

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G167	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/01/2016
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 749 SOUTH BEARS BEND ROAD FRENCH LICK, IN 47432
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: July 26, 27, 28, 29 and August 1, 2016.</p> <p>Facility number: 000701 Provider number: 15G167 AIM number: 100248800</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/12/16.</p>	W 0000		
W 0159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 1 of 3 additional clients (#4), the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor client #4's active treatment program. The QIDP failed to implement a log in order to verify staff were conducting 15 minute checks on client #4.</p>	W 0159	<p>W159: Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.</p> <p>Corrective Action: (Specific):</p>	08/31/2016

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 days 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>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/26/16 at 3:45 PM. A BDDS report submitted on 7/24/16 indicated "on 7/22/16 clients were getting ready to leave the group home for day program when [client #4] went outside to smoke a cigarette around 8:00 AM. A couple of minutes later staff went outside to tell him that it was time to leave but [client #4] was not outside. Staff checked around the house and inside but he could not be located. The QIDP was notified and instructed staff to call the police. A report was filed and a description of [client #4] was given to police. QIDP and police searched the nearby area for [client #4] but could not locate him. [Client #4] has safe pedestrian skills, was dressed for the day, and took his lunch with him. Around 5:00 PM [client #4] was located in the closet in his room. He would not tell staff when he had returned to the site. He was taken to the ER (emergency room) as a precautionary measure and no concerns were noted. The team was notified of the information. HRC (Human Rights Committee) approval was given to implement 15 minute checks and alarms for the doors in the house and [client #4's] bedroom window. Staff will continue to monitor [client #4] more closely and report any concerns to the team immediately."</p> <p>The QIDP was interviewed on 7/26/16 at 6:20 AM. When asked about the 15 minute checks staff were supposed to be conducting on client #4, she stated "we don't have a 15 minute log sheet for staff to initial when they actually check on [client #4]. I just assume they (the staff) are doing it. I will ask the office if we should be utilizing a log sheet for them (15 minute checks)."</p>		<p>The QIDP will be re-trained on the implementation of a log to verify that staff is conducting 15 minute checks. The log has been implemented to verify that staff is completing the 15 minute checks for client #4.</p> <p>How others will be identified: (Systemic): The Program Manager will follow up with the QIDP after incidents that require specific monitoring of clients by staff to ensure that log forms are implemented to verify that specific monitoring is being completed.</p> <p>Measures to be put in place: The QIDP will be re-trained on the implementation of a log to verify that staff is conducting 15 minute checks. The log has been implemented to verify that staff is completing the 15 minute checks for client #4.</p> <p>Monitoring of Corrective Action: The Program Manager will follow up with the QIDP after incidents that require specific monitoring of clients by staff to ensure that log forms are implemented to verify that specific monitoring is being completed.</p>	

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W 0249 Bldg. 00	<p>In a subsequent interview with the QIDP on 7/28/16 at 12:15 PM, she stated "I checked with the office and they faxed this form, 15 minute check sheet, to me. I was instructed to start using it (the form) for [client #4's] 15 minute checks."</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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 record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure the client received continuous active treatment by not following his dietary plan in regards to lunches sent to the day program.</p> <p>Findings include:</p> <p>During observation at the day program on 7/27/16 from 10:00 AM until 11:00 AM, client #2 was observed as a participant.</p>	W 0249	<p>Completion date: 8/31/2016</p> <p>W249: 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>	08/31/2016

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9-3-4(a)	<p>During interview with the day program DSP (direct support staff) on 7/27/16 at 10:30 AM, she stated "on several occasions, including today, the group home has sent a whole apple in [client #2's] lunch. He had a choking incident back in January. That was when they (facility staff) changed his dining plan to indicate all foods are to be cut into 1" (inch) bite sized pieces. I don't mind cutting the apple up into pieces, but the group home staff should be doing it."</p> <p>Client #2's record review was completed on 7/28/16 at 11:15 AM. A form entitled "Group Home Quarterly Nutrition Assessment" dated 6/20/16 and signed by the Registered Dietitian indicated "all foods cut in 1" (inch) pieces." A form entitled "Dining Plan for [Client #2]" signed and dated by the facility nurse on 1/29/16 indicated "Food textures - all foods need to be cut into 1" (inch) bite sized pieces."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 7/28/16 at 12:15 PM. She stated "the staff know all his (client #2) food should be cut into bite size pieces. I'm not sure why they are not doing it. I will have to in-service them."</p>		<p>Corrective Action: (Specific): All staff at the home will be re-trained on client #2's dining plan as well as all other clients in the home.</p> <p>How others will be identified: (Systemic): The Residential Manager will be at the home at least three times weekly and will ensure that lunches prepared for day service are prepared according to all clients dining plans.</p> <p>Measures to be put in place: All staff at the home will be re-trained on client #2's dining plan as well as all other clients in the home.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least three times weekly and will ensure that lunches prepared for day service are prepared according to all clients dining plans.</p> <p>Completion date: 8/31/2016</p>	

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W 0369 Bldg. 00	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (#1), the facility failed to ensure client #1's Natural Fiber powder was given according to the physician's orders.</p> <p>Findings include:</p> <p>During the morning medication pass conducted by the group home manager on 7/27/16 at 6:00 AM, client #1 self administered 2 teaspoons of Natural Fiber in water. The Natural Fiber container indicated "take 2 tablespoons with beverage of choice."</p> <p>Client #1's record review was completed on 7/28/16 at 10:20 AM. Client #1's 8/1/16 physician's orders indicated client #1 received "Natural Fiber - give 2 tablespoons in 8 oz. (ounces) of beverage of choice". Client #1's ISP (Individual</p>	W 0369	<p>W369: The system for drug administration must assure that all drugs, including those that are not self-administered, are administered without error.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on the medication administration policy.</p> <p>How others will be identified: (Systemic): The Residential Manager will be at the home at least three times weekly and observe medication administration to ensure that all client medications are being administered without error. Medication observations will be documented on the medication observation form. The nurse will complete a medication</p>	08/31/2016

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	<p>Support Plan) dated 7/31/15 indicated "Goal area - Self-medication, Goal #3 - To improve self-medication skills."</p> <p>The group home manager was interviewed on 7/27/16 at 6:00 AM. She stated "the doctor's orders say [client #1] should take 2 tablespoons of Natural Fiber in 8 ounces of a beverage of his choice - not 2 teaspoons. I didn't even notice [client #1] was using a teaspoon. I'll have to contact the nurse to see what I need to do."</p> <p>In a subsequent interview with the group home manager on 7/28/16 at 12:15 PM, she handed this surveyor a form entitled "Medication Error Report". It indicated "List medications or treatments involved in error - Natural Fiber Powder. Nurse's recommendations - going to start measuring it (Natural Fiber) in a medicine cup. Error resolved by giving client 20 cc's (cubic centimeters) of powder to make up what was not given - training is being put in place. Additional information - [client #1] had a teaspoon instead of a tablespoon." She stated "I reported the medication error yesterday to the nurse."</p> <p>9-3-6(a)</p>		<p>observation at the home at least weekly to ensure that medications are being administered without error and document the observations on the medication observation form.</p> <p>Measures to be put in place: All staff at the home will be re-trained on the medication administration policy.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least three times weekly and observe medication administration to ensure that all client medications are being administered without error. Medication observations will be documented on the medication observation form. The nurse will complete a medication observation at the home at least weekly to ensure that medications are being administered without error and document the observations on the medication observation form</p> <p>Completion date: 8/31/2016</p>	

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W 0488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) and 2 of 3 additional clients (#4 and #6), the facility failed to ensure the staff encouraged the clients to independently serve themselves.</p> <p>Findings include:</p> <p>During evening observation at the group home between 3:15 PM and 6:00 PM, clients #1, #2, #3, #4, #5 and #6 were either in the living room watching television, receiving 4:00 PM medications or helping to prepare the dinner meal. Clients #1 and #5 were preparing the dinner meal consisting of hamburgers, hamburger buns, green beans, macaroni salad, tea and/or skim milk.</p> <p>-- 4:30 PM - Client #1 set the dinner table</p>	W 0488	<p>W488: The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on encouraging all clients to independently serve themselves at meals.</p> <p>How others will be identified: (Systemic): The Residential Manager will be at the home at least three times weekly and observe dining to ensure that staff is encouraging all clients to independently serve themselves at meals.</p>	08/31/2016

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	<p>with plates, cups, napkins and silverware.</p> <p>-- 4:45 PM - Client #1 placed uncooked hamburger patties on a foil covered broiler pan and placed it in the oven.</p> <p>-- 4:55 PM - Staff assisted client #1 in placing green beans in a cooking pot on the stove.</p> <p>-- 5:15 PM - Client #5 placed a hamburger bun on each client's plate.</p> <p>-- 5:16 PM - Client #5 placed a hamburger patty on the bun of each client's plate.</p> <p>-- 5:18 PM - Client #5 placed a cup of macaroni salad on each client's plate.</p> <p>-- 5:20 PM - Client #5 utilized a ladle and put 1 cup of green beans on each client's plate.</p> <p>-- 5:20 PM - Staff prompted all clients to wash their hands and to be seated at the dining room table.</p> <p>During this observation period clients #1, #2, #3, #4, and #6 were not verbally prompted to serve themselves at every available opportunity.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 7/28/16 at 12:15 PM, the QIDP: __ Indicated the staff were to assist the clients by encouraging them to serve themselves with verbal prompting. __ Indicated one client shouldn't be</p>		<p>Measures to be put in place: All staff at the home will be re-trained on encouraging all clients to independently serve themselves at meals.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least three times weekly and observe dining to ensure that staff is encouraging all clients to independently serve themselves at meals.</p> <p>Completion date: 8/31/2016</p>	

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	<p>serving the rest of the clients' food.</p> <p>9-3-8(a)</p>				