STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G442	A. BUILDING 00 B. WING	12/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE COMMUNITY ALTERNATIVES SE IN	402 EWING LN JEFFERSONVILLE, IN 47130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 fundamental annual recertification and state licensure survey. Dates of Survey: 12/1/15, 12/2/15, 12/3/15, 12/4/15 and 12/9/15. Facility Number: 000956 Provider Number: 15G442 AIMS Number: 100244760 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/15/15.	W 0000		
W 0125 Bldg. 00	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure clients #1, #2, #3, #4, #5, #6, #7	W 0125	**W125:** The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients	01/08/2016

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

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	and #8's individual rights were not violated by restricting their access to soda and snacks. Findings include: Observations were conducted at the group home on 12/2/15 from 6:00 AM through 8:00 AM. At 6:00 AM, 6 cans of soda were on the kitchen table with no clients present at the table. At 6:45 AM, client #4 was seated at the table and placed one can of soda in her lunch bag for day services. Client #4 indicated she gets to take one can of soda to workshop in her lunch each day and one soda in the evening while at the home. Client #4 indicated the soda and snacks were kept locked in the closet. The kitchen closet was secured with a padlock. Interview with client #4 on 12/2/15 at 6:45 AM indicated staff (unspecified) had placed the cans of soda on the table for the clients to pack in their lunches. Client #4 indicated the soda and snack items are kept in a locked closet. When asked if she could keep soda or snacks that she purchased, client #4 stated, "Yes, we can have soda and snacks. Staff keep it in the closet." Interview with staff #1 on 12/2/15 at 6:50 AM indicated soda and snacks are kept in		of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. **Corrective Action: (Specific):** All client plans have been reviewed and none of the client's requires restriction of soda and snacks. The soda and snacks are no longer locked and clients have free access. The Residential Manager and all staff will be in-serviced on client rights. **How others will be identified: (Systemic):** The QIDP will visit the home at least twice weekly to ensure that clients are being encouraged to exercise their rights and there are no restriction's in place that are not warranted or addressed in client program plans. The Program Manager will visit the home at least once a week to ensure that clients are being encouraged to exercise their rights and that there are no restrictions in place that are not warranted or addressed in client program plans. **Measures to be put in place:** All client plans have been	

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	a locked closet. Staff #1 indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 did not have soda or snacks in their personal bedrooms to ensure pest control. 1. Client #1's record was reviewed on 12/2/15 at 12:36 PM. Client #1's ISP (Individual Support Plan) dated 5/15/15, BSP (Behavior Support Plan) dated 5/15/15, CFA (Comprehensive Functional Assessment) dated 6/1/15 or diet orders as listed on her 11/26/15 Physician's Orders did not indicate documentation of the assessed need to restrict client #1's access to soda or snacks. 2. Client #2's record was reviewed on 12/2/15 at 10:51 AM. Client #2's ISP dated 3/29/15, BSP dated 5/7/15 or diet orders as indicated on her 11/26/15 Physician's Orders did not indicate documentation of the assessed need to restrict client #2's access to soda or snacks. 3. Client #3's record was reviewed on 12/2/15 at 9:57 AM. Client #3's ISP dated 12/11/14 or diet orders as indicated on her 11/26/15 Physician's Orders did not indicate documentation of the assessed need to restrict client #3's access to soda or snacks.		reviewed and none of the client's requires restriction of soda and snacks. The soda and snacks are no longer locked and clients have free access. The Residential Manager and all staff will be in-serviced on client rights. **Monitoring of Corrective Action:** The QIDP will visit the home at least twice weekly to ensure that clients are being encouraged to exercise their rights and there are no restriction's in place that are not warranted or addressed in client program plans. The Program Manager will visit the home at least once a week to ensure that clients are being encouraged to exercise their rights and that there are no restrictions in place that are not warranted or addressed in client program plans. **Completion date: 01/08/2016**	

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	4. Client #4's record was reviewed on 12/2/15 at 9:55 AM. Client #4's ISP dated 2/5/15, BSP dated 11/14/14 or diet orders as indicated on her 11/26/15 Physician's Orders did not indicate documentation of the assessed need to restrict client #4's access to soda or snacks. 9-3-2(a)			
W 0218 Bldg. 00	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to assess the extent to which corrective, orthotic, or supportive adaptive devices (walker) would impact client #1's functional status. Findings include: Observations were conducted at the group home on 12/1/15 from 5:00 PM through 6:00 PM. Client #1 utilized a walker to ambulate through the group home. Observations were conducted at the group home on 12/2/15 from 6:00 AM	W 0218	**W218:** The comprehensive functional assessment must include sensorimotor development. **Corrective Action: (Specific):** Client #1's comprehensive functional assessment will be reviewed specific to sensorimotor development and results of the assessment will be included in the ISP. Client #1 will be referred back to OT/PT for evaluation of gait and use of walker for ambulation. Any recommendation from OT/PT	01/08/2016

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	through 8:00 AM. At 6:46 AM, client #1 entered the home's kitchen area from her bedroom. Client #1 ambulated/walked to the kitchen without using a walker. Staff #1 redirected client #1 to return to her bedroom to retrieve her walker. Client #1 returned to her bedroom without staff assistance. At 7:45 AM, client #1 returned to the kitchen area from her bedroom area without utilizing her walker. Staff #1 redirected client #1 to return to her bedroom to retrieve her walker. Client #1 returned to her bedroom, retrieved her walker and returned to the kitchen area. HM (Home Manager) #1 was interviewed on 12/2/15 at 1:38 PM. HM #1 indicated staff working with client #1 should encourage client #1 to utilize her walker while ambulating in the home. HM #1 indicated staff should walk/beside client #1 while walking in the home without her walker. HM #1 indicated client #1 should utilize a walker due to her history of falls. Client #1's record was reviewed on 12/2/15 at 12:36 PM. Client #1's ISP (Individual Support Plan) dated 5/15/15 did not indicate documentation of client #1's need for the use of a walker for ambulation. Client #1's Physician's Orders dated 11/2015 did not indicate client #1 should utilize a walker for		will be referred to the PCP for an order and will be added to client #1's ISP. All staff will be in-serviced on changes and implementation of those changes if any are made. **How others will be identified: (Systemic):** All other client's comprehensive functional assessments will be reviewed to ensure that all identified areas are addressed in client program plans. The QIDP will visit the home at least twice weekly to ensure that all recommendations and training opportunities are included in client program plans and staff is following all recommendations as written. The Nurse will visit the home at least weekly to ensure that all recommendations and orders from outside health care providers are in place and being followed in the home. **Measures to be put in place:** Client #1's comprehensive functional assessment will be reviewed specific to sensorimotor development and results of the assessment will be included in the ISP. Client #1 will be referred back to OT/PT for	

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	ambulation. Client #1's OT (Occupational Therapy)/PT (Physical Therapy) evaluation dated 4/3/14 indicated client #1 was assessed for an unsteady gait. The 4/3/14 OT/PT evaluation did not indicate documentation of recommendations for the use of a walker for ambulation. Client #1's record did not indicate documentation of additional OT/PT assessments or recommendations since 4/3/14. Nurse #1 was interviewed on 12/2/15 at 2:06 PM. Nurse #1 indicated client #1 utilized a walker for ambulation. Nurse #1 indicated staff should encourage client #1 to use the walker or provide stand by assistance when client #1 walks/ambulates without the walker. Nurse #1 indicated client #1 had a history of falls. Nurse #1 indicated there was not additional document of OT/PT assessment or recommendations regarding client #1's ambulation needs. Program Manager (PM) #1 was interviewed on 12/2/15 at 1:38 PM. PM #1 indicated client #1 should be reassessed regarding her ambulation needs. 9-3-4(a)		evaluation of gait and use of walker for ambulation. Any recommendation from OT/PT will be referred to the PCP for an order and will be added to client #1's ISP. All staff will be in-serviced on changes and implementation of those changes if any are made. **Monitoring of Corrective Action:** All other client's comprehensive functional assessments will be reviewed to ensure that all identified areas are addressed in client program plans. The QIDP will visit the home at least twice weekly to ensure that all recommendations and training opportunities are included in client program plans and staff is following all recommendations as written. The Nurse will visit the home at least weekly to ensure that all recommendations and orders from outside health care providers are in place and being followed in the home. **Completion date: 01/08/2016**	

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W 0263 Bldg. 00	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 3 of 4 sampled clients who utilized psychotropic medications (#1, #2 and #4), the facility failed to ensure clients #1, #2 and #4 or their individual guardians gave their written informed consent for the use of psychotropic medications for behavior management. Findings include: 1. Client #1's record was reviewed on 12/2/15 at 12:36 PM. Client #1's ISP (Individual Support Plan) dated 5/15/15 indicated client #1 had a legal guardian. Client #1's BSP (Behavior Support Plan) dated 5/15/15 indicated client #1 received Clonazepam (anxiety), Prozac (anxiety) and Abilify (anxiety) for the management of her behaviors. Client #1's record did not indicate documentation of client #1's written informed consent for the use of Clonazepam, Prozac or Abilify for the management of client #1's behavior. 2. Client #2's record was reviewed on 12/2/15 at 10:51 AM. Client #2's ISP dated 3/29/15 indicated client #2 was an	W 0263	**W263:** The committee should insure that these programs are being conducted only with written informed consent of the client, parents (if the client is a minor) or legal guardian. **Corrective Action: (Specific):** The QIDP will be in serviced on obtaining written informed consent from clients, parents (if client is a minor) or the legal guardian for all psychotropic medications for behaviors. Written informed consent will be obtained for psychotropic medications ordered for behaviors from the client, parent (if client is a minor) or legal guardian for clients #1, #2 and #4. **How others will be identified: (Systemic): A**ll other clients in the home will have their program plans reviewed to ensure that written informed consent has been obtained by the client,	01/08/2016

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	emancipated adult. Client #2's BSP indicated client #2 received Fanapt (depression), Lamotrigine (post traumatic stress disorder), Ropinirole (depression) and Seroquel (conduct disorder). Client #2's record did not indicate documentation of client #2's written informed consent for the use of Fanapt, Lamotrigine, Ropinirole or Seroquel for the management of client #2's behavior. 3. Client #4's record was reviewed on 12/2/15 at 9:55 AM. Client #4's ISP dated 2/5/15 indicated client #4 was an emancipated adult with an advocate. Client #4's BSP dated 11/14/14 indicated client #4 received Zyprexa (PS (Paranoid Schizophrenia), Loxitane (PS), Neurontin (PS) and Klonopin (PS). Client #4's record did not indicate documentation of client #4 or her advocate's written informed consent for the use of Zyprexa, Loxitane, Neurontin or Klonopin for the management of client #4's behavior. Program Manager (PM) #1 was interviewed on 12/2/15 at 1:38 PM. PM #1 indicated the facility should obtain clients #1, #2 and #4 or their individual guardian's written informed consent prior to the use of psychotropic medication for the management of clients #1, #2 and #4's behavior.		parent (if client is a minor) or legal guardian for all psychotropic medications prescribed for behaviors. The Program Manager will visit the home at least weekly to ensure that all psychotropic medications have written informed consent from the client, parent (if the client is a minor) or legal guardian. **Measures to be put in place:** The QIDP will be in serviced on obtaining written informed consent from clients, parents (if client is a minor) or the legal guardian for all psychotropic medications for behaviors. Written informed consent will be obtained for psychotropic medications ordered for behaviors from the client, parent (if client is a minor) or legal guardian for clients #1, #2 and #4. **Monitoring of Corrective Action: A**ll other clients in the home will have their program plans reviewed to ensure that written informed consent has been obtained by the client, parent (if client is a minor) or legal guardian for all	

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	9-3-4(a)		psychotropic medications prescribed for behaviors. The Program Manager will visit the home at least weekly to ensure that all psychotropic medications have written informed consent from the client, parent (if the client is a minor) or legal guardian. **Completion date: 01/08/2016**	