

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G167	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/09/2017
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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 an investigation of Complaint #IN00216930.</p> <p>Complaint #IN00216930: Substantiated, federal/state deficiencies related to the allegation(s) were cited at W262 and W263.</p> <p>Dates of Survey: 2/1, 2/2, 2/3, 2/4 and 2/9, 2017.</p> <p>Facility Number: 000701 AIM Number: 100248800 Provider Number: 15G167</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 2/27/17.</p>	W 0000		
W 0262  Bldg. 00	<p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and</p>			

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>monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A) who took a behavior control medication, the facility failed to obtain approval/review from the Human Rights Committee for the medication.</p> <p>Findings include:</p> <p>Review of client A's record was completed on 2/2/17 at 3:30 PM. The physician's orders dated 5/1 - 5/31/16 indicated client A received "Lithium 300 mg (milligrams) BID (twice daily) for bipolar disorder." An IDT (Interdisciplinary Team) meeting note dated 5/9/16 indicated "Talked about his mania, his medications, [Name of Psychiatrist] wants to start a new med - Lithium to help with his (client A's) mania. Will have Lithium level (blood serum level) in two weeks." Review of client A's record did not indicate approval from the Human Rights Committee for the new prescription of Lithium.</p> <p>Interview with the facility's Qualified Intellectual Disabilities Professional (QIDP) was completed on 2/2/17 at 10:00 AM. She stated "the team (IDT) met after [client A's] appointment with [Name of Psychiatrist] when he prescribed the new medication (Lithium) to discuss it. We should have obtained guardian approval. Then it should have gone to the Human Rights Committee for their approval. I checked all the IDT notes and there is nothing to indicate we (the facility) got guardian or HRC (Human Rights Committee) approval."</p>	W 0262	<p><b>W262:</b> The committee should review, approve, and monitor programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p><b>Corrective Action: (Specific):</b> The Area Supervisor and the Residential Manager will be re-trained that all medications prescribed to manage inappropriate behaviors must have review and approval from the Human Rights Committee prior to the administration of that medication. Client A is deceased so no changes can be made to that clients plan.</p> <p><b>How others will be identified: (Systemic):</b> All other clients in the home will have their medications prescribed to manage inappropriate behaviors reviewed to ensure that the human rights committee has reviewed and approved those medications. The Program Manager will review all client's medications prescribed to manage inappropriate behaviors</p>	03/10/2017			

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	This federal tag relates to complaint #IN00216930.  9-3-4(a)		<p>at least monthly to ensure that the human rights committee reviewed and approved administration of those medications. The Human Rights Committee will review and approve all client medications prescribed to manage inappropriate behaviors at least quarterly.</p> <p><b>Measures to be put in place:</b> The Area Supervisor and the Residential Manager will be re-trained that all medications prescribed to manage inappropriate behaviors must have review and approval from the Human Rights Committee prior to the administration of that medication. Client A is deceased so no changes can be made to that clients plan.</p> <p><b>Monitoring of Corrective Action:</b> All other clients in the home will have their medications prescribed to manage inappropriate behaviors reviewed to ensure that the human rights committee has reviewed and approved those medications. The Program Manager will review all client's medications prescribed to manage inappropriate behaviors at least monthly to ensure that the human rights committee reviewed and approved administration of those medications. The Human</p>	

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W 0263 Bldg. 00	<p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; 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.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client A) with restrictive programs, the facility failed to obtain written informed consent from the legal guardian for client A's restrictive program that included the use of Lithium.</p> <p>Findings include:</p> <p>Review of client A's record was completed on 2/2/17 at 3:30 PM. The physician's orders dated 5/1 - 5/31/16 indicated client A received "Lithium 300 mg (milligrams) BID (twice daily) for bipolar disorder." Client A's record review indicated he had a guardian. An IDT (Interdisciplinary Team) meeting</p>	W 0263	<p>Rights Committee will review and approve all client medications prescribed to manage inappropriate behaviors at least quarterly.</p> <p><b>Completion date: 03/09/2017</b></p> <p><b>W263:</b> The committee should insure that these programs are conducted only with written informed consent of the client, parents (if the child is a minor) or legal guardian.</p> <p><b>Corrective Action: (Specific):</b> The Area Supervisor and the Residential Manager will be re-trained that all medications prescribed to manage inappropriate behaviors must have review and approval from the client, parents (if the child is a minor) or legal guardian prior to the administration of that medication. Client A is deceased so no changes can be made to that clients plan.</p>	03/09/2017

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	<p>note dated 5/9/16 indicated "Talked about his mania, his medications, [Name of Psychiatrist] wants to start a new med - Lithium to help with his (client A's) mania. Will have Lithium level (blood serum level) in two weeks." Review of client A's record did not indicate written informed consent was obtained from client A's guardian.</p> <p>Interview with the facility's Qualified Intellectual Disabilities Professional (QIDP) was completed on 2/2/17 at 10:00 AM. She stated "the team (IDT) met after [client A's] appointment with [Name of Psychiatrist] when he prescribed the new medication (Lithium) to discuss it. We should have obtained guardian approval. I checked all the IDT notes and there is nothing to indicate we (the facility) got guardian or HRC (Human Rights Committee) approval."</p> <p>This federal tag relates to complaint #IN00216930.</p> <p>9-3-4(a)</p>		<p><b>How others will be identified:</b> <b>(Systemic):</b> All other clients in the home will have their medications prescribed to manage inappropriate behaviors reviewed to ensure that the client, parents (if the child is a minor) or legal guardian has approved those medications. The Program Manager will review all client's medications prescribed to manage inappropriate behaviors at least monthly to ensure that the client, parents (if the child is a minor) or legal guardian approved administration of those medications. The Human Rights Committee will review and approve all client medications prescribed to manage inappropriate behaviors at least quarterly.</p> <p><b>Measures to be put in place:</b> The Area Supervisor and the Residential Manager will be re-trained that all medications prescribed to manage inappropriate behaviors must have review and approval from the client, parents (if the child is a minor) or legal guardian prior to the administration of that medication. Client A is deceased so no changes can be made to that clients plan.</p>				

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			<p><b>Monitoring of Corrective Action:</b> All other clients in the home will have their medications prescribed to manage inappropriate behaviors reviewed to ensure that the client, parents (if the child is a minor) or legal guardian has approved those medications. The Program Manager will review all client's medications prescribed to manage inappropriate behaviors at least monthly to ensure that the client, parents (if the child is a minor) or legal guardian approved administration of those medications. The Human Rights Committee will review and approve all client medications prescribed to manage inappropriate behaviors at least quarterly.</p> <p><b>Completion date: 03/09/2017</b></p>	