STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G193	A. BUILDING 00 B. WING	11/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE COMMUNITY ALTERNATIVES SE IN	13711 BENNETTSVILLE RD MEMPHIS, IN 47143

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W 0000 Bldg. 00	This visit was for a recertification and state licensure survey. This visit included the investigations of complaints #IN00181834 and #IN00182728. Complaint #IN00181834 - Unsubstantiated, allegation did not occur. Complaint #IN00182728 - Unsubstantiated, due to lack of sufficient evidence. Survey Dates: November 2, 4, 5, and 6, 2015. Facility Number: 000723 Provider Number: 15G193 Aim Number: 100234760 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/12/15.	W 0000		
W 0186 Bldg. 00	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on observation, record review and interview for 1 of 3 sampled clients (C), the facility failed to provide sufficient staff so client C could attend his community job. Findings include: During morning observations at the facility on 11/04/15 at 6:30 AM, client C independently dressed for his community job wearing a tee shirt with the company's logo on it. On 11/04/15 at 9:10 AM, client C was not at the workshop during observations there. Interview with workshop staff #1 on 11/04/15 at 10:00 AM indicated client C had a part-time community job. The interview indicated client C cleaned restrooms at an area restaurant before business hours from 9:00 AM to 10:00 AM Mondays and Wednesdays. Workshop staff #1 checked attendance records and found client C had missed work on October 21 and 28, 2015. Client	W 0186	**W186:** The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. **Corrective Action: (Specific):** All staff will be in-serviced on ensuring that all clients are transported to their community jobs as scheduled. The Residential Manager will be in-serviced on maintaining staffing ratios according to scheduled hours for the home at all times. **How others will be identified: (Systemic)** The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios are consistent with the scheduled hours for the home. The QIDP will visit the home at least twice weekly to ensure that staffing ratios are consistent with the scheduled hours for the home and the QIDP will speak with the Residential Manager daily to ensure that staffing ratios are consistent with the scheduled hours for the home.	12/06/2015

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	C had also missed work on November 2, 2015. The restaurant had notified Workshop staff #1 client C had not notified them of his absences. The interview indicated client C liked to work but his community job was in jeopardy due to his continued absences. Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 on 11/04/15 at 1:00 PM indicated the lack of staff at the facility impacted client C's community work schedule. 9-3-3(a)		**Measures to be put in place:** All staff will be in-serviced on ensuring that all clients are transported to their community jobs as scheduled. The Residential Manager will be in-serviced on maintaining staffing ratios according to scheduled hours for the home at all times. **Monitoring of Corrective Action:** The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios are consistent with the scheduled hours for the home. The QIDP will visit the home at least twice weekly to ensure that staffing ratios are consistent with the scheduled hours for the home and the QIDP will speak with the Residential Manager daily to ensure that staffing ratios are consistent with the scheduled hours for the home. **Completion date: 12/6/2015**	

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W 0189 Bldg. 00	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, record review and interview for 3 of 3 sampled clients (A, B, and C) and 3 additional clients (D, E and F), the facility failed to ensure staff who supervised the clients were able to administer medications. Findings include: Observations were conducted at the facility on 11/02/15 from 4:30 PM until 6:36 PM. Staff #4 was working with QIDP #1 (Qualified Intellectual Disabilities Professional). Staff #4 administered afternoon medications to clients A and B under the supervision of QIDP #1. On the morning of 11/04/15 from 5:20 AM until 8:30 AM observations were conducted. Staff #4 supervised clients A, B, C, D, E, and F alone until staff #5 arrived at 5:52 AM on 11/04/15 to administer the morning medications. According to staff #4 (11/4/15 at 5:25 AM), she had worked with clients alone	W 0189	**W189:** The facility must provide each employee with initial and continuing training that enables the employee to perform his or her job duties effectively, efficiently and competently. **Corrective Action: (Specific):** The Residential Manager will be in-serviced on maintaining staffing ratios according to scheduled hours for the home at all times and ensuring that all employees are observed by the nurse and approved to pass medications to the clients before working alone in the home. **How others will be identified: (Systemic)** The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios are consistent with the scheduled hours for the home. The QIDP will visit the home at least twice weekly to ensure that staffing ratios are consistent with the scheduled hours	12/06/2015

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	since 12:00 AM on 11/04/15. Staff #4 indicated she had not been observed by the nursing staff to complete the agency requirements to be able to pass medications independently to clients. Staff #4 indicated another staff was supposed to come to administer the clients' morning medications. Review of facility staff files on 11/04/15 at 11:45 AM indicated staff #4 had been hired on 10/26/15. Staff #4's personnel file indicated she had completed the classroom training for CORE A/B on 10/28/15. 9-3-3(a)		for the home and the QIDP will speak with the Residential Manager daily to ensure that staffing ratios are consistent with the scheduled hours for the home. The Residential Manager will ensure that all employees have received the required medication administration observations by the nurse and are approved to pass medications before being left alone in the home. The nurse will visit the home at least weekly to observe medication administration for new employees. **Measures to be put in place:** The Residential Manager will be in-serviced on maintaining staffing ratios according to scheduled hours for the home at all times and ensuring that all employees are observed by the nurse and approved to pass medications to the clients before working alone in the home. . **Monitoring of Corrective Action:** The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios are consistent with the scheduled hours for the home. The QIDP will visit the home at least twice weekly to ensure that staffing ratios are consistent with the scheduled hours for the home and the QIDP will speak with the Residential Manager	

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			daily to ensure that staffing ratios are consistent with the scheduled hours for the home. The Residential Manager will ensure that all employees have received the required medication administration observations by the nurse and are approved to pass medications before being left alone in the home. The nurse will visit the home at least weekly to observe medication administration for new employees. **Completion date: 12/6/2015**	
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 3 of 3 sampled clients (A, B, and C), the facility's nursing services failed to ensure clients' signs/symptoms of psychotropic medications were routinely documented. The facility's nursing staff failed to obtain recommended medical assessments for clients B and C. Findings include: Client B's morning medications were dispensed by staff #5 on 11/04/15 at 6:02 AM. Client B received the medication alprazolam (anti-anxiety/a scheduled	W 0331	**W331:** The facility must provide clients with nursing services in accordance with their needs. **Corrective Action: (Specific):** All staff will be in-serviced on ensuring that there is a descending count sheet for all controlled drugs and they are documenting administration on the descending count sheet. The Nurse will be in-serviced on the completion of an AIMS assessment to monitor for EPS at least every 6 months.	12/06/2015

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	drug) 0.5 milligrams. Client B's MAR 11/15 (Medication Administration Record) was reviewed at 6:10 AM on 11/02/15 and there was no descending count sheet for the 0.5 mg alprazolam tablets. Interview with staff #5 on 11/02/15 at 6:15 AM indicated the alprazolam medication should be counted/inventoried during every medication administration but there was no count sheet in the MAR for the medication. Client A's record was reviewed on 11/04/15 at 8:00 AM. The review indicated client A received psychotropic medications for behavior management. The client's 6/22/15 Physical Examination indicated his diagnosis included, but was not limited to,Tardive Dyskinesia, abnormal movements associated with psychotropic drug usage. Client A's 10/01/15 Risk Plan for EPS (Extra Pyramidal Side-effects) related to Psychotropic Medication Use indicated the nurse was to perform an AIMS (Abnormal Involuntary Movement Scale) with client A every six months to monitor his symptoms. The record review indicated no AIMS. Client B's record was reviewed on 11/02/15 at 7:45 AM. The review indicated client B received psychotropic		**How others will be identified:** **(Systemic)** The Residential Manager will be in the home at least five times weekly and will ensure that all controlled drugs have a descending count sheet in place and that staff are documenting all controlled medication administrations on the descending count sheet. The nurse will be in the home at least weekly and will ensure that all controlled drugs have a descending count sheet in place and that staff are documenting all controlled medication administrations on the descending count sheet. The nurse will make sure all controlled drugs have a descending count sheet at the beginning of the month when new MARs and physician orders are reviewed. The QIDP will visit the home at least weekly to ensure that all clients who are receiving psychotropic medications are having an AIMS assessment completed by the nurse at least every 6 months. **Measures to be put in place:** All staff will be in-serviced on ensuring that there is a descending count sheet for all controlled drugs and they are documenting administration on the descending count sheet. The Nurse will be in-serviced on the completion of an AIMS assessment to monitor for EPS at least every 6 months.	

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	medications. There was no evidence nursing staff was monitoring psychotropic drugs side effects for client B via an AIMS or other tool. Client B's record review indicated his last vision assessment was dated 11/01/13 and he was to be evaluated yearly. Client C's record was reviewed on 11/02/15 at 8:15 AM. The review indicated client C received psychotropic medication. There was no evidence nursing staff was monitoring psychotropic drugs side effects for client C via an AIMS or other tool. Client C's record review indicated no dietary assessment. QIDP (Qualified Intellectual Disabilities Professional) checked facility records and indicated on 11/02/15 at 3:00 PM no AIMS or other tool had been filled out on any of the clients (A, B or C) in the facility. There was no additional information concerning the missed medical evaluations for clients B and C. 9-3-6(a)		**Monitoring of Corrective Action:** The Residential Manager will be in the home at least five times weekly and will ensure that all controlled drugs have a descending count sheet in place and that staff are documenting all controlled medication administrations on the descending count sheet. The nurse will be in the home at least weekly and will ensure that all controlled drugs have a descending count sheet in place and that staff are documenting all controlled medication administrations on the descending count sheet. The nurse will make sure all controlled drugs have a descending count sheet at the beginning of the month when new MARs and physician orders are reviewed. The QIDP will visit the home at least weekly to ensure that all clients who are receiving psychotropic medications are having an AIMS assessment completed by the nurse at least every 6 months. **Completion date: 12/06/2015**	

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W 9999 Bldg. 00	State Findings The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met: 460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: 6. A service delivery site with a structural or environmental problem that jeopardizes or compromises the health or welfare of an individual. This state rule was not met as evidenced by: Based on record review and interview for 3 of 3 clients in the sample (clients A, B, C), and 4 additional clients (D, E, F, and G), the facility failed to submit an incident report regarding an infestation of bedbugs to the Bureau of Developmental Disabilities Services (BDDS) within 24	W 9999	**W9999:** The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: 6. A service delivery site with a structural or environmental problems that jeopardizes or compromises the health or welfare of an individual. **Corrective Action: (Specific):** QA will be in-serviced on reporting structural or environmental problems that jeopardize or compromise the health or welfare of an individual to BDDS and the BDDS reporting guidelines. **How others will be identified: (Systemic):** The Program Manager will review incident reports three times weekly with QA to ensure that all incidents and reports that require notification to BDDS are reported as per the BDDS reporting guidelines.	12/06/2015

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	hours. Findings include: On 11/02/15 at 4:35 PM, a review of the facility's visitors log indicated monthly visits to the facility for routine pest control by one certain company. On 8/01/15, a different company "...Advanced Pest Elimination" had been to the facility. This affected clients A, B, C, D, E, F and G. Review of BDDS reports on 11/02/15 at 1:30 PM and on 11/04/15 at 12:30 PM indicated no reports of bedbugs at the facility. Interview with Clinical Supervisor #1 on 11/06/15 at 11:15 AM indicated no evidence the bedbugs at the facility had been reported to BDDS. Confidential interview indicated client G, who had been discharged from the facility, had an infestation of bedbugs in the client's room. The facility had been cleaned and treated for the bedbugs. 9-3-1(b)		**Measures to be put in place:** QA will be in-serviced on reporting structural or environmental problems that jeopardize or compromise the health or welfare of an individual to BDDS and the BDDS reporting guidelines. **Monitoring of Corrective Action:** The Program Manager will review incident reports three times weekly with QA to ensure that all incidents and reports that require notification to BDDS are reported as per the BDDS reporting guidelines. **Completion date: 12/06/2015**	