

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

PRINTED: 12/09/2016

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G194	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2016
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP CODE 115 STONEGATE BEDFORD, IN 47421		
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Survey Dates: September 19, 20 and 21, 2016</p> <p>Facility Number: 000724 Provider Number: 15G194 AIM Number: 100243320</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/28/16.</p>	W 0000		
W 0130 Bldg. 00	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 1 of 4 sampled clients (#1), and one additional client (#6), the facility failed to ensure the clients' privacy was protected during the morning routine.</p>	W 0130	<p>W130: The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p>	10/21/2016

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings include:</p> <p>Observations were conducted at the facility on the morning of 9/20/16 from 5:33 AM until 8:00 AM.</p> <p>Staff #6 went into client #6's room at 5:36 AM and verbally prompted him to awaken and start getting ready for his day. Client #6 was observed to sit on his bed across from the open door wearing only an incontinence brief. Staff #6 left on the light and the bedroom door open. Client #1 was awakened by staff and assisted with dressing with his bedroom door open at 5:43 AM. Staff #4 assisted client #6 with dressing with his bedroom door open at 5:50 AM.</p> <p>Interview with QIDP-d (Qualified Intellectual Disabilities Professional designee) staff #1 on 9/20/16 at 1:45 PM indicated staff should assist clients in personal privacy.</p> <p>9-3-2(a)</p>		<p>Corrective action:</p> <ul style="list-style-type: none"> All staff to be in-serviced on clients dignity rights and ensuring privacy while in bedrooms, showering and during medication trainings. (Attachment A) <p>How we will identify others:</p> <ul style="list-style-type: none"> For no less than two months, the Site Supervisor will complete three Active treatment observations(Attachment C) per week to ensure that privacy is being implemented. Area Supervisor will review monthly staff training to ensure that all staff have received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. 	

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			<p>Measures to be put in place:</p> <ul style="list-style-type: none"> For no less than two months, the Site Supervisor will complete three Active treatment observations(Attachment C) per week to ensure that active treatment is being provided and medication goals are implemented. For no less than two months, the Area Supervisor will be complete a weekly active treatment observation (Attachment C) to ensure active treatment is occurring and all high risk issues are being addressed. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Area Supervisor will review staff training to ensure that all staff has received training Client ISP/BSP/High Risk Plan and dignity/ rights/privacy.. Area Supervisor, Program Manager, 	

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				<p>Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</p> <ul style="list-style-type: none"> For no less than two months, the Site Supervisor will complete three Active treatment observations(Attachment C) per week to ensure that active treatment and privacy is being provided. For no less than two months, the Area Supervisor will be complete a weekly active treatment observation (Attachment C) to ensure active treatment is occurring and all high risk issues are being addressed. <p>Completion Date: 10-21-16</p>	

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W 0240 Bldg. 00	<p>483.440(c)(6)(i)</p> <p>INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients, (#1 and #2), the facility failed to ensure methodologies were included in the Individual Support Plan/ISP for the clients' positioning wedges for elevation during sleep.</p> <p>Findings include:</p> <p>Client #1 was awakened by staff #4 and assisted with dressing and making his bed at 5:43 AM on 9/20/16. Client #1 had a wedge on his bed under his pillow. Staff #4 stated client #1 required the wedge when sleeping because he had "GERD (Gastro Esophageal Reflux Disease)." Staff #4 indicated client #1 would slide down in bed and did not stay positioned on the wedge.</p> <p>During an environmental observation on 9/20/16 at 1:05 PM in clients #1 and #2's bedrooms, their beds were found to be equipped with positioning wedges 24 inches by 24 inches by 12 inches at the thickest point on their beds. The wedges were used under the clients' pillows instead of under the mattresses.</p>		W 0240	<p>W240: The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> QIDP and QIDPD to be in-serviced on including methodologies in ISPs for clients' positioning of wedges for elevation during sleep. (Attachment A) All staff to be in-serviced on proper positioning and placements of wedges for client#1 and Client #2. Client # 1 and Client #2 high risk plans for GERD to be updated to include information about repositioning during sleep to alleviate the symptoms of GERD. 	10/21/2016

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	<p>Review of client #1's record on 9/20/16 at 11:53 AM indicated a health risk plan for GERD dated 11/14/15. The GERD plan did not indicate the use of a wedge under his pillow for elevation during sleep.</p> <p>Client #2's record was reviewed on 9/20/16 at 1:00 PM. The record contained a health risk plan dated 1/16/16 for GERD. The plan did not contain information about elevating the client in bed during sleep by means of a 12 inch wedge.</p> <p>Interview with QIDP-d (Qualified Intellectual Disabilities Professional designee) staff #1 on 9/20/16 at 2:11 PM indicated client #1 and #2's health risk plans did not contain information regarding positioning during sleep to alleviate the symptoms of GERD.</p> <p>9-3-4(a)</p>			<p>How we will identify others:</p> <ul style="list-style-type: none"> For no less than two months, the Site Supervisor will complete three Active treatment observations (Attachment C) per week to ensure that active treatment is being provided and proper positioning is occurring. For no less than two months, the Area Supervisor will be complete a weekly active treatment observation (Attachment C) to ensure active treatment is occurring and all high risk issues are being addressed. The QIDPD will assess all client ISP's to address any health concerns. Nurse Coordinator will assess all clients High Risk plans to ensure all medical issues are addressed. <p>Measures to be put in place:</p>	

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				<ul style="list-style-type: none"> · For no less than two months, the Site Supervisor will complete three Active treatment observations(Attachment C) per week to ensure that active treatment is being provided and proper positioning is occurring. · For no less than two months, the Area Supervisor will be complete a weekly active treatment observation (Attachment C) to ensure active treatment is occurring and all high risk issues are being addressed. · Area Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Clinical Supervisor, Program Manager, 	

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W 0242	483.440(c)(6)(iii)			<p>Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</p> <ul style="list-style-type: none"> For no less than two months, the Site Supervisor will complete three Active treatment observations (Attachment C) per week to ensure that active treatment is being provided and proper positioning is occurring. For no less than two months, the Area Supervisor will be complete a weekly active treatment observation (Attachment C) to ensure active treatment is occurring and all high risk issues are being addressed. <p>Completion Date: 10-21-16</p>

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Bldg. 00	<p>INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#4), the facility failed to include a toileting training objective in his ISP/Individual Support Plan.</p> <p>Findings include:</p> <p>During observations at the facility on 9/19/16 from 3:30 PM until 6:00 PM and on 9/20/16 from 5:33 AM until 8:00 AM client #4 was prompted by staff to use the restroom. Client #4 did not self initiate toileting.</p> <p>Client #4's record was reviewed on 9/20/16 at 10:34 AM. The review indicated an ISP dated 6/02/16. The ISP contained no formal toileting training objective. The client was on a 2 hour toileting schedule with staff prompting. The ISP indicated client #4 wore incontinence briefs 24 hours 7 days a week.</p>	W 0242	<p>W242: The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> QIDP and QIDPD to be in-serviced on including formal goals for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, 	10/21/2016

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	<p>Interview with QIDP-d (Qualified Intellectual Disabilities Professional designee) staff #1 on 9/20/16 at 1:45 PM indicated client #4 was not independent in toileting skills and required an incontinence brief. The interview indicated the client was on a 2 hour toileting schedule but had no formal toileting training objective.</p> <p>9-3-4(a)</p>			<p>dental hygiene, self-feeding, bathing, dressing, grooming and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <ul style="list-style-type: none"> · Client # 4 toileting goal has been implemented. (Attachment B) · All staff to be in-serviced Client # 4 toileting goal. (Attachment A) <p>How we will identify others:</p> <ul style="list-style-type: none"> · For no less than two months, the Site Supervisor will complete three Active treatment observations (Attachment C) per week to ensure that active treatment is being provided and goals are being implemented. · The QIDPD will assess all client ISP's to

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				<p>address any needed goals that need implemented.</p> <p>Measures to be put in place:</p> <ul style="list-style-type: none"> For no less than two months, the Site Supervisor will complete three Active treatment observations (Attachment C) per week to ensure that active treatment is being provided and goals are implemented. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Clinical Supervisor will review monthly staff training to ensure that all staff has received training, Client ISP/BSP/High Risk Plans, dignity/ rights/privacy. Annual ISP/ BSP's will be reviewed by CS and Human Rights Committee to ensure due process. Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations

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W 0488 Bldg. 00	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.			<p>within the year. The results will be shared with all team members.</p> <ul style="list-style-type: none"> For no less than two months, the Site Supervisor will complete three Active treatment observations(Attachment C) per week to ensure that active treatment is being provided and goals are implemented. For no less than two months, Area Supervisor will be complete a weekly active treatment observation (Attachment C) to ensure active treatment is occurring and all high risk issues are being addressed. <p>Completion Date: 10-21-16</p>	

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	<p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3, and #4), and three additional clients (#5, #6, and #7), the facility failed to promote independence and self help dining skills.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on the morning of 9/20/16 from 5:33 AM until 8:00 AM. The table was observed to be set prior to any clients awakening. The table was set the night before by clients and the breakfast juice was made from concentrate according to staff #10 on 9/20/16 at 5:36 AM.</p> <p>Staff #10 prompted client #2 to assist with preparing and putting breakfast on the table. Client #2, assisted by staff #10, walked around the table and measured dry wheat cereal into clients #2, #3, #4, #5, #6 and #7's bowls. Staff #10 obtained blueberry flavored oatmeal for client #1 and set it out for client #1. Client #2 prepared raisin toast for clients #1, #2, #3, #4, #5, #6, and #7 and placed the toast at the place settings on saucers.</p> <p>Client #1, assisted by staff #10, pureed the slice of raisin toast and staff prepared the blueberry oatmeal for client #1. Staff pre-cut the raisin toast for clients #3, #4, #5, #6 and #7. Staff did not encourage clients to make choices in cereal or prepare their own toast.</p>	W 0488	<p>W488: DINING AREAS AND SERVICE; the facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · All staff to be in-serviced on Family Style Dining; to include offering choices and clients preparing own food, formal and informal active treatment (Attachment A) · All staff have been in-serviced on individual dining plans, formal dining goals and dining/prep/clean-up. (Attachment A) · QIDP will update assessment packets for each individual annually/as needed and will complete/train/implement formal programming goals for each individual based on assessed skill set. <p>How will we identify others:</p> <ul style="list-style-type: none"> · The Site Supervisor 	10/14/2016

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	<p>Interview with QIDP-d (Qualified Intellectual Disabilities Professional designee) staff #1 on 9/20/16 at 1:45 PM indicated staff should assist clients in self help family style dining tasks not perform the tasks for them.</p> <p>9-3-8(a)</p>			<p>will complete weekly Active treatment observations (Attachment C) to ensure that family style dining and all dining plans are being completed correctly.</p> <ul style="list-style-type: none"> Site Supervisor, Area Supervisor and Program Manager will offer immediate correction, training and feedback to all staff during observations. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> The Site Supervisor will complete 3 weekly Active treatment observations (Attachment C) to ensure that all dining plans and active treatment are occurring. Site Supervisor will give immediate feedback to staff during observations. Any staff observed not following programming plans, including family style dinning, will be subject to corrective action up to and including termination. 	

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				<ul style="list-style-type: none"> · All staff will be trained on active treatment and continuous training at all opportunities based on each individuals assessed skill set. · All staff will be trained on dining plans upon admission, annually, and with any implemented changes quarterly. Monitoring of Corrective Action: · QIDP will review plans quarterly with IDT to ensure all issues are being addressed. · The Site Supervisor will complete 3 weekly Active treatment observations (Attachment C) to ensure that all dining plans are being completed correctly. · Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 115 STONEGATE BEDFORD, IN 47421	
(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 APPROPRIATE DEFICIENCY)
				will be shared with all team members. Completion Date: 10-21-16