

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/18/2022
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Dates of Survey: January 12, 13, 14 and 18, 2022.</p> <p>Facility Number: 001000 Provider Number: 15G486 AIMS Number: 100245010</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/24/22.</p>	W 0000		
W 0336 Bldg. 00	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 2 of 3 sampled clients (#1 and #2), the facility's nursing services failed to ensure review of clients #1 and #2's health status was conducted by the nurse on a quarterly basis.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 1/13/22 at 12:03 PM. Client #1's record did not indicate documentation client #1's health status had been reviewed for the first quarter (January, February, March), the second quarter (April, May, June), the third quarter (July, August, September) or the</p>	W 0336	<p>CORRECTION: <i>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Specifically, the Assistant Nurse Manager will be retrained on expectations for quarterly nursing physicals. A review of medical records indicated this deficient practice affected all clients in the home, with the exception of client</i></p>	02/17/2022

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

TITLE

(X6) DATE

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

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	<p>fourth quarter (October, November, December) of 2021.</p> <p>2. Client #2's record was reviewed on 1/13/22 at 11:26 AM. Client #2's record did not indicate documentation client #2's health status had been reviewed for the for the first quarter (January, February, March), the second quarter (April, May, June), the third quarter (July, August, September) or the fourth quarter (October, November, December) of 2021.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 1/13/22 at 1:25 PM. QIDPM #1 indicated clients #1 and #2 should have their health status reviewed by the nurse on a quarterly basis.</p> <p>9-3-6(a)</p>		<p>#3, and nursing physicals will be completed for the current quarter for all clients in the facility.</p> <p>PREVENTION:</p> <ul style="list-style-type: none"> · The Facility nurse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review. · The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up. · The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) and nursing staff will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that medical follow-along including but not limited to quarterly nursing physical examinations take place as required. <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Site Supervisor, Direct Support Staff, Health</p>	

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W 0352 Bldg. 00	<p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 1 of 2 sampled clients (#1), the facility failed to ensure client #1 was assessed by a Dentist annually.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 1/13/22 at 12:03 PM. Client #1's ROV (Record of Visit) dated 2/25/20 indicated client #1 was evaluated by a dentist on 2/25/20. Client #1's ROV dated 2/25/20 was the most current dental examination in client #1's record.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 1/13/22 at 1:25 PM. QIDPM #1 indicated the facility did not have documentation regarding a current dental examination for client #1.</p> <p>9-3-6(a)</p>	W 0352	<p>Services Team, Operations Team</p> <p>CORRECTION: <i>Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually.</i> Specifically, the facility will obtain a dental examination for client #1. An audit of facility medical charts indicated this deficient practice did not affect additional clients who reside at the facility.</p> <p>PREVENTION:</p> <ul style="list-style-type: none"> · The Facility nurse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review. · The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up. · The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP 	02/17/2022	

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

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			<p>Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) and nursing staff will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that medical follow-along including but not limited to dental examinations take place as required.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>		