STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G723	A. BUILDING 00 B. WING	09/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE COMMUNITY ALTERNATIVES SE IN	13009 HORIZON DR MEMPHIS, IN 47143

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W 0000 Bldg. 00	This visit was for the annual fundamental recertification and state licensure survey. Survey dates: September 15, 16, 17, 18 and 21, 2015. Facility Number: 004615 Provider Number: 15G723 AIM Number: 200528230 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review of this report completed by #09182 on 9/28/2015.	W 0000		
W 0124 Bldg. 00	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. Based on record review, observation, and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to obtain written informed consent from the client, parents,	W 0124	**W124:** The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian of the clients medical	10/20/2015

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

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	and/or legal guardian regarding authorization for the clients to attend the day Work Shop program. Findings include: During observation at the Group Home between 6:00 AM and 8:50 AM on 9/16/15, clients #1 and #2 were not attending the day work shop. Client #3 had left for the Day Program at 8:15 AM. Client #1's record review was completed on 9/17/15 at 11:42 AM. The record did not indicate the facility had received guardian approval for the client to attend the day work shop program. Client #2's record review was completed on 9/17/15 at 11:13 AM. The record did not indicate the facility had received guardian approval for the client to attend the day work shop program. Interview with the Qualified Intellectual Disabilities Professional (QIDP) took place on 9/17/15 at 12:49 PM. He stated "I faxed each of the clients' (#1 and #2) guardians the authorization to attend the work shop program some time ago and I haven't gotten a reply. I couldn't tell you when the last time I faxed the authorization to them (the guardians)."		condition, developmental and behavioral status, attendant risks of treatment and of the right to refuse treatment. **Corrective Action: (Specific):** Consents to attend workshop will be obtained from guardians for client #1 and #2. The QIDP will be in-serviced on obtaining consents from guardians for those documents, treatments and services that require guardian authorization and signature. **How others will be identified: (Systemic):** All other individuals in the home will have a record review to ensure that guardians have been notified, have approved and signed for services being provided. The Program Manager will review client files at least monthly to ensure that all documents and services that require guardian approval and signature are current. **Measures to be put in place:** Consents to attend workshop will be obtained from guardians for client #1 and #2. The QIDP will be in-serviced on obtaining consents from guardians for those documents, treatments and services that require guardian authorization and signature.	

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	The QIDP failed to obtain written informed consent for clients #1 and #2 to attend the day work shop program. 9-3-2(a)		**Monitoring of Corrective Action:** All other individuals in the home will have a record review to ensure that guardians have been notified, have approved and signed for services being provided. The Program Manager will review client files at least monthly to ensure that all documents and services that require guardian approval and signature are current. **Completion date: 10/20/2015**	
W 0140 Bldg. 00	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 1 of 2 sampled clients (#1) and 1 of 2 additional clients (#3), the facility failed to ensure a full and complete accounting of the clients' petty cash kept in the group home.	W 0140	**W140:** The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of the clients.	10/20/2015

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	Findings include: During an accounting with the Qualified Intellectual Disabilities Professional (QIDP) of clients #1, #2, #3 and #4 petty cash on 9/17/15 at 11:02 AM, client #1 should have had $248.14 available cash according to the Group Home cash ledger. The money counted by the QIDP totaled $247.11. Client #3 should have had $5.00 available cash according to the Group Home cash ledger. The money counted by the QIDP was $2.00. The QIDP stated "Obviously, we do not have an accurate accounting of these two clients' monies!" 9-3-2(a)		**Corrective Action: (Specific):** All staff and the Residential Manager will be in-serviced on the client finance policy and procedure. An investigation will be completed for client #1 and #3 regarding the discrepancy in funds available and funds that were documented on the finance ledger. Any funds not accounted for will be reimbursed to the clients. **How others will be identified: (Systemic):** All other clients in the home will have an audit of their finances completed to ensure that the funds listed on the finance ledger are consistent with the funds available in the home account. The QIDP will complete a finance audit at least weekly for every consumer residing in the home. The Program Manager will complete a finance audit at least monthly for every consumer in the home. **Measures to be put in place:** All staff and the Residential Manager will be in-serviced on the client finance policy and procedure. An investigation will be completed for client #1 and #3 regarding the discrepancy in funds available and	

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			funds that were documented on the finance ledger. Any funds not accounted for will be reimbursed to the clients. **Monitoring of Corrective Action:** All other clients in the home will have an audit of their finances completed to ensure that the funds listed on the finance ledger are consistent with the funds available in the home account. The QIDP will complete a finance audit at least weekly for every consumer residing in the home. The Program Manager will complete a finance audit at least monthly for every consumer in the home. **Completion date: 10/20/2015**	

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W 0192 Bldg. 00	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on record review and interview for 1 of 2 sampled clients (#1), the facility failed to ensure staff obtained a glucose level for the client. Findings include: During client #1's record review, a form entitled ResCare Community Alternatives Southeast IN Blood Glucose for client #1 indicated the client's blood sugar is checked morning, evening and night time (bedtime). An entry for 9/16/15 indicated the client's morning glucose was 111 and the evening glucose was 250. The was no entry for the night time blood glucose. Interview with the Group Home manager was completed on 9/17/15 at 12:24 PM.	W 0192	**W192:** For employees', who work with clients, training must focus on skills and competencies directed toward clients' health needs. **Corrective Action: (Specific):** All staff will be in-serviced on following all physician orders as written. **How others will be identified: (Systemic)** The Residential Manager will review each client's documentation in the home at least 5 times weekly to ensure timely and accurate completion. The nurse will review each client's documentation in the home at least weekly to ensure timely and accurate completion.	10/20/2015

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	He stated "I would assume since there is not an entry for the night time blood glucose, one was not actually completed." 9-3-3(a)		**Measures to be put in place:** All staff will be in-serviced on following all physician orders as written. **Monitoring of Corrective Action:** The Residential Manager will review each client's documentation in the home at least 5 times weekly to ensure timely and accurate completion. The nurse will review each client's documentation in the home at least weekly to ensure timely and accurate completion. **Completion date: 10/20/2015**	
W 0259 Bldg. 00	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 2 of 2 sampled clients (#1 and #2), plus 2 additional clients (#3 and #4), the facility failed to ensure clients #1, #2, #3 and #4's CFAs (Comprehensive Functional	W 0259	**W259:** At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.	10/20/2015

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	Assessments) were completed. Findings include: 1. Client #1's record was reviewed on 9/17/15 at 11:42 AM. The record did not indicate a CFA had been completed for the client. 2. Client #2's record was reviewed on 9/17/15 at 11:13 AM. The record did not indicate a CFA had been completed for the client. 3. Client #3's record was reviewed on 9/17/15 at 12:13 PM. The record did not indicate a CFA had been completed for the client, 4. Client #4's record was reviewed on 9/17/15 at 12:27 PM. The record did not indicate a CFA had been completed for the client. Interview with the QIDP (Qualified Intellectual Disabilities Professional) was completed on 9/17/15 at 12:40 PM. It indicated the binder containing the CFAs was lost. The QIDP stated "a copy of the original CFA is not kept at the facility's office. I have instructed [Group Home Manager] to complete CFAs again on all four clients."		**Corrective Action: (Specific):** The CFA for client #1, #2, #3 and #4 will be completed. The Residential Manager and the QIDP will be in-serviced on the completion of a CFA for all clients in the home at least annually and revisions when changes occur. **How others will be identified: (Systemic)** The Program Manager will visit the home at least monthly to ensure that all clients have a completed CFA on file that is completed at least annually. **Measures to be put in place:** The CFA for client #1, #2, #3 and #4 will be completed. The Residential Manager and the QIDP will be in-serviced on the completion of a CFA for all clients in the home at least annually and revisions when changes occur. **Monitoring of Corrective Action:** The Program Manager will visit the home at least monthly to ensure that all clients have a completed CFA on file that is completed at least annually.	

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	9-3-4(a)		**Completion date: 10/20/2015**	
W 0436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on record review and interview for 1 of 2 sampled clients (#1), the facility failed to obtain physician recommended eyeglasses for the client. Findings include: During client #1's record review on 9/17/15 at 11:42 AM, a form entitled Doctor's Orders And Progress Notes indicated client #1 had an appointment with the optometrist on 9/29/14 which indicated "patient needs to wear glasses full time. Not eligible with insurance to get spectacles at this time. 'Highly recommend client to purchase some." During interview with the Group Home	W 0436	**W436:** The facility must furnish, maintain in good repair and teach clients' to use and to make informed decisions about the use of dentures, eye glasses, hearing and other communication aids, braces and other devices identified by the interdisciplinary team as needed by the client. **Corrective Action: (Specific):** The Residential Manager and staff will be in-serviced on obtaining physician ordered adaptive equipment, maintaining all adaptive equipment in good repair and teaching the clients to use and to make informed decisions about use. Client #1's	10/20/2015

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	Manager on 9/17/15 at 12:20 PM, he stated "I was not aware of the eye doctor's recommendation for [client #1] to get glasses. It must have been overlooked." 9-3-7(a)		physician ordered glasses will be purchased. **How others will be identified: (Systemic)** The QIDP and the nurse will review all physician visit progress notes for each client at least weekly to ensure that all physicians ordered adaptive equipment has been purchased and is in the home. **Measures to be put in place:** The Residential Manager and staff will be in-serviced on obtaining physician ordered adaptive equipment, maintaining all adaptive equipment in good repair and teaching the clients to use and to make informed decisions about use. Client #1's physician ordered glasses will be purchased. **Monitoring of Corrective Action:** The QIDP and the nurse will review all physician visit progress notes for each client at least weekly to ensure that all physicians ordered adaptive equipment has been purchased and is in the home.	

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W 0440 Bldg. 00	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 2 of 2 sampled clients (#1 and #2), and 1 additional client (#3), the facility failed to ensure evacuation drills were conducted at least quarterly for all shifts of personnel. Findings include: Fire evacuation drills from 4/1/15 until the time of the survey with clients #1, #2, and #3 (client #4 admitted approximately 7/15/15) as participants were reviewed on 9/16/15 at 4:08 PM. The review indicated no fire evacuation drills for the evening and night shifts for the second quarter (April, May, June) of 2015. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 9/16/15 at 4:30 PM indicated only one fire drill was conducted on the day shift	W 0440	**Completion date: 02/02/2014** **W440:** The facility must hold evacuation drills at least quarterly for each shift of personnel. **Corrective Action: (Specific):** The Residential Manager and the staff will be in-serviced on the completion of evacuation drills at least quarterly for each shift of personnel. **How others will be identified: (Systemic)** The QIDP will review all evacuation drills at least weekly to ensure that evacuation drills are being completed for each shift of personnel at least quarterly. QA will begin monitoring evacuation drills at least monthly to ensure that evacuation drills are completed for each shift of personnel at least quarterly.	10/20/2015

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	during the 2nd quarter of 2015 on 6/17/15 at 1:07 PM. 9-3-7(a)		**Measures to be put in place:** The Residential Manager and the staff will be in-serviced on the completion of evacuation drills at least quarterly for each shift of personnel. **Monitoring of Corrective Action:** The QIDP will review all evacuation drills at least weekly to ensure that evacuation drills are being completed for each shift of personnel at least quarterly. QA will begin monitoring evacuation drills at least monthly to ensure that evacuation drills are completed for each shift of personnel at least quarterly. **Completion date: 10/20/2015**	

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W 0488 Bldg. 00	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 2 of 2 sampled clients (#1 and #2), and 2 additional clients (#3 and #4), the facility failed to assure that each client participated in preparation of the breakfast meal in a manner consistent with their developmental level. Findings include: During the 9/16/15 observation period between 6:00 AM and 8:50 AM, clients #1, #2, #3 and #4 sat in the living room watching television. Facility staff custodially prepared the breakfast meal consisting of orange slices, pancakes, syrup, coffee, and milk. Staff also set the table and placed the food items on the table without involving any of the clients.	W 0488	**W488:** The facility must assure that each client eats in a manner consistent with his or her developmental level. . **Corrective Action: (Specific):** All staff will be in-serviced on active treatment, family style dining and teaching during meal preparation and meal time. **How others will be identified: (Systemic)** The Residential Manager will be in the home at least five times weekly at meal times to ensure that active treatment, family style dining and teaching with each client is being completed consistent with his or her developmental level. The QIDP will	10/20/2015

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	Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 9/16/15 at 8:25 AM indicated that clients were hard to get motivated to prepare the breakfast meal. The QIDP stated "they (the clients) do fine preparing the lunch and dinner meals but breakfast is another story!" 9-3-8(a)		visit the home at least weekly at meal times to ensure that active treatment, family style dining and teaching with each client is being completed consistent with his or her developmental level. **Measures to be put in place:** All staff will be in-serviced on active treatment, family style dining and teaching during meal preparation and meal time. **Monitoring of Corrective Action:** The Residential Manager will be in the home at least five times weekly at meal times to ensure that active treatment, family style dining and teaching with each client is being completed consistent with his or her developmental level. The QIDP will visit the home at least weekly at meal times to ensure that active treatment, family style dining and teaching with each client is being completed consistent with his or her developmental level. **Completion date: 10/20/2015**	