

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

PRINTED: 03/05/2018
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/30/2018	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256			
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00251294 which resulted in an Immediate Jeopardy that was not removed on 1/30/18.</p> <p>This visit was done in conjunction with the PCR to the annual recertification and state licensure survey which included the PCR to the investigation of complaint #IN00234659 completed on 8/18/17.</p> <p>Complaint #IN00251294: Substantiated, Federal and State deficiencies related to the allegations are cited at W102, W104, W122, W149, W218, W249, W318, W331, W361, W368 and W436.</p> <p>Dates of Survey: 1/23/18, 1/24/18, 1/25/18, 1/26/18, 1/29/18 and 1/30/18.</p> <p>Facility Number: 001000 Provider Number: 15G486 AIMS Number: 100245010</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/1/18.</p>			W 0000			
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 4 of 4 sampled clients (A, B, C and D), plus 1 additional client (E).</p>			W 0102	<p>CORRECTION:</p> <p><i>The facility must ensure that specific governing body and management requirements are</i></p>		03/03/2018

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 disclosable 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>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policies and procedures to prevent staff to client physical abuse regarding clients A, B and C and to prevent neglect of client A regarding a pattern of weight loss, to ensure client E's ambulation needs were reassessed following a progressive decline in functional ambulatory skills, to ensure staff implemented client E's CHRHP (Comprehensive High Risk Health Plan) for fall prevention, the nurse implemented dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss, to ensure client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated, to ensure clients C, D and E had a continuous supply of medications from the pharmacy, to ensure clients C, D and E's medications were administered as ordered by their physicians and to ensure client E had a gait belt and his prescription eyeglasses.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 4 sampled clients (A, B and C).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Health Care Services for 3 of 4 sampled clients (A, C and D), plus 1 additional client (E).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general</p>				<p><i>met.</i> Specifically:</p> <p>The staff responsible for substantiated physical abuse toward clients B, C and D has been terminated. All staff facility staff will be retrained on preventing, detecting and reporting abuse, neglect, mistreatment and exploitation.</p> <p>Client A received an assessment for weight loss by his primary care physician on 1/25/18, comprehensive blood work for client A, ordered by the primary care physician, was completed on 1/25/18, client A received a swallow study ordered by his primary care physician on 1/26/18 and client A's registered dietician completed a comprehensive nutritional assessment on 1/26/18. The RN/Nurse Manager has developed a Comprehensive High Risk Plan for Weight Loss and all facility staff have been trained on implementation of the plan.</p> <p>Through observation the governing body has determined that this deficient practice did not affect other individuals.</p>		

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	<p>policy, budget and operating direction over the facility to ensure the facility implemented its written policies and procedures to prevent staff to client physical abuse regarding clients A, B and C and to prevent neglect of client A regarding a pattern of weight loss, to ensure client E's ambulation needs were reassessed following a progressive decline in functional ambulatory skills, to ensure staff implemented client E's CHRHP (Comprehensive High Risk Health Plan) for fall prevention, the nurse implemented dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss, to ensure client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated, to ensure clients C, D and E had a continuous supply of medications from the pharmacy, to ensure clients C, D and E's medications were administered as ordered by their physicians and to ensure client E had a gait belt and his prescription eyeglasses. Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 4 sampled clients (A, B and C). Please see W122.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Health Care Services for 3 of 4 sampled clients (A, C and D), plus 1 additional client (E). Please see W318.</p> <p>This federal tag relates to complaint #IN00251294.</p> <p>9-3-1(a)</p>				<p>Client E received a physical therapy evaluation to address his declining ambulation skills and the RN/Nurse Manager updated his comprehensive high risk plan for falls, based on the results. All facility and day service staff have been trained toward proper implementation of the plan. Through observation the governing body has determined that this deficient practice did not affect other individuals.</p> <p>The Residential Manager and facility medical coach will be retrained toward assuring that medications that are not routinely resupplied in the 30-day refill cycle are ordered sufficiently far in advance. Additionally, the facility nurse will monitor medication supplies during weekly audits and facilitate re-ordering as needed. All facility staff will be re-trained on medication administration procedures as well as notifying facility supervisors and nursing when medication is running low and needs to be reordered.</p> <p>The facility has provided client E with a gait belt to use across environments and has located his</p>		

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			<p>prescription eyeglasses. A review of current adaptive equipment needs demonstrated that this deficient practice did not affect any additional clients.</p> <p>PERVENTION:</p> <p>The nurse formerly assigned to the facility has been placed on administrative leave pending a full review of her work product to determine necessary corrective measures and appropriate performance action, and a new nurse has been assigned to the facility.</p> <p>The nurse manager will review all reports of significant health and safety issues and will meet with the Quality Assurance Manager or designee weekly to discuss health and safety issues including but not limited to needed updates to risk plans, monitoring of chronic and emerging health conditions, appropriate communication with doctors and other outside medical professionals, as well as staff training needs.</p> <p>Members of the Operations Team (comprised of the Executive</p>		

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			<p>Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators) as well as the QIDP will maintain a daily presence in the facility for the next 30 days and three times weekly thereafter until staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). After this period of intensive administrative monitoring, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly. These administrative documentation reviews will include:</p> <p>1.Assuring chronic and emerging healthcare conditions are properly monitored by facility nursing.</p> <p>2.Assuring comprehensive High Risk Plans address all clients' chronic and emerging healthcare conditions.</p> <p>3.Assuring staff are trained and demonstrate competency in caring for chronic and emerging health conditions and implementing high risk plans.</p> <p>Additionally:</p> <p>1.Nursing caseloads have been</p>		

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			<p>reduced to 3-4 SGL homes per nurse.</p> <p>2.The Nurse Manager will no longer be responsible for a caseload.</p> <p>3.The Nurse Manager will do side by side audits of SGL home with the assigned nurse weekly.</p> <p>4.Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review.</p> <p>5.The Executive Director will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring clients are free from abuse, neglect, mistreatment and exploitation. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than daily for the</p>		

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			<p>next 30 days, and after 30 days, will conduct administrative observations no less than three times weekly until all staff demonstrate competence. At the conclusion of 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. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential</p>		

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			<p>Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 individuals receiving supports at the time of the observation is the top priority. ·Review all relevant documentation, providing documented coaching and training as needed. <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive</p>		

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W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and	W 0104	Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include: ·Assuring clients are free from abuse, neglect, mistreatment and exploitation. ·Assuring that the comprehensive functional assessment includes sensorimotor development. ·Assuring staff implement comprehensive high risk plans as written. ·Assuring medications are available to be administered as prescribed. ·Assuring adaptive equipment is available and being used as directed. RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director The interdisciplinary team has assembled a comprehensive	03/03/2018	

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	<p>D), plus 1 additional client (E), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policies and procedures to prevent staff to client physical abuse regarding clients A, B and C and to prevent neglect of client A regarding a pattern of weight loss, to ensure client E's ambulation needs were reassessed following a progressive decline in functional ambulatory skills, to ensure staff implemented client E's CHRHP (Comprehensive High Risk Health Plan) for fall prevention, the nurse implemented dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss, to ensure client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated, to ensure clients C, D and E had a continuous supply of medications from the pharmacy, to ensure clients C, D and E's medications were administered as ordered by their physicians and to ensure client E had a gait belt and his prescription eyeglasses.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policies and procedures to prevent staff to client physical abuse regarding clients A, B and C and to prevent neglect of client A regarding a pattern of weight loss. Please see W149.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client E's ambulation needs were reassessed following a progressive decline in functional ambulatory skills. Please see W218.</p>				<p>medical record for client E. A review of facility documentation indicated that this deficient practice did not affect other clients.</p> <p>CORRECTION:</p> <p><i>The facility must ensure that specific governing body and management requirements are met. Specifically:</i></p> <p>The staff responsible for substantiated physical abuse toward clients B, C and D has been terminated. All staff facility staff will be retrained on preventing, detecting and reporting abuse, neglect, mistreatment and exploitation.</p> <p>Client A received an assessment for weight loss by his primary care physician on 1/25/18, comprehensive blood work for client A, ordered by the primary care physician, was completed on 1/25/18, client A received a swallow study ordered by his primary care physician on 1/26/18 and client A's registered dietician completed a comprehensive nutritional assessment on 1/26/18.</p>		

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	<p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure staff implemented client E's CHRHP (Comprehensive High Risk Health Plan) for fall prevention. Please see W249.</p> <p>4. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the nurse implemented dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss and client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated. Please see W331.</p> <p>5. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients C, D and E had a continuous supply of medications from the pharmacy. Please see W361.</p> <p>6. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients C, D and E's medications were administered as ordered by their physicians. Please see W368.</p> <p>7. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client E had a gait belt and his prescription eyeglasses. Please see W436.</p> <p>This federal tag relates to complaint #IN00251294.</p> <p>9-3-1(a)</p>				<p>The RN/Nurse Manager has developed a Comprehensive High Risk Plan for Weight Loss and all facility staff have been trained on implementation of the plan.</p> <p>Through observation the governing body has determined that this deficient practice did not affect other individuals.</p> <p>Client E received a physical therapy evaluation to address his declining ambulation skills and the RN/Nurse Manager updated his comprehensive high risk plan for falls, based on the results. All facility and day service staff have been trained toward proper implementation of the plan. Through observation the governing body has determined that this deficient practice did not affect other individuals.</p> <p>The Residential Manager and facility medical coach will be retrained toward assuring that medications that are not routinely resupplied in the 30-day refill cycle are ordered sufficiently far in advance. Additionally, the facility nurse will monitor medication supplies during weekly audits and</p>		

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			<p>facilitate re-ordering as needed. All facility staff will be re-trained on medication administration procedures as well as notifying facility supervisors and nursing when medication is running low and needs to be reordered.</p> <p>The facility has provided client E with a gait belt to use across environments and has located his prescription eyeglasses. A review of current adaptive equipment needs demonstrated that this deficient practice did not affect any additional clients.</p> <p>PERVENTION:</p> <p>The nurse formerly assigned to the facility has been placed on administrative leave pending a full review of her work product to determine necessary corrective measures and appropriate performance action, and a new nurse has been assigned to the facility.</p> <p>The nurse manager will review all reports of significant health and safety issues and will meet with the Quality Assurance Manager or designee weekly to discuss health</p>		

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			<p>and safety issues including but not limited to needed updates to risk plans, monitoring of chronic and emerging health conditions, appropriate communication with doctors and other outside medical professionals, as well as staff training needs.</p> <p>Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators) as well as the QIDP will maintain a daily presence in the facility for the next 30 days and three times weekly thereafter until staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). After this period of intensive administrative monitoring, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly. These administrative documentation reviews will include:</p> <p>1. Assuring chronic and emerging healthcare conditions are properly monitored by facility nursing.</p> <p>2. Assuring comprehensive High Risk Plans address all clients'</p>		

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					<p>chronic and emerging healthcare conditions.</p> <p>3.Assuring staff are trained and demonstrate competency in caring for chronic and emerging health conditions and implementing high risk plans.</p> <p>Additionally:</p> <p>1.Nursing caseloads have been reduced to 3-4 SGL homes per nurse.</p> <p>2.The Nurse Manager will no longer be responsible for a caseload.</p> <p>3.The Nurse Manager will do side by side audits of SGL home with the assigned nurse weekly.</p> <p>4.Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review.</p> <p>5.The Executive Director and will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to</p>		

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			<p>assuring clients are free from abuse, neglect, mistreatment and exploitation. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than daily for the next 30 days, and after 30 days, will conduct administrative observations no less than three times weekly until all staff demonstrate competence. At the conclusion of 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. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through</p>		

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			<p>the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 individuals receiving supports at the time of the observation is the top priority. 		

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			<p>·Review all relevant documentation, providing documented coaching and training as needed.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will include:</p> <ul style="list-style-type: none"> ·Assuring clients are free from abuse, neglect, mistreatment and exploitation. ·Assuring that the comprehensive functional assessment includes sensorimotor development. ·Assuring staff implement comprehensive high risk plans as written. ·Assuring medications are available to be administered as prescribed. ·Assuring adaptive equipment is available and being used as directed. <p>RESPONSIBLE PARTIES: QIDP,</p>		

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W 0122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 3 of 4 sampled clients (A, B and C). The facility failed to implement its written policies and procedures to prevent staff to client physical abuse regarding clients A, B and C and to prevent neglect of client A regarding a pattern of weight loss.</p> <p>Findings include:</p> <p>The facility failed to implement its written policies and procedures to prevent staff to client physical abuse regarding clients A, B and C and to prevent neglect of client A regarding a pattern of weight loss. Please see W149.</p> <p>This federal tag relates to complaint #IN00251294.</p> <p>9-3-2(a)</p>			W 0122	<p>Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> <p><i>The facility must ensure that specific client protections requirements are met. Specifically, the governing body facilitated the following:</i></p> <p>The staff responsible for substantiated physical abuse toward clients B, C and D has been terminated. All staff facility staff will be retrained on preventing, detecting and reporting abuse, neglect, mistreatment and exploitation.</p> <p>Client A received an assessment for weight loss by his primary care physician on 1/25/18, comprehensive blood work for client A, ordered by the primary care physician, was completed on 1/25/18, client A received a swallow study ordered by his primary care physician on 1/26/18</p>		03/03/2018

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			<p>and client A's registered dietician completed a comprehensive nutritional assessment on 1/26/18. The RN/Nurse Manager has developed a Comprehensive High Risk Plan for Weight Loss and all facility staff have been trained on implementation of the plan.</p> <p>Through observation the governing body has determined that this deficient practice did not affect other individuals.</p> <p>PERVENTION:</p> <p>The nurse formerly assigned to the facility has been placed on administrative leave pending a full review of her work product to determine necessary corrective measures and appropriate performance action, and a new nurse has been assigned to the facility.</p> <p>The nurse manager will review all reports of significant health and safety issues and will meet with the Quality Assurance Manager or designee weekly to discuss health and safety issues including but not limited to needed updates to risk plans, monitoring of chronic and</p>		

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			<p>emerging health conditions, appropriate communication with doctors and other outside medical professionals, as well as staff training needs.</p> <p>Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators) as well as the QIDP will maintain a daily presence in the facility for the next 30 days and three times weekly thereafter until staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). After this period of intensive administrative monitoring, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly. These administrative documentation reviews will include:</p> <p>1.Assuring chronic and emerging healthcare conditions are properly monitored by facility nursing.</p> <p>2.Assuring comprehensive High Risk Plans address all clients' chronic and emerging healthcare conditions.</p> <p>3.Assuring staff are trained and</p>		

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					<p>demonstrate competency in caring for chronic and emerging health conditions and implementing high risk plans.</p> <p>Additionally:</p> <ol style="list-style-type: none"> 1.Nursing caseloads have been reduced to 3-4 SGL homes per nurse. 2.The Nurse Manager will no longer be responsible for a caseload. 3.The Nurse Manager will do side by side audits of SGL home with the assigned nurse weekly. 4.Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review. 5.The Executive Director and will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention. <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring clients are free from abuse, neglect, mistreatment and exploitation. Members of the</p>		

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			<p>Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than daily for the next 30 days, and after 30 days, will conduct administrative observations no less than three times weekly until all staff demonstrate competence. At the conclusion of 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. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills</p>		

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			<p>training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 individuals receiving supports at the time of the observation is the top priority. ·Review all relevant documentation, providing documented coaching and training 		

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W 0149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D), the facility failed to implement its written policies and procedures to prevent staff to client physical abuse regarding clients B, C and D and to prevent neglect of client A regarding a pattern of weight loss.	W 0149	as needed. The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring clients are free from abuse, neglect, mistreatment and exploitation. RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically:</i>	03/03/2018	

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	<p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/29/18 at 9:51 AM. The review indicated the following:</p> <p>-BDDS report dated 1/16/18 indicated, "[Client D, age and diagnosis], who lives in a supervised group living residence with six other men. While assisting [client D], staff noted a pattern of bruises, specifically he had a 1 inch in diameter bruise below his left knee, a 0.75 inch bruise on his left shin, a 1.25 inch round bruise on his left shoulder, a 3.5 inch long oval bruise on his left upper arm (sic), and a 0.75 inch bruise on his left outer wrist. He said that he received the injuries when [staff #5] punched him and hit him with a hanger, on an unspecified (sic) date and time. The ResCare nurse transported [client D] to the [hospital] to have the injuries evaluated. ER (Emergency) personnel examined [client D] and performed X-rays and discharged him to ResCare staff with a diagnosis of Assault with Contusions and a recommendation to take ibuprofen as needed for pain. [Staff #5] has been suspended pending investigation and the team is providing [client D] with emotional support. Staff are tracking the bruises... (sic) healing process on an injury follow-up flow sheet and [client D] is voicing no complaints of discomfort at this time. ResCare will maintain an increased administrative presence in the home during the course of the investigation."</p> <p>-BDDS report dated 1/16/18 indicated, "[Client B, age and diagnosis], who lives in a supervised group living residence with six other men. [Client B] complained to staff of experiencing abdominal</p>				<p>The staff responsible for substantiated physical abuse toward clients B, C and D has been terminated. All staff facility staff will be retrained on preventing, detecting and reporting abuse, neglect, mistreatment and exploitation.</p> <p>Client A received an assessment for weight loss by his primary care physician on 1/25/18, comprehensive blood work for client A, ordered by the primary care physician, was completed on 1/25/18, client A received a swallow study ordered by his primary care physician on 1/26/18 and client A's registered dietician completed a comprehensive nutritional assessment on 1/26/18. The RN/Nurse Manager has developed a Comprehensive High Risk Plan for Weight Loss and all facility staff have been trained on implementation of the plan.</p> <p>Through observation the governing body has determined that this deficient practice did not affect other individuals.</p>		

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	<p>pain because [staff #5] hit him on an unspecified date and time. The ResCare Nurse assessed [client B] and transported him to the [hospital] for evaluation. ER personnel examined [client B], noted no injuries and released him to ResCare staff with a diagnosis of Assault, normal exam. [Staff #5 has been suspended pending investigation and the team is providing [client B] with emotional support.</p> <p>[Client B] is voicing no complaints of discomfort at this time. ResCare will maintain an increased administrative presence in the home during the course of the investigation."</p> <p>-BDDS report dated 1/16/18 indicated, "[Client C, age and diagnosis], who lives in a supervised group living residence with six other men. While assisting [client C], he complained of back pain because [staff #5] hit him on an unspecified date and time. The ResCare nurse assessed [client C] and discovered a 1 inch scratch on his back. Staff applied first aid. [Staff #5] has been suspended pending investigation and the team is providing [client C] with emotional support. Staff are tracking the scratch..s (sic) healing process on an injury follow-up flow sheet and [client C] is voicing no complaints of discomfort at this time. ResCare will maintain an increased administrative presence in the home during the course of the investigation."</p> <p>-Investigative Summary dated 1/15/18 through 1/19/18 indicated, "Conclusion (1.) The evidence substantiates [staff #5] struck [client D]. (2.) The evidence substantiates [staff #5] struck [client C]. (3.) The evidence substantiates [staff #5] struck [client B]."</p> <p>Staff #1 was interviewed on 1/23/18 at 4:54 PM. When asked if she was aware of any bruises or</p>				<p>PERVENTION:</p> <p>The nurse formerly assigned to the facility has been placed on administrative leave pending a full review of her work product to determine necessary corrective measures and appropriate performance action, and a new nurse has been assigned to the facility.</p> <p>The nurse manager will review all reports of significant health and safety issues and will meet with the Quality Assurance Manager or designee weekly to discuss health and safety issues including but not limited to needed updates to risk plans, monitoring of chronic and emerging health conditions, appropriate communication with doctors and other outside medical professionals, as well as staff training needs.</p> <p>Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators) as well as the QIDP will maintain a daily presence in the facility for the next 30 days</p>		

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PRINTED: 03/05/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/30/2018	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256			
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	<p>injuries of unknown origin on the clients in the home, staff #1 stated, "Only the one incident." Staff #1 indicated she was aware of the allegations of staff to client abuse regarding clients B, C and D by staff #5. Staff #1 indicated she had not had concerns with staff #5's interactions prior to the incident. Staff #1 indicated she was not aware of any ongoing or additional allegations of abuse or neglect in the home. Staff #1 indicated staff #5 had been suspended and not returned to the house for work.</p> <p>RM (Residential Manager) #1 was interviewed on 1/23/18 at 4:20 PM. When asked if she was aware of any bruises or injuries of unknown origin on the clients in the home, RM #1 stated, "The last incident was with [client D]. He had bruises all over the left side of his body. From his shoulders to his ankles. Beat up pretty bad." When asked if she was aware of or have any concerns regarding the treatment of the clients in the home by staff, RM #1 stated, "No concerns had been reported. I had concerns about [staff #5], the overnight staff not bathing or giving the guys proper breakfast. He had submitted his two week notice before the incident (1/15/18)." RM #1 indicated she was not aware of any ongoing or additional allegations of abuse or neglect.</p> <p>Staff #3 was interviewed on 1/23/18 at 5:46 PM. When asked if she was aware of any bruises or injuries of unknown origin on the clients in the home, staff #3 stated, "My first night of shadowing (on the job training) was last Monday (1/15/18). I came in. Cooked and everything and then assisted with the showers. That's when I noticed [client D's] side. Got him dry from the shower in his room and seen all the bruises. I wanted to cry for him. I asked who did this and he said '[staff #5]'. I went and reported it to [staff #1].</p>				<p>and three times weekly thereafter until staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). After this period of intensive administrative monitoring, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly. These administrative documentation reviews will include:</p> <ol style="list-style-type: none"> 1. Assuring chronic and emerging healthcare conditions are properly monitored by facility nursing. 2. Assuring comprehensive High Risk Plans address all clients' chronic and emerging healthcare conditions. 3. Assuring staff are trained and demonstrate competency in caring for chronic and emerging health conditions and implementing high risk plans. <p>Additionally:</p> <ol style="list-style-type: none"> 1. Nursing caseloads have been reduced to 3-4 SGL homes per nurse. 2. The Nurse Manager will no longer be responsible for a caseload. 3. The Nurse Manager will do side by side audits of SGL home 		

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	<p>She called and reported it to [RM #1]. [RM #1] came in and they questioned him about where the bruises came from. He told them the same thing, that it was [staff #5]. [RM #1] called the nurse to report it. I did the IR (Incident Report) and my shift was over." Staff #3 indicated she was not aware of any additional or ongoing abuse in the home.</p> <p>PD (Program Director) #1 was interviewed on 1/24/18 at 12:24 PM. When asked if he was aware of any bruises or injuries of unknown origin on the clients in the home, PD #1 stated, "Currently, no." PD #1 indicated there had been an incident involving staff #5 and clients B, C and D. PD #1 indicated clients B and C had been hit in the stomach and client D had bruises on his shoulder and shin. PD #1 indicated staff #5 was suspended and terminated after the investigation was completed. PD #1 indicated he was not aware of any ongoing or additional allegations of abuse in the home.</p> <p>2. Client A's record was reviewed on 1/24/18 at 9:44 AM. Client A's GHQNA (Group Home Nutrition Quarterly Assessment) undated indicated the following:</p> <p>-8/2016: weight was 256 pounds. -10/2016: weight was 256.7 pounds. 12/2016: weight was 256.3 pounds. -1/2017: weight was 257.8 pounds. -3/2017: weight was 257.8 pounds.</p> <p>Goals/Assessments:</p> <p>-1/11/17, "CBW (Current Body Weight) 257.8 pounds. Weight stable. No concerns noted. Will continue current plan of care and new goal to maintain weight less than or equal to 258</p>				<p>with the assigned nurse weekly.</p> <p>4. Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review.</p> <p>5. The Executive Director and will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring clients are free from abuse, neglect, mistreatment and exploitation. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than daily for the next 30 days, and after 30 days, will conduct administrative observations no less than three times weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative</p>		

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	<p>pounds."</p> <p>-4/12/17, "March weight at 257.8 pounds. Goal met to maintain weight less than or equal to 258 pounds. No new concerns noted. Will continue with current plan of care and goal to maintain 258 pounds."</p> <p>-7/12/17, "CBW not available at this time. No new concerns noted. Will continue with current plan and goal to maintain weight less than or equal to 258 pounds."</p> <p>The undated GHQNA form did not indicate additional documentation of weights.</p> <p>Client A's History and Physical Examination form dated 9/13/17 indicated client A's weight was 227 pounds.</p> <p>Client A's GHNA dated 10/26/17 indicated:</p> <p>"Date: 10/2017. Weight: 200 pounds."</p> <p>Summary of Nutrition Assessment:</p> <p>"Extreme variables with weight. Staff reports no changes/stable and (illegible)."</p> <p>"(Illegible) weight fluctuation. Recent medical physical noted. New order to check cheeks to ensure swallow of meals."</p> <p>Goals:</p> <p>"Determine baseline weight. Daily weight for 3 days."</p> <p>"Speech screen."</p>				<p>monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>Operations Team members have</p>		

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	<p>Client A's Prescription Order form dated 9/22/17 indicated, "Speech evaluation. Treat as indicated."</p> <p>Client A's record did not indicate documentation of a speech evaluation.</p> <p>Client A's Dietitian Nutritional Recommendations Worksheet dated 10/26/17 indicated the following:</p> <ul style="list-style-type: none"> - "Problem: [Client A] extreme weight fluctuation (illegible) dysphagia." - "Goal: Determine baseline. Tolerate current diet." - "Suggestions: Daily weight for 30 days and speech screening." <p>Client A's record did not indicate documentation of daily weight monitoring/documentation for 30 days.</p> <p>Client A's record did not indicate documentation of a speech evaluation.</p> <p>Client A's Weekly Vitals (WVs) forms from July 2017 through the 1/24/18 date of review indicated the following weight documentation regarding client A:</p> <ul style="list-style-type: none"> -6/7/17: 244.3 pounds. -6/28/17: 244.3 pounds. -7/5/17: 244.1 pounds. -7/13/17: 245.3 pounds. -7/19/17: 244.3 pounds. -No documentation of weight for Wednesday 7/26/17. -8/3/17: 244.7 pounds. -8/9/17: 236.5 pounds. 				<p>been trained on monitoring expectations. Specifically, 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 individuals receiving supports at the time of the observation is the top priority. ·Review all relevant documentation, providing documented coaching and training as needed. <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including</p>		

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	<p>-8/16/17: 244.3 pounds. -8/25/17: 244.3 pounds. -No documentation of weight for Wednesday 8/30/17.</p> <p>-9/2/17: 244.2 pounds. -9/8/17: 244 pounds. -9/13/17: 243 pounds. -9/19/17: 244.3 pounds. -9/27/17: 226.9 pounds.</p> <p>-10/5/17: 225.9 pounds. -10/13/17: 221.8 pounds. -10/18/17: 200.4 pounds. -10/25/17: 218 pounds.</p> <p>-11/8/17: 217.6 pounds. -11/15/17: 218 pounds. -No documentation of weight for Wednesday 11/1/17, 11/22/17 or 11/29/17.</p> <p>-12/13/17: 199.5 pounds. -No documentation of weight for Wednesday 12/6/17, 12/20/17 or 12/27/17.</p> <p>-1/24/18: 208.8 pounds. -No documentation of weight for Wednesday 1/3/18, 1/10/18 or 1/13/18.</p> <p>Client A's Comprehensive High Risk Health Plan (CHRHP) dated 6/26/17 indicated, "Staff will monitor for, note, record and report to (the) nurse immediately: Decreased appetite, not wanting to drink fluids...."</p> <p>Client A's Daily Progress Notes dated 12/24/17 through the 1/24/18 date of review indicated the following:</p> <p>- "Nutritional Intake and Triggers: Breakfast,</p>		<p>but not limited to assuring clients are free from abuse, neglect, mistreatment and exploitation.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>		

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	<p>Lunch and Dinner."</p> <p>-"Consumed all of meal = 100%</p> <p>Consumed 3/4th's of meal = 75%</p> <p>Consumed 1/2 of meal = 50%</p> <p>Consumed 1/4th of meal = 25%</p> <p>Refused meal = 0 %"</p> <table border="0"> <tr> <td>Date</td> <td>Breakfast</td> <td>Lunch</td> </tr> <tr> <td></td> <td>Dinner</td> <td></td> </tr> <tr> <td>1/24/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/23/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/22/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/21/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/20/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/19/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/18/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/17/18</td> <td>100%</td> <td>No % recorded.</td> </tr> <tr> <td></td> <td>No % recorded.</td> <td></td> </tr> <tr> <td>1/16/18</td> <td>No % recorded.</td> <td>No % recorded.</td> </tr> <tr> <td></td> <td>No % recorded.</td> <td></td> </tr> <tr> <td>1/15/18</td> <td>"Good"</td> <td>100%</td> </tr> <tr> <td></td> <td>No % recorded.</td> <td></td> </tr> <tr> <td>1/14/18</td> <td>"Good"</td> <td>No % recorded.</td> </tr> <tr> <td></td> <td>No % recorded.</td> <td></td> </tr> <tr> <td>1/13/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/12/18</td> <td>"Good"</td> <td>No % recorded.</td> </tr> <tr> <td></td> <td>No % recorded.</td> <td></td> </tr> </table>			Date	Breakfast	Lunch		Dinner		1/24/18	No Progress Note or data provided.		1/23/18	No Progress Note or data provided.		1/22/18	No Progress Note or data provided.		1/21/18	No Progress Note or data provided.		1/20/18	No Progress Note or data provided.		1/19/18	No Progress Note or data provided.		1/18/18	No Progress Note or data provided.		1/17/18	100%	No % recorded.		No % recorded.		1/16/18	No % recorded.	No % recorded.		No % recorded.		1/15/18	"Good"	100%		No % recorded.		1/14/18	"Good"	No % recorded.		No % recorded.		1/13/18	No Progress Note or data provided.		1/12/18	"Good"	No % recorded.		No % recorded.				
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	1/10/18 No Progress Note or data provided.						
	1/9/18 No Progress Note or data provided.						
	1/8/18 No Progress Note or data provided.						
	1/7/18 No Progress Note or data provided.						
	1/6/18 100% No % recorded. No % recorded.						
	1/5/18 No % recorded. No % recorded. No % recorded.						
	1/4/18 100% No % recorded. No % recorded.						
	1/3/18 No % recorded. No % recorded. No % recorded.						
	1/2/18 No Progress Note or data provided.						
	1/1/18 No Progress Note or data provided.						
	Date Breakfast Lunch Dinner						
	12/31/17 No Progress Note or data provided.						
	12/30/17 No Progress Note or data provided.						
	12/29/17 100% No % recorded. No % recorded.						
	12/28/17 "Good" No % recorded. No % recorded.						
	12/27/17 No Progress Note or data provided.						

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	<p>12/26/17 100% "Good" No % recorded.</p> <p>12/25/17 LOA (Leave of Absence) LOA</p> <p>12/24/17 100% "Good" "Good"</p> <p>Client A's Nursing Monthly Summary (NMS) form dated 12/20/17 indicated client A's current weight was 243 pounds. Client A's NMS form was blank and not completed regarding sections for his IBW (Ideal Body Weight), weight 1 month ago, weight 6 months ago and weight 1 year ago tracking. Client A's NMS form indicated, "Nurses Medical Notes: All entries must be dated and signed. Must include: Summary of all medical appointments, hospitalizations, required follow-up, all correspondence (labs, physicians, etc.), assessments, any other identified problems and any continuation of documentation from NMS if applicable. Comments: No changes." Client A's NMS form dated 12/20/17 indicated LPN #1 had completed the form.</p> <p>Client A's Quarterly Nursing Assessment (QNA) form dated 2017 indicated the following:</p> <p>-Evaluations: 9/12/17 physical, 8/23/17 dental and 10/26/17 nutritional. The review did not indicate documentation of additional evaluations during 2017</p> <p>-Appointments/Exams: blank.</p> <p>-Hospitalizations/ER (Emergency Room) visits: blank.</p> <p>-1st Quarter Summary, undated indicated, "No health concerns. See med notes. [LPN #2]."</p>						

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	<p>-2nd Quarter Summary, undated indicated, "No health concerns. See med note. [LPN #2]."</p> <p>-3rd Quarter Summary, undated indicated, "No medication changes or seizure activity. [LPN #1]."</p> <p>-4th Quarter Summary, undated indicated, "No changes in patient's baseline. [LPN #1]."</p> <p>Client A's TR (Treatment Records) dated from September 2017 through January 2018 indicated the following:</p> <p>-September 2017, "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of client A's weight on Wednesday 9/6/17, Wednesday 9/13/17, Wednesday 9/20/17 or Wednesday 9/27/17.</p> <p>-October 2017: "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of daily weight tracking as recommended (10/26/17) by the Registered Dietician.</p> <p>-November 2017: The TR did not indicate documentation of daily weight tracking as recommended (10/26/17) by the Registered Dietician.</p> <p>-December 2017, "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of client A's weight on Wednesday 12/13/17 or Wednesday 12/27/17.</p>						

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	<p>-January 2018, "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of client A's weight on Wednesday 1/3/18, Wednesday 1/10/18 or Wednesday 1/17/18.</p> <p>Client A's GHNA (Group Home Nutrition Assessment) form dated 2016 indicated the following:</p> <p>-4/2016: weight was 262 pounds. -6/2016: weight was 256 pounds. -8/2016: weight was 256 pounds. -10/2016: weight was 256.7 pounds.</p> <p>The 2016 GHNA form did not indicate additional documentation of weights for 2016.</p> <p>Client A's record did not indicate additional documentation of follow up assessment with the Registered Dietitian, client A's Primary Care Physician or other medical professional assessment regarding client A's weight loss.</p> <p>LPN (Licensed Practical Nurse) #1, NM (Nurse Manager) #1, QIDPM (Qualified Intellectual Disabilities Professional Manager) #1, QIDP #1 and ED (Executive Director) #1 were interviewed on 1/24/18 at 11:35 AM. LPN #1 indicated she had completed client A's 12/2017 NMS form. LPN #1 indicated she had not documented client A's historical 1 month, 6 month or 1 year weight tracking component on the NMS. QIDP #1 indicated she had recently been assigned to the home and was not aware of client A's weight loss. LPN #1 indicated she was aware client A had been losing weight. LPN #1 indicated client A had been refusing to eat. LPN #1 indicated she had not</p>						

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	<p>monitored/observed client A eat a meal. LPN #1 indicated she had not implemented any additional nursing measures to monitor client A's weight, or food intake. NM #1 indicated the 10/26/17 Dietary Review had recommended weight tracking for 30 days. NM #1 indicated there was not documentation available to review regarding the 30 day weight monitoring. NM #1 indicated there was a 9/22/17 Physicians Order from client A's PCP for a speech evaluation. NM #1 indicated client A had not received the speech evaluation and was not currently scheduled for a speech evaluation. When asked if she had communicated or followed up with client A's dietician or PCP regarding his continued weight loss, LPN #1 stated, "Yes, I've had phone conversations with them." When asked if there was any available documentation of dietician or PCP communication or conversations, LPN #1 stated, "No."</p> <p>RM (Residential Manager) #1 was interviewed on 1/23/18 at 4:30 PM. When asked if she had any concerns regarding clients in the home losing weight or not getting enough food to eat, RM #1 stated, "[Client A] has been losing weight. I stated September 11, 2017. He's lost over 30 pounds in 2-3 months. They are supposed to be having the dietician in to see him." RM #1 indicated client A's weight and vitals were monitored and documented every Wednesday. RM #1 indicated LPN (Licensed Practical Nurse) #1 was aware of client A's weight loss.</p> <p>Staff #1 was interviewed on 1/23/18 at 4:54 PM. When asked if she was aware of or had any concerns regarding clients in the home losing weight or not getting enough food to eat, staff #1 stated, "Had a client lose over 40 pounds." Staff #1 indicated the client who had lost 40 pounds was client A. Staff #1 stated, "[Staff #5] (former</p>						

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	<p>employee), the overnight staff would only give them cereal for breakfast during the week. We'd put out the menu and food like eggs, and oatmeal and then find the food back in the cabinet or put away."</p> <p>Staff #2 was interviewed on 1/23/18 at 5:29 PM. When asked if she was aware of or had any concerns regarding client in the home losing weight or not getting enough food to eat, Staff #2 stated, "[Client A] has lost weight." Staff #2 was uncertain of how much weight client A had lost. Staff #2 stated, "[Client A] gets enough to eat."</p> <p>Client A was interviewed on 1/23/18 at 7:45 AM. Client A gave limited responses to questions. Client A indicated he was doing okay and smiled when spoken to.</p> <p>Client B was interviewed on 1/23/18 at 7:38 AM. Client B was agitated and reluctant to be interviewed. Client B indicated he was doing okay and was excited to go on an upcoming home visit.</p> <p>Client C was interviewed on 1/23/18 at 7:50 AM. Client C was reluctant to be interviewed. Client C gave limited responses. Client C indicated he was doing okay at the home.</p> <p>Client D was interviewed on 1/23/18 at 7:42 AM. Client D was reluctant to be interviewed. Client D gave limited responses and repeated statements from the nearby TV. Client D indicated he was doing okay.</p> <p>Client E was interviewed on 1/23/18 at 7:40 AM. Client E smiled and made eye contact while making limited audible vocalizations in response to questions. Client E indicated he was doing okay.</p>						

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	<p>Client F was interviewed on 1/23/18 at 7:50 AM. Client F smiled and indicated he was doing okay before walking away to go outside to smoke a cigarette.</p> <p>Client G declined to be interviewed and remained in his room or areas away from surveyor during/throughout the observation periods.</p> <p>PD (Program Director) #1 was interviewed on 1/24/18 at 12:24 PM. When asked if he had any concerns regarding clients in the home not being fed enough food, PD #1 stated, "Not sure. I'm not seeing it when I'm in there. The gentlemen are at their ideal weights." When asked if he had any concerns or was aware of any concerns regarding weight loss in the home, PD #1 stated, "Know that we had someone with a reduction but I don't recall his name at this house." PD #1 indicated staff should document clients food intake on each clients daily progress note. PD #1 indicated the facility's abuse and neglect policy should be implemented to prevent abuse, neglect and mistreatment.</p> <p>An interview attempt was made on 1/25/18 at 1:04 PM with the Registered Dietician. No return call has been received at the time of submission.</p> <p>The facility's policy and procedures were reviewed on 1/30/18 at 10:47 AM. The facility's Abuse, Neglect, Exploitation (and) Mistreatment Policy dated 2/26/11 indicated the following:</p> <p>- "Policy: Adept staff actively advocates for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory</p>						

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W 0218 Bldg. 00	<p>channels and will be thoroughly investigated under the policies of Adept, ResCare and local state and federal guidelines."</p> <p>- "Physical abuse: the act or failure to act that results or could result in physical injury to an individual. Non-accidental injury inflicted by another person or persons."</p> <p>- "Medical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide necessary medical attention, proper nutritional support or administering medications as prescribed."</p> <p>- "Program intervention neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention with out a qualified person notification/review."</p> <p>- "Any Adept staff who suspects an individual is the victim of abuse, neglect, mistreatment, or exploitation should immediately notify this suspicion to their [supervisor]."</p> <p>This federal tag relates to complaint #IN00251294.</p> <p>9-3-2(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review and interview for 1 additional client (E), the facility failed to ensure client E's ambulation needs were reassessed following a progressive decline in functional ambulatory skills.</p>		W 0218	<p>CORRECTION:</p> <p><i>The comprehensive functional assessment must include sensorimotor</i></p>		03/03/2018	

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 1/22/18 from 4:15 PM through 6:00 PM, 1/24/18 from 7:15 AM through 8:00 AM, 1/25/18 from 4:50 PM through 6:00 PM and on 1/26/18 from 7:40 AM through 8:15 AM. Client E was observed in the home throughout the observation periods. Client E did not have a gait belt. Client E ambulated through the home with an unsteady gait and was not assisted by staff while walking. Client E did not utilize eyeglasses. Client E had a manual wheelchair and rolling walker at the home.</p> <p>Observations were conducted at the group home on 1/26/18 from 7:40 AM through 8:15 AM. PD (Program Director) #2, staff #4 and staff #6 were present working in the home with clients A, B, C, D, E, F and G. Client E was seated in the home's living room in his personal recliner. Client B was seated on the home's couch next to client E's recliner. Client E was non-verbal (used limited vocalizations to express his wants and needs) and utilized limited vocalizations, some physical gestures including facial expressions/gestures. Client E's arms and legs were contracted (stiff, rigid, inflexible joints, muscles and tendons). Client E did not utilize a gait belt. At 8:00 AM, staff #6 asked PD #2 to prompt client E to come to the medication administration room to receive his morning medications. PD #2 verbally prompted client E to go to the medication administration room with staff #6 to receive his morning medications. Client E began attempting to move his body towards the edge of the recliner and attempted to stand upright from his seated position. Client E used a rocking motion to attempt to stand up. PD #2 did not initially provide physical assistance to client E. Client B</p>				<p><i>development.</i>Specifically, client E received a physical therapy evaluation to address his declining ambulation skills and the RN/Nurse Manager updated his comprehensive high risk plan for falls, based on the results. All facility and day service staff have been trained toward proper implementation of the plan. Through observation the governing body has determined that this deficient practice did not affect other individuals.</p> <p>PREVENTION:</p> <p>The nurse formerly assigned to the facility has been placed on administrative leave pending a full review of her work product to determine necessary corrective measures and appropriate performance action, and a new nurse has been assigned to the facility.</p> <p>The QIDP and the facility nurse staff will be retrained regarding the need to obtain initial assessments on admission and prompt reassessments when the team observes changes in clients' physical, mental and developmental status. Members of the Operations Team (comprised</p>		

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	<p>who was seated next to client E's recliner stated, "You have to help him. He can't get up by himself." PD #2 then provided client E with physical assistance to stand up and then prompted him to go to the medication administration room. Client E ambulated to the medication room with no staff assistance and no gait belt. Client E's gait was unsteady and unbalanced. PD #2, staff #4 and staff #6 did not provide assistance or support to client E while he walked to the medication administration room and then returned to his seat after placing his medication water cup in the home's kitchen. Client E returned unassisted to his recliner. Client E's facial expressions had changed and he was frowning and grimacing (wrinkling his nose, squeezing his eyes shut, twisting his mouth). Client E sat down in the recliner in a plopping motion (sat down clumsily, awkwardly) which caused the chair to rock backwards toward the wall. Client B stated, "You better be careful. You will hurt your head" as client E sat down. Client E did not utilize eyeglasses. Client E had a manual wheelchair and rolling walker at the home.</p> <p>Observations were conducted at client E's day program on 1/29/18 at 1:30 PM through 1:45 PM. Client E was seated in a manual wheelchair in his classroom. Client E did not have a gait belt on.</p> <p>Day Services Staff (DSS) #1 was interviewed on 1/29/18 at 1:40 PM. DSS #1 indicated he worked with client E in his classroom on a daily basis and had previously worked with client E at his group home. DSS #1 indicated client E utilized a wheelchair while at the day program. DSS #1 indicated client E did not utilize a gait belt while at the day program. DSS #1 indicated client E transferred himself without assistance for toileting. DSS #1 stated, "He wheels himself in</p>				<p>of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than daily for the next 30 days, and after 30 days, will conduct administrative observations no less than three times weekly until all staff demonstrate competence. At the conclusion of 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. Administrative support at the home will include but not be limited to assuring that the comprehensive functional assessment includes sensorimotor development.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>		

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	<p>there when he needs to go and doesn't need any assistance or use a gait belt."</p> <p>A focused review of client E's BDDS (Bureau of Developmental Disabilities Services) reports and IR (Incident Reports) since August 2017 was conducted on 1/26/18 at 9:09 AM. The review indicated the following:</p> <p>-IR dated 1/15/18 indicated, "[Client G] and [client E] was head (sic) towards the table for dinner. [Client G] had his chair tried to push pass (sic) [client E]. [Client E] lost his balance and fell between the wall and open space in laundry area."</p> <p>-"The wall have (sic) dent in it and [client E] need (sic) more space to use walker."</p> <p>Client E's record was reviewed on 1/26/18 at 9:06 AM.</p> <p>Client E's POs (Physician's Orders) form dated October 2017 indicated, "May use wheelchair for mobility as needed as suggested per PT (Physical Therapy)."</p> <p>Client E's Record of Visit form dated 1/21/17 indicated client E was seen at a medical clinic for evaluation after a fall. Client E's Record of Visit form dated 1/21/17 indicated, "Laceration of right upper eyebrow" and "Referral to ER (Emergency Room) (illegible) for treatment and possible sedation".</p> <p>Client E's Record of Visit dental evaluation form dated 12/6/16 indicated, "Recent fall (with) injury of lip resulted. Lip- red lesion some blistering present."</p> <p>Client E's PT (Physical Therapy) Record of Visit</p>						

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	<p>form dated 12/14/16 indicated, "Recommend wheelchair adjustment to lower seat to floor height to increase ease with foot propulsion. Diagnosis: CP (Cerebral Palsy). Recommendations for treatment: Recommend [client E] apply ice and compression sleeves to both knees to account for pain when walking. Continue using gait belt for safety when walking."</p> <p>Client E's Prescription form dated 11/30/16 indicated, "PT/OT evaluation and treat as indicated. Diagnosis: unsteady gait."</p> <p>Client E's Dental Summary Progress Report dated 8/21/16 indicated, "[Client E] had a fall with a laceration to lip. Sutures (dissolvable) placed to laceration."</p> <p>Client E's Record of Visit form dated 11/10/15 indicated, "Reason for visit: Wheelchair evaluation for mobility device. Results/findings of examination: [Client E] presents with significantly impaired gait ability, decreased endurance, (sic) appearance of pain with mobility and very high fall risk. Diagnosis: Gait instability, fall risk, balance impairment, decreased functional mobility. Recommendations for treatment: [Client E] would benefit from use of a high-strength ultra-lightweight manual wheelchair to reduce caregiver burden and increase independence with functional mobility."</p> <p>Client E's record of Visit form dated 11/4/15 indicated, "Reason for visit: PT for gait, balance and standing endurance. Results/findings: Has not made progress towards goals. Feels wheelchair level safest both at home and job. Assessment next visit. Diagnosis: CP (and) gait abnormality. Recommendations for treatment: Use gait belt. Wheelchair evaluation next visit</p>						

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	<p>11/10/15; otherwise not recommending gait/balance training."</p> <p>Client E's record of visit form dated 10/29/15 indicated, "Decreased balance, unstable gait, [client E] is unsafe to ambulate without assistance."</p> <p>Client E's Prescription form dated 8/14/15 indicated, "PT/OT (Occupational Therapy) to evaluation for hand contraction and ambulation. Decrease in independent ADLS (Activities of Daily Living Skills)."</p> <p>Client E's CHRHP (Comprehensive High Risk Health Plan) dated 6/26/17 indicated the following:</p> <p>- "At Risk for Falls-history of falls related to diagnoses of Cerebral Palsy and profound deafness (unknown)."</p> <p>- "2. May utilize wheelchair as needed."</p> <p>- "3. Use gait belt with all transfers and ambulation."</p> <p>- "Definition. Standby assistance: When you require the presence of another person, within arm's reach of you to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)."</p> <p>Client E's CHRHP dated 6/26/17 did not indicate documentation/include client E's 11/10/15 recommendations for use of an ultra-lightweight wheelchair or compression sleeve for knee pain associated with walking.</p> <p>Client E's record did not indicate documentation of additional PT/OT assessment regarding client</p>						

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	<p>E's ambulation needs since 12/14/16. Client E's record did not clarify or reconcile client E's PT/OT recommendations for wheelchair usage with client E's POs.</p> <p>Client E's record did not indicate documentation of additional PT/OT assessment regarding client E's ambulation needs.</p> <p>Client E's Record of Visit form dated 4/18/17 indicated, "May use bifocal glasses or reading glasses, mostly would benefit his vision at near (sic)."</p> <p>NM (Nurse Manager) #1 was interviewed on 1/26/18 at 10:28 AM. When asked to clarify client E's 11/10/15 Record of Visit form recommendations for wheelchair usage, NM #1 indicated the form did not specify when client E should utilize the wheelchair (as needed, full time, on outings, etc.) NM #1 stated, "Yeah, I see what you mean. I will clarify that." NM #1 indicated she would clarify when client E should utilize the wheelchair and provide documentation of clarification via email. NM #1 indicated she would follow up to locate additional PT/OT documentation of assessment or evaluation. When asked to clarify or reconcile client E's use of a rolling walker in the home and vision recommendations dated 4/18/17 regarding his ambulation needs, NM #1 indicated she would follow up to clarify the walker usage and inclusion of wearing his eyeglasses for fall prevention.</p> <p>QIDP #1 via electronic correspondence on 1/29/18 at 5:00 PM sent a CHRHP regarding falls for client E which was undated. The attached document was reviewed upon receipt. The undated CHRHP for falls indicated the following:</p> <p>- "Roller walker may be used for short distances</p>						

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	<p>around the house, with gait belt and stand by assist."</p> <p>- "May utilize wheelchair as needed for long distances</p> <p>- "Staff will provide standby assistance with all ambulation and transfers."</p> <p>- "Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)."</p> <p>QIDP #1 via electronic correspondence on 1/29/18 at 5:31 PM sent two different CHRHPs regarding falls for client E which were dated 6/26/17. The attached documents were reviewed up receipt. Client E's 1 of 1 CHRHP for falls dated 6/26/17 indicated the following:</p> <p>- "At risk for falls- history of falls related to diagnoses of Cerebral Palsy and Profound Deafness."</p> <p>- "May utilize wheelchair as needed."</p> <p>- "Use gait belt with all transfers and ambulation."</p> <p>- "Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)."</p> <p>Client E's 2 of 3 CHRHP for falls dated 6/26/17 indicated the following:</p> <p>- "Staff to provide assistance support as needed</p>						

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	<p>with ambulation (walking). Pay special attention in dangerous areas such as crossing the street, around cars, stairs, curbs, shower/tub etc."</p> <p>"Encourage [client E] to use a slow, steady gait when up."</p> <p>Client E's CHRHP for falls dated 6/26/17 and labeled 2 of 3 did not indicate the use of a gait belt, stand by assistance or the use of a wheelchair.</p> <p>NM #1 via electronic correspondence on 1/29/18 at 6:42 PM sent client E's CHRHP dated 4/11/16. The attached document was reviewed upon receipt. Client E's CHRHP for falls dated 4/11/16 indicated the following:</p> <p>"Staff to provide assistance support as needed with ambulation (walking). Pay special attention in dangerous areas such as crossing the street, around cars, stairs, curbs, shower/tub etc."</p> <p>"Encourage [client E] to use a slow, steady gait when up."</p> <p>Client E's CHRHP for falls dated 4/11/16 did not indicate the use of a gait belt, stand by assistance, compression sleeve for his knees or the use of a wheelchair.</p> <p>Client E's record did not indicate documentation of an order for the use of a rolling walker.</p> <p>NM #1 was interviewed on 1/29/18 at 6:20 PM. NM #1 indicated she had updated client E's CHRHP on 1/16/18 which she clarified was the undated updated CHRHP previously provided. NM #1 indicated client E's ambulation needs and supports should be reassessed and clarified. NM</p>						

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W 0249 Bldg. 00	<p>#1 indicated the agency was in the process of obtaining a Physician's Order for a PT/OT evaluation for client E.</p> <p>This federal tag relates to complaint #IN00251294.</p> <p>9-3-4(a)</p> <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 1 additional client (E), the facility failed to ensure staff implemented client E's CHRHP (Comprehensive High Risk Health Plan) for fall prevention.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/22/18 from 4:15 PM through 6:00 PM, 1/24/18 from 7:15 AM through 8:00 AM, 1/25/18 from 4:50 PM through 6:00 PM and on 1/26/18 from 7:40 AM through 8:15 AM. Client E was observed in the home throughout the observation periods. Client E did not have a gait belt. Client E ambulated through the home with an unsteady gait and was not assisted by staff while walking. Client E did not utilize eyeglasses. Client E had a manual wheelchair and rolling walker at the home.</p> <p>Observations were conducted at the group home on 1/26/18 from 7:40 AM through 8:15 AM. PD</p>			W 0249	<p>CORRECTION:</p> <p><i>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. Specifically, client E received a physical therapy evaluation to address his declining ambulation skills and the RN/Nurse Manager updated his comprehensive high risk plan for falls, based on the results. All facility and day service staff have been trained toward proper implementation of the plan.</i></p>		03/03/2018

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	<p>(Program Director) #2, staff #4 and staff #6 were present working in the home with clients A, B, C, D, E, F and G. Client E was seated in the home's living room in his personal recliner. Client B was seated on the home's couch next to client E's recliner. Client E was non-verbal (used limited vocalizations to express his wants and needs) and utilized limited vocalizations, some physical gestures including facial expressions/gestures. Client E's arms and legs were contracted (stiff, rigid, inflexible joints, muscles and tendons). Client E did not utilize a gait belt. At 8:00 AM, staff #6 asked PD #2 to prompt client E to come to the medication administration room to receive his morning medications. PD #2 verbally prompted client E to go to the medication administration room with staff #6 to receive his morning medications. Client E began attempting to move his body towards the edge of the recliner and attempted to stand upright from his seated position. Client E used a rocking motion to attempt to stand up. PD #2 did not initially provide physical assistance to client E. Client B who was seated next to client E's recliner stated, "You have to help him. He can't get up by himself." PD #2 then provided client E with physical assistance to stand up and then prompted him to go to the medication administration room. Client E ambulated to the medication room with no staff assistance and no gait belt. Client E's gait was unsteady and unbalanced. PD #2, staff #4 and staff #6 did not provide assistance or support to client E while he walked to the medication administration room and then returned to his seat after placing his medication water cup in the home's kitchen. Client E returned unassisted to his recliner. Client E's facial expressions had changed and he was frowning and grimacing (wrinkling his nose, squeezing his eyes shut, twisting his mouth).</p>				<p>Through observation the governing body has determined that this deficient practice did not affect other individuals.</p> <p>PREVENTION:</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to proper implementation of comprehensive high risk plans. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than daily for the next 30 days, and after 30 days, will conduct administrative observations no less than three times weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the</p>		

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	<p>Client E sat down in the recliner in a plopping motion (sat down clumsily, awkwardly) which caused the chair to rock backwards toward the wall. Client B stated, "You better be careful. You will hurt your head" as client E sat down. Client E did not utilize eyeglasses. Client E had a manual wheelchair and rolling walker at the home.</p> <p>Observations were conducted at client E's day program (facility owned and operated) on 1/29/18 at 1:30 PM through 1:45 PM. Client E was seated in a manual wheelchair in his classroom. Client E did not have a gait belt on.</p> <p>Day Services Staff (DSS) #1 was interviewed on 1/29/18 at 1:40 PM. DSS #1 indicated he worked with client E in his classroom on a daily basis and had previously worked with client E at his group home. DSS #1 indicated client E utilized a wheelchair while at the day program. DSS #1 indicated client E did not utilize a gait belt while at the day program. DSS #1 indicated client E transferred himself without assistance for toileting. DSS #1 stated, "He wheels himself in there when he needs to go and doesn't need any assistance or use a gait belt."</p> <p>Client E's record was reviewed on 1/26/18 at 9:06 AM.</p> <p>Client E's CHRHP (Comprehensive High Risk Health Plan) dated 6/26/17 indicated the following:</p> <p>- "At Risk for Falls-history of falls related to diagnoses of Cerebral Palsy and profound deafness (unknown)."</p> <p>- "2. May utilize wheelchair as needed."</p> <p>- "3. Use gait belt with all transfers and</p>				<p>facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues</p>		

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	<p>ambulation."</p> <p>- "Definition. Standby assistance: When you require the presence of another person, within arm's reach of you to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)."</p> <p>NM (Nurse Manager) #1 was interviewed on 1/26/18 at 10:28 AM. NM #1 indicated client E's 6/26/17 CHRHP for fall prevention included the use of a gait belt and standby assistance while transferring or ambulating.</p> <p>This federal tag relates to complaint #IN00251294.</p> <p>9-3-4(a)</p>				<p>or problems are discovered.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 individuals receiving supports at the time of the observation is the top priority. ·Review all relevant documentation, providing documented coaching and training as needed. <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the</p>		

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W 0318 Bldg. 00	<p>483.460 HEALTH CARE SERVICES</p> <p>The facility must ensure that specific health care services requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Health Care Services for 4 of 4 sampled clients (A, B, C and D), plus 1 additional client (E). The nurse failed to implement dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss. The nurse failed to ensure client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated. The facility failed to ensure clients C, D and E had a continuous supply of medications from the pharmacy and failed to ensure clients C, D and E's medications were administered as ordered by their physicians.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 1/24/18 at 1:15 PM. The Immediate Jeopardy began on 10/26/17 when the nurse failed to implement dietician recommendations for monitoring and assessment regarding client A's</p>	W 0318	<p>facility. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring staff implement comprehensive high risk plans as written.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> <p><i>The facility must ensure that specific health care services requirements are met.</i></p> <p>Specifically:</p> <p>Specifically:</p> <p>Client A received an assessment for weight loss by his primary care physician on 1/25/18, comprehensive blood work for client A, ordered by the primary care physician, was completed on 1/25/18, client A received a swallow study ordered by his primary care physician on 1/26/18 and client A's registered dietician</p>	03/03/2018	

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	<p>rapid and continued substantial weight loss. ED (Executive Director) #1, OM (Operations Manager) #1, QIDPM (Qualified Intellectual Disabilities Professional Manager) #1, OM #2 and QAM (Quality Assurance Manager) #1 were notified of the Immediate Jeopardy on 1/24/18 at 1:15 PM.</p> <p>The facility did not submit a plan for removal of Immediate Jeopardy. The facility's Immediate Jeopardy continued because the facility's Health Care Services needed to demonstrate competent monitoring and assessment of the clients' health needs. The Immediate Jeopardy was not removed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The nurse failed to implement dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss. The nurse failed to ensure client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated. Please see W331. 2. The facility failed to ensure clients C, D and E had a continuous supply of medications from the pharmacy. Please see W361. 3. The facility failed to ensure clients C, D and E's medications were administered as ordered by their physicians. Please see W368. <p>This federal tag relates to complaint #IN00251294.</p> <p>9-3-6(a)</p>				<p>completed a comprehensive nutritional assessment on 1/26/18. The RN/Nurse Manager has developed a Comprehensive High Risk Plan for Weight Loss and all facility staff have been trained on implementation of the plan.</p> <p>Client E received a physical therapy evaluation to address his declining ambulation skills and the RN/Nurse Manager updated his comprehensive high risk plan for falls, based on the results. All facility and day service staff have been trained toward proper implementation of the plan.</p> <p>Through observation the governing body has determined that this deficient practice did not affect other individuals.</p> <p>Residential Manager and facility medical coach will be retrained toward assuring that medications that are not routinely resupplied in the 30-day refill cycle are ordered sufficiently far in advance. Additionally, the facility nurse will monitor medication supplies during weekly audits and facilitate re-ordering as needed. All facility staff will be re-trained on</p>		

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			<p>medication administration procedures as well as notifying facility supervisors and nursing when medication is running low and needs to be reordered.</p> <p>PERVENTION:</p> <p>The nurse formerly assigned to the facility has been placed on administrative leave pending a full review of her work product to determine necessary corrective measures and appropriate performance action, and a new nurse has been assigned to the facility.</p> <p>The nurse manager will review all reports of significant health and safety issues and will meet with the Quality Assurance Manager or designee weekly to discuss health and safety issues including but not limited to needed updates to risk plans, monitoring of chronic and emerging health conditions, appropriate communication with doctors and other outside medical professionals, as well as staff training needs.</p> <p>Members of the Operations Team (comprised of the Executive</p>		

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			<p>Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators) as well as the QIDP will maintain a daily presence in the facility for the next 30 days and three times weekly thereafter until staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). After this period of intensive administrative monitoring, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly. These administrative documentation reviews will include:</p> <p>1.Assuring chronic and emerging healthcare conditions are properly monitored by facility nursing.</p> <p>2.Assuring comprehensive High Risk Plans address all clients' chronic and emerging healthcare conditions.</p> <p>3.Assuring staff are trained and demonstrate competency in caring for chronic and emerging health conditions and implementing high risk plans.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five</p>		

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			<p>active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring medications are available to be administered as prescribed. Members of the Operations, as described above, will perform visual assessments of the facility no less than daily for the next 30 days, and after 30 days, will conduct administrative observations no less than three times weekly until all staff demonstrate competence. At the conclusion of 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. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p>		

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			<p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/30/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256		
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			<p>observed the monitor is expected to step in, and model the appropriate provision of supports.</p> <ul style="list-style-type: none"> ·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. <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring medications are available to be administered as prescribed.</p> <p>Additionally:</p> <ol style="list-style-type: none"> 1.Nursing caseloads have been reduced to 3-4 SGL homes per nurse. 2.The Nurse Manager will no longer be responsible for a caseload. 3.The Nurse Manager will do 		

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 sampled clients (A), plus 1 additional client (E), the nurse failed to implement dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss. The nurse failed to ensure client E's ambulatory skills were reassessed and fall risk plan was reviewed and updated.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 1/24/18 at 9:44 AM.</p> <p>Client A's GHQNA (Group Home Nutrition</p>	W 0331	<p>side by side audits of SGL home with the assigned nurse weekly.</p> <p>4. Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review.</p> <p>5. The Executive Director will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> <p><i>The facility must provide clients with nursing services in accordance with their needs. Specifically:</i></p> <p>Client A received an assessment for weight loss by his primary care physician on 1/25/18, comprehensive blood work for client A, ordered by the primary care physician, was completed on 1/25/18, client A received a</p>	03/03/2018	

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	<p>Quarterly Assessment) undated indicated the following:</p> <p>-8/2016: weight was 256 pounds. -10/2016: weight was 256.7 pounds. 12/2016: weight was 256.3 pounds. -1/2017: weight was 257.8 pounds. -3/2017: weight was 257.8 pounds.</p> <p>Goals/Assessments:</p> <p>-1/11/17, "CBW (Current Body Weight) 257.8 pounds. Weight stable. No concerns noted. Will continue current plan of care and new goal to maintain weight less than or equal to 258 pounds."</p> <p>-4/12/17, "March weight at 257.8 pounds. Goal met to maintain weight less than or equal to 258 pounds. No new concerns noted. Will continue with current plan of care and goal to maintain 258 pounds."</p> <p>-7/12/17, "CBW not available at this time. No new concerns noted. Will continue with current plan and goal to maintain weight less than or equal to 258 pounds."</p> <p>The undated GHQNA form did not indicate additional documentation of weights.</p> <p>Client A's History and Physical Examination form dated 9/13/17 indicated client A's weight was 227 pounds.</p> <p>Client A's GHNA dated 10/26/17 indicated:</p> <p>-"Date: 10/2017. Weight: 200 pounds."</p> <p>Summary of Nutrition Assessment:</p>				<p>swallow study ordered by his primary care physician on 1/26/18 and client A's registered dietitian completed a comprehensive nutritional assessment on 1/26/18. The RN/Nurse Manager has developed a Comprehensive High Risk Plan for Weight Loss and all facility staff have been trained on implementation of the plan.</p> <p>Client E received a physical therapy evaluation to address his declining ambulation skills and the RN/Nurse Manager updated his comprehensive high risk plan for falls, based on the results. All facility and day service staff have been trained toward proper implementation of the plan.</p> <p>Through observation the governing body has determined that this deficient practice did not affect other individuals.</p> <p>PERVENTION:</p> <p>The nurse formerly assigned to the facility has been placed on administrative leave pending a full review of her work product to determine necessary corrective measures and appropriate</p>		

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	<p>- "Extreme variables with weight. Staff reports no changes/stable and (illegible)."</p> <p>- "(Illegible) weight fluctuation. Recent medical physical noted. New order to check cheeks to ensure swallow of meals."</p> <p>Goals:</p> <p>- "Determine baseline weight. Daily weight for 3 days."</p> <p>- "Speech screen."</p> <p>Client A's Prescription Order form dated 9/22/17 indicated, "Speech evaluation. Treat as indicated."</p> <p>Client A's record did not indicate documentation of a speech evaluation.</p> <p>Client A's Dietitian Nutritional Recommendations Worksheet dated 10/26/17 indicated the following:</p> <p>- "Problem: [Client A] extreme weight fluctuation (illegible) dysphagia."</p> <p>- "Goal: Determine baseline. Tolerate current diet."</p> <p>- "Suggestions: Daily weight for 30 days and speech screening."</p> <p>Client A's record did not indicate documentation of daily weight monitoring/documentation for 30 days.</p> <p>Client A's record did not indicate documentation of a speech evaluation.</p> <p>Client A's Weekly Vitals (WVs) forms from July</p>		<p>performance action, and a new nurse has been assigned to the facility.</p> <p>The nurse manager will review all reports of significant health and safety issues and will meet with the Quality Assurance Manager or designee weekly to discuss health and safety issues including but not limited to needed updates to risk plans, monitoring of chronic and emerging health conditions, appropriate communication with doctors and other outside medical professionals, as well as staff training needs.</p> <p>Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators) as well as the QIDP will maintain a daily presence in the facility for the next 30 days and three times weekly thereafter until staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). After this period of intensive administrative monitoring, the Operations Team will incorporate medical chart reviews into their formal audit</p>				

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	<p>2017 through the 1/24/18 date of review indicated the following weight documentation regarding client A:</p> <p>-6/7/17: 244.3 pounds. -6/28/17: 244.3 pounds.</p> <p>-7/5/17: 244.1 pounds. -7/13/17: 245.3 pounds. -7/19/17: 244.3 pounds. -No documentation of weight for Wednesday 7/26/17.</p> <p>-8/3/17: 244.7 pounds. -8/9/17: 236.5 pounds. -8/16/17: 244.3 pounds. -8/25/17: 244.3 pounds. -No documentation of weight for Wednesday 8/30/17.</p> <p>-9/2/17: 244.2 pounds. -9/8/17: 244 pounds. -9/13/17: 243 pounds. -9/19/17: 244.3 pounds. -9/27/17: 226.9 pounds.</p> <p>-10/5/17: 225.9 pounds. -10/13/17: 221.8 pounds. -10/18/17: 200.4 pounds. -10/25/17: 218 pounds.</p> <p>-11/8/17: 217.6 pounds. -11/15/17: 218 pounds. -No documentation of weight for Wednesday 11/1/17, 11/22/17 or 11/29/17.</p> <p>-12/13/17: 199.5 pounds. -No documentation of weight for Wednesday 12/6/17, 12/20/17 or 12/27/17.</p>				<p>process, which will occur no less than twice monthly. These administrative documentation reviews will include:</p> <p>1.Assuring chronic and emerging healthcare conditions are properly monitored by facility nursing.</p> <p>2.Assuring comprehensive High Risk Plans address all clients' chronic and emerging healthcare conditions.</p> <p>3.Assuring staff are trained and demonstrate competency in caring for chronic and emerging health conditions and implementing high risk plans.</p> <p>Additionally:</p> <p>1.Nursing caseloads have been reduced to 3-4 SGL homes per nurse.</p> <p>2.The Nurse Manager will no longer be responsible for a caseload.</p> <p>3.The Nurse Manager will do side by side audits of SGL home with the assigned nurse weekly.</p> <p>4.Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review.</p> <p>5.The Executive Director and will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or</p>		

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	<p>-1/24/18: 208.8 pounds.</p> <p>-No documentation of weight for Wednesday 1/3/18, 1/10/18 or 1/13/18.</p> <p>Client A's Comprehensive High Risk Health Plan (CHRHP) dated 6/26/17 indicated, "Staff will monitor for, note, record and report to (the) nurse immediately: Decreased appetite, not wanting to drink fluids...."</p> <p>Client A's Daily Progress Notes dated 12/24/17 through the 1/24/18 date of review indicated the following:</p> <p>- "Nutritional Intake and Triggers: Breakfast, Lunch and Dinner."</p> <p>- "Consumed all of meal = 100% Consumed 3/4th's of meal = 75% Consumed 1/2 of meal = 50% Consumed 1/4th of meal = 25% Refused meal = 0 %"</p> <table border="0"> <tr> <td>Date</td> <td>Breakfast</td> <td>Lunch</td> </tr> <tr> <td></td> <td>Dinner</td> <td></td> </tr> <tr> <td>1/24/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/23/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/22/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/21/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/20/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/19/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/18/18</td> <td>No Progress Note or data provided.</td> <td></td> </tr> <tr> <td>1/17/18</td> <td>100%</td> <td>No % recorded.</td> </tr> <tr> <td></td> <td>No % recorded.</td> <td></td> </tr> </table>			Date	Breakfast	Lunch		Dinner		1/24/18	No Progress Note or data provided.		1/23/18	No Progress Note or data provided.		1/22/18	No Progress Note or data provided.		1/21/18	No Progress Note or data provided.		1/20/18	No Progress Note or data provided.		1/19/18	No Progress Note or data provided.		1/18/18	No Progress Note or data provided.		1/17/18	100%	No % recorded.		No % recorded.			<p>other concerns brought to management attention.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>		
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	1/16/18 No % recorded. No % recorded. No % recorded.						
	1/15/18 "Good" 100% No % recorded.						
	1/14/18 "Good" No % recorded. No % recorded.						
	1/13/18 No Progress Note or data provided.						
	1/12/18 "Good" No % recorded. No % recorded.						
	1/11/18 No Progress Note or data provided.						
	1/10/18 No Progress Note or data provided.						
	1/9/18 No Progress Note or data provided.						
	1/8/18 No Progress Note or data provided.						
	1/7/18 No Progress Note or data provided.						
	1/6/18 100% No % recorded. No % recorded.						
	1/5/18 No % recorded. No % recorded. No % recorded.						
	1/4/18 100% No % recorded. No % recorded.						
	1/3/18 No % recorded. No % recorded. No % recorded.						
	1/2/18 No Progress Note or data provided.						
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	<p>Date Breakfast Lunch</p> <p>Dinner</p> <p>12/31/17 No Progress Note or data provided.</p> <p>12/30/17 No Progress Note or data provided.</p> <p>12/29/17 100% No % recorded. No % recorded.</p> <p>12/28/17 "Good" No % recorded. No % recorded.</p> <p>12/27/17 No Progress Note or data provided.</p> <p>12/26/17 100% "Good" No % recorded.</p> <p>12/25/17 LOA (Leave of Absence) LOA</p> <p>12/24/17 100% "Good" "Good"</p> <p>Client A's Nursing Monthly Summary (NMS) form dated 12/20/17 indicated client A's current weight was 243 pounds. Client A's NMS form was blank and not completed regarding sections for his IBW (Ideal Body Weight), weight 1 month ago, weight 6 months ago and weight 1 year ago tracking. Client A's NMS form indicated, "Nurses Medical Notes: All entries must be dated and signed. Must include: Summary of all medical appointments, hospitalizations, required follow-up, all correspondence (labs, physicians, etc.), assessments, any other identified problems and any continuation of documentation from NMS if applicable. Comments: No changes." Client A's NMS form dated 12/20/17 indicated LPN #1 had completed the form.</p>						

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	<p>Client A's Quarterly Nursing Assessment (QNA) form dated 2017 indicated the following:</p> <p>-Evaluations: 9/12/17 physical, 8/23/17 dental and 10/26/17 nutritional. The review did not indicate documentation of additional evaluations during 2017</p> <p>-Appointments/Exams: blank.</p> <p>-Hospitalizations/ER (Emergency Room) visits: blank.</p> <p>-1st Quarter Summary, undated indicated, "No health concerns. See med notes. [LPN #2]."</p> <p>-2nd Quarter Summary, undated indicated, "No health concerns. See med note. [LPN #2]."</p> <p>-3rd Quarter Summary, undated indicated, "No medication changes or seizure activity. [LPN #1]."</p> <p>-4th Quarter Summary, undated indicated, "No changes in patient's baseline. [LPN #1]."</p> <p>Client A's TR (Treatment Records) dated from September 2017 through January 2018 indicated the following:</p> <p>-September 2017, "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of client A's weight on Wednesday 9/6/17, Wednesday 9/13/17, Wednesday 9/20/17 or Wednesday 9/27/17.</p> <p>-October 2017: "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The</p>						

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	<p>TR did not indicate documentation of daily weight tracking as recommended (10/26/17) by the Registered Dietician.</p> <p>-November 2017: The TR did not indicate documentation of daily weight tracking as recommended (10/26/17) by the Registered Dietician.</p> <p>-December 2017, "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of client A's weight on Wednesday 12/13/17 or Wednesday 12/27/17.</p> <p>-January 2018, "Check and record weight weekly on Wednesday call nurse if weight loss or gain of 5 pounds or more in past week and fax to" The TR did not indicate documentation of client A's weight on Wednesday 1/3/18, Wednesday 1/10/18 or Wednesday 1/17/18.</p> <p>Client A's GHNA (Group Home Nutrition Assessment) form dated 2016 indicated the following:</p> <p>-4/2016: weight was 262 pounds. -6/2016: weight was 256 pounds. -8/2016: weight was 256 pounds. -10/2016: weight was 256.7 pounds.</p> <p>The 2016 GHNA form did not indicate additional documentation of weights for 2016.</p> <p>Client A's record did not indicate additional documentation of follow up assessment with the Registered Dietitian, client A's Primary Care Physician or other medical professional assessment regarding client A's weight loss.</p>						

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	<p>LPN (Licensed Practical Nurse) #1, NM (Nurse Manager) #1, QIDPM (Qualified Intellectual Disabilities Professional Manager) #1, QIDP #1 and ED (Executive Director) #1 were interviewed on 1/24/18 at 11:35 AM. LPN #1 indicated she had completed client A's 12/2017 NMS form. LPN #1 indicated she had not documented client A's historical 1 month, 6 month or 1 year weight tracking component on the NMS. QIDP #1 indicated she had recently been assigned to the home and was not aware of client A's weight loss. LPN #1 indicated she was aware client A had been losing weight. LPN #1 indicated client A had been refusing to eat. LPN #1 indicated she had not monitored/observed client A eat a meal. LPN #1 indicated she had not implemented any additional nursing measures to monitor client A's weight, or food intake. NM #1 indicated the 10/26/17 Dietary Review had recommended weight tracking for 30 days. NM #1 indicated there was not documentation available to review regarding the 30 day weight monitoring. NM #1 indicated there was a 9/22/17 Physicians Order from client A's PCP for a speech evaluation. NM #1 indicated client A had not received the speech evaluation and was not currently scheduled for a speech evaluation. When asked if she had communicated or followed up with client A's dietician or PCP regarding his continued weight loss, LPN #1 stated, "Yes, I've had phone conversations with them." When asked if there was any available documentation of dietician or PCP communication or conversations, LPN #1 stated, "No."</p> <p>RM (Residential Manager) #1 was interviewed on 1/23/18 at 4:30 PM. When asked she if had any concerns regarding clients in the home losing weight or not getting enough food to eat, RM #1 stated, "[Client A] has been losing weight. I</p>						

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	<p>stated September 11, 2017. He's lost over 30 pounds in 2-3 months. They are supposed to be having the dietician in to see him." RM #1 indicated client A's weight and vitals were monitored and documented every Wednesday. RM #1 indicated LPN (Licensed Practical Nurse) #1 was aware of client A's weight loss.</p> <p>Staff #1 was interviewed on 1/23/18 at 4:54 PM. When asked if she was aware of or had any concerns regarding clients in the home losing weight or not getting enough food to eat, staff #1 stated, "Had a client lose over 40 pounds." Staff #1 indicated the client who had lost 40 pounds was client A. Staff #1 stated, "[Staff #5] (former employee), the overnight staff would only give them cereal for breakfast during the week. We'd put out the menu and food like eggs, and oatmeal and then find the food back in the cabinet or put away."</p> <p>Staff #2 was interviewed on 1/23/18 at 5:29 PM. When asked if she was aware of or had any concerns regarding client in the home losing weight or not getting enough food to eat, Staff #2 stated, "[Client A] has lost weight." Staff #2 was uncertain of how much weight client A had lost. Staff #2 stated, "[Client A] gets enough to eat."</p> <p>Client A was interviewed on 1/23/18 at 7:45 AM. Client A gave limited responses to questions. Client A indicated he was doing okay and smiled when spoken to.</p> <p>Client B was interviewed on 1/23/18 at 7:38 AM. Client B was agitated and reluctant to be interviewed. Client B indicated he was doing okay and was excited to go on an upcoming home visit.</p> <p>Client C was interviewed on 1/23/18 at 7:50 AM.</p>						

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	<p>Client C was reluctant to be interviewed. Client C gave limited responses. Client C indicated he was doing okay at the home.</p> <p>Client D was interviewed on 1/23/18 at 7:42 AM. Client D was reluctant to be interviewed. Client D gave limited responses and repeated statements from the nearby TV. Client D indicated he was doing okay.</p> <p>Client E was interviewed on 1/23/18 at 7:40 AM. Client E smiled and made eye contact while making limited audible vocalizations in response to questions. Client E indicated he was doing okay.</p> <p>Client F was interviewed on 1/23/18 at 7:50 AM. Client F smiled and indicated he was doing okay before walking away to go outside to smoke a cigarette.</p> <p>Client G declined to be interviewed and remained in his room or areas away from surveyor during/throughout the observation periods.</p> <p>PD (Program Director) #1 was interviewed on 1/24/18 at 12:24 PM. When asked if he had any concerns regarding clients in the home not being fed enough food, PD #1 stated, "Not sure. I'm not seeing it when I'm in there. The gentlemen are at their ideal weights." When asked if he had any concerns or was aware of any concerns regarding weight loss in the home, PD #1 stated, "Know that we had someone with a reduction but I don't recall his name at this house." PD #1 indicated staff should document food intake on each clients' daily progress note.</p> <p>An interview attempt was made on 1/25/18 at 1:04 PM with the Registered Dietician. No return call</p>						

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	<p>has been received at the time of submission.</p> <p>2. Observations were conducted at the group home on 1/22/18 from 4:15 PM through 6:00 PM, 1/24/18 from 7:15 AM through 8:00 AM, 1/25/18 from 4:50 PM through 6:00 PM and on 1/26/18 from 7:40 AM through 8:15 AM. Client E was observed in the home throughout the observation periods. Client E did not have a gait belt. Client E ambulated through the home with an unsteady gait and was not assisted by staff while walking. Client E did not utilize eyeglasses. Client E had a manual wheelchair and rolling walker at the home.</p> <p>Observations were conducted at the group home on 1/26/18 from 7:40 AM through 8:15 AM. PD (Program Director) #2, staff # 4 and staff #6 were present working in the home with clients A, B, C, D, E, F and G. Client E was seated in the home's living room in his personal recliner. Client B was seated on the home's couch next to client E's recliner. Client E was non-verbal (used limited vocalizations to express his wants and needs) and utilized limited vocalizations, some physical gestures including facial expressions/gestures. Client E's arms and legs were contracted (stiff, rigid, inflexible joints, muscles and tendons). Client E did not utilize a gait belt. At 8:00 AM, staff #6 asked PD #2 to prompt client E to come to the medication administration room to receive his morning medications. PD #2 verbally prompted client E to go to the medication administration room with staff #6 to receive his morning medications. Client E began attempting to move his body towards the edge of the recliner and attempted to stand upright from his seated position. Client E used a rocking motion to attempt to stand up. PD #2 did not initially provide physical assistance to client E. Client B who was seated next to client E's recliner stated,</p>						

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	<p>"You have to help him. He can't get up by himself." PD #2 then provided client E with physical assistance to stand up and then prompted him to go to the medication administration room. Client E ambulated to the medication room with no staff assistance and no gait belt. Client E's gait was unsteady and unbalanced. PD #2, staff #4 and staff #6 did not provide assistance or support to client E while he walked to the medication administration room and then returned to his seat after placing his medication water cup in the home's kitchen. Client E returned unassisted to his recliner. Client E's facial expressions had changed and he was frowning and grimacing (wrinkling his nose, squeezing his eyes shut, twisting his mouth). Client E sat down in the recliner in a plopping motion (sat down clumsily, awkwardly) which caused the chair to rock backwards toward the wall. Client B stated, "You better be careful. You will hurt your head" as client E sat down. Client E did not utilize eyeglasses. Client E had a manual wheelchair and rolling walker at the home.</p> <p>Observations were conducted at client E's day program on 1/29/18 at 1:30 PM through 1:45 PM. Client E was seated in a manual wheelchair in his classroom. Client E did not have a gait belt on.</p> <p>Day Services Staff (DSS) #1 was interviewed on 1/29/18 at 1:40 PM. DSS #1 indicated he worked with client E in his classroom on a daily basis and had previously worked with client E at his group home. DSS #1 indicated client E utilized a wheelchair while at the day program. DSS #1 indicated client E did not utilize a gait belt while at the day program. DSS #1 indicated client E transferred himself without assistance for toileting. DSS #1 stated, "He wheels himself in there when he needs to go and doesn't need any</p>						

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	<p>assistance or use a gait belt."</p> <p>A focused review of client E's BDDS (Bureau of Developmental Disabilities Services) reports and IR (Incident Reports) since August 2017 was conducted on 1/26/18 at 9:09 AM. The review indicated the following:</p> <p>-IR dated 1/15/18 indicated, "[Client G] and [client E] was head (sic) towards the table for dinner. [Client G] had his chair tried to push pass (sic) [client E]. [Client E] lost his balance and fell between the wall and open space in laundry area."</p> <p>-"The wall have (sic) dent in it and [client E] need (sic) more space to use walker."</p> <p>Client E's record was reviewed on 1/26/18 at 9:06 AM.</p> <p>Client E's POs (Physician's Orders) form dated October 2017 indicated, "May use wheelchair for mobility as needed as suggested per PT (Physical Therapy)."</p> <p>Client E's Medical Clinic Record of Visit form dated 1/21/17 indicated client E was seen for evaluation after a fall. Client E's Record of Visit form dated 1/21/17 indicated, "Laceration of right upper eyebrow" and "Referral to ER (Emergency Room) (illegible) for treatment and possible sedation".</p> <p>Client E's Dental Record of Visit form dated 12/6/16 indicated, "Recent fall (with) injury of lip resulted. Lip- red lesion some blistering present."</p> <p>Client E's Physical Therapy Record of Visit form dated 12/14/16 indicated, "Recommend wheelchair adjustment to lower seat to floor height to</p>						

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	<p>increase ease with foot propulsion. Diagnosis: CP (Cerebral Palsy). Recommendations for treatment: Recommend [client E] apply ice and compression sleeves to both knees to account for pain when walking. Continue using gait belt for safety when walking."</p> <p>Client E's Prescription form dated 11/30/16 indicated, "PT/OT evaluation and treat as indicated. Diagnosis: unsteady gait."</p> <p>Client E's Dental Summary Progress Report dated 8/21/16 indicated, "[Client E] had a fall with a laceration to lip. Sutures (dissolvable) placed to laceration."</p> <p>Client E's Record of Visit form dated 11/10/15 indicated, "Reason for visit: Wheelchair evaluation for mobility device. Results/findings of examination: [Client E] presents with significantly impaired gait ability, decreased endurance, (sic) appearance of pain with mobility and very high fall risk. Diagnosis: Gait instability, fall risk, balance impairment, decreased functional mobility. Recommendations for treatment: [Client E] would benefit from use of a high-strength ultra-lightweight manual wheelchair to reduce caregiver burden and increase independence with functional mobility."</p> <p>Client E's record of Visit form dated 11/4/15 indicated, "Reason for visit: PT for gait, balance and standing endurance. Results/findings: Has not made progress towards goals. Feels wheelchair level safest both at home and job. Assessment next visit. Diagnosis: CP (and) gait abnormality. Recommendations for treatment: Use gait belt. Wheelchair evaluation next visit 11/10/15; otherwise not recommending gait/balance training."</p>						

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	<p>Client E's record of visit form dated 10/29/15 indicated, "Decreased balance, unstable gait, [client E] is unsafe to ambulate without assistance."</p> <p>Client E's Prescription form dated 8/14/15 indicated, "PT/OT (Occupational Therapy) to evaluation for hand contraction and ambulation. Decrease in independent ADLS (Activities of Daily Living Skills)."</p> <p>Client E's CHRHP (Comprehensive High Risk Health Plan) dated 6/26/17 indicated the following:</p> <p>- "At Risk for Falls-history of falls related to diagnoses of Cerebral Palsy and profound deafness (unknown)."</p> <p>- "2. May utilize wheelchair as needed."</p> <p>- "3. Use gait belt with all transfers and ambulation."</p> <p>- "Definition. Standby assistance: When you require the presence of another person, within arm's reach of you to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)."</p> <p>Client E's CHRHP dated 6/26/17 did not indicate documentation/include client E's 11/10/15 recommendations for use of an ultra-lightweight wheelchair or compression sleeve for knee pain associated with walking.</p> <p>Client E's record did not indicate documentation of additional PT/OT assessment regarding client E's ambulation needs since 12/14/16. Client E's record did not clarify or reconcile client E's PT/OT</p>						

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	<p>recommendations for wheelchair usage with client E's POs.</p> <p>Client E's record did not indicate documentation of additional PT/OT assessment regarding client E's ambulation needs.</p> <p>Client E's Record of Visit form dated 4/18/17 indicated, "May use bifocal glasses or reading glasses, mostly would benefit his vision at near (sic)."</p> <p>NM (Nurse Manager) #1 was interviewed on 1/26/18 at 10:28 AM. When asked to clarify client E's 11/10/15 Record of Visit form recommendations for wheelchair usage, NM #1 indicated the form did not specify when client E should utilize the wheelchair (as needed, full time, on outings, etc.) NM #1 stated, "Yeah, I see what you mean. I will clarify that." NM #1 indicated she would clarify when client E should utilize the wheelchair and provide documentation of clarification via email. NM #1 indicated she would follow up to locate additional PT/OT documentation of assessment or evaluation. When asked to clarify or reconcile client E's use of a rolling walker in the home and vision recommendations dated 4/18/17 regarding his ambulation needs, NM #1 indicated she would follow up to clarify the walker usage and inclusion of wearing his eyeglasses for fall prevention.</p> <p>QIDP #1 via electronic correspondence on 1/29/18 at 5:00 PM sent a CHRHP regarding falls for client E which was undated. The attached document was reviewed upon receipt. The undated CHRHP for falls indicated the following:</p> <p>- "Roller walker may be used for short distances around the house, with gait belt and stand by assist."</p>						

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	<p>- "May utilize wheelchair as needed for long distances</p> <p>- "Staff will provide standby assistance with all ambulation and transfers."</p> <p>- "Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)."</p> <p>QIDP #1 via electronic correspondence on 1/29/18 at 5:31 PM sent two different CHRHPs regarding falls for client E which were dated 6/26/17. The attached documents were reviewed up receipt. Client E's 1 of 1 CHRHP for falls dated 6/26/17 indicated the following:</p> <p>- "At risk for falls- history of falls related to diagnoses of Cerebral Palsy and Profound Deafness."</p> <p>- "May utilize wheelchair as needed."</p> <p>- "Use gait belt with all transfers and ambulation."</p> <p>- "Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)."</p> <p>Client E's 2 of 3 CHRHP for falls dated 6/26/17 indicated the following:</p> <p>- "Staff to provide assistance support as needed with ambulation (walking). Pay special attention in dangerous areas such as crossing the street,</p>						

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	<p>around cars, stairs, curbs, shower/tub etc."</p> <p>- "Encourage [client E] to use a slow, steady gait when up."</p> <p>Client E's CHRHP for falls dated 6/26/17 and labeled 2 of 3 did not indicate the use of a gait belt, stand by assistance or the use of a wheelchair.</p> <p>NM #1 via electronic correspondence on 1/29/18 at 6:42 PM sent client E's CHRHP dated 4/11/16. The attached document was reviewed upon receipt. Client E's CHRHP for falls dated 4/11/16 indicated the following:</p> <p>- "Staff to provide assistance support as needed with ambulation (walking). Pay special attention in dangerous areas such as crossing the street, around cars, stairs, curbs, shower/tub etc."</p> <p>- "Encourage [client E] to use a slow, steady gait when up."</p> <p>Client E's CHRHP for falls dated 4/11/16 did not indicate the use of a gait belt, stand by assistance, compression sleeve for his knees or the use of a wheelchair.</p> <p>Client E's record did not indicate documentation of an order for the use of a rolling walker.</p> <p>NM #1 was interviewed on 1/29/18 at 6:20 PM. NM #1 indicated she had updated client E's CHRHP on 1/16/18 which she clarified was the undated updated CHRHP previously provided. NM #1 indicated client E's ambulation needs and supports should be reassessed and clarified. NM #1 indicated the agency was in the process of obtaining a Physician's Order for a PT/OT</p>						

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W 0361 Bldg. 00	<p>evaluation for client E.</p> <p>This federal tag relates to complaint #IN00251294.</p> <p>9-3-6(a)</p> <p>483.460(i) PHARMACY SERVICES</p> <p>The facility must provide or make arrangements for the provision of routine and emergency drugs and biologicals to its clients. Drugs and biologicals may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy.</p> <p>Based on record review and interview for 2 of 4 sampled clients (C and D), plus 1 additional client (E), the facility failed to ensure clients C, D and E had a continuous supply of medications from the pharmacy.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 1/29/18 at 9:44 AM. The review indicated the following:</p> <p>1. BDDS report dated 11/17/17 indicated, "Staff reported to the ResCare (nurse) that upon review of the medication supply, [client C] had not b (sic) given his prescribed Lorazepam 0.5mg (Milligrams) (psychosis) to be taken for two days, November 15, 2017 through November 17, 2017 because the supply had run out."</p> <p>Client C's record was reviewed on 1/24/18 at 8:44 AM. Client C's Physician's Order dated October 2017 indicated the following:</p>		W 0361	<p>CORRECTION:</p> <p><i>The facility must provide or make arrangements for the provision of routine and emergency drugs</i></p> <p><i>and biologicals to its clients. Specifically, the Residential Manager and facility medical coach will be retrained toward assuring that medications that are not routinely resupplied in the 30-day refill cycle are ordered sufficiently far in advance. Additionally, the facility nurse will monitor medication supplies during weekly audits and facilitate re-ordering as needed. All facility staff will be re-trained on medication administration procedures as well as notifying facility supervisors and nursing when medication is running low and needs to be reordered.</i></p>		02/03/2018	

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	<p>- "Lorazepam Tablet 0.5 milligrams. Substitute for Ativan 0.5 milligrams. Give one tablet by mouth three times daily for psychosis, bipolar disorder, (and) adjustment disorder (6 AM, 12 PM and 6 PM)."</p> <p>2. BDDS report dated 1/14/18 indicated, "It was reported that [client D] was not administered his physician prescribed medication, Prozac 20 milligrams, (anxiety) on 1.13.18 at 06:00 AM due to no supply. The ResCare nurse was notified and the medication was called in to the pharmacy."</p> <p>Client D's record was reviewed on 1/30/18 at 8:51 AM. Client D's Medication Administration Record dated November 2017 indicated the following:</p> <p>- "Fluoxetine Capsule 20 milligrams. Substitute for Prozac 20 milligrams. Give one capsule by mouth once daily for anxiety (6 AM)."</p> <p>3. BDDS report dated 1/19/18 indicated, "Upon review of the medication supply, it was discovered (that) [client E] had not received his prescribed Olanzapine 5 milligrams (bipolar) to be taken at 9 PM from January 1st, 2018 through January 17, 2018 and Escitalopram 10 milligrams (depression/anxiety) at 7 AM had not been given from January 3rd, 2018-January 18, 2018. Due to not being sent with the monthly refills by the home's contracted pharmacy."</p> <p>NM #1 was interviewed on 1/29/18 at 6:20 PM. NM #1 indicated clients C, D and E should have medications available for administration from the pharmacy.</p> <p>This federal tag relates to complaint #IN00251294.</p> <p>9-3-6(a)</p>				<p>PERVENTION:</p> <p>The nurse formerly assigned to the facility has been placed on administrative leave pending a full review of her work product to determine necessary corrective measures and appropriate performance action, and a new nurse has been assigned to the facility.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring medications are available to be administered as prescribed. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than daily for the next 30 days, and after 30 days, will conduct administrative observations no less than three</p>		

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			<p>times weekly until all staff demonstrate competence. At the conclusion of 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. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p>		

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			<p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 individuals receiving supports at the time of the observation is the top priority. ·Review all relevant documentation, providing documented coaching and training as needed. <p>The Executive Director and Director of Operations/Regional</p>		

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			<p>Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring medications are available to be administered as prescribed.</p> <p>Additionally:</p> <ol style="list-style-type: none"> 1.Nursing caseloads have been reduced to 3-4 SGL homes per nurse. 2.The Nurse Manager will no longer be responsible for a caseload. 3.The Nurse Manager will do side by side audits of SGL home with the assigned nurse weekly. 4.Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review. 5.The Executive Director will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention. <p>RESPONSIBLE PARTIES: QIDP,</p>		

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W 0368 Bldg. 00	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 2 of 4 sampled clients (C and D), plus 1 additional client (E), the facility failed to ensure clients C, D and E's medications were administered as ordered by their physicians.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 1/29/18 at 9:44 AM. The review indicated the following:</p> <p>1. BDDS report dated 11/17/17 indicated, "Staff reported to the ResCare (nurse) that upon review of the medication supply, [client C] had not b (sic) given his prescribed Lorazepam 0.5mg (Milligrams) (psychosis) to be taken for two days, November 15, 2017 through November 17, 2017 because the supply had run out."</p> <p>Client C's record was reviewed on 1/24/18 at 8:44 AM. Client C's Physician's Order dated October 2017 indicated the following:</p> <p>"Lorazepam Tablet 0.5 milligrams. Substitute for Ativan 0.5 milligrams. Give one tablet by mouth three times daily for psychosis, bipolar disorder, (and) adjustment disorder (6 AM, 12 PM and 6</p>			W 0368	<p>Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> <p><i>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Specifically, the Residential Manager and facility medical coach will be retrained toward assuring that medications that are not routinely resupplied in the 30-day refill cycle are ordered sufficiently far in advance. Additionally, the facility nurse will monitor medication supplies during weekly audits and facilitate re-ordering as needed. All facility staff will be re-trained on medication administration procedures as well as notifying facility supervisors and nursing when medication is running low and needs to be reordered.</i></p> <p>PREVENTION:</p> <p>The nurse formerly assigned to</p>		03/03/2018

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	<p>PM)."</p> <p>2. BDDS report dated 1/14/18 indicated, "It was reported that [client D] was not administered his physician prescribed medication, Prozac 20 milligrams, (anxiety) on 1.13.18 at 06:00 AM due to no supply. The ResCare nurse was notified and the medication was called in to the pharmacy."</p> <p>Client D's record was reviewed on 1/30/18 at 8:51 AM. Client D's Medication Administration Record dated November 2017 indicated the following:</p> <p>-"Fluoxetine Capsule 20 milligrams. Substitute for Prozac 20 milligrams. Give one capsule by mouth once daily for anxiety (6 AM)."</p> <p>3. BDDS report dated 1/19/18 indicated, "Upon review of the medication supply, it was discovered (that) [client E] had not received his prescribed Olanzapine 5 milligrams (bipolar) to be taken at 9 PM from January 1st, 2018 through January 17, 2018 and Escitalopram 10 milligrams (depression/anxiety) at 7 AM had not been given from January 3rd, 2018-January 18, 2018. Due to not being sent with the monthly refills by the home's contracted pharmacy."</p> <p>NM #1 was interviewed on 1/29/18 at 6:20 PM. NM #1 indicated clients C, D and E's medications should be administered as ordered by their physicians.</p> <p>This federal tag relates to complaint #IN00251294.</p> <p>9-3-6(a)</p>				<p>the facility has been placed on administrative leave pending a full review of her work product to determine necessary corrective measures and appropriate performance action, and a new nurse has been assigned to the facility.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring medications are available to administer as prescribed. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than daily for the next 30 days, and after 30 days, will conduct administrative observations no less than three times weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the</p>		

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			<p>Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks</p>		

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			<p>at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 individuals receiving supports at the time of the observation is the top priority. ·Review all relevant documentation, providing documented coaching and training as needed. <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate.</p>		

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			<p>As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring medications are available to be administered as prescribed.</p> <p>Additionally:</p> <ol style="list-style-type: none"> 1.Nursing caseloads have been reduced to 3-4 SGL homes per nurse. 2.The Nurse Manager will no longer be responsible for a caseload. 3.The Nurse Manager will do side by side audits of SGL home with the assigned nurse weekly. 4.Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review. 5.The Executive Director will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention. <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, facility nurse, Direct Support Staff, Operations Team</p>		

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W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 6 clients who utilized adaptive equipment, the facility failed to ensure client E had a gait belt and his prescription eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/22/18 from 4:15 PM through 6:00 PM, 1/24/18 from 7:15 AM through 8:00 AM, 1/25/18 from 4:50 PM through 6:00 PM and on 1/26/18 from 7:40 AM through 8:15 AM. Client E was observed in the home throughout the observation periods. Client E did not have a gait belt. Client E did not utilize eyeglasses.</p> <p>Observations were conducted at the group home on 1/26/18 from 7:40 AM through 8:15 AM. PD (Program Director) #2, staff #4 and staff #6 were present working in the home with clients A, B, C, D, E, F and G. Client E was seated in the home's living room in his personal recliner. Client B was seated on the home's couch next to client E's recliner. Client E was non-verbal (used limited vocalizations to express his wants and needs) and utilized limited vocalizations, some physical gestures including facial expressions/gestures. Client E's arms and legs were contracted (stiff, rigid, inflexible joints, muscles and tendons). Client E did not utilize a gait belt. Client E did not utilize eyeglasses.</p>			W 0436	<p>CORRECTION:</p> <p><i>The facility must furnish, maintain in good repair, and teach clients to use and to make informed</i></p> <p><i>choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Specifically, the facility has provided client E with a gait belt to use across environments and has located his prescription eyeglasses. A review of current adaptive equipment needs demonstrated that this deficient practice did not affect any additional clients.</i></p> <p>PREVENTION:</p> <p>Facility Professional staff will be retrained regarding the need to furnish all necessary adaptive equipment to all clients. Members of the Operations Team will review assessment data and</p>		03/03/2018

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	<p>Observations were conducted at client E's day program on 1/29/18 at 1:30 PM through 1:45 PM. Client E was seated in a manual wheelchair in his classroom. Client E did not have a gait belt on. Client E did not utilize eyeglasses.</p> <p>Day Services Staff (DSS) #1 was interviewed on 1/29/18 at 1:40 PM. DSS #1 indicated he worked with client E in his classroom on a daily basis and had previously worked with client E at his group home. DSS #1 indicated client E utilized a wheelchair while at the day program. DSS #1 indicated client E did not utilize a gait belt while at the day program. DSS #1 indicated client E transferred himself without assistance for toileting. DSS #1 stated, "He wheels himself in there when he needs to go and doesn't need any assistance or use a gait belt." Client E did not utilize eyeglasses.</p> <p>Client E's record was reviewed on 1/26/18 at 9:06 AM. Client E's CHRHP (Comprehensive High Risk Health Plan) dated 6/26/17 indicated the following:</p> <p>- "At Risk for Falls-history of falls related to diagnoses of Cerebral Palsy and profound deafness (unknown)."</p> <p>- "2. May utilize wheelchair as needed."</p> <p>- "3. Use gait belt with all transfers and ambulation."</p> <p>- "Definition. Standby assistance: When you require the presence of another person, within arm's reach of you to help you perform the activities of daily living (such as toileting, bathing, standing, walking, transferring)."</p>				<p>compare it to adaptive equipment available at the facility, making recommendations and expediting the acquisition of new and additional adaptive equipment as appropriate.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring adaptive equipment is available and being used as directed. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than daily for the next 30 days, and after 30 days, will conduct administrative observations no less than three times weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of</p>		

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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/30/2018	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256			
(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>Client E's Record of Visit form dated 4/18/17 indicated, "May use bifocal glasses or reading glasses, mostly would benefit his vision at near (sic)."</p> <p>NM (Nurse Manager) #1 was interviewed on 1/26/18 at 10:28 AM. NM #1 indicated client E should utilize his adaptive equipment.</p> <p>This federal tag relates to complaint #IN00251294.</p> <p>9-3-7(a)</p>				<p>ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly</p>		

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			<p>–more frequently if training issues or problems are discovered.</p> <p>Operations Team members have been trained on monitoring expectations. Specifically, 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 individuals receiving supports at the time of the observation is the top priority. ·Review all relevant documentation, providing documented coaching and training as needed. <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in</p>		

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			<p>administrative monitoring of the facility. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring adaptive equipment is available and being used as directed.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>		