

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G194		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/15/2015	
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)		(X5) COMPLETION DATE	
W 0000 Bldg. 00	<p>This visit was for a Post Certification Revisit to the full recertification and state licensure survey completed on 10/15/15.</p> <p>Survey Dates: December 14 and 15, 2015</p> <p>Facility Number: 000724 Provider Number: 15G194 AIM Number: 100243320</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/17/15.</p>		W 0000				
W 0203 Bldg. 00	<p>483.440(b)(5)(i) ADMISSIONS, TRANSFERS, DISCHARGE At the time of the discharge the facility must develop a final summary of the client's developmental, behavioral, social, health and nutritional status.</p> <p>Based on record review and interview for one client who was discharged from the group home since 10/15/15 (#8), the facility failed to develop a final summary of the client's developmental, behavioral, social, health and nutritional status as well as client #8's strengths, needs and preferences.</p>		W 0203	<p>PROVIDER IDENTIFICATION #: 15G194 NAME OF PROVIDER: RESCARECOMMUNITY ALT., SOUTH CENTRAL ADDRESS: 115 Stonegate,Bedford, IN 47421 SURVEY EVENT ID #: 4FHL12</p>		01/01/2016	

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>On 12/15/15 at 11:17 AM, a review of client #8's Consumer Separation - Discharge Summary, dated 12/10/15, was conducted. The Discharge Summary section indicated, "[Client #8] was transferred from the [name of group home] in [name of city and state] when the [name of group home] closed. [Client #8] resided at [name of group home] since 11/2 but an opening became available at [name of group home] and [client #8] requested to move back to his area. He moved to [name of group home] with the understanding that he would move back when a vacancy became available."</p> <p>Client #8's Discharge Summary did not address his developmental, behavioral, social, health and nutritional status. The Discharge Summary did not accurately describe client #8's strengths, needs, preferences, required services and social relationships.</p> <p>On 12/15/15 at 11:35 AM, the Clinical Supervisor (CS) indicated the facility provided the Discharge Summary and Notice of Discharge to the Bureau of Developmental Disabilities Services prior to client #8 moving to the new group</p>				<p>DATE SURVEY COMPLETED: 12/15/2015</p> <p>- <u>W 203 ADMISSIONS,</u> <u>TRANSFERS, DISCHARGE</u> At the time of the discharge the facility must develop a finalsummary of the client's developmental, behavioral, social, health and nutritionalstatus.</p> <p>Correctiveaction: ·Summarycompleted. (Attachment A)</p> <p>How we willidentify others: ·Any individualtransitioning will have a summary completed as part of discharge procedures.</p> <p>Measures to beput in place: ·CS/Q will complete a final discharge summary forevery transition.</p> <p>Monitoring of Corrective Action: ·ProgramManager will be given a copy of thesummary for file.</p> <p>Completion Date: 12/29/2015</p>		

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

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	<p>home. The CS indicated the new group home was provided copies of client #8's Individual Support Plan (ISP), Behavior Support Plan and Health Risk Plans. The CS indicated she would provide the documentation to the surveyor.</p> <p>On 12/15/15 at 12:12 PM, the CS emailed an untitled document, dated 12/1/15, to the surveyor for review. The document did not contain a final summary of client #8's developmental, behavioral, social, health and nutritional status. The documentation did not accurately describe client #8's strengths, needs, required services, social relationships and preferences.</p> <p>On 12/15/15 at 12:35 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated she did not have a summary with all the required information. The QIDP indicated the document submitted during the survey was a monthly summary. The QIDP indicated most of the information required in a discharge summary was included in the ISP (strengths, needs and preferences). The QIDP indicated client #8 moved to a home with familiar staff who previously worked with him and knew client #8.</p> <p>9-3-4(a)</p>						

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