

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 04/14/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 749 SOUTH BEARS BEND ROAD FRENCH LICK, IN 47432
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W 0000 Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey. This visit included the Covid-19 focused infection control survey.</p> <p>Survey Dates: 4/12/21, 4/13/21 and 4/14/21.</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 4/22/21.</p>	W 0000		
W 0455 Bldg. 00	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review and interview for 7 of 7 clients (#1, #2, #3, #4, #5 #6 and #7) in the group home, the facility failed to ensure staff working in the home implemented proactive/preventative infectious Covid-19 control measures and ensured clients washed or sanitized their hands prior to receiving medications.</p> <p>Findings include:</p> <p>On 4/13/21 from 5:51 AM to 8:34 AM, an observation was conducted at the group home. At 6:10 AM, staff #2 entered the group home. Staff #2 did not take her temperature or complete screening questions. At 6:14 AM, client #2 came</p>	W 0455	<p>ISSUE: Facility failed to ensure staff working in the home implemented proactive/preventative infectious Covid-19 control measures and ensured clients washed or sanitized their hands prior to receiving medications.</p> <p>PLAN OF CORRECTION: Facility will provide a retraining on proper handwashing and covid-19 protocols prior to medication administration. Area Supervisor will do spontaneous checks on the home to ensure these measures are being followed through.</p>	05/05/2021

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 disclosed 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>to the medication room for medication pass. Staff #3 did not prompt client #2 to wash or sanitize his hands. At 6:22 AM, staff #3 did not prompt client #3 to wash or sanitize his hands prior to receiving his medications. At 6:33 AM, staff #3 did not prompt client #1 to wash or sanitize his hands prior to receiving his medications. At 6:35 AM, staff #3 did not wash or sanitize his hands prior to administering medications to client #4. Staff #3 did not prompt client #4 to wash or sanitize his hands prior to receiving his medications. At 6:45 AM, staff #3 did not prompt client #7 to wash or sanitize his hands prior to receiving his medications. This affected clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 4/13/21 at 6:17 AM, staff #3 indicated training in regards to maintaining infection control for Covid included keeping surfaces clean between clients, sanitizing hands and taking the temperatures of the clients. Staff #3 indicated staff were to take their temperature and complete screening questions when they enter the home.</p> <p>On 4/13/21 at 6:50 AM, staff #3 stated, "We are probably supposed to encourage the clients to sanitize their hands at medication pass to prevent the spread of Covid or any other illness."</p> <p>On 4/13/21 at 8:29 AM, the RM (Resident Manager) indicated staff were to wear a mask at all times, take their temperature and complete screening questions when they enter the group home. The RM stated, "Yes, [staff #2] should have taken her temperature and completed screening questions."</p> <p>On 4/13/21 at 2:01 PM, the QIDP (Qualified Intellectual Disabilities Professional) and AS (Area Supervisor) were interviewed. The AS</p>		<p>In-service/retraining attached.</p> <p>PERSONS RESPONSIBLE: Residential Manager, Area Supervisor, Quality Assurance, Program Manager</p> <p>DATE TO BE COMPLETED: Date completed 5/3/2021</p>				

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	<p>stated, "Yes, staff are to encourage the clients to wash or sanitize their hands before receiving their medications." The AS and QIDP indicated staff were to take their temperature at their personal homes before arriving to the group home. The AS and QIDP indicated staff were to again take their temperatures when they arrived at the group home. The AS indicated staff send her a text message of their temperature before they leave their home. The AS stated, "The staff called me and informed me that she forgot to take her temperature when she arrived at the group home this morning."</p> <p>The CDC (Center for Disease Control) website https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html#source-control was reviewed on 4/13/21 at 12:39 PM. The CDC website indicated the following:</p> <ul style="list-style-type: none"> - "Have a plan for visitor and personnel restrictions - Designate one or more facility employees to actively screen all visitors and personnel, including essential consultant personnel, for the presence of fever and symptoms consistent with COVID-19 before starting each shift/when they enter the building. Send visitors and personnel home if they have a fever (temperature of 100.0 oF (degrees) or greater) or symptoms consistent with COVID-19." - "Educate residents, family members, and personnel about COVID-19: <ul style="list-style-type: none"> · Describe actions residents and personnel can take to protect themselves in the facility, emphasizing the importance of social (physical) distancing, hand hygiene, respiratory hygiene and cough etiquette, and source control. 			

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W 9999 Bldg. 00	<p>Encourage source control</p> <ul style="list-style-type: none"> ·Everyone in the facility should practice source control. ·Personnel should wear a facemask (or cloth face covering if facemasks are not available or only source control is required) at all times while they are in the facility. ·Visitors should wear a cloth face covering while in the facility. <p>Source Control: Use of a cloth face covering or facemask to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing."</p> <p>9-3-7(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-1 Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: 15) A fall resulting in injury, regardless of the severity of the injury.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 1 incident/investigative report reviewed affecting client #1, the facility failed to ensure client #1's fall</p>	W 9999	<p>ISSUE: Facility failed to ensure client #1's fall was reported to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours in accordance with state law.</p> <p>PLAN OF CORRECTION: Per state guidelines incident reporting must occur timely. All staff will be retrained on proper incident reporting to prevent late submissions in the future, and comply with state standards.</p> <p>Inservice/Training attached.</p> <p>PERSONS RESPONSIBLE: Area Supervisor, Quality Assurance, QIDP, Program Manager, Nursing,</p>	05/05/2021

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	<p>was reported to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours in accordance with state law.</p> <p>Findings include:</p> <p>On 4/12/21 at 12:03 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>On 6/11/20 at 8:30 AM (reported to BDDS on 6/15/20), "[Client #1] and housemates had been transported to Dr office for appointment. When parked, [client #1] moved across housemate to leave van. [Client #1] missed the van steps and fell, landing on his hands and elbows. [Client #1] sustained a 1/2 inch abrasion on his right palm, three 1/16 inch abrasions on his left palm, a 1/4 inch abrasion on his left elbow, and a 1/4 inch abrasion with a 1/4 inch bruise on his right elbow. Nurse at Dr office applied first aid."</p> <p>On 4/13/21 at 1:52 PM, the QIDP (Qualified Intellectual Disabilities Professional) and AS (Area Supervisor) were interviewed. The QIDP indicated the group home staff were responsible for faxing the IR (Incident Report) to the QA (Quality Assurance) Department the day of the incident after they had made contact with the AS and the nurse. The QIDP indicated QA files the report with BDDS, but QA does not always receive the faxed IR report. The AS indicated staff had been trained to complete a follow-up with QA by either calling or sending an email or text message to confirm receipt of the IR.</p> <p>On 4/13/21 at 2:33 PM, the QIDP stated, "I completed the investigation into the fall on 6/15/20 and sent the investigation report to QA." The QIDP indicated QA responded they (the QA</p>		<p>Associate ED</p> <p>DATE TO BE COMPLETED: Completed 5/3/2021</p>	

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

PRINTED: 05/07/2021
FORM APPROVED
OMB NO. 0938-039

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	<p>Department) had not received information in regard to the fall incident. The QIDP indicated it was the fall investigation which prompted QA to file the BDDS report on 6/15/20. The QIDP indicated BDDS reports were to be filed within 24 hours of the incident. The QIDP indicated staff at the group home did not ensure the fax had been received by QA.</p> <p>9-3-1(b)</p>				