

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/12/2018
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
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W 0000 Bldg. 00	<p>This visit was for the post certification revisit (PCR) for the investigation of Complaint #IN00258503 completed on 4/30/2018.</p> <p>Complaint #IN00258503: Not corrected.</p> <p>Survey dates: June 5, 6, 7, 8, and 12, 2018.</p> <p>Facility Number: 004615 Provider Number: 15G723 AIM Number: 200528230</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed June 26, 2018 by #15068.</p>	W 0000		
W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (A and B), and two additional clients (C and D), the facility failed to ensure the clients received training in portion control and measuring portions of menued foods during the evening meal.</p> <p>Findings include:</p>	W 0249	<p>W249: As soon as the interdisciplinary team has formulated a clients' individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the</p>	07/12/2018

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 disclosable 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>During observations at the facility on the evening of 6/05/18 at 4:30 PM until 6:45 PM the evening meal and its preparation were observed. Client A accompanied staff #3 on a grocery shopping trip to purchase garlic bread, mixed green salad and spaghetti noodles.</p> <p>Client B began the meal preparation by placing pans on the stove to heat water and spaghetti sauce. Staff #2 worked with client B during the meal preparation. At 5:22 PM, client A and staff #3 delivered spaghetti pasta, bags of salad and garlic toast to the kitchen area. RM (Residential Manager) #2 assisted client B as he cooked spaghetti pasta. RM #2 took frozen meatballs from the freezer and placed them on a cookie sheet. RM #2 pre-heated the oven and baked the frozen meatballs. Garlic toast was heated by client B. At 5:30 PM, client B set the table. The meal preparation continued. Clients A, B, C, and D came to the dining table at 6:00 PM and prepared to eat the meal of spaghetti with sauce and meatballs, tossed green salad with choice of dressing and garlic toast. No side vegetable was served. No milk was served. At 6:06 PM, the clients began passing and serving themselves food. No measuring cups or spoons were observed to be used at the table to assist clients in taking measured portions. Staff did not offer guidance by modeling proper portioning of food items. Client B placed green salad in a bowl and poured dressing over it. RM #1 stated "Portion control, portion control." RM #1 did not assist client B with measuring salad dressing or otherwise train him in portioning. Clients A, C, and D served themselves at the meal, but did not have measuring tools nor did they receive training in appropriate portioning.</p> <p>Client A's record indicated on 6/6/18 at 3:27 PM, he was on a regular diet.</p>		<p>objectives identified in the individual program plan.</p> <p>Corrective Action: (Specific): All staff in the location will be retrained on ensuring to follow the menu according to portions. All staff in the location will be retrained on using and providing the clients with the appropriate measuring utensils during meal times. New tools (spoodles) were purchased to provide accurate serving sizes for the clients.</p> <p>How others will be identified: (Systemic): The QIDP will be at the home at least 10 hours per week to monitor, coordinate and integrate all client program plans and ensure that staff is implementing all client plans as written and will conduct a meal time observation weekly. The Administrative staff completing the observations in the home will be ensuring that staff is implementing Client program plans. Administrative observations in the location will continue at least twice monthly.</p> <p>Measures to be put in place: All staff in the location will be retrained on ensuring to follow the menu according to portions. All staff in the location will be retrained on using and providing the clients with the appropriate measuring utensils during meal times. New tools (spoodles) were purchased to provide accurate</p>	

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W 0367 Bldg. 00	<p>Client B's record was reviewed on 6/06/18 at 7:00 PM. The review indicated the client received a regular diet.</p> <p>Client C's record (reviewed 6/6/18 at 6:23 PM), indicated he was on a regular diet.</p> <p>Client D's record indicated (reviewed on 6/6/18 at 7:14 PM), he was on a regular diet.</p> <p>Interview with Qualified Intellectual Disability Professional #1 and Quality Assurance Manager #1 on 6/08/18 at 4:40 PM indicated it was the expectation of the facility to ensure staff offered training in portion control of foods if a client's diet order recommended portion control. Verbal prompting was not sufficient without specific training (measuring portions or modeling serving sizes of foods/beverages/condiments). Staff were to assist in training portion by means of measurement and modeling. Prompting clients verbally without otherwise offering guidance and measuring tools was not helpful training.</p> <p>This deficiency was cited on 4/30/18. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag related to complaint #IN00258503.</p> <p>9-3-4(a)</p> <p>483.460(k) DRUG ADMINISTRATION</p> <p>The facility must have an organized system for drug administration that identifies each drug up to the point of administration. Based on observation, record review and interview for 1 of 4 sampled clients (B), the facility failed to ensure their system for medication administration was organized and identified each drug and who administered it.</p>	W 0367	<p>serving sizes for the clients.</p> <p>Monitoring of Corrective Action: The QIDP will be at the home at least 10 hours per week to monitor, coordinate and integrate all client program plans and ensure that staff is implementing all client plans as written and will conduct a meal time observation weekly. The Administrative staff completing the observations in the home will be ensuring that staff is implementing Client program plans. Administrative observations in the location will continue at least twice monthly.</p> <p>W367: The facility must have an organized system for drug administration that identifies each drug up to the point of administration.</p>	07/12/2018	

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	<p>Findings include:</p> <p>During observations at the facility on the evening of 6/06/18 at 7:30 PM, client B was observed to receive his medications from DSP (Direct Support Professional) #5. Client B asked DSP #5 about his "shot." Client B repeatedly asked DSP #5 regarding LPN #1 and his "shot." DSP #5 indicated to client B that LPN #1 would give him his "shot" if it was needed. During the observation, client B received oral medications but no injections.</p> <p>Client B's record was reviewed on 6/06/18 at 7:00 PM. The review indicated physician's orders dated 3/18 which indicated client received a haloperidol decanoate (anti-psychotic medication) injection IM (intra-muscularly) 1 ml (milliliter) for behavior management every 2 weeks.</p> <p>Review of client B's MAR/Medication Administration Records for May and June of 2018 was conducted on 6/12/18 at 4:28 PM. The May 2018 MAR review indicated client B received the haloperidol injection on May 15 and May 29, 2018. The MAR was initialed "E'S." Those were not LPN #1's initials.</p> <p>Interview with Program Manager #1, LPN #1 and Quality Assurance Manager #1 on 6/12/18 at 4:28 PM indicated the electronic system of drug administration (MARs for clients A, B, C and D) were on a computer with the physician's orders entered by the agency owned pharmacy network. The injections for client B were administered by LPN #1 but the electronic MAR had not been initialed by her for the month of May 2018. The initials "E'S" could not be determined during the interview process.</p>		<p>Corrective Action: (Specific): The nurse will be retrained on ensuring to document the injections on the electronic Quick Mar.</p> <p>How others will be identified: (Systemic): The Director of Nursing will monitor the electronic documentation of all injections to ensure they are being appropriately documented.</p> <p>Measures to be put in place: The nurse will be retrained on ensuring to document the injections on the electronic Quick Mar.</p> <p>Monitoring of Corrective Action:) The Director of Nursing will monitor the electronic documentation of all injections to ensure they are being appropriately documented.</p> <p>Completion date: 07.12.18</p>	

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W 0383 Bldg. 00	<p>Client B's 6/2018 electronic MAR (printed copy) had no initials. LPN #1 indicated she had administered client B's haloperidol injection on 6/06/2018 but had not documented it on the electronic MAR.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview, for 4 of 4 clients (A, B, C and D) who lived at the group home, the facility failed to secure the medication keys.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of 6/05/18 from 4:30 PM until 6:45 PM clients A, B, C and D were observed to be at the facility. Clients B and C repeatedly knocked on or entered the medication/staff office without first knocking. The medication cabinet keys and the facility's van key were observed to be hanging on the inner doorknob of the office door. The keys were easily within reach of clients B or C as they stood by the door.</p> <p>Interview with Qualified Intellectual Disability Professional #2 on 6/08/18 at 3:00 PM indicated clients should not have easy access to the facility's keys. The QIDP indicated the keys should be in a more secure location (desk drawer) or with staff.</p> <p>9-3-6(a)</p>	W 0383	<p>W368: Drug Administration, the system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Corrective Action: (Specific): The staff will be retrained on the operation standards for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights. The staff will be retrained on ensuring that the shift assigned medication administering staff has the medication keys on them always.</p> <p>How others will be identified: (Systemic): The QIDP will be at the home at least 10 hours per week to monitor, coordinate and integrate all client program plans and ensure that staff is implementing all client plans as written. The Area Supervisor will be in the home at least twice weekly to ensure that all</p>	07/12/2018

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			<p>programming plans are being implemented. The Administrative staff completing the observations in the home will be ensuring that staff is implementing Client program plans. Administrative observations in the location will continue at least twice monthly.</p> <p>Measures to be put in place: The staff will be retrained on the operation standards for reporting and investigating abuse, neglect, exploration, mistreatment or violation of an individual's rights. The staff will be retrained on ensuring that the shift assigned medication administering staff has the medication keys on them always.</p> <p>Monitoring of Corrective Action:) The QIDP will be at the home at least 10 hours per week to monitor, coordinate and integrate all client program plans and ensure that staff is implementing all client plans as written. The Area Supervisor will be in the home at least twice weekly to ensure that all programming plans are being implemented. The Administrative staff completing the observations in the home will be ensuring that staff is implementing Client program plans. Administrative observations in the location will</p>	

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W 0460 Bldg. 00	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (A and B), and two additional clients (C and D), the facility failed to ensure the clients received the total menued food items or substitutions during the evening meal.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of 6/05/18 from 4:30 PM until 6:45 PM the evening meal and its preparation were observed. Client A accompanied staff #3 on a grocery shopping trip to purchase garlic bread, mixed green salad and spaghetti pasta.</p> <p>Client B began the meal preparation by placing pans on the stove to heat water and spaghetti sauce. At 5:22 PM, client A and staff #3 delivered spaghetti pasta, bags of salad and garlic toast to the kitchen area. RM (Residential Manager) #2 assisted client B as he cooked spaghetti pasta.</p> <p>RM #2 took frozen meatballs from the freezer and placed them on a cookie sheet. RM #2 pre-heated the oven and baked the frozen meatballs. Garlic toast was heated by client B. At 5:30 PM, client B set the table. The meal preparation continued.</p> <p>Clients A, B, C, and D came to the dining table at 6:00 PM and prepared to eat the meal of spaghetti with sauce and meatballs, tossed green salad with choice of dressing and garlic toast. No side vegetable was served. There was a kool aid type drink and water offered as beverages. No milk was</p>	W 0460	<p>continue at least twice monthly.</p> <p>W460: Each client must receive a nourishing, well balanced diet including modified and specially-prescribed diets. Corrective Action: (Specific): All staff in the location will be retrained on ensuring to follow the menu according to portions. All staff in the location will be retrained on using and providing the clients with the appropriate measuring utensils during meal times. New tools (spoodles) were purchased to provide accurate serving sizes for the clients.</p> <p>How others will be identified: (Systemic): The QIDP will be at the home at least 10 hours per week to monitor, coordinate and integrate all client program plans and ensure that staff is implementing all client plans as written and will conduct a meal time observation weekly. The Administrative staff completing the observations in the home will be ensuring that staff is implementing Client program plans. Administrative observations in the location will continue at least twice monthly.</p>	07/12/2018

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	<p>offered during the meal. At 6:06 PM, the clients began passing and serving themselves food. No measuring cups or spoons were observed to be used at the table to assist clients in taking measured portions. Staff did not offer guidance by modeling proper portioning of food items. Client B placed green salad in a bowl and poured dressing over it. RM #1 stated "Portion control, portion." RM #1 did not assist client B with measuring salad dressing or otherwise train him in portioning. Client A, C, and D served themselves at the meal but did not have measuring tools nor did they receive training in appropriate portioning. No dessert was offered the clients.</p> <p>Client A's record indicated on 6/6/18 at 3:27 PM he was on a regular diet. Client B's record was reviewed on 6/06/18 at 7:00 PM. The review indicated the client received a regular diet. Client C's record (reviewed 6/6/18 at 6:23 PM) indicated he was on a regular diet. Client D's record indicated (reviewed on 6/6/18 at 7:14 PM), he was on a regular diet.</p> <p>Review of the menu for the evening meal was done on 6/6/18 at 3:14 PM. The menu called for: 1/2 cup spaghetti (cooked pasta), 3/4 cup meat sauce, 1/2 cup zucchini, 1 cup garden salad, 2 tablespoons low fat dressing, 1 slice garlic bread, 1 cup skimmed milk, and 1/2 cup fruit gelatin.</p> <p>Interview with Qualified Intellectual Disability Professional #1 and Quality Assurance Manager #1 on 6/08/18 at 4:40 PM indicated it was the expectation of the facility to ensure staff offered training in portion control of foods if a client's diet order recommended portion control. The interview indicated the total menu or appropriate substitutions should be offered to the clients.</p>		<p>Measures to be put in place: All staff in the location will be retrained on ensuring to follow the menu according to portions. All staff in the location will be retrained on using and providing the clients with the appropriate measuring utensils during meal times. New tools (spoodles) were purchased to provide accurate serving sizes for the clients.</p> <p>Monitoring of Corrective Action: The QIDP will be at the home at least 10 hours per week to monitor, coordinate and integrate all client program plans and ensure that staff is implementing all client plans as written and will conduct a meal time observation weekly. The Administrative staff completing the observations in the home will be ensuring that staff is implementing Client program plans. Administrative observations in the location will continue at least twice monthly.</p>	

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

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OMB NO. 0938-039

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	Staff were to assist in training portions by means of measurement and modeling. Prompting clients verbally without otherwise offering guidance and measuring tools was not helpful training. 9-3-8(a)				