

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G465	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2019
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 6025 BUCKSKIN CT INDIANAPOLIS, IN 46250		
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00309404.</p> <p>Complaint #IN00309404: Substantiated, Federal and state deficiencies related to the allegation are cited at W154 and W186.</p> <p>Dates of Survey: October 31, November 1 and 7, 2019.</p> <p>Facility Number: 000979 Provider Number: 15G465 AIMS Number: 100244860</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 11/18/19.</p>	W 0000		
W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 6 allegations of abuse, neglect and mistreatment reviewed, the facility failed to conduct a thorough investigation regarding the attempted elopement and destruction of property by client A.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/31/19 at 10:23 AM.</p> <p>A BDDS report dated 10/18/19 indicated, "... On 10/17/19, [client A] got back to her house after a</p>	W 0154	<p>CORRECTION: The facility must have evidence that all alleged violations are thoroughly investigated. Specifically, a thorough investigation into client B's elopement and possession of scissors has been completed and the scope of the investigation into client A's elopement on 8/25/19 has been expanded to include the length of time the individual was away from staff supervision.</p>	12/07/2019

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.

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

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	<p>visit to the ResCare office and without any apparent antecedent became physically aggressive towards staff. [Client A] walked out of the house when staff redirected her verbally and staff followed [client A] and kept her in line of sight. [Client A] continued to escalate her physical aggression outside the house as staff continued to try to redirect her. [Client A] began breaking decorations in the neighbor's yard while ignoring redirection from staff. The neighbor called the police. [Client A] told the responding officers that she was going to kill herself. The police transported [client A] to [Name] Hospital Emergency Department for a psychiatric evaluation. She (client A) was transferred to [Name] Hospital of Indianapolis and admitted for acute in-patient treatment...".</p> <p>A review of the BDDS report dated 10/18/19 indicated client A became agitated and attempted to elope from the group home on 10/17/19. The review indicated client A destroyed some of the neighbor's decorations/property. The review did not indicate documentation of an investigation regarding client A's attempted elopement and property destruction.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 10/31/19 at 12:30 PM. QAM #1 was asked if the facility had documentation of an investigation regarding client A's attempted elopement and property destruction on 10/17/19. QAM #1 stated, "It's not done yet, no." QAM #1 indicated the facility should have conducted an investigation regarding client A's attempted elopement and property destruction on 10/17/19.</p> <p>This federal tag relates to complaint #IN00309404.</p> <p>9-3-2(a)</p>		<p>PREVENTION: The employee responsible for conducting investigations at the facility will receive additional training with emphasis on criteria for incidents requiring investigation and completion of investigations within required timelines. The QIDP Manager and Quality Assurance Manager will work with the investigator to identify and remove barriers to timely completion.</p> <p>Each day, QIDP Manager or designee will compile a list of incidents requiring investigation, and distribute the list to administrative staff (including the Quality Assurance Manager, Program Managers, Quality Assurance Coordinators, Operations Manager, Nurse Manager and Assistant Nurse Manager) for review and revision, as needed. The Quality Assurance Manager will assign investigations to trained investigators, and verify allegations are reported as required.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

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W 0186 Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure sufficient staff were present to prevent the elopement of client A.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/31/19 at 10:23 AM.</p> <p>A BDDS report dated 10/12/19 indicated, "... On 10/11/19, while staff was getting other housemates ready for the day, with no apparent antecedent, [client A] walked out of the house. Staff redirected her verbally without success and she (client A) walked down the road. Staff immediately notified the supervisor and put other housemates in the van and went searching for [client A]. Staff located [client A] at the bridge close to the house. [Client A] threatened to jump off the bridge, and a neighbor had called the police, and was standing with her. The police arrived and transported [client A] to the [Name] Emergency Department for a psychiatric evaluation. The attending physician diagnosed [client A] with suicidal ideations, determined that she (client A) did not meet the criteria for admission and released [client A] to ResCare staff, with no new orders. [Client A]</p>	W 0186	<p>CORRECTION: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Specifically, the Governing Body has directed the facility to modify the staffing matrix to assure that there are no less than two staff on duty between 6:00 AM and 9:00 AM to provide active treatment during morning medication administration, morning hygiene and breakfast. No less than two staff will be on duty during evening hours, with additional staffing resources to be made available, based on acute need.</p> <p>When direct support personnel are unavailable to provide coverage as described above, salaried supervisory staff will fill in, providing direct support as needed.</p> <p>PREVENTION: The Residential Manager and Area</p>	12/07/2019

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	<p>resisted leaving the hospital after discharge and became physically aggressive toward hospital workers. ResCare staff provided verbal redirection and encouraged [client A] to use her coping skills and she de-escalated and returned home with staff and stayed calm for the rest of the day... It should be noted that [client A] does not have plan approved alone time and she was without ResCare staff supervision for approximately 18 minutes...".</p> <p>A review of the BDDS report dated 10/12/19 indicated client A eloped from the group home on 10/11/19. The review did not indicate how many staff were working at the time client A eloped.</p> <p>Client A's record was reviewed on 10/31/19 at 10:19 AM. Client A's BSP (Behavior Support Plan) dated 4/19/19 and revised 10/14/19 indicated client A had a Target Behavior of Elopement.</p> <p>Client B was interviewed on 10/31/19 at 7:51 AM. Client B was asked if she was present when client A had eloped on 10/11/19. Client B stated, "I think so. She was having one of her suicidal fits."</p> <p>Client A was interviewed on 10/31/19 at 7:55 AM. Client A was asked if she had eloped from the group home. Client A stated, "Yes I just got upset." Client A was asked if she remembered how many staff were working when she eloped. "Client A stated, "No."</p> <p>Staff #1 was interviewed on 10/31/19 at 6:11 AM. Staff #1 was asked if any clients had eloped recently. Staff #1 stated, "It's only [client A] I think a couple of weeks ago, maybe 3 weeks." Staff #1 was asked what shift he worked at the group home. Staff #1 stated, "I work from 8 PM to 8 AM." Staff #1 was asked if he worked alone on the overnight shift. Staff #1 stated, "Yes." Staff #1</p>			<p>Supervisor will submit schedule revisions to Program Manager for approval prior to implementation.</p> <p>Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager Assistant Nurse Manager) and the QIDP will conduct administrative monitoring during varied shifts/times, no less than weekly, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility.</p> <p>Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> • The role of the administrative monitor is not simply to observe & Report. • When opportunities for training are observed, the monitor must step in and provide the training and document it. • If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. • Assuring the health and safety of

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	<p>was asked which staff were working when client A had eloped. Staff #1 stated, "The manager, [RM (Resident Manager) #1] and I don't remember."</p> <p>RM #1 was interviewed on 10/31/19 at 7:59 AM. RM #1 was asked how client A had eloped on 10/11/19. RM #1 stated, "I was by myself, but I loaded up the consumers in the van and we went after her. It was about 8:15 AM and my other staff was running a little late." RM #1 was asked if client A had threatened to jump off of a bridge. RM #1 stated, "Yes she was, I talked to her (client A) and another guy came up, his name was [name] and he called 911 (emergency services). I (RM #1) was getting her (client A) in the van and the police came. They took her to the hospital."</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager #1) was interviewed on 11/4/19 at 8:30 AM. QIDPM #1 was asked how many staff were on duty when client A eloped from the group home on 10/11/19. QIDPM #1 stated "One." QIDPM #1 was asked if one staff was sufficient to provide for client needs when all 8 clients were awake in the group home. QIDPM #1 stated, "No. When people are awake the expectation is that we provide active treatment and skills training to all individuals and one staff is not sufficient, to provide for their health and safety."</p> <p>This federal tag relates to complaint #IN00309404.</p> <p>9-3-3(a)</p>		<p>individuals receiving supports at the time of the observation is the top priority.</p> <ul style="list-style-type: none"> • Review all relevant documentation, providing documented coaching and training as needed <p>Administrative support at the home will include assuring adequate direct support staff are on duty to meet the needs of all clients.</p> <p>The Quality Assurance Manager and QIDP Manager or other designated Quality Assurance staff will perform spot checks of attendance records to assure ongoing compliance. If deficiencies are noted, the QA staff will notify the Program Manager, Operations Manager and Executive Director to assure prompt corrective action. Prior to each schedule period, the Operations Team will follow-up verbally and via email to assure that appropriate coverage has been arranged.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director</p>	