STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING 00 B. WING	02/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 the post certification revisit (PCR) to the PCR completed on 1/7/20, to the investigation of complaint #IN00309404 completed on 11/7/19. Complaint #IN00309404: Not Corrected. This visit was in conjunction with the investigation of complaint #IN00318381. Dates of Survey: February 21, 24, 25, 26, and 28, 2020. Facility Number: 000979 Provider Number: 15G466 AIMS Number: 100244860 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/10/20.	W 0000		
W 0154 Bldg. 00	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 3 of 9 allegations of abuse, neglect, and mistreatment reviewed, the facility failed to complete a thorough investigation into two elopements of client A, and failed to complete an investigation into the elopement of client F. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations	W 0154	**CORRECTION:** *The facility must have evidence that all alleged violations are thoroughly investigated.* Specifically: All facility investigations will be completed by trained investigators. *The facility must have evidence that all alleged violations are thoroughly investigated.* Specifically: The governing body has hired an	03/29/2020

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

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	were reviewed on 2/21/20 at 10:41 AM. 1. A BDDS report dated 1/13/20 indicated, "...On 1/12/2020 while preparing lunch with staff and other housemates, [client A] told staff he wanted to use the bathroom. Staff checked on [client A] after 15 minutes, per his plan and discovered that he had eloped from the house, going out by opening the window in his room and removing the screen. Staff immediately informed supervisors and a search for [client A] commenced immediately. [Client A] was located at [name of hospital] Emergency Department...[Client A] was without ResCare staff supervision for approximately 55minutes (sic)...". A review of the BDDS report dated 1/13/20 indicated client A eloped from the home on 1/12/20. The review indicated client a eloped through his bedroom window. The review indicated client A was without ResCare staff supervision for approximately 55 minutes. -An Investigative Summary (IS) dated 1/16/20 indicated the following: -"...Investigative Summary...". -"...Investigator(s) / Title(s) [QAC (Quality Assurance Coordinator) #1]...". -"...Introduction." -"On 1.12.20 at 11:55AM [client A] (individual) while preparing lunch with [MC (medication coach) #1] and his housemates [client A] told [MC #1] he needed to use the bathroom. After 15-minutes [MC #1] checked on [client A] and discovered that he had eloped from his bedroom window...[MC #1] immediately notified the		additional Quality Assurance Coordinator, who will be assigned to complete investigations at the facility. The addition of the new position will reduce the overall workload for each investigator by 20%, allowing for increased efficiency and attention to detail. All facility investigations will be completed by trained investigators. Investigation focus will include but not be limited to interviewing all potential witnesses and comparing documentary and testimonial evidence to identify and clarify discrepancies. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required. The agency's trained investigators will receive additional training regarding investigation timelines and components of a thorough investigation, including weekly face to face training and follow-up with the Quality Assurance Manager, including but not limited to interview techniques, gathering and analysis of documentary evidence. The emphasis of this training will be development of appropriate scope and conclusions, including the need to expand the scope of investigations must be expanded when additional allegation(s) emerge. The QIDP Manager will provide weekly follow-up to the QA Manager regarding progress on current	

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	supervisor and the supervisor searched for [client A]. [Name of hospital] emergency room...personnel contacted [RM (Residential Manager) #1]...and reported [client A's] whereabouts...[Client A] was out of staff's sight for approximately 55 minutes...". -"...Scope of Investigation." -"1) Why did [client A] (individual) elope from the home for approximately 55 minutes?." -"2) Did staff follow ResCare Policy and Procedures appropriately?...". -"...Summary of Interviews...". -"...[Client A] (Individual)-." -"Why did you elope from the home?." -"Because she (MC #1) made me upset." -"She told me not to elope again...". -"...[MC #1]...". -"I was preparing lunch with the clients." -"[Client A] was making lunch too and he told me he had to use the bathroom." -"He's (client A) on 15-minute checks so after 15-minutes I checked on him and he was not in the bathroom." -"Had you (MC #1) asked [client A] not to elope?." -"Yes, because he knew I was the only staff so I		investigations. **PREVENTION:** The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Operations Managers, Program Managers, Area Supervisors, Nurse Manager, Registered Nurse, Quality Assurance Manager, Quality Assurance Coordinators, and QIDP. The Quality Assurance Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs. The Quality Assurance Manager and QIDP Manager will develop a	

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	asked him not to elope." -"I checked his bedroom and when I opened the door the chest was in front of it." -"I moved the chest and saw that his bedroom window was open with the screen removed." -"I looked out of the window but did not see him." -"I went back to the other clients and call (sic) [RM #1]...". -"...I (MC #1) couldn't leave the house because I was the only staff...". -"...[Staff #1]." -"I (staff #1) was in the living room and he said he was going to the bathroom." -"After 15-minutes she (MC #1) checked on him and his door seemed locked." -"It was because he had pushed the dresser to the door so she pushed the door and found he had eloped from the window." -"I (staff #1) was helping with lunch...". -"...[Client F]...". -"...We were making lunch and he (client A) said he had to use the bathroom." -"Staff (MC #1) checked on him and then she said he had left the house." -"[MC #1] looked for him but he was gone...".		training template to assist investigators with developing a sufficient scope to investigations of peer to peer aggression, falls resulting in injury, injuries of unknown origin and elopement. The Quality Assurance Manager and QIDP Manager will spot check investigations to ensure that they are thorough –meeting regulatory and operational standards. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director	

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	-"...[RM #1]...". -"...[MC #1] called me and reported that [client A] had left the home." -"I (RM #1) asked what happened and she (MC #1) stated that they were making lunch when [client A] said he had to use the bathroom." -"After 15-minutes she checked on him and found he had eloped from his bedroom window...". -"...I (RM #1) drove there and searched the area then hospital staff called me around 1:45pm and said [client A] was there." -"I (RM #1) went to the hospital and picked him (client A) up at 1:50pm...". -"...Factual Findings...". -"...[MC #1] last saw [client A] at 11:55am." -"15 minutes later at 12:10pm [MC #1] checked on [client A], per his plan and discovered he had eloped." -"[RM #1] was notified that [client A] at (sic) the hospital around 1:45pm." -"[RM #1] went to the hospital at 1:50pm and she picked him up an hour later and transported him home...". -"...The home is to be double-staffed and there was only one staff present during the incident...". -"...Conclusion." -"1) It is substantiated that [client A] (individual)			

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	eloped from the home, approximately 55 minutes, because he was upset [MC #1]...[Client A] told him not to elope again and that upset him so he left the home." -"2) It is unsubstantiated that staff followed ResCare Policy and Procedure appropriately." -"Recommendations...". -"...It is recommended that the home be double-staffed at all times, per protocol...". A review of the IS dated 1/16/20 indicated client A eloped from the group home after asking staff to use the restroom. The review indicated client A eloped through his bedroom window. The review indicated client A was out of staff supervision for approximately 55 minutes. The review indicated MC #1 stated she was the only staff on duty. The review indicated the investigator interviewed a second staff (staff #1) who indicated he was at the group home working at the time of the incident. The review indicated the investigator stated in her recommendations for the home to be double-staffed per protocol. The review did not indicate a thorough investigation completed by the investigator clarifying which staff were actually working at the time of the incident. -A BDDS report dated 1/19/20 indicated, "...On 1/18/20, [client A] had gone to sleep in his room and was receiving 15-minute checks per his plan. During a routine check, staff discovered [client A] was not in bed as noted during the last 15 minute check. Staff was unable to locate [client A] after immediately checking different areas inside the home and the outside perimeters of the home. It was discovered that [client A] climbed out of his bedroom window (turning off the window alarm).			

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	Staff immediately went to investigate and located [client A] at the [name of gas station]...Please note that [client A] was out of staff's line of sight for no more than 30 minutes...". A review of the BDDS report dated 1/19/20 indicated client A eloped from the home on 1/18/20. The review indicated client A eloped through his bedroom window and turned off the window alarm. The review indicated client A was out of staff's line of sight for 30 minutes. -An IS dated 1/23/20 indicated the following: -"...Investigative Summary...". -"...Investigator(s) / Title(s) [QAC #1]...". -"...Introduction." -"On 1.18.20 at 6:45PM [client A] (individual) [client A (sic)] was in his bedroom taking a nap then [staff #1] completed routine 15-minute checks on [client A] when he (staff #1) discovered [client A] was not in his bedroom. [Client A's] bedroom window was open and the window alarm was disabled. [Staff #1] immediately searched for him in the home and notified the supervisor. [Staff #1] searched the neighborhood and located [client A] at the [name of gas station]. [Client A] was out of staff's sight for approximately less than 30 minutes...". -"...Scope of Investigation." -"1) Why did [client A] (individual) elope from the home for approximately less than 30 minutes?" -"2) Did staff follow ResCare Policy and Procedures appropriately?...".			

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	-"...Summary of Interviews...". -"...[Client A]...". -"...Why did you (client A) elope from the home?" -"I (client A) just wanted to leave." -"I know how to take the alarm off the window and I put it under the mattress." -"I take the screen out and put it under my mattress...". -"...[Staff #1]...". -"...[Client A] was sleeping in his room." -"Staff (I (staff #1)) did my progress notes and then checked on him only to see that he was not present in his room." -"His (client A) bedroom window was open; it was around 6:45pm." -"Staff (I (staff #1)) was advised to take the van and look for him." -"I found [client A] around 7:30pm at the [name] down the street...". -"...[Staff #4]...". -"...Immediately after dinner at 5:30pm, [client A] went to his room to take a nap; staff followed him and observed him lay down in his bed." -"Staff kept checking on him and completing 15-minute checks through 6:30pm."			

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	-"At 6:45pm when staff went back to check on him, for the 15-minute check, [client A] was not on his bed." -"Staff checked everywhere in the house and noticed the window in his room was open...". -"...Factual Findings." -"[Staff #1] last saw [client A] at 6:45pm." -"15 minutes later at 7pm [staff #1] check on [client A], per his plan and discovered he had eloped." -"[Staff #1] searched for [client A] and located him around 7:30pm...". -"...Conclusion." -"1) It is substantiated by his (client A's) own admission, that [client A] (individual) eloped from the home from the home (sic) for approximately 30 minutes because he "wanted to." -"2) It is substantiated that staff followed ResCare Policy and Procedures appropriately...". A review of the IS dated 1/23/20 indicated client A eloped from the home on 1/18/20. The review indicated client A eloped through his bedroom window and disabled the window alarm. The review indicated, in staff #1's interview summary, staff #1 at around 6:45 PM found client A's bedroom window open and client A not present. The review indicated, in staff #4's interview summary, staff kept checking on client A and completing 15 minute checks through 6:30 PM and at 6:45 PM when staff went back to check on			

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	client A, client A was not in his bed. The review indicated, in the factual findings, staff #1 last saw client A at 6:45 PM. The review indicated the investigator did not complete a thorough investigation due to contradiction of factual findings to the statements provided by staff regarding the last time client A was seen by staff prior to elopement. QAC (Quality Assurance Coordinator) #1 was interviewed on 2/24/20 at 1:55 PM. QAC #1 was asked if the factual findings and conclusions of the investigation (investigation completed on 1/16/20) into client A's elopement on 1/12/20 indicated the home was to be double-staffed and there was only one staff present during the incident. QAC #1 stated, "Yes." QAC #1 was asked if the investigation included an interview with a second staff who indicated they were working at the home at the time of the incident on 1/12/20. QAC #1 stated, "Yes." QAC #1 was asked if the investigation into client A's elopement on 1/12/20 should have indicated only one staff were present during the incident, when it (the investigation) has a statement from a second staff indicating their attendance during the incident. QAC #1 stated, "No, I should have clarified statements." QAC #1 was asked what time, according to the investigation, was client A discovered to be missing from his room during the incident of client A's elopement on 1/18/20. QAC #1 stated, "6:45 PM." QAC #1 was asked if the investigation's factual findings into client A's elopement on 1/18/20 should have indicated the last time client A was seen by staff was at 6:45 PM if the summary of interviews in the investigation indicated staff statements from two staff stating client A was discovered missing from his room at 6:45 PM. QAC #1 stated, "No." QAC #1 was asked if the factual findings in the investigation			

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	into client A's elopement on 1/18/20 should have indicated staff went to complete a 15 minute check on client A at 7:00 PM when their were statements from two staff indicating client A was missing from the group home at 6:45 PM. QAC #1 stated, "No." 2. A BDDS report dated 2/12/20 indicated, "...On the night of 12/11/20 (sic), while visiting a ResCare waiver home...staff observed [client F] hiding a valve from an air mattress in her hand. Staff observed that she (client F) had used the valve to scratch her right wrist. Staff redirected [client F] verbally and she provided the object to staff...Staff observed a variety of activities and she began watching television with staff and remained calm for 1.5 hours. At 12:15 AM, [client F] stood up and began pacing, (sic) Staff provided verbal redirection and [client F] began to escalate. She (client F) exited the house and staff lost line of sight, due to not being able to leave because other individuals were asleep in the home...It should be noted that [client F] does not have plan approved alone time...". A review of the BDDS report dated 2/12/20 indicated client F eloped from the group home. The review indicated only one staff was on duty during the elopement incident. The review did not indicate a completed investigation into the elopement of client F on 2/11/20. QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 2/26/20 at 1:55 PM. QIDPM #1 was asked if the facility had documentation of a completed investigation regarding the elopement of client F on 2/11/20. QIDPM #1 stated "we have double checked and cannot locate it."			

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	This deficiency was cited on 11/7/19 and 1/7/20. The facility failed to implement a systemic plan of correction to prevent recurrence. This federal tag relates to complaint #IN00309404. 9-3-2(a)			
W 0186 Bldg. 00	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. 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. Based on record review and interview for 1 additional client (client F), the facility failed to ensure sufficient staff were present to prevent the elopement of client F. Findings include: The facility's BDDS (Bureau of Developmental Disabilities) reports and investigations were reviewed on 2/21/20 at 10:41 AM. -A BDDS report dated 2/12/20 indicated, "...On the night of 12/11/20 (sic), while visiting a ResCare waiver home...staff observed [client F] hiding a valve from an air mattress in her hand. Staff observed that she (client F) had used the valve to scratch her right wrist. Staff redirected [client F] verbally and she provided the object to staff...Staff observed a variety of activities and she began watching television with staff and remained calm for 1.5 hours. At 12:15 AM, [client	W 0186	**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 24/7, with additional staffing resources to be made available, based on acute need. Additionally, when clients are visiting other ICF or Waiver homes, pending transition, the facility will provide direct support staff at the location of the visit to assure required staffing ratios are in place. When direct support personnel are unavailable to provide coverage as	03/29/2020

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	F] stood up and began pacing, (sic) Staff provided verbal redirection and [client F] began to escalate. She (client F) exited the house and staff lost line of sight, due to not being able to leave because other individuals were asleep in the home...It should be noted that [client F] does not have plan approved alone time...". A review of the BDDS report dated 2/12/20 indicated client F, while visiting a ResCare waiver home, obtained a valve from an air mattress and used the valve to scratch her right wrist. The review indicated client F provided the valve to staff after verbal redirection. The review indicated client F eloped from the group home. The review indicated only one staff was on duty during the elopement incident. The review did not indicate a completed investigation into the elopement of client F on 2/11/20. Client F's record review was on 2/24/20 at 10:22 AM. -Client F's BSP (Behavioral Support Plan) dated November 2019 indicated the following: -"...Consumer: [client F]...". -"...Plan Date: November 2019...". -"...History...". -"...She (client F) will make any number of items she may find in the home a weapon and attempt to try to cut herself...". -"...Target Behaviors & Goals...". -"...Elopement: Any instance in which she leaves the area that she is supposed to be present, takes		described above, salaried supervisory staff will fill in, providing direct support as needed. **PREVENTION:** Each evening for the next 90 days, the Residential Manager will submit a list of scheduled staff with their assigned hours, for the following day. The list will be reviewed by the Area Supervisor, Program Manager, Operations Manager, Quality Assurance Manager and QIDP Manager. Administrative staff will direct the team, making adjustments as needed. After 90 days, the Operations Manager and Quality Assurance Manager will determine the level of monitoring necessary to assure appropriate coverage. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDPs, Area Supervisors, Quality Assurance Coordinators, Nurse Manger Assistant Nurse Manager) will conduct daily administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days administrative monitoring will occur no less than weekly, until all staff demonstrate competence. After this period of enhanced	

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	15G465	A. BUILDING 00 B. WING	02/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
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	it upon herself to leave without telling staff members where she is going...". -"...Self-Injurious Behavior: This includes but is not limited to head banging, cutting, hair pulling, putting self in dangerous situations, or any attempt to harm self...". -"...Rights Restrictions: The team has reviewed the risks for each of the below stated rights restrictions and agrees that the restrictions should be implemented as stated to ensure health and safety for all person in the environment...". -"...Restrictions...". -"...Sharps (Knives forks, scissors, etc.)...". -"...Line of Sight...". -"...Risks to Individual...". -"...[Client F] will engage in self harm and extreme physical aggression towards staff when these items are present...". -"...[Client F] will walk or run away from staff members or she will engage in physical aggression when she is around her housemates...". -"...Plan to Restore Rights...". -"...All of these items should be removed from the home or placed in a locked area where [client F] does not have access...". -"...Staff needs to make sure they can see the consumer at all times due to her target behaviors...".		administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative Monitoring is defined as follows: · 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 individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed Administrative support at the home will include assuring adequate direct support staff are on duty to meet the needs of all clients. 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	

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	A review of client F's BSP dated November 2019 indicated client F had a history of making any number of items she may find in the home a weapon and attempted to try to cut herself. The review indicated client F had target behaviors and goals for elopement and self-injurious behavior. The review indicated client F had a right restriction for sharps and a right restriction for line of sight. QIDPM #1 was interviewed on 2/24/20 at 1:55 PM. QIDPM #1 was asked if all staff at the ResCare waiver home were trained regarding client F's BSP/risk plans prior to the overnight visit on 2/11/20. QIDPM #1 stated, "Yes." QIDPM #1 was about client F's level of supervision. QIDPM #1 indicated client F was line of sight during waking hours and 15 minute checks while sleeping. QIDPM #1 was asked if client F eloped from the ResCare Waiver home on 2/11/20. QIDPM #1 stated, "Yes." QIDPM #1 was asked about the number of staff working when client F eloped from the home on 2/11/20. QIDPM #1 stated, "One." QIDPM #1 was asked if more than one staff should have been present at the time of client F's elopement. QIDPM #1 stated, "To meet the staffing requirements there should have been two staff." QIDPM #1 was asked if only one staff working at the group home with multiple clients cam meet the requirements needed to provide client F's supervision level and prevent elopements of client F. QIDPM #1 stated, "No." This deficiency was cited on 11/7/19 and 1/7/20. The facility failed to implement a systemic plan of correction to prevent recurrence. This federal tag relates to complaint #IN00309404.		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. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director	

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