

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER <b>COMMUNITY ALTERNATIVES-ADEPT</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>7859 DELBROOK DR INDIANAPOLIS, IN 46260</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 the investigation of complaint #IN00294143.</p> <p>Complaint #IN00294143: Substantiated, federal and state deficiencies related to the allegations are cited at: W122, W149, W268, W331 and W369.</p> <p>Dates of Survey: 5/2, 5/3, 5/8, 5/9, 5/10, and 5/17/19</p> <p>Provider Number: 15G449 Facility Number: 000963 AIM Number: 100244740</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 5/24/19.</p>	W 0000		
W 0122  Bldg. 00	<p>483.420 <b>CLIENT PROTECTIONS</b> The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, record review, and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients, (client A). The facility failed to implement their policy and procedures to prevent neglect of client A's personal hygiene and appearance regarding his soiled clothing, matted hair, dandruff and skin care.</p> <p>Findings include:</p> <p>The facility failed to implement their policy and procedures to prevent neglect of client A's personal hygiene and appearance regarding his</p>	W 0122	<p><b>CORRECTION:</b> <i>The facility must ensure that specific client protections requirements are met.</i> Specifically, the governing body facilitated the following:</p> <p>Direct support staff will be retrained regarding the need to assure client A has appropriate hygiene, is groomed and dressed in a dignified manner at all times and that he receives prescribed skin care treatments as ordered.</p>	06/16/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>soiled clothing, matted hair, dandruff and skin care. Please see W149.</p> <p>This federal tag relates to complaint #IN00294143.</p> <p>9-3-2(a)</p>		<p>Additionally, the interdisciplinary team will revise client A's current hygiene and grooming goals to more effectively support him toward independence. Through observation, the team has determined that this deficient practice does not currently affect other clients.</p> <p>ResCare Day Service supervisory/management will conduct walk throughs of the day program facility each morning to assure all participants present with appropriate hygiene and grooming. When deficiencies are noted, day service staff will coordinate with residential staff to assure prompt resolution.</p> <p><b>PREVENTION:</b> The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring all clients have appropriate hygiene, are groomed and dressed in a dignified manner at all times and that they receive prescribed treatments as ordered. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
			<p>Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger) and the QIDP will conduct administrative monitoring and documentation reviews at the residential and day service facilities, no less than three times weekly, during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days, administrative monitoring will occur no less than 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, which will occur no less than monthly.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> <li>· The role of the administrative monitor is not simply to observe &amp; Report.</li> <li>· When opportunities for training are observed, the monitor must step in and provide the training and document it.</li> <li>· If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports.</li> <li>· Assuring the health and</li> </ul>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (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 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview for 1 of 3 sampled clients (A), the facility failed to implement their policy and procedures to prevent neglect of client A's personal hygiene and appearance regarding his soiled clothing, matted hair, dandruff and skin care.</p> <p>Findings include:</p>	W 0149	<p>safety of individuals receiving supports at the time of the observation is the top priority.</p> <ul style="list-style-type: none"> <li>Review all relevant documentation, providing documented coaching and training as needed.</li> </ul> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring all clients have appropriate hygiene, are groomed and dressed in a dignified manner at all times and that they receive prescribed treatments as ordered.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p><b>CORRECTION:</b> <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically:</i></p> <p>Direct support staff will be retrained regarding the need to</p>	06/16/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (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
	<p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations were reviewed on 5/8/19 at 3:25 PM and indicated the following:</p> <p>A BDDS report dated 5/2/19 indicated, "[Client A] is [under 40] year old male with a primary diagnosis of Moderate intellectual disability who lives in a supervised group living residence with 5 other men. On 5/2/19, during an interview at ResCare Day Service, [Client A] was noted to have the following previously unreported injuries: a 2.5 centimeter (cm) lesion on his upper back, a 5 cm abrasion on his left forearm, two 1 cm abrasion areas on his neck and three 1.25 cm abrasions on his scalp. These areas were surrounded by flaking skin. Additionally, his shirt was soiled, and it was reported that he had been wearing the same shirt on the previous day. Staff also reported that he was not wearing his eyeglasses and [client A] was unsure where they were located. [Residential Manager #1] has been suspended pending investigation of the allegations."</p> <p>Internal investigation dated 5/9/19 indicated, "The evidence substantiates that [Residential Manager #1] failed to provide face to face training with all Delbrook staff prior to staff working directly with [client A]. The evidence substantiates that administrative staff failed to assure that [RM #1] provided sufficient training to direct support staff to assure [client A's] needs were met. The evidence substantiates that [RM #1] violated ResCare policies and procedures. The evidence substantiates that [client A] was receiving treatment for flaking skin and lesions resulting from a diagnosed condition. The evidence substantiates that ResCare nursing failed to assure effective outcomes for [client A's] flaking skin and lesions. The evidence substantiates that</p>		<p>assure client A has appropriate hygiene, is groomed and dressed in a dignified manner at all times and that he receives prescribed skin care treatments as ordered. Additionally, the interdisciplinary team will revise client A's current hygiene and grooming goals to more effectively support him toward independence. Through observation, the team has determined that this deficient practice does not currently affect other clients.</p> <p>ResCare Day Service supervisory/management will conduct walk throughs of the day program facility each morning to assure all participants present with appropriate hygiene and grooming. When deficiencies are noted, day service staff will coordinate with residential staff to assure prompt resolution.</p> <p><b>PREVENTION:</b> The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring all clients have appropriate hygiene, are groomed and dressed in a dignified manner at all times and that they receive prescribed treatments as ordered.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>all staff failed to follow ResCare Policies and procedures."</p> <p>Observations were done at the group home on 5/8/19 from 4:30 PM to 5:55 PM. At 4:43 PM client A was wearing a white short sleeve shirt with black horizontal stripes, black jeans, and black and white shoes. The black jeans had a white stain on the upper right thigh the size of a deck of cards. Client A's hair was matted with white flakes throughout his hair. A circular crusted scab the size of a silver dollar was on client A's left forearm. Client A indicated he had taken a shower the day prior and stated staff do give him a shower "sometimes." RM #2 indicated he had been encouraging staff to give client A showers more regularly and RM #2 himself "washed his hair 3 times in a row two days ago." RM #2 also indicated if client A's skin cream is used in conjunction with regular showering, his dandruff is managed better.</p> <p>Observations were done at the group home on 5/9/19 from 6:45 AM to 9:45 AM. At 7:07 AM client A was wearing the same clothing from the day before, a white short sleeve shirt with black horizontal stripes and black jeans. These were the same clothes client A was wearing during the 5/8/19 observation period. Client A's hair was matted in the center of his head with several white flakes visible throughout his hair. There was a strong unpleasant odor coming from client A's bed where he was laying. Client A got up at 8:55 AM and ate breakfast in the same clothes as he was wearing the day before. During the observation period Client A did not take a shower. Client A changed his shirt as instructed by the Area Supervisor but was still wearing the same black jeans with a white stain on the upper right thigh from the 5/8/19 observation period.</p>		<p>For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager) and the QIDP will conduct administrative monitoring and documentation reviews at the residential and day service facilities, no less than three times weekly, during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days, administrative monitoring will occur no less than 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, which will occur no less than monthly.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> <li>• The role of the administrative monitor is not simply to observe &amp; Report.</li> <li>• When opportunities for training are observed, the monitor must step in and provide the training and document it.</li> </ul>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>15G449</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/17/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>COMMUNITY ALTERNATIVES-ADEPT</b>			STREET ADDRESS, CITY, STATE, ZIP COD <b>7859 DELBROOK DR INDIANAPOLIS, IN 46260</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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)
	<p>On 5-9-19 at 11:16 AM client A's records were reviewed.</p> <p>Client A's Comprehensive High Risk Plan for Dandruff Dated 5/2/19 indicated "staff will monitor [client A] daily for open areas, during ADL (activities of daily living) care and NOTIFY NURSE immediately for open areas/sores."</p> <p>Client A's Record of Visit documentation dated 11/1/18 indicated "[Client A] was diagnosed with dermatitis on his face, left arm, and neck. [Client A] was prescribed Triamcinolon .1% (used to treat eczema) to be applied twice daily."</p> <p>Client A's Medication Administration Record (MAR) entry for a skin assessment to be completed weekly on Wednesday was initiated by staff on 5/1/19 and 5/8/19 at 9:00 AM as completed but no skin problems were noted.</p> <p>Client A's Nurses Progress Note Dated 5/2/19 indicated "Left forearm Circular Lesion noted, mid upper back circular lesion noted, scaled and facial skin noted to be dry and flaky."</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 5/9/19 at 1:59 PM. QIDP #1 stated when client A's skin creams are used "properly" and he (client A) bathes daily, his skin care is effective. QIDP #1 stated "He [client A] has never been quite as flaky as I saw him." When asked how staff are trained on individual clients prior to clients transitioning into the group home, QIDP #1 indicated Area Supervisors and Residential Managers are trained on the Support Plans and then they are to train the rest of the staff in the group home face to face. When asked if the Support Plans include High Risk Plans,</p>			<ul style="list-style-type: none"> <li>If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports.</li> <li>Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.</li> <li>Review all relevant documentation, providing documented coaching and training as needed.</li> </ul> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring all clients have appropriate hygiene, are groomed and dressed in a dignified manner at all times and that they receive prescribed treatments as ordered.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0268  Bldg. 00	<p>QIDP #1 stated "yes."</p> <p>Nurse #1 was interviewed on 5/9/19 at 1:59 PM. Nurse #1 indicated staff are to do a skin assessment once a week and record any findings in the MAR. Nurse #1 stated she was not made aware of any new skin issues prior to being notified on 5/2/19 at which time she did an assessment on client A, and "he was very dirty and his skin was worse than it normally is." Nurse #1 indicated after assessing client A on 5/2/19 she made an appointment with client A's regular dermatologist because he was overdue for his 3 month check up.</p> <p>ResCare's Abuse and Neglect Policy dated 9/7/2014 was reviewed on 5/10/15 at 10:00 AM and indicated, "Neglect is defined as failure to provide goods and/or services necessary for the individual to avoid physical harm...Program Intervention Neglect: Failure to implement a support plan, inappropriate application of intervention without qualified person notification/review."</p> <p>This federal tag relates to complaint #IN00294143.</p> <p>9-3-2(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to provide client A with the opportunity to gain skill and independence in his personal hygiene and appearance.</p>	W 0268	<p><b>CORRECTION:</b></p> <p><i>These policies and procedures must promote the growth, development and independence of the client. Specifically, direct support staff will be retrained</i></p>	06/16/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>15G449</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/17/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>COMMUNITY ALTERNATIVES-ADEPT</b>			STREET ADDRESS, CITY, STATE, ZIP COD <b>7859 DELBROOK DR INDIANAPOLIS, IN 46260</b>	
(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)
	<p>Finding include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations were reviewed on 5/8/19 at 3:25 PM and indicated the following:</p> <p>A BDDS report dated 5/2/19 indicated, "[Client A] is [under 40] year old male with a primary diagnosis of Moderate intellectual disability who lives in a supervised group living residence with 5 other men. On 5/2/19, during an interview at ResCare Day Service, [Client A] was noted to have the following previously unreported injuries: a 2.5 centimeter (cm) lesion on his upper back, a 5 cm abrasion on his left forearm, two 1 cm abrasions areas on his neck and three 1.25 cm abrasions on his scalp. These areas were surrounded by flaking skin. Additionally, his shirt was soiled, and it was reported that he had been wearing the same shirt on the previous day. Staff also reported that he was not wearing his eyeglasses and [client A] was unsure where they were located. [Residential Manager #1] has been suspended pending investigation of the allegations."</p> <p>Observations were done at the group home on 5/8/19 from 4:30 PM to 5:55 PM. At 4:43 PM client A was wearing a white short sleeve shirt with black horizontal stripes, black jeans, and black and white shoes. The black jeans had a white stain on the upper right thigh the size of a deck of cards. Client A's hair was matted with white flakes throughout his hair. A circular crusted scab the size of a silver dollar was on client A's left forearm. Client A indicated he had taken a shower the day prior and stated staff do give him a shower "sometimes." RM #2 indicated he had been encouraging staff to give client A showers more</p>			<p>regarding the need to assure client A has appropriate hygiene, is groomed and dressed in a dignified manner at all times and that he receives prescribed skin care treatments as ordered. Additionally, the interdisciplinary team will revise client A's current hygiene and grooming goals to more effectively support him toward independence. Through observation, the team has determined that this deficient practice does not currently affect other clients.</p> <p>ResCare Day Service supervisory/management will conduct walk throughs of the day program facility each morning to assure all participants present with appropriate hygiene and grooming. When deficiencies are noted, day service staff will coordinate with residential staff to assure prompt resolution.</p> <p><b>PREVENTION:</b> The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring all clients have appropriate hygiene, are groomed and dressed in a dignified manner at all times and that they receive</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (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
	<p>regularly and that RM #2 himself "washed his hair 3 times in a row two days ago." RM#2 also indicated if client A's skin cream is used in conjunction with regular showering, his dandruff is managed better.</p> <p>Observations were done at the group home on 5/9/19 from 6:45 AM to 9:45 AM. At 7:07 AM client A was wearing the same clothing from the day before, a white short sleeve shirt with black horizontal stripes and black jeans. These were the same clothes client A was wearing during the 5/8/19 observation period. Client A's hair was matted in the center of his head with several white flakes visible throughout his hair. There was a strong unpleasant odor coming from client A's bed where he was laying. Client A got up at 8:55 AM and ate breakfast in the same clothes as he was wearing the day before. During the observation period Client A did not take a shower. Client A changed his shirt as instructed by the Area Supervisor but was still wearing the same black jeans with a white stain on the upper right thigh from the 5/8/19 observation period.</p> <p>On 5-9-19 at 11:16 AM client A's records were reviewed.</p> <p>Client A's (Individual Support Plan) ISP dated 3/11/19 indicated, "[client A] refuses to bathe and brush teeth. He will wear soiled clothes and the same dirty clothing for days at a time." The goal objective to address his hygiene indicated "Given skills and training and 3 verbal prompts, [client A] will pick an outfit out for the day, given the choice of two outfits, for 50% of the time across 3 consecutive months."</p> <p>Goal Tracking Sheet dated 3/1/19 through 5/8/19 was reviewed on 5/10/19 at 10:00 indicated client</p>		<p>prescribed treatments as ordered. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger) and the QIDP will conduct administrative monitoring and documentation reviews at the residential and day service facilities, no less than three times weekly, during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days, administrative monitoring will occur no less than 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, which will occur no less than monthly.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> <li>• The role of the administrative monitor is not simply to observe &amp; Report.</li> <li>• When opportunities for training are observed, the monitor must step in and provide the</li> </ul>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0331  Bldg. 00	<p>A completed his above hygiene goal 37% of the time for the time frame of 3/1/19 through 5/8/19.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 5/9/19 at 1:59 PM. QIDP #1 indicated client A will wear the same clothing for more than one day and refuse to change his clothing. QIDP #1 indicated client A is not compliant with showering and picking out clean clothes consistently.</p> <p>This federal tag relates to complaint #IN00294143.</p> <p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility's nursing services failed to ensure the development of risk plans to address client A's</p>	W 0331	<p>training and document it.</p> <ul style="list-style-type: none"> <li>If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports.</li> <li>Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.</li> <li>Review all relevant documentation, providing documented coaching and training as needed.</li> </ul> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring all clients have appropriate hygiene, are groomed and dressed in a dignified manner at all times and that they receive prescribed treatments as ordered.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p><b>CORRECTION:</b> <i>The facility must provide clients with nursing services in accordance with their needs.</i></p>	06/16/2019

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>dermatitis.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations were reviewed on 5/8/19 at 3:25 PM and indicated the following:</p> <p>A BDDS report dated 5/2/19 indicated, "[Client A] is [under 40] year old male with a primary diagnosis of Moderate intellectual disability who lives in a supervised group living residence with 5 other men. On 5/2/19, during an interview at ResCare Day Service, [Client A] was noted to have the following previously unreported injuries: a 2.5 centimeter (cm) lesion on his upper back, a 5 cm abrasion on his left forearm, two 1 cm abrasion areas on his neck and three 1.25 cm abrasions on his scalp. These areas were surrounded by flaking skin. Additionally, his shirt was soiled, and it was reported that he had been wearing the same shirt on the previous day. Staff also reported that he was not wearing his eyeglasses and [client A] was unsure where they were located. [Residential Manager #1] has been suspended pending investigation of the allegations."</p> <p>Internal investigation dated 5/9/19 indicated, "The evidence substantiates that [Residential Manager #1] failed to provide face to face training with all Delbrook staff prior to staff working directly with [client A]. The evidence substantiates that administrative staff failed to assure that [RM #1] provided sufficient training to direct support staff to assure [client A's] needs were met. The evidence substantiates that [RM #1] violated ResCare policies and procedures. The evidence substantiates that [client A] was receiving treatment for flaking skin and lesions resulting</p>		<p>Specifically: client A was seen by his dermatologist and received a clarified diagnosis for the previously identified skin condition and the treatment regime was refined to target current symptoms. The Nurse Manager developed a comprehensive high-risk plan for Psoriasis as recommended by the dermatologist. All staff have been trained toward proper implementation of the plan.</p> <p><b>PREVENTION:</b> The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring high-risk plans are implemented appropriately and emerging conditions are reported to nursing. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager Assistant Nurse Manager) and the QIDP will conduct administrative monitoring and documentation reviews no less than three times weekly, during varied shifts/times, to assure interaction with multiple</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>15G449</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/17/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>COMMUNITY ALTERNATIVES-ADEPT</b>			STREET ADDRESS, CITY, STATE, ZIP COD <b>7859 DELBROOK DR INDIANAPOLIS, IN 46260</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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)
	<p>from a diagnosed condition. The evidence substantiates that ResCare nursing failed to assure effective outcomes for [client A's] flaking skin and lesions. The evidence substantiates that all staff failed to follow ResCare Policies and procedures."</p> <p>Observations were done at the group home on 5/8/19 from 4:30 PM to 5:55 PM. At 4:43 PM client A was wearing a white short sleeve shirt with black horizontal stripes, black jeans, and black and white shoes. The black jeans had a white stain on the upper right thigh the size of a deck of cards. Client A's hair was matted with white flakes throughout his hair. A circular crusted scab the size of a silver dollar was on client A's left forearm. Client A indicated he had taken a shower the day prior and stated staff do give him a shower "sometimes." RM #2 indicated he had been encouraging staff to give client A showers more regularly and RM #2 himself "washed his hair 3 times in a row two days ago." RM #2 also indicated if client A's skin cream is used in conjunction with regular showering, his dandruff is managed better.</p> <p>Observations were done at the group home on 5/9/19 from 6:45 AM to 9:45 AM. At 7:07 AM client A was wearing the same clothing from the day before, a white short sleeve shirt with black horizontal stripes and black jeans. These were the same clothes client A was wearing during the 5/8/19 observation period. Client A's hair was matted in the center of his head with several white flakes visible throughout his hair. There was a strong unpleasant odor coming from client A's bed where he was laying. Client A got up at 8:55 AM and ate breakfast in the same clothes as he was wearing the day before. During the observation period Client A did not take a shower.</p>			<p>staff, involved in a full range of active treatment scenarios. After 30 days, administrative monitoring will occur no less than 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, which will occur no less than monthly.</p> <p>Additionally:</p> <ul style="list-style-type: none"> <li>· The Facility nurse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review.</li> <li>· The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up.</li> <li>· 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.</li> </ul> <p>Administrative support at the home will also include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring high-risk plans are implemented appropriately.</p>

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>Client A changed his shirt as instructed by the Area Supervisor but was still wearing the same black jeans with a white stain on the upper right thigh from the 5/8/19 observation period.</p> <p>On 5-9-19 at 11:16 AM client A's records were reviewed.</p> <p>Client A's Comprehensive High Risk Plan for Dandruff Dated 5/2/19 indicated "staff will monitor [client A] daily for open areas, during ADL (activities of daily living) care and NOTIFY NURSE immediately for open areas/sores."</p> <p>Client A's Record of Visit documentation dated 11/1/18 indicated "[Client A] was diagnosed with dermatitis on his face, left arm, and neck. [Client A] was prescribed Triamcinolon .1% (used to treat eczema) to be applied twice daily."</p> <p>Nurse #1 was interviewed on 5/9/19 at 1:59 PM. Nurse #1 indicated there is a risk plan that addresses dandruff but there is not a risk plan that specifically addresses his dermatitis. Nurse #1 indicated staff are to do a skin assessment once a week and record any findings in the MAR. Nurse #1 stated she was not made aware of any new skin issues prior to being notified on 5/2/19 at which time she did an assessment on client A, and "he was very dirty and his skin was worse than it normally is." Nurse #1 indicated after assessing client A on 5/2/19 she made an appointment with client A's regular dermatologist because he was overdue for his 3 month check up.</p> <p>This federal tag relates to complaint #IN00294143.</p> <p>9-3-6(a)</p>		<p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>15G449</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/17/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>COMMUNITY ALTERNATIVES-ADEPT</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>7859 DELBROOK DR INDIANAPOLIS, IN 46260</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0369  Bldg. 00	<p><b>483.460(k)(2)</b> <b>DRUG ADMINISTRATION</b> The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, interview, and record review for 1 of 3 sampled clients (A) and 1 additional client (E), the facility failed to ensure client A and E's medications were given without error.</p> <p>Findings include:</p> <p>1. Observations were done at the group home on 5/9/19 from 6:45 AM to 9:45 AM. At 7:20 AM DSP (Direct Support Staff) #2 popped Levothyroxine .075 micrograms (mcg) (thyroid) to be taken at 6:00 AM and hour before any other medications were to be administered into the medication cup along with the rest of client E's 7 AM medications. When asked why he (DSP #1) was administering client E's Levothyroxine an hour and a half after the prescribed time and with the rest of client E's medications, DSP #2 stated "all of the morning medications were to be given all at once since the surveyors were here." QIDP #1 who was present during the medication observation stated "no such directive" was communicated to any of the staff and "all medications should be given as they are written in the MAR no matter what is going on."</p> <p>2. At 9:15 AM the following medications were popped into a cup to be administered to client A and were written in the 5/1/19 (Medication Administration Record) MAR to be administered as follows:</p> <p>-Buspirone one 10 mg tablet (anti-anxiety) to be</p>	W 0369	<p><b>CORRECTION:</b> <i>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</i> Specifically, all facility staff will be retrained toward implementation of the agency's medication administration procedures. Although this deficient practice did not affect additional clients, supervisors and/or nursing staff will review agency medication and treatment administration protocols with all staff. This training will include but not be limited to administration protocols for client E's Levothyroxine and the approved time frame for administering medication, for all clients.</p> <p><b>PREVENTION:</b> The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring medications are administered without error. For the</p>	06/16/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>15G449</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/17/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>COMMUNITY ALTERNATIVES-ADEPT</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>7859 DELBROOK DR INDIANAPOLIS, IN 46260</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>given three times daily at 7:00 AM, 5:00 PM, and 9:00 PM.</p> <p>-Calcitrol two .25 mcg capsules (vitamin D supplement) to be given one time daily at 7:00 AM.</p> <p>-Diclofenac one 50 mg tablet (anti-inflammatory) by mouth twice daily at 7:00 AM and 9:00 PM with food.</p> <p>-Lexapro one 10 mg tablet (anti-depressant) by mouth once daily at 7:00 AM.</p> <p>-Keppra one 750 mg tablet (used to treat seizures) once daily at 7:00 AM</p> <p>-Levothyroxine one .1 mcg tablet (thyroid) to be given at 6:00 AM by mouth an hour before medications/food.</p> <p>-Lithium one 300 mg tablet (anti-depressant) by mouth three times daily to be given at 7:00 AM, 5:00 PM, and 9:00 PM.</p> <p>-Trileptal one 600 mg tablet (used to treat seizures) to be given three times daily at 7:00 AM, 5:00 PM, and 9:00 PM.</p> <p>-Oyster Shell one 500 mg tablet (calcium) to be given three times daily at 7:00 AM, 5:00 PM, and 9:00 PM.</p> <p>-Micro Potassium (potassium supplement) to be given once daily at 7:00 AM.</p> <p>-Topamax one 100 mg tablet (antidepressant) to be given twice daily 7:00 AM and 9:00 PM.</p> <p>-Vitamin B-12 one 1000 microgram (supplement) to</p>		<p>next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager) and the QIDP will conduct administrative monitoring and documentation reviews no less than three times weekly, during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days, administrative monitoring will occur no less than 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, which will occur no less than monthly.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> <li>· The role of the administrative monitor is not simply to observe &amp; Report.</li> <li>· When opportunities for training are observed, the monitor must step in and provide the training and document it.</li> <li>· If gaps in active treatment</li> </ul>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PARTICIPANT'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>be given once daily at 7:00 AM.</p> <p>-Vitamin D 3 5,000 units one capsule (Supplement) to be given once daily at 7:00 AM.</p> <p>When asked what DSP #2 was going to do with client A's medications he had popped into the cup from the above list of medications, he stated "I am going to give them to [client A] to take." When asked what time frame they are allowed to give medications DSP #1 stated "an hour before and an hour after what the physicians orders say." DSP #1 also indicated client A normally gets up late and takes his medications "much later" than 7:00 AM.</p> <p>The following skin creams were also not administered during the observation period on 5/9/19:</p> <p>Lotrisone Cream (used to treat fungal infection of the skin) to be applied twice daily at 7:00 AM and 9:00 PM to circular lesions on legs and upper back.</p> <p>Bactroban cream 2% (used to treat skin infections) to be applied twice daily at 7:00 AM and 9:00 PM to left arm.</p> <p>Triamcinolon .1% (used to treat eczema) to be applied twice daily at 7:00 AM and 9:00 PM to scalp, face, ears, and left arm.</p> <p>On 5/9/19 at 1:59 PM Nurse #1 was interviewed. Nurse #1 indicated all staff at the group home are trained in Core A and Core B. Nurse #1 indicated staff are to administer medications as it is written in the MAR and the physicians orders. The "window of time" that medication can be administered is a half an hour before the</p>		<p>are observed the monitor is expected to step in and model the appropriate provision of supports.</p> <ul style="list-style-type: none"> <li>Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.</li> <li>Review all relevant documentation, providing documented coaching and training as needed.</li> </ul> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring medications are administered without error.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>15G449</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/17/2019</b>	
NAME OF PROVIDER OR SUPPLIER <b>COMMUNITY ALTERNATIVES-ADEPT</b>			STREET ADDRESS, CITY, STATE, ZIP COD <b>7859 DELBROOK DR INDIANAPOLIS, IN 46260</b>		
(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
	<p>prescribed time and a half an hour after. Nurse #1 stated "Anything outside that timeframe is a medication error and should be reported immediately."</p> <p>This federal tag relates to complaint #IN00294143.</p> <p>9-3-6(a)</p>				