STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G159	A. BUILDING 00 B. WING	05/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	1337 E SOUTHVIEW LN PAOLI, IN 47454

(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	This visit was for a predetermined full recertification and state licensure survey. This visit included the Covid-19 focused infection control survey. Survey Dates: 5/7/21, 5/10/21 and 5/11/21 Facility Number: 000695 Provider Number: 15G159 AIM Number: 100243150 This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/24/21.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility's governing body failed to exercise operating direction over the facility by failing to ensure the home remained in good repair. Findings include: On 5/10/21 from 5:59 AM to 8:26 AM, an observation was conducted at the group home. At 6:20 AM, dishes were sitting in a dish drainer next to the kitchen sink. At 7:06 AM, staff #1 filled a large pot with water and began heating the water on the stove. This affected clients #1, #2, #3, #4, #5, #6 and #7.	W 0104	ISSUE: The facility's governing body failed to exercise operating direction over the facility by failing to ensure the home remained in good repair. The dishwasher was not in working order. PLAN OF CORRECTION: Program Manager called in a work order to Aramark on 5/16/2021. The replacement dishwasher was delivered and installed on May 18, 2021. PERSONS RESPONSIBLE: Program Manager	06/01/2021

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G159	A. BUILDING 00 B. WING	05/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
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	On 5/10/21 at 6:22 AM, the RM (Resident Manager) stated, "The dishwasher does not work and has not in forever." The RM indicated a work order had been completed for the dishwasher. On 5/10/21 at 7:06 AM, staff #1 indicated the dishwasher was broken. Staff #1 stated, "We boil water to wash the kettles in and use paper plates for the clients to eat from since the dishwasher is broken." On 5/10/21 at 4:29 PM the DSL (Direct Support Lead) indicated the dishwasher had been broken for 5 months. The DSL stated, "We need a new dishwasher." On 5/11/21 at 11:52 AM, the QIDP (Qualified Intellectual Disabilities Professional) stated, "I was not aware the dishwasher was not operating." The QIDP indicated the dishwasher should be operational. The QIDP stated, "The dishwasher should be operational for sanitary conditions, especially due to COVID." 9-3-1(a)		DATE TO BE COMPLETED: This was completed on 5/18/2021.	