

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G080	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/21/2023
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SOUTH CENTRAL	STREET ADDRESS, CITY, STATE, ZIP COD 725 CARR ST MILAN, IN 47031
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included the investigation of complaint #IN00413436.</p> <p>Complaint #IN00413436: No deficiencies related to the allegation(s) were cited.</p> <p>Survey dates: 8/15/23, 8/16/23, 8/17/23, 8/18/23 and 8/21/23.</p> <p>Facility Number: 000623 Provider Number: 15G080 AIM Number: 100233870</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/31/23.</p>	W 0000		
W 0217 Bldg. 00	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must include nutritional status. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A's nutritional status was assessed to promote independence.</p> <p>Findings include:</p> <p>An observation was conducted on 8/15/23 from 3:58 PM to 6:02 PM. At 4:47 PM, staff #5 physically assisted client A from the living room to the dining room for the evening meal. Client A's evening meal consisted of green beans with potatoes and summer sausage, cornbread and</p>	W 0217	<p>W217: The Individual Program Plan states the specific objectives necessary to meet the client's needs as identified by the comprehensive assessment.</p> <p>Corrective Action:</p> <p>The Nurse scheduled a</p>	09/17/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Anna Brison	TITLE Program Director	(X6) DATE 09/14/2023
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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>cake with water and Kool-Aid to drink. Client A used a high sided divided plate with two small plastic cups. At the start of client A's evening meal, client A indicated she did not want to use the large black handle curved spoon. The Residential Manager used one verbal prompt and requested client A attempt to use her adaptive spoon. Client A stated, "I don't want it". Client A was provided a regular metal spoon for her evening meal. At 4:56 PM, the Residential Manager physically assisted client A and placed food on her spoon. Following this bite of food, staff #5 used physical assistance and placed another bite on client A's spoon and client A stated, "[Surveyor name], can you feed me". The Residential Manager stated, "I've never heard her say that before". Client A attempted to use the regular spoon to place a bite of food on it and the Residential Manager used a hand over hand physical assist with client A. At 4:49 PM, client A stated she was done and asked for her cake. Staff #5 used physical assistance to place client A's small plate with her cake in front of her. At 5:02 PM, client A indicated she wanted a drink. The Residential Manager used physical assistance to place client A's Kool-Aid in front of her right hand. At 5:04 PM, the Residential Manager used physical assistance with client A from the dining room to the living room.</p> <p>A morning observation was conducted on 8/16/23 from 6:20 AM to 7:55 AM. During the morning meal, client A did not want her oatmeal and requested a cereal grain breakfast bar. Client A used her hands to eat bites of her breakfast bar and did not use any utensils. At 6:34 AM, client A requested a boost supplemental drink. The Area Supervisor used verbal prompts and indicated to client A she needed to try and eat more of a second cereal grain bar. At 6:43 AM, the Area</p>		<p>follow up for 10/2/23 with OT for client (A).</p> <ul style="list-style-type: none"> QIDP will ensure comprehensive functional assessment is up to date and contains the most current information and generates goals based on the assessment. <p>(Attachment A)</p> <ul style="list-style-type: none"> Nurse and QIDP will update all plans and goals as needed from OT appointment for 10/2/23. Nurse completes weekly check of the facility to ensure all medical related items are addressed accordingly. <p>(Attachment B)</p> <ul style="list-style-type: none"> Nurse will update the HRP for client (A) upon completion of the appointment as needed. <p>(Attachment C)</p> <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> The Nurse weekly check will be sent to the Area Supervisor, Nurse Manager and Program Manager for review. IDT will be held to discuss any OT recommendations. The Program Manager will review all Individual Support Plans and Behavior Support Plans High Risk Plans and Dining Plans to ensure plans meet all needs of the individuals served. The QIDP will review all plans with IDT quarterly and 	

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	<p>Supervisor was asked about client A's use of her large handle curved adaptive spoon. The Area Supervisor stated, "She does not always use it, but she has her days where she will".</p> <p>On 8/17/23 at 11:29 AM, client A's record was reviewed. The review indicated the following:</p> <p>-Individual Support Plan (ISP) dated 7/20/23 indicated, "Adaptive Utensils: High Sided Divided Plate, large Gripped Curved Spoon, Clothing Protector...</p> <p>Individual Profile:... [Client A] had surgery for Myopia and post cataract for left and right eye in 11/2011. [Client A] is diagnosed as legally blind...</p> <p>Priority Objectives:... Mealtime Safety... Goal #4. Mealtime Safety: [Client A] will set her spoon down between bites with 2 verbal prompts, 80% of opportunities for 6 consecutive months by 7/20/24...".</p> <p>-Dining Plan dated 7/20/23 indicated, "Eating: [Client A] feeds herself but at times needs cueing to slow down and take small bites. Uses a divided plate, large grip curved spoon and clothing protector with pouch...".</p> <p>-Occupational Therapy (OT) consult dated 1/29/21 indicated, "Results/Findings of Examination: Pt (client A) has decreased accuracy with self-feeding, resulting in frequent spills. Diagnosis: Difficulty with self-feeding... Recommendations: OT recommends plate guard or high sided dish for ease with scooping / loading spoon. Also recommend large grip curved spoon...".</p> <p>On 8/17/23 at 1:06 PM, the Nurse was interviewed.</p>		<p>annually and as needed.</p> <p>Completion Date: 9/17/23</p>	

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	<p>The Nurse was asked about client A maintaining independence during meals and not wanting to attempt to use her large handle curved adaptive spoon. The Nurse stated, "I've seen her use it with no problems. It depends". The Nurse indicated client A was not always consistent with using her adaptive spoon during mealtimes.</p> <p>On 8/17/23 at 1:09 PM, the Qualified Intellectual Disabilities Professional (QIDP), Qualified Intellectual Disabilities Professional Designee (QIDPD) and Nurse were interviewed. The QIDP's were asked about a current assessment and if other adaptive spoons had been attempted to identify client A's preference for a more preferred utensil to use during mealtimes. The QIDP stated, "We did have an assessment when she was going blind...". At 1:11 PM, the QIDPD stated, "I don't know about the spoon. I wish they would have given us better recommendations". Both QIDP's and the Nurse discussed possible options for a more specialized assessment for an individual who had lost eyesight. The QIDPD stated, "I feel like there are more resources other than a regular OT eval (evaluation). We need to maybe research for an evaluation from a blind school. Maybe trained specialist for the blind". The Nurse was asked if client A attempted various options for adaptive spoons other than the large handle curved spoon she had indicated she did not want to use. The Nurse stated, "I don't know". The QIDP stated, "I'm not sure". Both the QIDPs and Nurse indicated further follow up was needed to assess for additional options to methodology to promote client A's independence during mealtimes to maintain her skills.</p> <p>9-3-4(a)</p>			

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W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (B and C) and 2 additional clients (E and F), the facility failed to implement 1) client B's program plan for wearing her braces during waking hours, and 2) provide meaningful activities for clients B, C, E and F at the facility operated day program.</p> <p>Findings include:</p> <p>1) An observation was conducted on 8/15/23 from 3:58 PM to 6:02 PM. Throughout the observation client B was in the living room and dining room. Client B did not have socks and shoes on and was bare foot with no brace on either of her feet. At 4:47 PM, staff #2 physically assisted client B as client B ambulated from the living room to the dining room for the evening meal. Client B did not have socks and shoes on and was bare foot with no brace on either of her feet. At 5:09 PM, staff #2 and the Residential Manager both physically assisted client B from the dining room back to the living room following her evening meal. Client B did not have socks and shoes on and was bare foot with no brace on either of her feet. At 5:11 PM, client B made a vocalization. The Residential Manager requested staff #2 to assist client B. Staff #2 stood behind client B to provide physical assistance as client B ambulated from the living room down the hallway. Client B did not have</p>	W 0249	<p>W249: As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · Nurse updated the risk plan for client (B) (Attachment D) · QIDP will ensure the ISP includes all adaptive equipment for client (2). (Attachment E) · Staff trained on updated risk plan for client (B). (Attachment F) · QIDP, Nurse, Area Supervisor and Program Manager will do random visits to the facility and day program to ensure client (B) has her adaptive equipment on her feet at the appropriate times per her doctor's order and Health Risk Plan. (Attachment G) · Nurse completes a weekly 	09/17/2023			

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	<p>socks and shoes on and was bare foot with no brace on either of her feet. At 5:25 PM, client B had returned to the living room. Client B was bare foot and not wearing a brace on either of her feet.</p> <p>On 8/17/23 at 2:14 PM, client B's record was reviewed. The review indicated the following:</p> <p>-Individual Support Plan (ISP) Addendum dated 7/14/23 indicated, "[Client B] had a PT (Physical Therapy) evaluation for her unsteady gait that have (sic) resulted in falls. PT recommendations were bilateral AFOs (Ankle Foot Orthosis/support). PT noted that the AFO's will help with her stability and improve alignment ... High risk plan will be developed to include the use of her ankle braces...".</p> <p>-Health Risk Plan dated 7/20/23 indicated, "Foot Pronation with External Rotation ... Intervention: a. Staff will ensure [client B] wears her braces during waking hours ...".</p> <p>On 8/16/23 at 3:38 AM the Qualified Intellectual Disabilities Professional Designee (QIDPD) and Area Supervisor were interviewed. The QIDPD was asked about client B's protocol for ambulation and when her braces should be worn. The QIDPD indicated client B's health risk protocol indicated her braces should be worn during waking. At 8:39 AM, the Area Supervisor stated, "When she's ambulating. Toward the end of the day, they tend to take them off". The QIDPD stated, "Yes, when she is up and walking. They should have been prompting".</p> <p>On 8/17/23 at 3:35 PM, the Nurse and Qualified Intellectual Disabilities Professional (QIDP) were interviewed. The Nurse and QIDP were asked about the implementation of client B's health risk</p>		<p>checklist at the facility. (Attachment B)</p> <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> QIDP will send updated ISP's to the Program Manager for review. QIDP, Nurse, Area Supervisor and Program Manager will do random visits to the facility and day program to ensure client (B) has her adaptive equipment on her feet at the appropriate times per her doctors order and Health Risk Plan and report to the Program Director. Nurse will update risk plans annually and as needed and submit to the Nurse Manager for review. <p>Completion Date: 9/17/23</p>	

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	<p>protocol for wearing ankle braces during the evening observation. Both the Nurse and QIDP indicated further review of client B's health risk protocol was needed. The QIDP and Nurse indicated the health risk plan should be implemented as written and team review of client B's protocol for wearing the braces was required.</p> <p>2) An observation was conducted at the facility operated day service location from 12:59 PM to 1:54 PM. Clients B, C, E and F were in the movie room with lights off. A cartoon television show was playing on the television. A male peer was lying on a sofa with his feet up in a chair making loud vocalizations and seated between clients E, C and F. Client B kept to herself lying in a rocker recliner which was laid back and behind the television. At 1:07 PM, staff #2 was asked about the male peer making the loud vocalizations during the television show. Staff #2 stated, "I don't know. He's with a different group from somewhere. We just divided up and go to different rooms". Staff #2 was asked how long the activity lasted for the movie room. Staff #2 stated, "I think up until the time we leave". Staff #2 was asked what time that would be. Staff #2 stated, "[Area Supervisor] said 1:30 PM because I have to be back by 2:30 PM. I don't normally do day shift. This is actually my first day here. We did computer games, we did lunch and went outside. They seem to like it". At 1:11 PM, the male peer making the loud vocalization sat up and stopped producing the loud audible sound from deep sleeping. At 1:12 PM, client E stated, "I'm ready to go home. I'm tired". Staff #2 stated, "We have more time. Do you want to switch rooms"? Client E stated, "Let's just stay here (movie room)". At 1:20 PM, staff #2 went up to clients C and F and asked if they were doing ok. Client E stated, "I'm getting hungry". Staff #2 stated, "We just had a</p>			

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	<p>snack". At 1:24 PM, staff #2 was asked about the television program. Staff #2 stated, "Yeah, it's on [name of cartoon network]. It's playing [name of cartoon]. I don't know how they got that on. I can only find it on [name of social media outlet]. At 1:26 PM, staff #2 used verbal prompts with client B and requested she sit up from the rocker recliner to transfer to her wheelchair. Staff #2 prepared to leave with the clients from the day service location. At 1:27 PM, a day service staff was asked about the scheduling and activities offered for programming. The day service staff stated, "[Client E] likes to do arts and crafts and write in her journal. We have plenty of arts and crafts stuff they can do. They don't have to stay in one activity. We do community outings".</p> <p>On 8/17/23 at 2:14 PM, client B's record was reviewed. The review indicated the following:</p> <p>-Individual Support Plan (ISP) dated 9/11/22 indicated, "Priority Objectives: Oral Hygiene, Medication Administration, Money Management, Personal Hygiene, Personal Safety, Mealtime Safety and Personal Safety Wheelchair...".</p> <p>On 8/17/23 at 2:57 PM, client C's record was reviewed. The review indicated the following:</p> <p>-Individual Support Plan (ISP) dated 8/30/22 indicated, "Priority Objectives: Money Management, Medication Administration, Oral Hygiene and Mealtime Safety...".</p> <p>On 8/18/23 at 3:20 PM, a focused review of client E's record was conducted. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 9/15/22 indicated, "Priority Objectives: Oral Hygiene,</p>			

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W 0350 Bldg. 00	<p>Medication Administration, Money Management, Personal Safety, Personal Hygiene, Coping Skills...".</p> <p>On 8/18/23 at 3:23 PM, a focused review of client F's record was conducted. The review indicated the following:</p> <p>-Individual Support Plan (ISP) dated 3/24/23 indicated, "Priority Objectives: Oral Hygiene, Mealtime Safety, Medication Administration, Money Management, Fine Motor Skills, Social Inclusion, Desensitization to Dental Appointments...".</p> <p>On 8/17/23 at 1:55 PM, the Qualified Intellectual Disabilities Professional (QIDP) and Qualified Intellectual Disabilities Professional Designee (QIDPD) were interviewed. The QIDPs were asked about the meaningful activity of the movie room with a cartoon television program playing repeatedly, a male peer making loud audible sleeping sounds and client E's repeated statements indicating she was ready to leave. The QIDPs indicated each room had different activity options and clients would sit in the movie room to watch programs on a television. The QIDP was asked if the activity should be meaningful. The QIDP stated, "Right. It needs to be a teaching environment". The QIDPs indicated further review of clients B, C, E and F's activities at the facility operated day service location needed review to ensure the movie room activity had structure to ensure it was purposeful for the clients.</p> <p>9-3-4(a)</p> <p>483.460(e)(3) DENTAL SERVICES The facility must provide education and</p>			

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	<p>training in the maintenance of oral health. Based on record review and interview for 1 of 3 sampled clients (C), the facility failed to ensure client C's program plan for oral hygiene included formal and/or informal training to address recommendations from a dental consult for better oral hygiene and gumline brushing to promote tissue healing.</p> <p>Findings include:</p> <p>On 8/17/23 at 2:57 PM, a review of client C's record was conducted. The review indicated the following:</p> <p>-Dental Consult dated 5/3/23 indicated, "Results/Findings of Examination:... overall hygiene being poor... must have daily gumline brushing to heal tissue and prevent further breakdown... call if ever any pain. 6 month recall...".</p> <p>-Individual Support Plan (ISP) dated 8/30/22 indicated, "Needs: [Client C] needs to increase tooth brushing skills...</p> <p>Priority Objectives:... 3. Oral Hygiene...</p> <p>Formal Goal/Data Collection:... Objective: [Client C] will brush her teeth for 2 minutes with 2 verbal prompts, 80% of opportunities for 6 consecutive months...</p> <p>Methodology: At AM (morning) Hygiene routine, staff will sit with [client C] and explain the importance of good oral hygiene... Staff will place timer and set it for 2 minutes... [Client C] will brush her teeth until timer goes off... A successful trial will be documented when [client C] brushes her teeth for 2 minutes with 2 verbal</p>	W 0350	<p>W350: The facility must provide or obtain annual physical examinations of each client that at a minimum includes and evaluation of vision and hearing.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Nurse scheduled dental appointment for client (C) for 9/27/23. This will begin the 3 month appointments schedule that will be followed going forward to monitor her dental hygiene. (Attachment H) Nurse completes a weekly check in the facility to ensure all appointments are scheduled and completed. (Attachment B) QIDP updated client C dental hygiene goal. (Attachment I) All staff trained on client C updated dental hygiene goal. (Attachment J) Site Supervisor and Area Supervisor will ensure all appointments are scheduled according to client need. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Site Supervisor will ensure all clients are taken to appointments as scheduled. Nurse will send weekly check to the Nurse Manager, Area Supervisor and Program Manager 	09/17/2023

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	<p>prompts or less... Staff will praise [client C] for all efforts...</p> <p>Goal Progress Date:.. Goal C Oral Hygiene... July 2023... Met: 67%... Not Met: 33%... Refused: 0%... June 2023... Met: 67%... Not Met: 33%... Refused: 0%... May 2023... Met: 100%... Not Met: 0%... Refused: 0%... April 2023... Met: 100%... Not Met: 0%... Refused: 0%... March 2023... Met: 94%... Not Met: 6%... Refused: 0%... February 2023... Met 100%... Not Met: 0... Refused: 0%... January 2023... Met 94%... Not Met: 6%... Refused: 0%..."</p> <p>On 8/17/23 at 3:22 PM, the Qualified Intellectual Disabilities Professional Designee (QIDPD) was interviewed. The QIDPD was asked about client C's program plan for oral hygiene and the dental consult indicating a need to improve oral hygiene with gumline brushing to promote tissue healing. The QIDPD stated, "We need to look at the goal for revision. Maybe physically assist, it's at verbal".</p> <p>On 8/17/23 at 3:31 PM, the Nurse was interviewed. The Nurse was asked about client C's program plan for oral hygiene and the dental consult indicating a need to improve oral hygiene with gumline brushing to promote tissue healing. The Nurse stated, "I know some people have plaque build up. Maybe we need to go more often". The Nurse indicated client C's program plan for oral hygiene needed further review.</p> <p>On 8/17/23 at 3:33 PM, the Qualified Intellectual</p>		<p>for monitoring and to ensure completion and follow up if needed.</p> <p>Completion Date: 9-17-23</p>	

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

PRINTED: 09/21/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G080	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/21/2023
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SOUTH CENTRAL			STREET ADDRESS, CITY, STATE, ZIP COD 725 CARR ST MILAN, IN 47031		
(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	
	<p>Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client C's program plan for oral hygiene and the dental consult indicating a need to improve oral hygiene with gumline brushing to promote tissue healing. The QIDP stated, "I think [Nurse] is right. We need to go to the 3 months (recall)". The QIDP indicated client C's program plan for oral hygiene needed further review.</p> <p>9-3-6(a)</p>				