

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

PRINTED: 02/12/2020

FORM APPROVED

OMB NO. 0938-039

|   |  |   |                     |  |  |  |  |
|---|--|---|---------------------|--|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER<br><br>15G247 |                     | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING   |  | X3) DATE SURVEY<br>COMPLETED<br>01/08/2020 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>RES CARE COMMUNITY ALTERNATIVES SE IN |  |   |                     | STREET ADDRESS, CITY, STATE, ZIP COD<br>2401 CORNWELL DR<br>JEFFERSONVILLE, IN 47130   |  |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIE<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   |  | (X5)<br>COMPLETION<br>DATE                 |  |
| W 0000<br><br>Bldg. 00  | <p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Survey dates: January 6, 7 and 8, 2020.</p> <p>Facility Number: 000769<br/>Provider Number: 15G247<br/>AIM Number: 100248810</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.<br/>Quality Review of this report completed by #15068 on 1/21/20.</p>  |   | W 0000              |  |  |  |  |
| W 0104<br><br>Bldg. 00  | <p>483.410(a)(1)<br/>GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 4 of 8 clients (#5, #6, #7 and #8) living in the home, the facility's governing body failed to exercise operating direction over the facility by failing to ensure 1) client #5's border in his bedroom was not falling off his wall, 2) client #6 and #7's bathroom cabinet door in their shared bedroom was not broken and falling off and 3) client #8's curtain in his bedroom was free from dust and securely attached to the wall.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 1/6/20 from 4:09 PM to 6:48 PM and on 1/7/20 from 6:25 AM to 8:18 AM. The observations indicated the following:</p> |   | W 0104              | <p>1.The facility will insure all repairs are reported and completed in a timely manner. Staff will be retrained on the maintenance request process to ensure any and all staff are aware they can request a maintenance work order 24hours a day 7 days a week using 844-RESCARE.</p> <p>1.Maintenance reported to home and all deficiencies were repaired on January 9, 2020</p> <p><b>Persons Responsible:</b> Program Manager, Maintenance Manager, Business Manager, Area Supervisor, QIDP, Residential</p> |  | 01/08/2020                                 |  |

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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| W 0159<br><br>Bldg. 00  | <p>-At 7:29 AM, client #8 had a dust covered maroon curtain over his bedroom window which angled downward. The metal curtain rod was placed inside a plastic bracket from previous blinds that had been installed. The curtain was not attached or secured to the window framing or wall.</p> <p>-At 7:32 AM, client #5's room had a 1 foot section of border which hung down from the bedroom ceiling. Client #5's border was falling off his wall.</p> <p>-At 7:34 AM, clients #6 and #7's shared bathroom within their shared bedroom had a cabinet door broken on the right side which hung down.</p> <p>On 1/7/20 at 11:43 AM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked how clients #5, #6, #7 and #8's home should be maintained. The QIDP stated, "clean and well-kept in working order".</p> <p>On 1/7/20 at 12:00 PM, the Program Manager (PM) was interviewed. The PM was asked how clients #5, #6, #7 and #8's home should be maintained. The PM stated, "We want to make repairs as quickly as they're noted. The cabinet was relatively recent, but generally speaking we want the home in good repair". The PM shared photographs from his phone and indicated repairs had been initiated and completed for these environmental concerns.</p> <p>9-3-1(a)</p> <p>483.430(a)<br/>QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. Based on record review and interview for 2 of 3</p> |   |  | W 0159   | <p>Manager, and DSPs.</p> <p>1.The facility will insure each</p>   |  | 02/07/2020                 |

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|   | <p>sampled clients (#1 and #3), the Qualified Intellectual Disabilities Professional (QIDP) failed to integrate, coordinate and monitor the clients' program plans. The QIDP failed to ensure the clients' quarterly reviews addressed progress toward client #1 and client #3's training objectives.</p> <p>Findings include:</p> <p>On 1/7/20 at 1:58 PM, client #1's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 9/25/19, indicated the following objectives, "domestic skills, safety skills, pedestrian skills, money management, medication administration and personal space skills". No quarterly assessment for client #1's progress in these objectives was available for review for the months of April, May and June 2019.</p> <p>On 1/7/20 at 2:25 PM, client #3's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 4/20/19, indicated the following objectives, "domestic skills, safety skills, pedestrian skills, money management, medication administration and personal space skills". No quarterly assessment for client #3's progress in these objectives was available for review for February, March and April 2019.</p> <p>On 1/8/20 at 2:28 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked if all of client #1 and client #3's quarterly assessments were available for review and stated, "No". The QIDP was asked what quarterly documentation was missing. The</p> |  |  |   | <p>client's active treatment program is integrated, coordinated and monitored by a qualified intellectual disability professional. The QIDP will ensure the clients' quarterly reviews addressed progress toward training objectives.</p> <p>1. The Program Manager will retrain the QIDP on integrating client's active treatment program, coordination and monitoring and ensuring the clients' quarterly reviews address progress toward training objectives.</p> <p><b>Persons Responsible:</b> Program Manager, QIDP.</p> |  |                            |

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| W 0268<br><br>Bldg. 00  | <p>QIDP indicated client #1 was missing April, May and June 2019 and client #3 was missing February, March and April 2019 quarterly documentation.</p> <p>9-3-3(a)</p> <p>483.450(a)(1)(i)<br/>CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure clients #1, #2 and #3's fingernails were properly maintained.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 1/6/20 from 4:09 PM to 6:48 PM and 1/7/20 6:25 AM to 8:18 AM. The observation indicated the following:</p> <p>-At 5:37 PM, client #2 gestured to staff #5 to use the phone. Staff #5 assisted client #2 to use the phone. Client #2's nails on his thumb and fingers extended past the ends of his fingers on both hands.</p> <p>-At 6:41 AM, client #1 came out to the kitchen and sat beside staff #2 at the end of the table. Staff #2 began working with client #1 on goals and discussing personal space. Client #1 held both hands up and demonstrated the proper amount of distance to maintain personal space. As client #1 held his hands in the air, the thumb and finger nails of client #1 were visibly extended past the ends of his fingers.</p> <p>-At 7:11 AM, staff #5 was asked if she had</p> |   |  | W 0268   | <p>1.The facility will insure policies and procedures promote the growth, development and independence for each client.</p> <p>2.Nursing Services will ensure fingernail maintenance is scheduled in the facilities QuickMar system and staff will update the status weekly, and ensure Finger Nail care is complete.</p> <p>3.The Area supervisor will train the DSP Staff on the standard of fingernail hygiene.</p> <p><b>Persons Responsible:</b> Program Manager, Nursing, Area Supervisor, DSP.</p> |  | 02/07/2020                 |

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|   | <p>noticed how long client #1 and client #2's finger nails were. Staff #5 stated, "Yes". Staff #5 indicated the clients liked when staff #2 trimmed their nails. Staff #5 was asked how often nail care should occur and stated, "Once or twice a month, normally the podiatrist does them (toenails). [Staff #2] will do it (trim the fingernails)".</p> <p>-At 7:16 AM, staff #2 began working with client #2 to trim his nails and stated, "These are long" as she trimmed client #2's fingernails on his right hand. Client #2 then held his left hand up and showed her how long the nails were on his left hand.</p> <p>-At 7:19 AM, staff #2 was asked if nail care was documented anywhere. Staff #2 stated, "Uh, I'm unsure how to answer that". Staff #2 was asked if nail care was listed on the medication administration record and stated, "I'm not sure".</p> <p>-At 7:22 AM, staff #2 asked client #3 if his nails needed trimmed. Client #3 looked at his nails and stated, "Yeah". Staff #2 asked client #3 if he had his own finger nail trimmers. Client #3 indicated he was unsure.</p> <p>-At 7:53 AM, client #3 trimmed his nails with staff #2's present in the medication administration room. Staff #5 entered the medication room and stated, "We may have to look at that (trimming fingernails) once a week or so". Staff #2 was asked if client #1's finger nails had been trimmed while completing environmental observation and interviewing with staff #5 and stated, "Yes, I got that done while you were speaking with [staff #5]".</p> <p>On 1/7/20 at 11:43 AM, the Qualified Intellectual Disability Professional (QIDP) was interviewed.</p> |   |  |   |                            |  |  |

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| W 0336<br><br>Bldg. 00  | <p>The QIDP was asked about clients #1, #2 and #3's nail care. The QIDP stated, "I don't think we have a particular schedule, but the feet are taken care of by the Podiatrist for nail care".</p> <p>On 1/7/20 at 12:00 PM, the Program Manager (PM) was interviewed. The PM was asked about clients #1, #2 and #3's nail care. The PM stated, "I don't think there is a nail care plan. I don't think we have something specified". The PM was asked if the Podiatrist would take care of the feet, but not the fingernails and stated, "I think that is correct, yes".</p> <p>On 1/8/20 at 1:43 PM, the Nurse was interviewed. The Nurse was asked about clients #1, #2 and #3's nail care and documentation. The stated, "It should be on the MAR (medication administration record)". The Nurse reviewed the electronic system and then stated, "It's there, but not showing up for them to be able to sign". The Nurse was asked if documentation of clients #1, #2 and #3's nail care was available for review and stated, "No". The Nurse was asked if that was due to the electronic system not functioning properly and the Nurse stated, "It appears so". The Nurse indicated clients #1, #2 and #3 fingernails should be maintained and further follow up would be completed.</p> <p>9-3-5(a)</p> <p>483.460(c)(3)(iii)<br/>NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview for 2 of 3</p> |   |  | W 0336   | 1.The facility will insure clients   |  | 02/07/2020                 |

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|   | <p>sampled clients (#1 and #3), the facility's nursing services failed to maintain quarterly assessments to monitor the health status of clients #1 and #3.</p> <p>Findings include:</p> <p>On 1/7/20 at 1:58 PM, client #1's record was reviewed.</p> <p>-Nursing quarterly summaries were reviewed. No quarterly nursing assessment was available for July, August and September 2019.</p> <p>On 1/7/20 at 2:25 PM, client #3's record was reviewed.</p> <p>-Nursing quarterly summaries were reviewed. No quarterly nursing assessment was available for July, August and September 2019.</p> <p>On 1/8/20 at 11:40 AM, the Nurse was interviewed. The Nurse was asked about client #1 and client #3's quarterly assessments. The Nurse indicated the third quarter (July, August and September 2019) was missed and would not be available for review. The Nurse was asked if the health status of client #1 and client #3 during July, August and September 2019 would be reviewed during the fourth quarter and stated, "Yes, I will look all the way back to the second quarter".</p> <p>9-3-6(a)</p> |   |  |  | <p>certified as not needing a medical care plan, will receive a review of their health status on a quarterly basis.</p> <p>2.The facility's nursing services will ensure quarterly assessments to monitor the health status of clients are maintained.</p> <p>3.The Nurse Manager will train the Nurse on ensuring quarterly assessments are completed.</p> <p><b>Persons Responsible:</b> Nurse Manager, Nursing.</p> |  |                            |