDP will trained to assure that protect measures are developed in response to behavioral incide. For the next 30 days, member the Operations Team (comprosed for the Executive Director, Operations Managers, Progrom Managers, Quality Assurance Manager, QIDP Manager,	ed to be ive ents. ers of rised ents ents ents ents ents ents ents ents
-" [Staff #3], DSP (Direct Support Professional):" -"I (staff #3) got here around 8:25 (AM) that	enhanced administrative monitoring and support, the Executive Director and Region Director will determine the le ongoing support needed at the	vel of
morning." -"I (staff #3) was running a little late." -"I (staff #3) at first, I was told staff was out	facility. The role of the administrative monitor is not simply to observe & Report.	

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	AND PLAN OF CORRECTION AND PLAN OF CORRECTION 15G486			(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR A. BUILDING 00 COMPLETE B. WING 06/24/202		
	PROVIDER OR SUPPLIER		791	EET ADDRESS, CITY, STATE, ZIP CODE 9 SAN RICARDO COURT IANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIENT REGULATORY OR looking for [client A] -"I (staff #3) was to under his blanket to under his blanket to "There were footprit to the road". -"I (staff #3) don't k really left". -"[AS (Area Supervalant -"Staff informed means agone." -"Staff told me they 5:30 (AM) and he was gone." -"When they went be gone." -"I told one staff to was out looking for footprints showed he down When I (AS in his car looking for call non-emergency report." -"Staff told me the sknow [client A] was house, [client A] has	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) A]." Id [client A] had put pillows look like he was in bed." Ints behind the house headed Intow what time he (client A) It is at 5:45 (AM) that [client A] If checked on him (client A) at was in bed." In ack at 5:45 (AM), he was Igo look for him. [Staff #1] In him (client A) and the Inter (client A) went four houses If all called back [staff #1] was In client A]." I told staff to In number to file a (police)	IND PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPE	r ponitor nent del the ports. and g g g g ding QIDP, off, ff,	
	-"[Staff#4], DSP:"					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			ULTIPLE CO UILDING	NSTRUCTION 00	(X3) DATE COMPL		
		15G486	B. W			06/24	
NAME OF I				STREET A	DDRESS, CITY, STATE, ZIP CODE		
	PROVIDER OR SUPPLIEF				AN RICARDO COURT		
COMMU	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
	-"There was a lot of	f snow. I was late that					
	morning."						
	-"The staff told me through the window	[client A] had elopement (sic) v in his room."					
	-"We could see foo	tprints in the snow."					
	-"His (client A's) Mom brought him back around 12 (PM). [Client A] told me he left because of his phone".						
	-"[Client A], Individual:"						
	-"I (client A) just got in one of my moods."						
	-"There was someone I was talking to her name is [name]."						
	-"Mom knows her	.".					
	-"I (client A) just go	ot upset."					
	-"I (client A) left ou	at of the bedroom window."					
	-"There's no alarm	on the window."					
	-"I (client A) think morning."	I left around 1 or 2 in the					
	-"The staff was bac	k and forth."					
	-"The staff shut the took off."	bedroom door, that's when I					
	-"Let's just say I we	ent to a couple of places."					
	-"Then I went to my	y uncle's house."					
	-"I got a ride from a	a stranger."					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 06/24/2021	
	PROVIDER OR SUPPLIER		7919 S	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT IAPOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	-"I was helping a ch of the snow."	nick (woman) get her car out			
	-"When we got the car unstuck I asked for a ride, they said yes."				
	-"They took me to nuncle's house."	my uncle; I then left my			
	-"I (client A) left my uncle's house because he said the cops (police) were on there way there."				
	-"I (client A) went to a gas station and asked to use their phone."				
	-"I (client A) then come (sic) and got	alled my Mom, she then me".			
	-"I (client A) wasn't coming in checking	t upset because the staff was on [client B]."			
	-"[Client B] was ou left".	t in the living room when I			
	-"I hit the wall beca taking to [name of a	use I got upset when was a woman]."			
	-"I (client A) don't t	talk to her anymore."			
	-"Don't worry what woman] about."	I was talking to [name of			
	-"The people who to know."	ook me to my Uncle's I don't			
	-"I (client A) didn't like I was in there."	put pillows in my bed to look			
	-"[Client B] was in	the bedroom, he wasn't feeling			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		r í		NSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION		B. WI	ILDING	00	COMPL	
		15G486	D. WII	<u> </u>		06/24/	/2021
NAME OF F	ROVIDER OR SUPPLIEF	8			DDRESS, CITY, STATE, ZIP CODE		
					AN RICARDO COURT		
COMMUI	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		1	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE.	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	well and went to the	e front room."					
	-"The staff then clo	sed my bedroom door."					
	-"That's when I too!	k off."					
	-"I (client A) didn't	have a ride waiting."					
		y thought I was sleeping, and I (staff) shut the door."					
	-"Staff had been checking on [client B], then they brought him out to the living room, that's when I took off".						
	-"[Staff #2], DSP:"						
	-" [Client B] wan didn't want to stay i	ted to go to the living room, he n his room."					
	-"We told [client B]	everyone sleeps in their					
	-"[Client A] was ge	tting upset at this point."					
	_	e I should leave the [expletive] ient A) was trying (sic)."					
	-"At that point we r (sic)."	noved [client B] to the living					
	-"We kept checking	g on [client A]."					
		but every 15 minutes we or and check on him."					
	-"At 5:30 (AM) we we saw [client A] w	started getting everyone up, was not in his bed."					
	-"We looked all ove	er the house."					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ľ	UILDING	NSTRUCTION 00	(X3) DATE COMPL		
		15G486	B. W	ING		06/24/	2021
NAME OF F	PROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE		
СОММИ	NITY ALTERNATIV	ES-ADEPT			APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	-"We noticed his be there was no alarm.	droom window was open and					
	-"Normally the bed	room door is kept opened."					
	-"But we closed it the sleep, but we kept c	hat night so [client A] could hecking on him."					
	-"[Client A] put the covers to look like he was in bed."						
	-"We called [AS #1], I went outside and followed his footprints outside."						
	-"[Client A] didn't close the window all the way."						
	-"There was no alar	m."					
	-"[Staff #1] went to	look for [client A]."					
	-"I (staff #2) called Services) and made	311 (Non-Emergency the report."					
	-"[Staff#1] left in h	is car to look for [client A]."					
	-"We got a call from (client A) was at his	n his Mom, who said he suncle's place."					
	[client A's] uncle to	o his uncle (sic) house, ld me [client A] run (sic) ause the police were called".					
	-"I then went back t	to the house."					
	-"We took [client B off the light and shu] to the front room and turned at the door."					
	-"We would open th	ne door and look in."					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	A. BUILDING <u>00</u>			ETED
		15G486	B. W	ING		06/24/2021	
				CTDEET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER	L.					
00040411		EO ADEDT			AN RICARDO COURT		
COMMU	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY S'	TATEMENT OF DEFICIENCIES		ID	PROVIDENCE N. AN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)	IE	DATE
	-"We were trying to	give [client A] his privacy."					
	-"We stood in the d	oorway."					
	-"We never went to	his (client A's) bed."					
	-"At that point [clie	nt A] was always agitated."					
	-"He (client A) had	5 pillows under his blankets."					
	-"He (client A) mad someone under the	le it look like there was blankets".					
	-"Staff #1, [DSP]:						
	-" [Client A] is on	15 min checks."					
	-"At 12 am [client A	A] was in his bed sleeping."					
	-"Yes, we put on the himself up with his	e light, he (client A) covered blanket."					
	-"When we go in an upset if we talk to h	nd check on him [client A] gets im."					
	_] to the living room; [client go to the living room."					
	-"[Client A] was ge disturbing his sleep.	tting upset because we were					
	-"By contently (sic) [client B]."	changing and cleaning up					
	-"[Client B] was thr	rowing up."					
	-"[Client B] was cry	ying and yelling also."					
	-"[Client A] was ge	tting upset by this."					

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Event ID:

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	OF CORRECTION	IDENTIFICATION NUMBER: 15G486	A. BUILDING B. WING	<u>00</u>	COMPLETED 06/24/2021	
NAME OF P	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT		
COMMUI	NITY ALTERNATIVI	ES-ADEPT		APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE	
	-"He (client A) was himself up with his	sleeping and covering blanket."				
	-"Every 15 minutes	we seen (sic) him."				
	-"Between the hours of 1 am and 2 am he (client A) was sleeping and covering himself up with his blanket."					
	, , -	close to him; he snaps when s and get close to him."				
	-"We noticed he (cli time to get them up.	ent A) was gone when it was				
	-"It was around 5:30 am- 5:45 am."					
	-"We noticed he had and noticed the wind	l punched a hole in the wall dow was up."				
	-"We followed the f	ootprints in the snow."				
	-"We followed the f 5 houses then to the	ootprints around the back of side of the road."				
	-"[Client A] also bro	oke a cabinet by his bed."				
	-"We didn't hear any room."	ything form (sic) he's (sic)				
		ed [client B] was yelling and wanted to go to the hospital."				
	-"Between the hours on him every 15 min	s of 2 and 3 we were checking nutes."				
	-"We would go in th	nere and turn on his light."				
	-"The first time we to blanket, [client A] g	eried moving his (client A's) ot aggressive."				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

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Facility ID: 001000

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PRINTED: 08/05/2021 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT		NSTRUCTION 00	(X3) DATE : COMPL		
THINDTERM	or condition.	15G486	B. WING		00	06/24/	
NAME OF F	PROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE	00,2.,	
COMMUI	NITY ALTERNATIV	ES-ADEPT	1	NDIANA	APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PR	ID EFIX CAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	-"He (client A) raise [expletive]."	ed his voice and said what the					
	-"Between 3-4 (AM) we turned on the light and seen (sic) he was under the blanket."						
	-"But we didn't; move the blanket or get close to the bed."						
	-"When we noticed he (client A) was missing, I (staff #1) followed his footsteps, my co-worker (staff #2) called the supervisor."						
	-"[AS #1] told us to check around, look everywhere, then call the cops (police)."						
	-"Then we called th	e cops."					
	-"His (client A's) ur [client A] was with	ncle called the site and said him".					
		his room, until we were and we took his blanket off."					
	-"We noticed the w	indow was open".					
	-"Conclusion:"						
		ed that DSP [staff #1] failed ion to Individual [client A]."					
		ed that DSP [staff #2] failed ion to Individual [client A]."					
	supervision for app	ent A] was without staff roximately 9 hours and [client between 1 am and 2 am."					
	-"4. It is substantiat	ed that DSP [staff #1] failed					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 06/24/2021	
NAME OF I	PROVIDER OR SUPPLIEF		•		DDRESS, CITY, STATE, ZIP CODE		
COMMU	NITY ALTERNATIV	ES-ADEPT			APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	.TE	(X5) COMPLETION DATE
TAG		policies and procedures."		IAG	DELICE !		DAIL
		ed that DSP [staff #2] failed policies and procedures."					
	indicated client A e on 2/16/21 and was sight/supervision for indicated client A e window between 1 The review indicated	dated 2/17/21 to 2/21/21 loped from the group home out of staff's line of or at least 9 hours. The review loped out of his bedroom AM and 2 AM on 2/16/21. dd the facility substantiated 2 failed to provide appropriate t A.					
	On 2.25.21, [client redirection regardin phone charger. Staf precautions prohibi such as electrical conself-harm. [Client Aproceeded to run out with staff following home. Staff continuation but lost sight of him [address]. Staff not nurse. The supervissearch and contact person report. Staff administrative team [Client A's] persona police when they are 10:00 PM, staff were guardian/mother into was at her home. Proceeding the proximately 2 hoin jured during this interest and contact person report.	members initiated a search. Il details were provided to rived. At approximately re contacted by [client A's] forming them that [client A] reliminary facts estimate of staff supervision urs [Client A] was not ncident and is currently on					
	_	ncident and is currently on his Mother/guardian's home					

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PRINTED: 08/05/2021 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUIL		NSTRUCTION 00	(X3) DATE : COMPL		
THINDTEMIN	or conduction	15G486	B. WING		00	06/24/	
		100400			DDDEGG OWN OWNER WID CODE	00/2-1/	2021
NAME OF F	PROVIDER OR SUPPLIEF	R			DDRESS, CITY, STATE, ZIP CODE IN RICARDO COURT		
COMMUI	NITY ALTERNATIV	ES-ADEPT			APOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	DROWIDERIC DI ANI OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		REFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	until 3.12.21".						
	-An IS (Investigative Form) dated 2/25/21 to						
	3/3/21 indicated the						
	-" Introduction:"						
	-"On 2/25/21 Indivi	idual [client A] become (sic)					
		plained to [client A] about the					
		prohibited access to certain					
		ical cords. [Client A] began					
yelling at staff and proceeded to run out the door							
	with staff following behind [client A]".						
	-"Summary of Interviews:"						
	-"[Client A], Indivi	dual:"					
	-"Well I got home."	They thought I was suicidal."					
	-"My phone was alı	most dead."					
	-"So I put my phone	e on a small changer (sic)."					
	-"[AS #1] was tryin away from me."	g to take the changer (sic)					
	-"[AS #1] was tryin over and got (sic) m	ng to say that my mom come ny stuff."					
	-"My mom didn't go	et my stuff".					
	-"I left around 7 (Pl	M) last night."					
	-"I walked right out	the front door."					
	-"One staff followe me".	d me but he was far behind					
	-"I was on my way	to the south side of [name of					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE ((X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED
		15G486	B. WING		06/24/2021
NAME OF I	DOMDED OD CLIDDLIED		STREET	ADDRESS, CITY, STATE, ZIP CODE	
NAME OF F	ROVIDER OR SUPPLIER	C	7919	SAN RICARDO COURT	
COMMUI	NITY ALTERNATIV	ES-ADEPT	INDIA	NAPOLIS, IN 46256	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE
	city] to my mom's h	nouse".			
	-"One of the staff for which one."	bllowed me, but I don't know			
		to my mom's house, then a			
	cop (police) saw me walking and stopped and took me to my mom's house".				
	-"[Client H]"				
	-"[Client A] run (sic) away last night."				
	-"Well [client A] wanted a changer (sic) for his phone."				
	-"[Staff #3] told [cli changer (sic) for his	ient A] he could not get a s phone."			
	-"[Client A] walked the door."	l out the door and slapped (sic)			
	-"[Client A] was go	one all night."			
	-"The staff had to g	o look for [client A]."			
	-"I (client H) wasn't going".	t sure where [client A] was			
	-"[Staff #3], DSP:	"			
	[client A] was back	[AS #1] letting her know (at the group home), and he shone changer (sic)."			
		now [client A] couldn't have the and other stuff due to			
	-"[Client A] called l	his mom, asking if she had it."			

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 06/24/2021
	PROVIDER OR SUPPLIEF		7919 SA	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT APOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	-"[Client A] was sa	ying mom don't (sic) have it".			
	-"I (staff #3) was in	the office doing paperwork."			
	-"[Staff #4] was wit	th [client A]."			
	-"I was working on checks."	progress notes and the 15 min			
	-"[Staff #4] was with him (client A)." -"I heard the door alarm, I checked [staff #4] went to his car and got his phone changer (sic)."				
	-"[Staff #4] let [clie	ent A] use it."			
	-"[Client A] was co	ol for a bit."			
	-"[AS #1] come (sid	e) in around that time."			
	-"[AS #1] told us [c phone cord."	client A] could not use his			
	-"[Staff #4] took ba	ck the phone cord."			
		ot upset, started being verbal I was moving around."			
	-"[Client A] just wa	alked out the door."			
	-"[Staff #4] followe called [AS #1] sayir	ed [client A] until [staff #4] ng he lost sight".			
	-"[Staff #4], DSP:	"			
	-"I (staff #4) let hin changer (sic)."	n (client A) use my phone			
	-"[AS #1] came ove	er. [AS #1] sew (sic) [client A]			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		r í	ULTIPLE CO UILDING	NSTRUCTION 00	(X3) DATE COMPL		
		15G486	B. W			06/24	
				STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIEF	{		7919 SA	AN RICARDO COURT		
COMMUI	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	·	ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
IAG	was using my chang	<u> </u>		TAG	DEFICIENCE!		DATE
	was asing my chang	ger (sie).					
	-"I told [client A] I	need my changer (sic) back."					
	-"[Client A] came of cussing."	out of his room yelling and					
	-"[Client A] was sa (sic) why did you c	ying where was my changer hange my room."					
		e office; [client A] went any A] said 'I'm leaving.'"					
	-"[Client A] then went to the front door and walked out."						
	-"[AS #1] said to follow him. I started following [client A]. I was walking with him."						
	-"[Client A] was tal someone."	lking on his phone with					
	-"[Client A] started end of [name of stre	running when we got to the eet]."					
	-"When [client A] f #4) was keeping up	irst started running, I (staff with him."					
	-"I lost sight of him	(client A) at [address]".					
	-"Conclusion:"						
		ntiated that staff fail (sic) to ervisor (sic) to Individual					
		ed that Individual [client A's] Plan (BSP) fail (sic) to address					
	-"[Client A] started end of [name of street of the client A] from the client A]." -"1. It is not substart provide proper super [client A]." -"2. It is substantiat Behavior Support P	eet]." Tirst started running, I (staff with him." I (client A) at [address]". Intiated that staff fail (sic) to ervisor (sic) to Individual ed that Individual [client A's]					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				NSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION		B. WI	ILDING NG	00	COMPL	
		15G486	B. WI			06/24	/2021
NAME OF I	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP CODE		
					AN RICARDO COURT		
COMMU	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		ntiated that staff failed to					
	· -	client A's] Behavior Support					
	Plan."						
	"A It is substantiat	ed that Individual [client A]					
	was without staff supervision for approximately 2 hours."						
	-"5. It is not substantiated that staff failed to						
follow ResCare's policies and procedures."							
-"Recommendations:"							
	"Continue to follow already act must call for						
-"Continue to follow already set protocols for Individual [client A]."							
	marviduai [chent A	·].					
	-"Follow proactive	and reactive protocols to					
	prevent any future	-					
		dated 2/25/21 to 3/3/21					
		eloped from the group home					
		out of staff's line of					
		or at least 2 hours. The review ent A's BSP had elopement as					
		. The review indicated staff					
		follow already set protocols					
	for client A.	The second secon					
	_	dated 3/12/21 indicated, "					
	_	A] became upset following a					
		mother. [Client A] left the					
		door of the residence with					
	_	prompting him (client A) to					
		nt A] refused and began rly direction toward [name of					
	_	lost sight of him. Staff					
		sor who initiated a search.					
	_	es, [client A] was located					
		the [address]. Staff were able					
	to engage [client A]	= =					
	I		ı				I

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 06/24/2021
	PROVIDER OR SUPPLIER NITY ALTERNATIV		7919 S	ADDRESS, CITY, STATE, ZIP CODE SAN RICARDO COURT NAPOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)	(X5) COMPLETION DATE
	staff vehicle and ret without staff superveniutes [Client A (BSP) to address El followed". -An IS (Investigative 3/18/21 indicated the superveniute of the supervenium of the superveniute of the super	dual [client A] became upset call with his mother/legally cent A] left the home out the nee with staff following and ceturn home". views:" dual:" remember why I took off." ok off." staff followed." mber [staff #5]." me first."			

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	OF CORRECTION	IDENTIFICATION NUMBER: 15G486	A. BUILDING 00 B. WING		COMPLETED 06/24/2021	
	PROVIDER OR SUPPLIER		7919 S	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE	
	-"I (client A) don't r about why I run (sic	emember really anything)".				
	-"[AS #1], Area Sup	pervisor:".				
	-"[Staff #6] notified elopement (sic)."	my (sic) [client A] had				
	-"She (staff #6) told living room talking	me [client A] was in the to staff."				
	-"And he just walke	d out the front door."				
	-"I (AS #1) sent out the notification and started the search".					
	-"[Staff #5] and I fo	und [client A]."				
		(sic) with [client A] and we ent A] back to the house".				
	-"[Staff #7], DSP:"					
	-"[Client A] was in	the living room."				
	_	in his hand and he was acting change (sic) his phone in the ont door."				
	-"He (client A) sudd and walked outside.	lenly opened the front door				
	-"I stopped him and going for a walk."	[client A] told me he was just				
	-"I (staff #7) told [cl walk, I would go wi	lient A] if he was going for a th him."				
	-"Has (sic) we were	walking, [client A] just took				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			JLTIPLE COI ILDING	NSTRUCTION	(X3) DATE COMPL		
ANDILAN	OF CORRECTION	15G486	B. WI		00	06/24/	
		130400	B. W.			00/24/	2021
NAME OF I	PROVIDER OR SUPPLIEF	₹			DDRESS, CITY, STATE, ZIP CODE		
COMMU	NITY ALTERNATIV	/ES_ΔDEDT			AN RICARDO COURT APOLIS, IN 46256		
	1				W OLIO, IIV 40200		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
1110	off."						51112
	-"I (staff #7) tried to him."	o catch him, but I lost sight of					
	-"I (staff #7) went back to the house and reported it to the manager".						
	-"Conclusion:"						
	-"1. It is not substantiated that staff fail (sic) to provide proper supervisor (sic) to Individual						
	[client A]."						
	-"2. It is not substantiated that Individual [client A's] Behavior Support Plan (BSP) fail (sic) to address elopement."						
		ntiated that staff fail (sic) to client A's] Behavior Support					
		red that Individual [client A] approximately					
		ntiated that staff fail (sic) to blicies and procedures."					
	-"Recommendation	s:"					
	-"Continue to follow Individual [client A	w already set protocols for]."					
	-"Follow proactive prevent any future of	and reactive protocols to occurrences."					
	indicated client A e	dated 3/11/21 to 3/18/21 cloped from the group home out of staff's line of					

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	MENT OF DEFICIENCIES AN OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPLE C A. BUILDING B. WING	onstruction 00	(X3) DATE COMPL 06/24	ETED
	OF PROVIDER OR SUPPLIER SUNITY ALTERNATIV		7919 8	ADDRESS, CITY, STATE, ZIP CODE SAN RICARDO COURT NAPOLIS, IN 46256	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B: CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	3	(X5) COMPLETION DATE
	sight/supervision for review indicated state already set protocol not indicate the factorrective measures elopements of client. 4. A BDDS report of On 3.12.21, [client the ResCare SGL (tresidence on [addressidence on [addressidence on [addressidence on and the neighbot the factor of social media [cexited the house. State around the neighbot talk, until he (client sight. Staff searche arrived and began spersonal cellular phate [address] reside agitated. Staff enco (staff's) personal vesuccess. He (client aggressive with his Staff continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to ecoping skills and he staff transported his [address] without further continued to	or at least 35 minutes. The aff were to continue to follow as for client A. The review did ality implemented effective as to prevent the repeated at A. Idated 3/13/21 indicated, " A] was visiting individuals at Supported Group Living) ass] on the southwest side of a sing this visit, [client A] are the properties of the setting with his are via telephone. During the are the properties are the properties of the setting with his are via telephone. During the are the properties of the setting with his are via telephone and the following one to one are the properties of the setting with his are considered as a set of the setting with his are the properties of the setting with his are the properties of the setting with his are the settin				

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Event ID:

31ZJ11

Facility ID: 001000

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			ULTIPLE CO UILDING	NSTRUCTION 00	(X3) DATE COMPL		
		15G486	B. W	ING		06/24/	2021
NAME OF F	PROVIDER OR SUPPLIER	<u> </u>			DDRESS, CITY, STATE, ZIP CODE		
COMMUI	NITY ALTERNATIV	'ES-ADEPT			AN RICARDO COURT APOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	· ·	ICY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE
TAG		am via telephone. During the		IAG	Bartelaneri		DATE
	meeting [client A] became agitated and left the home. Staff followed [client A] and attempted to						
		(sic) [client A] until staff lost					
	line of sight".						
	-"Summary of Interviews:"						
	-"[Client A], Indivi	dual:"					
	-"The reason I got upset because [AS #1] wanted						
	to say I am always on my phone 24 (hours)/7 (days a week) to everyone at the meeting."						
	-"I (client A) said yes, I am but the reason I don't have a job or anything to do."						
	-"So, [AS #1] just k your phone 24/7."	cept saying you're always on					
	-"I (client A) said it anything to do."	's because I don't have					
	-"I (client A) want t	to be out being (sic) action."					
	-"This was all at my	y meeting."					
	-"First, I didn't run,	but I went for a walk."					
	-"Staff was with me first walk."	e when I went to (sic) for the					
	-"I (client A) came	back but I sit (sic) outside."					
	-"I (client A) went to following me."	for another walk and staff was					
	-"At first we were ju walking and I kept w	ust walking, the staff stopped walking."					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA					(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	00	COMPLETED	
		15G486	B. W	ING		06/24/2021	
		<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER	R.			AN RICARDO COURT		
COMMUI	NITY ALTERNATIV	ES-ADEPT			APOLIS, IN 46256		
(X4) ID	STIMMADAS	TATEMENT OF DEFICIENCIES	1	ID		(X5)	
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION	ſ
TAG	`	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
		ne to stop and come back."					
	Starr was tenning r	ne to stop and come ouch.					
	-"I (client A) told staff I wanted to be walking."						
	-"I (client A) didn't run, I just kept walking and the staff didn't."						
	-"I (client A) didn't even turn around."						
	-"My mom called n	ne, and I answered my phone."					
	-"I (client A) told her my location and I turned around."						
	-"It was my mom who picked me up and brought me back home".						
	-"[Guardian] #1, M	other/Legal Guardian:"					
	-"He (client A) didr went there to get his	n't want to get in the car, I s phone."					
	-"[Client A] kept op	pening the staff car's doors."					
	-"He (client A) thou	ight it was funny."					
	-"I grabbed the car	door and told him to stop."					
	-"He (client A) show	ved me in the chest."					
	-"He (client A) then apologize to me".	tried to get out of the car to					
	-"[AS #1], Area Suj	pervisor:"					
	-"[Client A] was vis when we had a IDT	siting at [name of group home] meeting."					
	-"They talked about	t his (client A'S) phone usage."					
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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		A. BUILDING B. WING	<u>00</u>	COMPLETED 06/24/2021	
NAME OF P	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE	
COMMUI	NITY ALTERNATIVI	ES-ADEPT		AN RICARDO COURT APOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
	-"[Client A] got ups -"Staff was with [cli				
	-"Staff was able to talk [client A] back to [name of group home]".				
	-"Conclusion:"				
		oes substantiate that [client A] sive towards his mother/legal			
	-"2. The evidence does substantiate that [client A] was physically aggressive towards his mother/legal guardian."				
		pervision for 30 minutes".			
	-"Recommendations	x"			
	-"Continue to follow [client A]."	v already set protocols for			
	-"Follow proactive a prevent any future o	and reactive protocols to ccurrences."			
	indicated client A el on 3/12/21 and was sight/supervision for review indicated sta already set protocols not indicate the faci	r at least 30 minutes. The ff were to continue to follow s for client A. The review did lity implemented effective to prevent the repeated			
		ated 4/29/21 indicated, " A] became upset with staff			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		r í	ULTIPLE CO JILDING	00	(X3) DATE COMPL		
		15G486	B. W		00	06/24/	
				STREET A	ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NAME OF F	PROVIDER OR SUPPLIER	₹			AN RICARDO COURT		
СОММИ	NITY ALTERNATIV	ES-ADEPT			APOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		to have his housemates' upted to redirect him					
	_	ked staff and pinned her					
	-	oking her. Staff was able to					
	-	nt A] walked out of the house.					
	Staff tried to follow	him but lost sight of [client					
	A]. Staff notified th	e supervisor who initiated a					
	search (sic) filed a i	missing person report with					
		ch team continued to look					
		is guardian and family was					
	_	ent A] was located at his					
	mother's home at 3:30 AM. His mother reported						
	that a passing motorist who saw him walking around in the rain, and drove him to her house per						
		ResCare administrative staff					
		s] mother's house at 3:50 AM.					
	_	ed the police who were also					
	•	released [client A] to					
		transported him home					
		[Client A] has a Behavior					
	Support Plan (BSP)	to address Elopement, which					
	staff followed. [Clie	ent A] does not have approved					
	_	A] was without staff					
		roximately 6 hours He					
		e line of sight observation in					
		15 minute checks, at varied					
	intervals, while slee	eping".					
	-An IS (Investigativ	/e Form) dated 4/28/21 to					
	5/5/21 indicated the						
		G					
	-"Summary of Inter	views:"					
	-"[Client A], Indivi	dual·"					
	[Chem A], marvi	мии.					
		ed the staff if they could					
	lower their voice."						
	-"The staff told me	to don't tell her to shut up."					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 06/24/2021	
	ROVIDER OR SUPPLIER		7919 S	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT APOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	-"She went over to told her to shut up."	the other staff and told them I			
	-"I (client A) went t [expletive] do."	to them and said what did I			
	-"And they kept tell away."	ling me to shut up and get			
	-"The other staff wa	as trying to talk to me."			
	-"The one staff was pushing the staff (sic) face away so I could not talk to her."				
	-"I was trying to use the phone to call [AS #1] or someone (sic) the house phone."				
	-"But the staff would	ldn't let me use the phone."			
	-"I got hold of my r	mom on [social media]."			
	-"This was around 8	8 something (PM) last night."			
	-"The staff got in m	y face."			
	-"We were in the of	ffice area."			
	-"She (staff) was sta	anding in front of the door."			
	-"So I (client A) mo out of the office."	oved her slightly so I could get			
	-"The staff asked m house."	e to come back into the			
	-"I told them I was door and calm down	just going to stand by the front n."			
	-"When I came bac	k in the house (sic)"			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			ULTIPLE CO UILDING	NSTRUCTION 00	(X3) DATE COMPL		
		15G486	B. W			06/24/	
				STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER	₹			AN RICARDO COURT		
COMMU	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	· ·	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG	-"The staff was still	Lyolling at ma "	-	TAG	DEFICIENCY		DATE
	- The start was still	yeimig at me.					
-"I was just trying to ask a simple question."							
	-"The staff was tryi	ng to take a video."					
		I tried to choke her, and I					
	slammed her agains	st the wall."					
	-"So I went outside to cool off again."						
	-"They shut the door on me."						
	-"The door was locked."						
	-"I was [social med	ia] with my mom."					
	-"I heard them sayin (cigarette)."	ng I had asked for a cig					
	-"And they (staff) to	old me no and I got mad."					
	-"They said I tried of them against the wa	choking them and slammed					
	-"So I took off".						
	-"I walked to my m	om."					
	-"When I got there	I was told I couldn't stay".					
	-"I didn't hit staff."						
	-"I got picked up fro something this more	om my mom's around 4 (AM) ning".					
	-"[Staff #8], DSP:"						
	-"[Client A] asked f	for a cigarette."					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		(X2) MULTIPLE A. BUILDING B. WING	E CONSTRUCTION OO	(X3) DATE COMPI 06/24	LETED	
	ROVIDER OR SUPPLIER		7919	ET ADDRESS, CITY, STATE, ZIP CO O SAN RICARDO COURT ANAPOLIS, IN 46256	DE	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
		ne didn't have any (sic)" ned me against the wall."				
	-"He then went outside and I hear him talking on the phone."					
		was coming back with a gun."				
		left, we couldn't see him."				
	-"Conclusion:" -"1. It is not substantiated that staff fail (sic) to provide proper supervisor (sic) to Individual [client A]."					
	-"2. It is not substantiated that Individual [client A's] Behavior Support Plan (BSP) fail (sic) to address elopement."					
		ed that Individual [client A] ggressive towards staff."				
		ntiated that staff fail (sic) to lient A's] Behavior Support				
		ed that Individual [client A] upervision for approximately				
		ntiated that staff fail (sic) to olicies and procedures."				
	-"Recommendation	s:"				
	-"Continue to follow [client A]."	v already set protocols for				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l í	ULTIPLE CO JILDING	NSTRUCTION 00	(X3) DATE COMPL		
		15G486	B. W	ING		06/24/	2021
NAME OF F	PROVIDER OR SUPPLIER				AN RICARDO COURT		
COMMU	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ιΤΕ	(X5) COMPLETION DATE
	-"Follow proactive prevent any future of	and reactive protocols to occurrences."					
	indicated client A e on 4/28/21 and was sight/supervision fo indicated staff were set protocols for cli- indicate the facility	lated 4/28/21 to 5/5/21 loped from the group home out of staff's line of r at least 6 hours. The review to continue to follow already ent A. The review did not implemented effective to prevent the repeated t A.					
	On 6/11/21, [client were assisting a hou Staff notified the su team, and initiated a Administrative staff filed a police report administrative staff guardian, continued missing person flye	f responded to assist. Staff and ResCare supervisors and contacted [client A's] searching and distributed rs [Client A] remains re and Police are continuing					
	indicated client A e on 6/11/21. The rev yet returned to the g indicated the facility general location. The	DDS report dated 6/12/21 loped from the group home iew indicated client A had not group home. The review y was aware of client A's he review indicated client A a medications for the past 5					
	available to be inter	the group home and was not viewed. iewed on 6/16/21 at 6:49 AM. if client A had eloped from					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	00	COMPLETED
		15G486	B. W	ING		06/24/2021
				STREET A	ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	PROVIDER OR SUPPLIER	8			AN RICARDO COURT	
СОММИ	NITY ALTERNATIV	ES-ADEPT			APOLIS, IN 46256	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
	~ .	6/11/21. Client B stated, "I				
		sleep." Client B was asked if				
	-	from the group home before.				
	· ·	es." Client B was asked if he				
	knew where client A	A was. Client B stated, "No."				
	Client H was interviewed on 6/16/21 at 6:59 AM. Client H was asked if he knew where client					
		ted, "I don't know. They're on a				
		now." Client H was asked if				
	client A had eloped	from the group home before.				
	Client H stated, "Yes, [client A] wanted a charger					
	and [staff #3] told him no. He (client A) didn't					
	have any money so [client A] went Bang, right out					
	the door. It was last week. His (client A's) bed is					
	empty. I'm worried	about him."				
	AS #2 was interview	wed on 6/16/21 at 7:10 AM.				
		hen client A had eloped from				
		S #2 stated, "It was Friday				
	(6/11/21). I came by	y here and everything was				
	fine. He was in goo	d spirits. I was so shocked."				
		hat time client A had eloped.				
	AS #2 stated, "I gue	ess it was around 10 PM."				
	Staff #1 was intervi	ewed on 6/16/21 at 7:30 AM.				
	Staff #1 was asked	if client A had eloped				
	previously. Staff #1	stated, "Yes, before last time				
	he has run twice to	my knowledge." Staff #1 was				
		been present when client A				
	had eloped. Staff #1					
		got him back that day he				
	` '	his Uncle's place. He				
	went through his	window." Staff #1 was				
	asked if client A	had been on 1:1 (one to				
	one) supervision	. Staff #1 stated, "No				
		people (clients) in his				
	` ′	s not possible. He's high				
		just has a bad temper. If				
	5.111115. 11 0	,	ı			1

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l í	ULTIPLE CO UILDING	00	COMPL		
11.15 12.11.	or condition.	15G486	B. W		00	06/24	
				STREET	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIER	8			AN RICARDO COURT		
COMMU	NITY ALTERNATIV	ES-ADEPT		1	APOLIS, IN 46256		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ATE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	+	TAG	DEFICIENCY		DATE
	1 -	(client A) around you're					
	looking for troub	6/16/21 at 7:38 AM. Staff					
		client A had eloped					
	1 -	F#2 stated, "Yes, maybe 3 was asked if client A had					
		to one) supervision. Staff					
	`	out he was on 15 minute					
		was asked if staff would					
	go outside with client A when he went outside to smoke. Staff #2 stated, "Yes						
	there was always someone outside with						
	him when he's outside smoking, in line of sight."Staff #4 was interviewed on						
		AM. Staff #4 was asked if					
		when client A had eloped					
	_	f #4 stated, "Yes I was in					
		tion) room." Staff #4 was					
	`	other staff was when					
		Staff #4 stated, "He was					
	_	n. But later he (staff)					
	went to attend to	` /					
		e him (client A) a cigarette					
	_	side to smoke. The other					
		ut left to help [client B].					
		s we couldn't find him					
	(client A)." Staff	£#4 was asked if client A					
	` ′	ously. Staff #4 stated,					
	"Yes, he's done i	t several times."Client					
	· ·	dian was interviewed on					
	6/16/21 at 11:57	AM. Client A's					
	Mother/Guardian	n was asked if client A					
	had contacted he	er since he eloped from the					
		6/11/21. Client A's					
		n stated, "Yes, he's still					
	<u> </u>						

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AND PLAN	N OF CORRECTION IDENTIFICATION NUMBER: 15G486 A. BUILDING 00 B. WING			COMPLETED 06/24/2021			
NAME OF P	ROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE		
COMMUI	NITY ALTERNATIVE	ES-ADEPT			AN RICARDO COURT APOLIS, IN 46256		
(X4) ID PREFIX	(EACH DEFICIENC	CATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	(X5) COMPLETION
TAG		dy knows the exact		TAG	DEFICIENCE		DATE
	address he's at. H	le does tell me he's safe.					
	•	been off his medication					
	-	t know what he'll do at					
	-	M (Qualified Intellectual					
		essional Manager) #1					
		on 6/17/21 at 1:54 PM.					
	-	sked how many times					
	_	ed from his group home.					
		l, "I believe this is					
	-	PM #1 was asked if there					
	were instances where client A was out of						
	_	n for extended periods.					
		l, "Yes, there were a					
	_	ere two instances when he					
	_	tiple hours." QIDPM #1					
		nt A had approved alone					
		QIDPM #1 stated, "No,					
		ot been assessed as being					
		pervised community					
	,	l was asked for how long					
	had client A not l	_					
	7	OPM #1 stated, "Since					
	• `	1) morning." QIDPM #1					
	· ·	gations of abuse, neglect					
		should be reported and					
		ve measures should be					
	•	s federal tag relates to					
	complaint #IN00	355783.9-3-2(a)					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

31ZJ11

Facility ID: 001000

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