PRINTED: 10/04/2021 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO		(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED
		15G486	B. WING		08/26/2021
NAME OF P	PROVIDER OR SUPPLIEI	R		ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT	
COMMUI	NITY ALTERNATIV	ES-ADEPT		IAPOLIS, IN 46256	
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
W 0000					
Bldg. 00		he post-certification revisit	W 0000		
	(PCR) to the invest #IN00355783 comp	igation of complaint pleted on 6/24/21.			
	Complaint #IN003:	55783: Not corrected.			
	Dates of Survey: A	ugust 23, 24, 25 and 26, 2021.			
	Facility Number: 0	01000			
	Provider Number:				
	AIMS Number: 10	0355783			
		also reflect state findings in			
	accordance with 46	this report completed by			
	#15068 on 9/14/21.				
W 0149	483.420(d)(1)	ENT OF CLIENTS			
Bldg. 00		develop and implement			
Diag. 00	-	nd procedures that prohibit			
		glect or abuse of the client.			
	-	on, record review and	W 0149	CORRECTION:	09/25/2021
	interview for 2 of 3	sampled clients (A and B),		The facility must develop and	
	-	implement its policy and		implement written policies and	
		ent repeated incidents of		procedures that prohibit	
		by client B to client A,		mistreatment, neglect, or abus	е
		th investigation regarding an		of the client. Specifically: the	
		l aggression by client B to		QIDP has updated client B's	
		to implement effective s to prevent repeated		Behavior Support Plan to inclu	
		al aggression by client B to		additional measures to preven	T
	client A.			physical aggression toward housemates. All facility direct	
				support and supervisory staff v	vill
	Findings include:			be retrained on client B's revis	
				Behavior Support Pan.	
	An observation was	s conducted at the group home		PREVENTION:	

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.

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

Facility ID:

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	· /	LDING	nstruction <u>00</u>	(X3) DATE SU COMPLE 08/26/2	TED
NAME OF P	PROVIDER OR SUPPLIER		<u> </u>		ADDRESS, CITY, STATE, ZIP CODE		
COMMUI	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID PREFIX	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	P	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TE	(X5) COMPLETION
TAG		LSC IDENTIFYING INFORMATION) 00 PM through 5:30 PM.	1	TAG	The QIDP will be retrained		DATE
	Clients A and B we	re observed throughout the			regarding the need for immedi	ate	
	-	At 3:01 PM client A was			implementation of long-term		
	-	and was seated on the couch At 3:23 PM client B was in			protective measures once an allegation is verified.		
	-	on the floor playing with his			A management staff will be		
		not wearing protective gloves			present, supervising active		
		22 PM client A was seated on			treatment during no less than	five	
		ng room. At 3:53 PM client			active treatment sessions per		
		athroom after taking a shower			week, on varied shifts to assis	t	
	and staff #1 escorted	d client B to his bedroom. At			with and monitor implementati	on	
	4:04 PM client B ca	me out of his bedroom and			of active treatment including b	ut	
		nt room of the group home.			not limited to behavior support		
	* *	ng the bedroom hallway and			Members of the Operations Te	eam	
		titchen. Client B walked to			(comprised of the Executive		
	-	front room and was peering			Director, Operations Managers	5,	
		, looking at client A. Client F			Program Managers, Quality		
		nt B to stay away from client			Assurance Manager, QIDP		
		aned away from client B and			Manager, QIDP, Quality		
		oing to scratch me!" Staff #2 hen area and escorted client			Assurance Coordinators, Area		
		at 4:37 PM client B was in his			Supervisors, Nurse Manager a Assistant Nurse Manager) will		
		was not wearing gloves on			conduct administrative monitor		
		At 4:53 PM AS (Area			during varied shifts/times, to	9	
		xed with client B into the			assure interaction with multiple		
		was holding client B's hand.			staff, involved in a full range of		
		ng gloves. Client B had a			active treatment scenarios, no		
		n his right hand and a plastic			less than twice weekly, until al		
	-	nd. Client B wore the			staff demonstrate competence		
	protective gloves fo	r the remainder of the			After this period of enhanced		
	observation period.				administrative monitoring and		
					support, the Executive Directo	r	
	•	S (Bureau of Developmental			and Regional Director will		
		s) reports and investigations			determine the level of ongoing		
	were reviewed on 8.	/24/21 at 8:54 AM.			support needed at the facility.		
	1 4 DDD2	17/0/01: 1: 4: 1:10: 66			Administrative Monitoring is		
	-	lated 7/9/21 indicated, "Staff			defined as follows: The role of the		
		A] has a one-inch superficial			administrative monitor is not		
		eding on his left side upper ted that [client B] caused the					
	neck. [Chent A] stat	ied mai [chent B] caused the			simply to observe & Report.		

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Event ID:

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Facility ID: 001000

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	00	COMPL	ETED
		15G486	B. W	ING		08/26/	′2021
		100 100				00/20/	2021
NAME OF E	PROVIDER OR SUPPLIEF	3		STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	KOVIDEK OK SUITEIEF			7919 S	AN RICARDO COURT		
COMMU	NITY ALTERNATIV	ES-ADEPT			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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	. =	DATE
	iniury Plan to Res	solve (Immediate and Long			· When opportunities for		
	1 "	has a history of physical			training are observed, the mor	itor	
		ed in his Behavior Support			must step in and provide the		
					training and document it.		
	Plan (BSP). Staff will continue to implement the				_	4	
	proactive and reactive strategies in [client B's]				If gaps in active treatme	nı	
	support plan to help reduce and prevent further				are observed the monitor is		
		ionally, both clients (A and B)			expected to step in, and mode		
	will receive line of	sight observation while awake			appropriate provision of suppo		
	and 15 minute chec	ks while sleeping for the next			 Assuring the health and 		
	72 hours".				safety of individuals receiving		
					supports at the time of the		
	-A review of the BI	ODS report dated 7/9/21			observation is the top priority.		
		cratched client A. The review			· Review all relevant		
		ad a history of physical			documentation, providing		
		riew indicated both clients			documented coaching and		
	_	anced supervision for 72			training as needed		
	hours.				Administrative support at the h	iome	
					will include assuring		
	-An IS (Investigativ	ve Summary) form dated			corrective/preventative measu	res	
	7/9/21 to 7/16/21 in	idicated the following:			are incorporated into Behavior		
		C			Support Plans after allegations		
	-"Summary of Inter	views: "			verified, and assuring staff		
	Summary of fines	views			provide continuous active		
	"[C1:4 A] I 4::	41.11			·	sit a d	
	-"[Client A], Indivi	duai:			treatment, including but not lim	iileu	
					to implementation of behavior		
	-"I (client A) was e	ating breakfast."			supports.		
					RESPONSIBLE PARTIES: QII	OP,	
	-"[Client B] scratch	ed me."			Area Supervisor, Residential		
					Manager, Direct Support Staff	,	
	-"I (client A) yelled	staff (sic) come."			Operations Team, BDDS		
					Generalist, Regional Director		
	-"[Client B] went to	his room "			Contending the ground of the content		
	- [Chefit b] went it	o nis 100m.					
	HT (1' , A) 1' 1 L	1 1' (F1' (D1"					
	- 1 (client A) didn't	do anything to [client B]."					
	-"[Client F], Individ	dual:"					
	-"[Client B] scratch	ed [client A]."					
	-"We were eating b	reakfast."					
	l -8 -		ı		I		

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		A. BUILDING B. WING	00	COMPLETED 08/26/2021	
	ROVIDER 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 APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
	-"Staff come (sic) be	ecause [client A] yelled."			
	-"[Staff #3], DSP (E	Direct Support Professional)"			
	-"I (staff #3) was pa morning."	ssing medication that			
	-"I (staff #3) give (s	ic) them food."			
	-"I (staff #3) was passing medication; they (sic) clients were in their bedroom."				
	-"Everybody was eating breakfast, I heard [client A] yell."				
	-"I (staff #3)went to and [client B] had so	check want (sic) happened cratched [client A]."			
	-"I (staff #3) was in med's."	the med room passing			
	-"[Client B] won't le	et us cut his nails."			
	-"[Client B] didn't h	ave his gloves on".			
	-"[Staff #4], DSP"				
	-"I (staff #4) was he bathroom."	lping one of the guys in the			
	-"I (staff #4) heard [client A] yell."			
	-"[Client A] said [cl	ient B] scratched him."			
	-"I (staff #4) seen (s neck".	ic) a scratch on [client A's]			
	-"Conclusion:"				

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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		08/26/2021
		<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	PROVIDER OR SUPPLIEF	₹			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	(EACH DEFICIEN	ICY 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
		ed that individual [client B]				
		ressive towards individual				
	[client A]."					
		ed that individual [client A]				
		ne injury was a 1 inch scratch				
	on the left side of h	is neck."				
	_"3 It is substantiate	ed staff provide (sic)				
		a] with proper first-aid."				
	marviauai [enemi?]	I with proper first aid.				
	-"4. It is substantiat	ed that ResCare's Policies and				
	Procedures were for					
	-"Recommendation	s:"				
		low already set protocols for				
	[client B]."					
	_"2 Follow proactiv	ve and reactive protocols to				
	prevent future occu	-				
	prevent fature occu	renees.				
	-"3. The following	protective measures were				
		client B] will be in line of				
		15 minute checks while asleep				
	72 hours post incide	-				
	-					
		A] and documented (sic)				
	daily on the healing	g process."				
		ted the facility substantiated				
		elient A. The review indicated				
		ue to follow current				
	protocols to preven	t further occurrences.				
	2 A RDDS report of	dated 8/9/21 indicated, "				
	_	to staff that [client B] had hit				
		to start that [effect B] had interest the two individuals so that				
	-	could occur (sic) it should be				
		did not retaliate." Staff				
	I noted that [cheft A	Jaia not reminate. Starr				

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	OF CORRECTION	IDENTIFICATION NUMBER: 15G486	 JILDING	<u>00</u>	COMPL 08/26/	ETED
NAME OF P	ROVIDER OR SUPPLIER		1	ANDRESS, CITY, STATE, ZIP CODE		
COMMUI	NITY ALTERNATIVI	ES-ADEPT		AN RICARDO COURT APOLIS, IN 46256		
(X4) ID PREFIX		FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	re .	(X5) COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	 TAG	DEFICIENCY)		DATE
TAG	assessed [client A] a abrasion (sic) and a on his neck Plan to Long Term) [Clien aggression addresse Plan. Staff will cont and reactive strategi and prevent further of [client B] and [clien observation while awhile sleeping for 7 - A review of the BE indicated client B hi review did not indicincident. The review second incident of c regarding client B to -An IS (Investigativ 8/9/21 to 8/16/21 incident A], Individed - "Client A], Individed the control of the con	and observed three half-inch one-inch superficial scratch of Resolve (Immediate and int B] has a history of physical d in his Behavior Support inue to follow the proactive es in his plan to help reduce occurrences. Additionally, it A] will receive line of sight wake and 15 minute checks 2 hours post incident". DDS report dated 8/9/21 it and scratched client A. The atte staff observed the vindicated this was the lient to client aggression owards client A. e Summary) form dated dicated the following: views:"	TAG	DEFICIENCY		DATE
	-"[Client B] come (s	sic) in there and stretched				
	(sic) me on the face -"Staff come (sic) or (sic)."	and neck again." ver and look at the stretches				
	-"The staff was in th	ne kitchen."				
	-"They chased [clien	nt B] out of the kitchen."				
	-"[Client B] went ba	ack to his bedroom."				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486			UILDING	nstruction <u>00</u>	(X3) DATE COMPL 08/26/	ETED	
	PROVIDER OR SUPPLIER		•	7919 SA	.DDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT APOLIS, IN 46256	•	
	SUMMARY S' (EACH DEFICIEN REGULATORY OR -"[Client B] stretched -"I (client A) didn't -"[Client F], Individed -"[Client B] starched -"It was lunch time"It was lunch time"The staff was in the staff was in	ES-ADEPT TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) ed (sic) me twice." do anything to [client B]." dual:" d (sic) [client A]." " he kitchen." ything." sic) like [client B]." en eating dinner."	B. W	STREET A 7919 SA	AN RICARDO COURT	!	(X5) COMPLETION DATE
	he was done." -"[Client A] said no -"We give (sic) him						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE A. BUILDING 00 COMPLETED					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		UILDING	00		
		15G486	B. W	ING		08/26/	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		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
	-"I (staff #5) went t and she helped char	to get him a new [adult brief]					
	and she helped chai	ilged (sic).					
	-"I (staff #5) went t	to the office, she (staff #6)					
		nt F] in the living room."					
	-"She (staff #6) had ear buds (listening devices) in, I'm not sure if she had both or just one."						
	_"I (staff #5) heard	[client A] yell 'ouch [client					
	B]"".	[chefit A] yell oden [chefit					
	-"I (staff #5) got up and check (sic)."						
	-"[Client A] was (si	ic) living room on the couch."					
	"[Cliant B] was in	the doorway by where [client					
	A sits on the couch						
	rij sits on the couci						
	-"[Client B] was we	earing gloves."					
	-"[Client B] was we	earing white cotton gloves."					
	"I (atoff #5) think t	they have a yellow band					
	around the wrist."	they have a yellow band					
	mound the writt.						
	-"I (staff #5) sit (sic	e) down in the little room and					
	watched [client B]	play with his toys."					
		d at [client A] but didn't seen					
	(sic) anything."						
	-"[Client B] then w	ent to his room."					
]						
		eating dinner is when we					
	noticed the mark."						
	HT (4 CC HE) 11 1	FAG #21 1 . 1'- "					
	-"I (staff #5) called	[AS #2] and reported it."					
	-"[AS #2] then calle	ed me and told me to write the					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			JLTIPLE CO. JILDING	NSTRUCTION	COMPL		
AND PLAN	OF CORRECTION	15G486	B. WI		00	08/26/	
		13G466	B. W1		_	06/26/	2021
NAME OF F	PROVIDER OR SUPPLIER	8			DDRESS, CITY, STATE, ZIP CODE		
0014141		EQ ADEDT			AN RICARDO COURT		
СОММО	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	ATE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	IR (Incident Report	·)."					
	-"I (staff #5) was in the living room."	the office, [staff #6] was in					
	-"I (staff #5) got to [client A] first."						
	-"So, for the rest of sight."	my shift I kept [client B] in					
	-"[Staff #5], DSP"						
	-"I (staff #6) don't normally work at [name of group home]."						
	-"[Client B] was we	earing his gloves."					
	-"[Client B] was in his ball."	the little room playing with					
	-"I (staff #6) don't r anything while I wa	emember [client B] doing as there."					
	-"Conclusion:"						
		ed that individual [client B] ressive towards individual					
	sustained injury. Th	ed that individual [client A] ne injury was a 3 and 1/2 nch scratch on the side of his					
		ed staff provide (sic)] with proper first-aid."					
	-"4. It is substantiat Procedures were for	ed that ResCare's Policies and llowed."					

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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 O O	(X3) DATE COMPI 08/26	LETED	
	PROVIDER OR SUPPLIER		7919	ET ADDRESS, CITY, STATE, ZIP CO 9 SAN RICARDO COURT ANAPOLIS, IN 46256	DE a	
(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 CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	ULD BE	(X5) COMPLETION DATE
TAG	-"Recommendation: -"1. Continue to fol [client B]." -"2. Follow proactive prevent future occurs -"3. The following primplanted (sic) 1) [client daily while awake, 72 hours post incides -"4. Monitor [client daily on the healing] -A review of the IS indicated clients A as scratched client A d Both clients A and I kitchen when client #5 and staff #6 indicated they obsert dinner time. The IS not address the disc	low already set protocols for we and reactive protocols to rrences." protective measures were client B] will be in line of 15 minute checks while asleep ent." A] and documented (sic)	TAG		PROPRIATE	DATE
	#6 was wearing ear was observing the c IS dated 8/9/21 to 8 followed ResCare's 3. A BDDS report observed two, one-iside of [client A's] fabout it and [client B] did it Plan to R Term) [Client B] aggression addresse	buds/listening devices as she lients in the group home. The /16/21 concluded staff policies and procedures. lated 8/20/21 indicated, "Staff nch scratches on the right lace. Staff asked [client A] A] said his roommate [client lessolve (Immediate and Long has a history of physical d in his Behavior Support llowed. Staff will continue to				

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTII A. BUILDI B. WING		NSTRUCTION 00	(X3) DATE : COMPL 08/26/	ETED
	PROVIDER OR SUPPLIER		79	19 SA	DDRESS, CITY, STATE, ZIP CODE NN RICARDO COURT APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TA		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	-	d reactive strategies in their and prevent further					
	indicated client B so did not indicate staf review indicated thi client to client aggre towards client A. Tl	DDS report dated 8/20/21 cratched client A. The review of observed the incident. The s was the third incident of cession regarding client B are review indicated an e incident of client to client dding.					
	10:08 AM. Client B revised 7/30/21 indi History/Rationale ft 24 (hours per day)/7 sight supervision. Hattend day program aggressive behavior Physical Aggression Behavior: [Client B or other clients, he tight grip Rights Findividual: Risk of ito others Restriction 24-hour supervision injury, harm to self thin cotton gloves to	as reviewed on 8/24/21 at 's BSP dated 5/30/21 and cated, " Behavioral or Plan: [Client B] requires of (days per week) line of the recently lost his ability to ming services due to his s Target Behaviors: n/Intimidation/Self Injurious of le will sometimes scratch staff will exhibit grabbing with a Restrictions: Risks to onjury, harm to self and the Freedom of movement: Risks to individual: Risk of and others Restriction: Use of prevent him from isks to individual: Protection					
	revised 7/30/21 indi line of sight supervi client B was to wea him from scratching	B's BSP dated 5/30/21 and cated client B required 24/7 sion. The review indicated r protective gloves to prevent and injuring his housemates. indicate when client B was to gloves.					

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Event ID:

31ZJ12

Facility ID: 001000

If continuation sheet

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	1	JILDING	00	COMPLETED	
		15G486	B. W	ING		08/26/2021	
NAME OF D	DOWNER OF CLIDELIE			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIEF			7919 SA	AN RICARDO COURT		
	NITY ALTERNATIV			<u> </u>	APOLIS, IN 46256		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	`	(5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	E	LETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DA	TE
	Client B was non-vinterviewed.	erbal and was not able to be					
	Client F was intervi	iewed on 8/23/21 at 3:49 PM.					
		if client B had scratched					
		rated, "On the face. He (client					
		h watching TV. He (client B)					
	*	hed [client A] on the face."					
		where staff were when client					
		A. Client F stated, "In this					
	room (medication r	oom/office)."					
	Client A was interv	iewed on 8/23/21 at 4:28 PM.					
	Client A was asked	if client B had scratched him					
		tated, "Last week on the					
		s asked if client B had					
	_	iously. Client A stated, "Yes,					
		A was asked if client B had					
		just a few moments prior to					
		at A stated, "Yes they need to					
	-	[client B]." Client A was					
		nid of client B. Client A stated,					
	(client B) not to scr	him. They need to teach him					
	(eliciti b) not to ser	uton me.					
	Staff #1 was intervi	lewed on 8/23/21 at 3:10 PM.					
		if client B had scratched any					
		ly. Staff #1 stated, "No."					
		if client B targets any of the					
	other clients. Staff	#1 stated, "[Client A], that's					
	who he always goes	s after."					
	Stoff #2	lewed on 8/23/21 at 3:20 PM.					
		if client B had scratched any					
		:ly. Staff #2 stated, "[Client					
		lient A]. He (client A) has 2					
		was outside with 3 clients					
		was in the med. (medication)					
		so maybe that's when it					
		., 					

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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 08/26/2021	
	ROVIDER OR SUPPLIER		7919 S	ADDRESS, CITY, STATE, ZIP CODE AN 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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	happened. I talked to did it." Staff #2 was of sight supervision Whenever he's (clie [client A]." QIDP (Qualified Improfessional) #1 was 11:02 AM. QIDP # cue client B to wear #1 stated, "I think it contact with his houthe common area." QIDPM (Qualified Professional Manage 8/24/21 at 11:49 AM many incidents of p B towards client A stated, "Three." QII had sustained injurity physical aggression had scratches." QID Investigation dated addressed the discretistaff and clients A and it's important to happened to developmeasures." QIDPM policy on the preventistreatment should QIDPM #1 indicate neglect and mistreat investigated. QIDPI should implement et to prevent repeated aggression.	o [client A], he said [client B] asked if client B was on line asked when he is out in line asked when staff should as his protective gloves. QIDP ashould be whenever he's in asemates. When he's out in line asked how hysical aggression by client had occurred. QIDPM #1 DPM #1 was asked if client A less as a result of client B's and QIDPM #1 was asked if the line asked if asked asked if the line asked if asked asked if asked asked if asked asked if asked asked if the line asked if the line asked if the line asked if the line asked if asked asked asked if asked asked if asked asked asked if asked asked how hysical aggression by client had occurred. QIDPM #1 asked how hysical aggression by client had occurred. QIDPM #1 asked how hysical aggression by client had occurred. QIDPM #1 asked how hysical aggression by client had occurred. QIDPM #1 asked how hysical aggression by client had occurred. QIDPM #1 asked how hysical aggression by client had occurred. QIDPM #1 asked how hysical aggression by client had occurred. QIDPM #1 asked how hysical aggression by client had occurred. QIDPM #1 asked how hysical aggression by client had occurred. QIDPM #1 asked how hysical aggression by client had occurred. QIDPM #1 asked how hysical aggression by client had occurred. QIDPM #1 asked how hysical aggression by client had occurred. QIDPM #1 asked how hysical aggression by cli			
		and procedures were 1 at 10:30 AM. The facility's			

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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 08/26/2021		
	PROVIDER OR SUPPLIER		7919 S	ADDRESS, CITY, STATE, ZIP CODE AN RICARDO COURT 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 APPROPRI DEFICIENCY)	IATE	(X5) COMPLETION DATE
W 0154 Bldg. 00	Abuse, Neglect, Ex. 7/10/19 indicated, "actively advocate for individuals. All alle abuse, neglect and of to the appropriate are appropriate supervisithoroughly investig ADEPT, Rescare are guidelines"Emotion to provide goods and the individual to asyprovide the support psychological and someet the basic needs shelter, clothing and environment." "Program interventification of interventifica	policitation policy revised on Policy: ResCare staff or the rights and safety of all gations or occurrences of exploitation shall be reported athorities through the sory channels and will be atted under the policies of ad local, state and federal onal/physical neglect: failure d/or services necessary for oid physical harm. Failure to necessary to an individual's ocial well being. Failure to requirements such as food, it to provide a safe on neglect:Failure to the plan, inappropriate vention with out (sic) a diffication/review". ion will be conducted by				
		are thoroughly investigated. riew and interview for 1 of 11	W 0154	CORRECTION:		09/25/2021

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	ЛLDING	00	COMPLETED)
		15G486	B. W	ING		08/26/202	1
				CTDEET /	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIEF	₹					
COMMU		TE ADEDT			AN RICARDO COURT		
COMMO	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	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	CO:	MPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		e, neglect and mistreatment			The facility must have evidence	e	
		ty failed to complete a			that all alleged violations are		
		ion regarding an incident of			thoroughly investigated.		
	physical aggression by client A to client B. Findings include:				Specifically:		
					All facility investigations will be	:	
					completed by trained		
					investigators. Investigation for	us	
	_	S (Bureau of Developmental			will include but not be limited t	o	
		s) reports and investigations			interviewing all potential witne	sses	
	were reviewed on 8	/24/21 at 8:54 AM.			and comparing documentary a	nd	
					testimonial evidence to identify	<i>'</i>	
	A BDDS report dated 8/9/21 indicated, "				and clarify discrepancies. Cop	ies	
	[Client A] reported to staff that [client B] had hit				of all investigations will be		
		d the two individuals so that			maintained by the Quality		
		could occur (sic) it should be			Assurance Department to be		
] did not retaliate." Staff			available for review, as required.		
		and observed three half-inch			In addition to weekly face to fa	ce	
		one-inch superficial scratch			training and follow-up with the		
		to Resolve (Immediate and			Quality Assurance Manager, t	ne	
		ent B] has a history of physical			investigators will receive ongo	ng	
		ed in his Behavior Support			mentorship from the QIDP		
		tinue to follow the proactive			Manager, including but not lim	ited	
		ies in his plan to help reduce			to interview techniques, gathe	ing	
		occurrences. Additionally,			and analysis of documentary		
	1	nt A] will receive line of sight			evidence. The emphasis of thi	s	
		wake and 15 minute checks			mentorship/training will be		
	while sleeping for 7	2 hours post incident".			development of appropriate so	ope	
					and conclusions. The QIDP		
		DDS report dated 8/9/21			Manager will provide weekly		
		it and scratched client A. The			follow-up to the QA Manager		
		cate staff observed the			regarding progress and addition		
		w indicated this was the			training needs. Additionally, th	e	
		client to client aggression			QIDP Manager will receive		
	regarding client B t	owards client A.			additional training regarding		
					investigation review and		
		ve Summary) form dated			mentorship responsibilities.		
	8/9/21 to 8/16/21 in	dicated the following:			PREVENTION:		
					The QIDP Manager will mainta		
	-"Summary of Inter	views:"			tracking spreadsheet for incide		
					requiring investigation, follow-	qı	

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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	ЛLDING	00	COMPL	ETED
		15G486	B. W	ING		08/26/	2021
				CTREET	ADDRESS SITY STATE ZID CODE		
NAME OF P	ROVIDER OR SUPPLIER	₹			ADDRESS, CITY, STATE, ZIP CODE		
					AN RICARDO COURT		
COMMUI	NITY ALTERNATIV	ES-ADEPT		INDIAN	IAPOLIS, 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	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	16	DATE
	-"[Client A], Indivi	dual:"			and corrective/protective		
	3,				measures will be maintained a	ınd	
	-"I (client A) was h	aving lunch at the table."			distributed daily to facility		
	,	8			supervisors and the Operation	s	
	-"[Client B] come (sic) in there and stretched			Team, comprised of the Execu		
	(sic) me on the face				Director, Operations Managers		
	()				Program Managers, Area	-,	
	-"Staff come (sic) o	over and look at the stretches			Supervisors, Quality Assurance	e l	
	(sic)."				Manager, QIDP Manager, Qua		
	(===)-				Assurance Coordinators, Nurs	-	
	-"The staff was in the kitchen."				Manager and Assistant Nurse	_	
	The staff was in the kitchen.				Manager. The Quality Assurar	nce	
	-"They chased [client B] out of the kitchen."				Manager will meet with his/her		
	- They chased [cheft B] out of the kitchen.				Department investigators as	ζ., .	
	-"[Client B] went b	ack to his bedroom."			needed but no less than week	lv to	
	[enone 2] wone				review the progress made on a	-	
	-"[Client B] stretch	ed (sic) me twice."			investigations, review incident		
	[()			and assign responsibility for no		
	-"I (client A) didn't	do anything to [client B]."			incidents/issues requiring		
	,	7 8 1 3			investigation. QA team memb	ers	
	-"[Client F], Individ	dual:"			will be required to attend and		
	1,				an in-service documentation a	•	
	-"[Client B] starche	ed (sic) [client A]."			these meetings stating that the	ev	
	_	. , , ,			are aware of which investigation	-	
	-"It was lunch time.	."			with which they are required to		
					conduct, as well as the specific	С	
	-"The staff was in the	he kitchen."			components of the investigation		
					for which they are responsible	,	
	-"Staff didn't do any	ything."			within the five-business day		
					timeframe. The QA Manager v	vill	
	-"[Client A] don't (s	sic) like [client B]."	1		review the results of these wee	ekly	
					meetings with the Executive		
	-"I was in the kitche	en eating dinner."			Director to assure appropriate		
					follow through occurs.		
	-"[Staff #5], DSP	".			The Quality Assurance Team	will	
					review each investigation to		
	-"They got lunch ar	ound 12 PM."			ensure that they are thorough		
					–meeting regulatory and		
	-"[Client A] then w	ent to sit on the couch."	1		operational standards, and wil	l not	
					designate an investigation, as		
			1		1		

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ABUILING Q0 COMPLETED	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA					(X3) DATE	SURVEY	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT (AC4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) -"We had prompted him to go use the restroom, he didn't want to." -"I (staff #5) gave him a little bit more time and then got him up." -"I (staff #5) went to check on him. I asked him if he was done." -"We give (sic) him more time." -"She (staff #6) had then gone back to check on him." -"I (staff #5) went to get him a new [adult brief] and she helped changed (sic)." -"She (staff #6) had ear buds (listening devices) in, I'm not sure if she had both or just one." -"I (staff #5) beard [client A] yell 'ouch [client B]]". -"I (staff #5) got up and check (sic)."	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	00	COMPL	ETED
Tode of Provider or Suppleir COMMUNITY ALTERNATIVES-ADEPT (X4)ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL. TAG PREFIX TAG "We had prompted him to go use the restroom, he didn't want to." "If (staff #5) went to check on him. I asked him if he was done." ""Ke (staff #6) had then gone back to check on him.") ""She (staff #6) had then gone back to check on him.") ""It (staff #5) went to get him a new [adult brief] and she helped changed (sic.)." ""It (staff #5) went to the office, she (staff #6) was sitting by [client F] in the living room." ""She (staff #6) had ear buds (listening devices) in, I'm not sure if she had both or just one." ""It (staff #5) got up and check (sic.)."			15G486	B. W	ING		08/26/	2021
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COMMUNITY ALTERNATIVES-ADEPT INDIANAPOLIS, IN 46256	NAME OF P	ROVIDER OR SUPPLIER	₹					
CAS ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX REACH DEFICIENCY MUST BE PRECEDED BY FULL. PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG Completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members. RESPONSIBLE PARTIES: CIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director Title of the complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members. RESPONSIBLE PARTIES: CIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director Title of the complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members. RESPONSIBLE PARTIES: CIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director Title of the complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members. RESPONSIBLE PARTIES: CIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director Title of the complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members. RESPONSIBLE PARTIES: CIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director Title of the complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members. RESPONSIBLE PARTIES: CIDP, Area Supervisor, Residential Manager, Director Support Staff, Operations Team, Regional Director Title of the complete thorough investigations wi	CONANALIN	NITY ALTEDNIATIV	IEC ADEDT					
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TAG REQUILATORY OR LSC IDENTIFYING INFORMATION) -"We had prompted him to go use the restroom, he didn't want to." -"I (staff #5) gave him a little bit more time and then got him up." -"I (staff #5) went to check on him. I asked him if he was done." -"IClient A] said no." -"We give (sic) him more time." -"She (staff #6) had then gone back to check on him." -"I (staff #5) went to get him a new [adult brief] and she helped changed (sic)." -"She (staff #6) had car buds (listening devices) in, I'm not sure if she had both or just one." -"I (staff #5) was (sic) living room on the couch."	(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	DROVIDED'S BLANCE CODDECTION		(X5)
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thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members. ### Ti (staff #5) went to check on him. I asked him if he was done." ### Client A] said no." ### Client A] said no." ### Cybe give (sic) him more time." ### Cybe (staff #6) had then gone back to check on him." ### Ti (staff #5) went to get him a new [adult brief] and she helped changed (sic)." ### Ti (staff #6) had ear buds (listening devices) in, I'm not sure if she had both or just one." #### Ti (staff #5) went [client A] yell 'ouch [client B]". ### Ti (staff #5) got up and check (sic)." #### Client A] was (sic) living room on the couch."			,				ete	
-"I (staff #5) gave him a little bit more time and then got him up." -"I (staff #5) went to check on him. I asked him if he was done." -"[Client A] said no." -"We give (sic) him more time." -"She (staff #6) had then gone back to check on him." -"I (staff #5) went to get him a new [adult brief] and she helped changed (sic)." -"I (staff #6) had ear buds (listening devices) in, I'm not sure if she had both or just one." -"I (staff #5) beard [client A] yell 'ouch [client B]". -"I (staff #5) got up and check (sic)." -"I (staff #5) got up and check (sic)." -"I (staff #5) got up and check (sic)." -"[Client A] was (sic) living room on the couch."						· ·		
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-"[Client A] was (sic) living room on the couch."		B]'".						
-"[Client A] was (sic) living room on the couch."								
		-"I (staff #5) got up	and check (sic)."					
-"[Client B] was in the doorway by where [client		-"[Client A] was (si	ic) living room on the couch."					
-"[Client B] was in the doorway by where [client								
		-"[Client B] was in	the doorway by where [client					
A] sits on the couch."		A] sits on the couch	1."					
-"[Client B] was wearing gloves."		-"[Client B] was we	earing gloves."					
-"[Client B] was wearing white cotton gloves."		-"[Client B] was we	earing white cotton gloves."					
		_	-					
-"I (staff #5) think they have a yellow band		-"I (staff #5) think t	they have a yellow band					

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Event ID:

31ZJ12

Facility ID: 001000

If continuation sheet Page 17 of 36

PRINTED: 10/04/2021 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			ULTIPLE CO UILDING	NSTRUCTION 00	(X3) DATE COMPL		
		15G486	B. W	ING		08/26/	/2021
NAME OF F	PROVIDER OR SUPPLIER	<u> </u>		1	ADDRESS, CITY, STATE, ZIP CODE		
COMMUI	NITY ALTERNATIV	ES-ADEPT			AN RICARDO COURT APOLIS, IN 46256		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	·	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	πE	DATE
	around the wrist."						
	-"I (staff #5) sit (sic) down in the little room and watched [client B] play with his toys."						
	-"I (staff #5) looked at [client A] but didn't seen (sic) anything."						
	-"[Client B] then we	ent to his room."					
	-"When they were eating dinner is when we noticed the mark."						
	-"I (staff #5) called [AS #2] and reported it."						
	-"[AS #2] then called me and told me to write the IR (Incident Report)."						
	-"I (staff #5) was in the living room."	the office, [staff #6] was in					
	-"I (staff #5) got to	[client A] first."					
	-"So, for the rest of sight."	my shift I kept [client B] in					
	-"[Staff #5], DSP"						
	-"I (staff #6) don't n group home]."	normally work at [name of					
	-"[Client B] was we	earing his gloves."					
	-"[Client B] was in his ball."	the little room playing with					
	-"I (staff #6) don't r anything while I wa	remember [client B] doing as there."					
	-"Conclusion:"						

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Event ID:

31ZJ12

Facility ID: 001000

If continuation sheet

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PRINTED: 10/04/2021 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G486		A. BUILDING B. WING	<u>00</u>	COMPLETED 08/26/2021	
NAME OF P	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE	
COMMUI	NITY ALTERNATIV	ES-ADEPT		AN RICARDO COURT 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
		ed that individual [client B] essive towards individual			
	sustained injury. Th	ed that individual [client A] e injury was a 3 and 1/2 ch scratch on the side of his			
	-"3 It is substantiated staff provide (sic) Individual [client A] with proper first-aid."				
	-"4. It is substantiated that ResCare's Policies and Procedures were followed."				
	-"Recommendations	s:"			
	-"1. Continue to foll [client B]."	low already set protocols for			
	-"2. Follow proactive prevent future occur	re and reactive protocols to rrences."			
	implanted (sic) 1) [c	orotective measures were client B] will be in line of 15 minute checks while asleep ent."			
	-"4. Monitor [client daily on the healing	A] and documented (sic) process."			
	indicated clients A a scratched client A d Both clients A and I kitchen when client #5 and staff #6 indic client B scratch clie	dated 8/9/21 to 8/16/21 and B stated client B uring lunch in the kitchen. B stated staff were in the B scratched client A. Staff cated they did not observe nt A. Staff #5 and staff #6 rved client A's injuries at			

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Event ID:

31ZJ12

Facility ID: 001000

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PRINTED: 10/04/2021 FORM APPROVED OMB NO. 0938-0391

` ′		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED	
		15G486	B. WING		08/26/2021	
			STREET	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIEF	8		SAN RICARDO COURT		
COMMUN	NITY ALTERNATIV	ES-ADEPT		NAPOLIS, IN 46256		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	T	(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 APPROPRIA DEFICIENCY)	DATE	
	dinner time. The IS	dated 8/9/21 to 8/16/21 did				
	not address the disc	repancy in the statements of				
		. The review indicated staff				
	#6 was wearing ear	buds/listening devices as she				
	was observing the c	clients in the group home. The				
	IS dated 8/9/21 to 8	3/16/21 concluded staff				
	followed ResCare's	policies and procedures.				
	OIDDM (O1:£: 1	Intellectual Disabilities				
		ger) #1 was interviewed on				
	_	M. QIDPM #1 was asked how				
		ohysical aggression by client				
	B towards client A had occurred. QIDPM #1 stated, "Three." QIDPM #1 was asked if client A					
	, ,	es as a result of client B's				
	_	. QIDPM #1 stated, "Yes, he				
		OPM #1 was asked if the				
		8/9/21 to 8/16/21 had				
	_	epancy between statements by				
		and F. QIDPM #1 stated, "No				
	and it's important to	o find out what really				
	happened to develo	p effective protective				
	measures." QIDPM	#1 indicated all allegations				
	of abuse, neglect an	nd mistreatment should be				
	thoroughly investig	ated.				
	9-3-2(a)					
W 0157	483.420(d)(4)					
	STAFF TREATME	ENT OF CLIENTS				
Bldg. 00	If the alleged viola	ation is verified, appropriate				
	corrective action r	must be taken.				
	Based on observation	on, record review and	W 0157	CORRECTION:	09/25/2021	
	interview for 3 of 1	1 allegations of abuse,		If the alleged violation is verific	ed,	
		tment reviewed, the facility		appropriate corrective action		
	_	effective corrective		must be taken. Specifically: th	e	
	measures to prevent repeated incidents of			QIDP has updated client B's		
	physical aggression	by client A to client B.		Behavior Support Plan to inclu	ıde	
				additional measures to preven	t	
	Findings include:			physical aggression toward		

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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	COMPL	ETED
		15G486	B. WI	NG		08/26/	2021
				CTDEET A	ADDRESS CITY STATE ZID CODE		
NAME OF P	ROVIDER OR SUPPLIER	2			ADDRESS, CITY, STATE, ZIP CODE		
0014141		ISO ADEDT			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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	ΤF	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
					housemates. All facility direct		
	An observation was	s conducted at the group home			support and supervisory staff v	vill	
	on 8/23/21 from 3:0	00 PM through 5:30 PM.			be retrained on client B's revis	ed	
	Clients A and B we	re observed throughout the			Behavior Support Pan.		
	observation period. At 3:01 PM client A was				PREVENTION:		
	wearing a wool hat and was seated on the couch				The QIDP will be retrained		
	in the living room. At 3:23 PM client B was in				regarding the need for immedi	ate	
	his bedroom, seated on the floor playing with his				implementation of long-term		
	toys. Client B was not wearing protective gloves				protective measures once an		
		52 PM client A was seated on			allegation is verified.		
		ing room. At 3:53 PM client			A management staff will be		
		athroom after taking a shower			present, supervising active		
	and staff #1 escorted client B to his bedroom. At				treatment during no less than t	five	
		ame out of his bedroom and			active treatment sessions per		
		nt room of the group home.			week, on varied shifts to assis		
		ng the bedroom hallway and			with and monitor implementation		
		kitchen. Client B walked to			of active treatment including b		
		front room and was peering	not limited to behavior supports.				
	-	y, looking at client A. Client F			Members of the Operations Te	eam	
		ent B to stay away from client			(comprised of the Executive		
		aned away from client B and			Director, Operations Managers	3,	
		going to scratch me!" Staff #2			Program Managers, Quality		
		chen area and escorted client			Assurance Manager, QIDP		
		At 4:37 PM client B was in his			Manager, QIDP, Quality		
		was not wearing gloves on			Assurance Coordinators, Area		
		At 4:53 PM AS (Area ked with client B into the			Supervisors, Nurse Manager a Assistant Nurse Manager) will	ıııu	
	* ′	was holding client B's hand.			conduct administrative monitor	rina	
		ng gloves. Client B had a			during varied shifts/times, to	my	
		on his right hand and a plastic			assure interaction with multiple	۵.	
		nd. Client B wore the			staff, involved in a full range of		
		or the remainder of the			active treatment scenarios. no		
	observation period.				less than twice weekly, until al		
	23361 ration period.				staff demonstrate competence		
	The facility's BDDS	S (Bureau of Developmental			After this period of enhanced	-	
	•	s) reports and investigations			administrative monitoring and		
	were reviewed on 8/24/21 at 8:54 AM.				support, the Executive Directo	r	
	3110				and Regional Director will		
	1. A BDDS report of	lated 7/9/21 indicated, "Staff			determine the level of ongoing		
		[A] has a one-inch superficial			support needed at the facility.		
	r mar [enem	1 sabermerar			, p		

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Event ID:

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STATEMEN	EMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	00	COMPL	ETED
		15G486	B. W	ING		08/26/	′2021
		100 100			-	00/20/	2021
NAME OF F	PROVIDER OR SUPPLIEF	3			ADDRESS, CITY, STATE, ZIP CODE		
TO HAVE OF T	RO VIDER OR SOLI EIEI	•		7919 S	AN RICARDO COURT		
COMMUI	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
OVA ID	CLD O () DV C	TATEL (EVE OF DEFICIENCIES	1		T		(77.5)
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	scratch with no blee	eding on his left side upper			Administrative Monitoring is		
	neck. [Client A] sta	ted that [client B] caused the			defined as follows:		
	injury Plan to Res	solve (Immediate and Long			· The role of the		
	* *	has a history of physical			administrative monitor is not		
		ed in his Behavior Support			simply to observe & Report.		
	Plan (BSP). Staff will continue to implement the				· When opportunities for		
					· · ·	nitor	
	proactive and reactive strategies in [client B's]				training are observed, the mor	IILUI	
	support plan to help reduce and prevent further				must step in and provide the	ļ	
		onally, both clients (A and B)			training and document it.		
		sight observation while awake			· If gaps in active treatme	nt	
	and 15 minute chec	ks while sleeping for the next			are observed the monitor is		
	72 hours".				expected to step in, and mode	I the	
					appropriate provision of suppo	rts.	
	-A review of the BDDS report dated 7/9/21				 Assuring the health and 		
		cratched client A. The review			safety of individuals receiving		
		ad a history of physical			supports at the time of the		
		riew indicated both clients			observation is the top priority.		
		anced supervision for 72			Review all relevant		
	-	aneca supervision for 72			documentation, providing		
	hours.						
	1 TO (T	0) 0 1 1			documented coaching and		
		ve Summary) form dated			training as needed		
	7/9/21 to 7/16/21 in	dicated the following:			Administrative support at the h	iome	
					will include assuring		
	-"Summary of Inter	views:"			corrective/preventative measu	res	
					are incorporated into Behavior		
	-"[Client A], Indivi	dual:"			Support Plans after allegations	s are	
					verified, and assuring staff		
	-"I (client A) was e	ating breakfast."			provide continuous active		
	- (treatment, including but not lim	nited	
	-"[Client B] scratch	ed me "			to implementation of behavior	ou	
		ica nic.			supports.		
	!!T (-1:4 A)11-4						
	-"I (client A) yelled	starr (sic) come.			RESPONSIBLE PARTIES: QII	JP,	
					Residential Manager, Direct		
	-"[Client B] went to	his room."			Support Staff, Operations Tea	m,	
					Regional Director		
	-"I (client A) didn't	do anything to [client B]."				ļ	
						ļ	
	-"[Client F], Individ	lual:"				ļ	
	-"[Client B] scratch	ed [client A]."				ļ	
	i .		1		Ī		I

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l í	ULTIPLE CO UILDING	NSTRUCTION 00	COMPL		
		15G486	B. W	ING		08/26/	2021
NAME OF I	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 APPROPRIADELICENCY)	ATE	(X5) COMPLETION DATE
IAG	-"We were eating b			IAG	SEL COLL.CT.		DATE
	-"Staff come (sic) because [client A] yelled."						
	-"[Staff #3], DSP (Direct Support Professional)"						
	-"I (staff #3) was passing medication that morning."						
	-"I (staff #3) give (sic) them food."						
	-"I (staff #3) was passing medication; they (sic) clients were in their bedroom."						
	-"Everybody was eating breakfast, I heard [client A] yell."						
		check want (sic) happened cratched [client A]."					
	-"I (staff #3) was in med's."	the med room passing					
	-"[Client B] won't le	et us cut his nails."					
	-"[Client B] didn't l	nave his gloves on".					
	-"[Staff #4], DSP"						
	-"I (staff #4) was he bathroom."	elping one of the guys in the					
	-"I (staff #4) heard	[client A] yell."					
	-"[Client A] said [c.	lient B] scratched him."					
	-"I (staff #4) seen (s	sic) a scratch on [client A's]					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SU		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLET	
		15G486	B. WING		08/26/2	021
NAME OF I	PROVIDER OR SUPPLIER	3	STREE	T ADDRESS, CITY, STATE, ZIP CODE		
			7919	SAN RICARDO COURT		
COMMU	NITY ALTERNATIV	ES-ADEPT	INDIA	NAPOLIS, 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 APPROPE	RIATE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		DATE
	-"Conclusion:"					
	U1 To 1 1 1 1 1	14 (1 1 1 1 1 1 1 1 1				
		ed that individual [client B] ressive towards individual				
	[client A]."	ressive towards individual				
	[chefit A].					
	-"2. It is substantiat	ed that individual [client A]				
	sustained injury. The injury was a 1 inch scratch on the left side of his neck."					
		ed staff provide (sic)				
	Individual [client A] with proper first-aid."					
	-"4. It is substantiated that ResCare's Policies and					
	Procedures were followed."					
	-"Recommendation	s:"				
		low already set protocols for				
	[client B]."					
	-"2 Follow proactiv	ve and reactive protocols to				
	prevent future occu	-				
	_					
	-"3. The following	protective measures were				
		client B] will be in line of				
	sight while awake,	15 minute checks while asleep				
	72 hours post incide	ent."				
	!! 4 M	(-:-) b-4b-b				
	daily on the healing	[A] and documented (sic)				
	dairy on the healthg	, p100033.				
	-The review indicat	ed the facility substantiated				
		lient A. The review indicated				
	staff were to contin	ue to follow current				
	protocols to preven	t further occurrences.				
	_	lated 8/9/21 indicated, "				
		to staff that [client B] had hit				
	nim. Start separated	I the two individuals so that				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l í	ULTIPLE CO UILDING	NSTRUCTION 00	(X3) DATE SURVEY COMPLETED				
		15G486	B. W	ING		08/26	/2021		
	PROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256					
				<u> </u>			975)		
(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)	CF		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	DATE		
1110		could occur (sic) it should be		1110			5.112		
		did not retaliate." Staff							
	-	and observed three half-inch							
		one-inch superficial scratch							
	on his neck Plan t	to Resolve (Immediate and							
	Long Term) [Client B] has a history of physical								
	aggression addressed in his Behavior Support								
	Plan. Staff will continue to follow the proactive								
	and reactive strategies in his plan to help reduce								
	and prevent further occurrences. Additionally,								
	[client B] and [client A] will receive line of sight observation while awake and 15 minute checks								
	while sleeping for 72 hours post incident".								
	while sleeping for /2 hours post incident".								
	-A review of the BDDS report dated 8/9/21								
		it and scratched client A. The							
		cate staff observed the							
	incident. The review	w indicated this was the							
	second incident of o	client to client aggression							
	regarding client B t	owards client A.							
	-An IS (Investigativ	ve Summary) form dated							
	8/9/21 to 8/16/21 in	dicated the following:							
	-"Summary of Inter	views:"							
	-"[Client A], Indivi	dual:"							
	-"I (client A) was h	aving lunch at the table."							
	-"[Client B] come ((sic) me on the face	sic) in there and stretched and neck again."							
	-"Staff come (sic) o (sic)."	over and look at the stretches							
	-"The staff was in the	he kitchen."							
	-"They chased [clie	nt B] out of the kitchen."							

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ľ í	IULTIPLE CO UILDING	NSTRUCTION 00	(X3) DATE COMPL				
		15G486	B. W	ING		08/26	/2021		
NAME OF F	PROVIDER OR SUPPLIER		<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
			7919 SAN RICARDO COURT						
	NITY ALTERNATIV			<u> </u>	APOLIS, IN 46256				
(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		
	-"[Client B] went b	ack to his bedroom."							
	-"[Client B] stretch	ed (sic) me twice."							
	-"I (client A) didn't do anything to [client B]."								
	-"[Client F], Individual:"								
	-"[Client B] starched (sic) [client A]."								
	-"It was lunch time."								
	-"The staff was in the kitchen."								
	-"Staff didn't do anything."								
	-"[Client A] don't (sic) like [client B]."								
	-"I was in the kitch	en eating dinner."							
	-"[Staff #5], DSP'	".							
	-"They got lunch ar	round 12 PM."							
	-"[Client A] then w	ent to sit on the couch."							
	-"We had prompted he didn't want to."	him to go use the restroom,							
	-"I (staff #5) gave h then got him up."	im a little bit more time and							
	-"I (staff #5) went the was done."	o check on him. I asked him if							
	-"[Client A] said no	o."							
	-"We give (sic) him	n more time."							
	-"She (staff #6) had	then gone back to check on							

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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	EY
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) him." -"I (staff #5) went to get him a new [adult brief] and she helped changed (sic)." -"I (staff #5) went to the office, she (staff #6) was sitting by [client F] in the living room." -"She (staff #6) had ear buds (listening devices) in, I'm not sure if she had both or just one." -"I (staff #5) got up and check (sic)."	
-"I (staff #5) went to get him a new [adult brief] and she helped changed (sic)." -"I (staff #5) went to the office, she (staff #6) was sitting by [client F] in the living room." -"She (staff #6) had ear buds (listening devices) in, I'm not sure if she had both or just one." -"I (staff #5) heard [client A] yell 'ouch [client B]"". -"I (staff #5) got up and check (sic)."	(X5) MPLETION DATE
-"[Client B] was in the doorway by where [client A] sits on the couch." -"[Client B] was wearing gloves." -"I (staff #5) think they have a yellow band around the wrist." -"I (staff #5) sit (sic) down in the little room and watched [client B] play with his toys." -"I (staff #5) looked at [client A] but didn't seen (sic) anything." -"[Client B] then went to his room." -"When they were eating dinner is when we noticed the mark." -"I (staff #5) called [AS #2] and reported it."	DATE

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		r í	ULTIPLE CO UILDING	00	(X3) DATE COMPL			
		15G486	B. W	ING		08/26/	/2021	
NAME OF F	PROVIDER OR SUPPLIER	- L	STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT					
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	
		ed me and told me to write the					Sills	
	-"I (staff #5) was in the office, [staff #6] was in the living room."							
	-"I (staff #5) got to [client A] first."							
	-"So, for the rest of my shift I kept [client B] in sight."							
	-"[Staff #5], DSP"							
	-"I (staff #6) don't normally work at [name of group home]."							
	-"[Client B] was wearing his gloves."							
	-"[Client B] was in his ball."	the little room playing with						
	-"I (staff #6) don't r anything while I wa	emember [client B] doing as there."						
	-"Conclusion:"							
		ed that individual [client B] ressive towards individual						
	sustained injury. Th	ed that individual [client A] the injury was a 3 and 1/2 the scratch on the side of his						
		ed staff provide (sic)] with proper first-aid."						
	-"4. It is substantiat	ed that ResCare's Policies and						

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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 08/26/2021				
	PROVIDER OR SUPPLIEF		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) Illowed."	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE			
	-"Recommendation	s:"						
	-"1. Continue to follow already set protocols for [client B]."							
	-"2. Follow proactive prevent future occur	ve and reactive protocols to						
	-"3. The following protective measures were implanted (sic) 1) [client B] will be in line of sight while awake, 15 minute checks while asleep 72 hours post incident."							
	-"4. Monitor [client A] and documented (sic) daily on the healing process."							
	indicated clients A scratched client A comments and kitchen when client #5 and staff #6 indicated they obsed inner time. The IS not address the discount was observing the course IS dated 8/9/21 to 8	dated 8/9/21 to 8/16/21 and B stated client B during lunch in the kitchen. B stated staff were in the B scratched client A. Staff cated they did not observe ent A. Staff #5 and staff #6 rved client A's injuries at dated 8/9/21 to 8/16/21 did repancy in the statements of . The review indicated staff buds/listening devices as she elients in the group home. The 1/16/21 concluded staff policies and procedures.						
	observed two, one-side of [client A's] the about it and [client B] did it Plan to F	lated 8/20/21 indicated, "Staff inch scratches on the right face. Staff asked [client A] A] said his roommate [client Resolve (Immediate and Long has a history of physical						

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIPI A. BUILDIN B. WING		NSTRUCTION 00	(X3) DATE : COMPL 08/26/	ETED
	PROVIDER OR SUPPLIER		791	9 SA	DDRESS, CITY, STATE, ZIP CODE IN RICARDO COURT APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAC		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	Plan which staff for	d in his Behavior Support llowed. Staff will continue to d reactive strategies in their and prevent further					
	indicated client B so did not indicate staf review indicated thi client to client aggre towards client A. Tl	DDS report dated 8/20/21 cratched client A. The review f observed the incident. The s was the third incident of ession regarding client B he review indicated an e incident of client to client ding.					
	10:08 AM. Client B revised 7/30/21 indi History/Rationale ft 24 (hours per day)/7 sight supervision. Hattend day program aggressive behavior Physical Aggression Behavior: [Client B or other clients, he wight grip Rights Findividual: Risk of itothers Restriction 24-hour supervision injury, harm to self thin cotton gloves to	as reviewed on 8/24/21 at 's BSP dated 5/30/21 and cated, " Behavioral or Plan: [Client B] requires of (days per week) line of the recently lost his ability to ming services due to his s Target Behaviors: a/Intimidation/Self Injurious of will sometimes scratch staff will exhibit grabbing with a the strictions: Risks to onjury, harm to self and of Freedom of movement: Risks to individual: Risk of and others Restriction: Use of prevent him from isks to individual: Protection					
	revised 7/30/21 indi line of sight supervi client B was to wear	B's BSP dated 5/30/21 and cated client B required 24/7 sion. The review indicated reprotective gloves to prevent and injuring his housemates.					

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7919 SAN RICA	CITY, STATE, ZIP CODE	MPLETED /26/2021
7919 SAN RICA		
	s, IN 46256	
PREFIX (EACH	PROVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE	(X5) COMPLETION DATE
	ID PREFIX (EACL CROSS	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MULTIP A. BUILDIN B. WING		NSTRUCTION 00	(X3) DATE : COMPL 08/26/	ETED	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256					
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAC		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
	room passing meds happened. I talked t did it." Staff #2 was of sight supervision Whenever he's (clie [client A]." QIDP (Qualified Interpretation Professional) #1 was 11:02 AM. QIDP #2 cue client B to wear #1 stated, "I think it contact with his hout the common area." QIDPM (Qualified Professional Manages 8/24/21 at 11:49 AM many incidents of p B towards client A lestated, "Three." QII had sustained injurity physical aggression had scratches." QID Investigation dated addressed the discressional dit's important to happened to develop measures." QIDPM should implement et to prevent repeated aggression. This deficiency was							

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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 00 COMPLET			ETED	
		15G486	B. W	B. WING 08/26/2			2021
				CTREET	ADDRESS OF A STATE ZID CODE		
NAME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
00141411		EQ ADEDT		7919 SAN RICARDO COURT			
COMMU	NITY ALTERNATIV	ES-ADEPT		INDIANAPOLIS, 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 APPROPRIATE DEFICIENCY)		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG			DATE
	#IN00355783.						
	9-3-2(a)						
	,						
W 0249	483.440(d)(1)						
	PROGRAM IMPLI	EMENTATION					
Bldg. 00	As soon as the int	erdisciplinary team has					
		t's individual program plan,					
		eceive a continuous active					
		n consisting of needed					
	interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the						
	individual program						
		on, record review and	W	249	CORRECTION:		09/25/2021
		sampled clients (B), the	W (1249	As soon as the interdisciplinar	,	09/23/2021
		sure staff implemented client			team has formulated a client's	^y	
	B's BSP (Behavior	-					
	D'S D'SI (Dellavioi)	Support I fair).			individual program plan, each		
	Findings include:				client must receive a continuo	us	
	r manigs metade.				active treatment program		
	An observation was	conducted at the group home			consisting of needed		
		00 PM through 5:30 PM.			interventions and services in		
		re observed throughout the			sufficient number and frequen	cy	
		C			to support the achievement of	the	
		At 3:01 PM client A was			objectives identified in the		
	_	and was seated on the couch			individual program plan.		
	_	At 3:23 PM client B was in			Specifically, all facility direct		
		on the floor playing with his			support and supervisory staff v	will	
	-	not wearing protective gloves			be retrained on client B's revis		
		2 PM client A was seated on			Behavior Support Pan.		
		ng room. At 3:53 PM client			PREVENTION:		
		athroom after taking a shower			The facility's QIDP will be train	ied	
		d client B to his bedroom. At			regarding the need to assure		
		me out of his bedroom and			aggressive and consistent		
		nt room of the group home.			implementation of active treatr	_{nent}	
		ng the bedroom hallway and			for all clients, including but not		
		citchen. Client B walked to			limited to implementation of		
	-	front room and was peering			behavior supports.		
		, looking at client A. Client F			A management staff will be		
	began to yell at clie	nt B to stay away from client			present supervising active		

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	(X2) MUL A. BUII B. WIN	LDING	NSTRUCTION 00	(X3) DATE S COMPL 08/26/	ETED
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256				
(X4) ID PREFIX	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID REFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	(X5) COMPLETION DATE
TAG	A. Client A then leastated, "Help, he's gcame out of the kite B to his bedroom. A bedroom. Client B weither of his hands. Supervisor) #1 walk living room. AS #1 Client B was wearing white, cloth glove of glove on his left har protective gloves for observation period. Client B's record was 10:08 AM. Client B revised 7/30/21 indit History/Rationale for 24 (hours per day)/sight supervision. Hattend day programma aggressive behavior: [Client B or other clients, he wight grip Rights Findividual: Risk of its others Restriction 24-hour supervision injury, harm to self thin cotton gloves to scratching others. Rof others". -A review of client revised 7/30/21 individual in of sight supervicient B was to weahim from scratching	LSC IDENTIFYING INFORMATION) Ined away from client B and oing to scratch me!" Staff #2 hen area and escorted client at 4:37 PM client B was in his was not wearing gloves on At 4:53 PM AS (Area ated with client B into the was holding client B's hand. In his right hand and a plastic and. Client B wore the rather the remainder of the reviewed on 8/24/21 at 1/2 BSP dated 5/30/21 and cated, " Behavioral or Plan: [Client B] requires of (days per week) line of the recently lost his ability to ming services due to his s Target Behaviors: In/Intimidation/Self Injurious I will sometimes scratch staff will exhibit grabbing with a Restrictions: Risks to injury, harm to self and a Freedom of movement: I Risks to individual: Risk of and others Restriction: Use		TAG	treatment during no less than the active treatment sessions per week, on varied shifts to assist with and monitor implementation of active treatment including by not limited to behavior support Members of the Operations Telescomprised of the Executive Director, Operations Managers Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager at Assistant Nurse Manager) will conduct administrative monitor during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than twice weekly, until all staff demonstrate competence After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative Monitoring is defined as follows: The role of the administrative monitor is not simply to observe & Report. When opportunities for training are observed, the monimust 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	rive ton ut s. eam s, r r	DATE

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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 08/26/2021		
	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 APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
TAG	wear his protective Client B was non-vinterviewed. Client F was interviculated client A. Client F standard client A. Client F standard client A. Client F standard client A. Client F was asked B scratched client room (medication room (medicati	gloves. erbal and was not able to be lewed on 8/23/21 at 3:49 PM. if client B had scratched ated, "On the face. He (client h watching TV. He (client B) hed [client A] on the face." where staff were when client A. Client F stated, "In this com/office)." iewed on 8/23/21 at 4:28 PM. if client B had scratched him tated, "Last week on the s asked if client B had ously. Client A stated, "Yes, A was asked if client B had just a few moments prior to at A stated, "Yes they need to be [client B]." Client A was aid of client B. Client A stated, him. They need to teach him atch me." ewed on 8/23/21 at 3:10 PM. if client B had scratched any ly. Staff #1 stated, "No." if client B targets any of the #1 stated, "[Client A], that's		TAG	appropriate provision of supports. Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. Review all relevant documentation, providing documented coaching and training as needed Administrative support at the hwill include assuring staff provicontinuous active treatment, including but not limited to implementation of behavior supports. RESPONSIBLE PARTIES: QI Residential Manager, Direct Support Staff, Operations Teal Regional Director	nome ide DP,	DATE	
	and the other staff v	vas in the med. (medication)						

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 00			COMPLETED		
		15G486	B. WING			08/26/	/2021	
			<u> </u>	_				
NAME OF P	ROVIDER OR SUPPLIEF	₹	STREET ADDRESS, CITY, STATE, ZIP CODE					
			7919 SAN RICARDO COURT					
COMMUNITY ALTERNATIVES-ADEPT		IND	IAN	APOLIS, IN 46256				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	X	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		DEFICIENCY)	416	DATE	
	room passing meds	so maybe that's when it						
		to [client A] he said [client B]						
		s asked if client B was on line						
		a. Staff #2 stated, "Yes he is.						
	Whenever he's (client B) here he tries to get to							
	[client A]."							
	[ellelle 11].							
	QIDP (Qualified In							
	Professional) #1 was interviewed on 8/23/21 at							
	· · · · · · · · · · · · · · · · · · ·	1 was asked when staff should						
	,	r his protective gloves. QIDP						
		t should be whenever he's in						
	•	usemates. When he's out in						
	the common area."	discinates. When he's out in						
	the common area.							
	QIDPM (Qualified	Intellectual Disabilities						
		ger) #1 was interviewed on						
		M. QIDPM #1 was asked how						
		physical aggression by client						
		had occurred. QIDPM #1						
		DPM #1 was asked if client A						
		les as a result of client B's						
	_	i. QIDPM #1 stated, "Yes, he						
		OPM #1 was asked when staff						
	*	to wear his protective gloves.						
		'During all waking hours."						
		ed staff had not implemented						
	client B's BSP corre	_						
	CHEIR D S DOF COIR	ecuy.						
	9-3-4(a)							
	J-3- 1 (α)			- 1				

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