

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G184		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/27/2017	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 1818 H ST BEDFORD, IN 47421			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: September 25, 26 and 27, 2017</p> <p>Facility Number: 000717 Provider Number: 15G184 AIM Number: 100234700</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/5/17.</p>		W 0000				
W 0120 Bldg. 00	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on observation, record review and interview for 3 of 5 clients observed at an outside services workshop (#1, #4 and #5), the facility failed to ensure the outside services workshop met the needs of the clients.</p> <p>Findings include: On 9/26/17 from 8:39 AM to 9:45 AM,</p>		W 0120	<p>W120: The facility must assure that outside services meet the needs of each client. Corrective action: • <input type="checkbox"/> Day Training Observation (Attachment A) to be completed on a regular basis by the Site Supervisor, Area</p>		10/27/2017	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>an observation was conducted at an outside services workshop. During the observation, client #4 sat at a table with no activity or work to complete. Client #4 was not prompted or encouraged to participate in an activity or work. Client #4 was not offered or provided work or an alternate activity to engage in. Client #4 was not engaged in meaningful activities or active treatment during the observation.</p> <p>During the observation from 8:39 AM to 9:34 AM, client #5 sat at a table with no activity or work to complete. Client #5 was not prompted or encouraged to participate in an activity or work. Client #5 was not offered or provided work or an alternate activity to engage in. Client #5 was not engaged in meaningful activities or active treatment from 8:39 AM to 9:34 AM.</p> <p>During the observation from 8:39 AM to 9:22 AM, client #1 worked in the workshop. At 9:45 AM, client #1 sat at a table with no activity or work to complete. Client #1 was not prompted or encouraged to participate in an activity or work. Client #1 was not offered or provided work or an alternate activity to engage in. Client #1 was not engaged in meaningful activities or active treatment from 9:22 to 9:45 AM.</p>				<p>Supervisor, Program Manager and QIDP-D.</p> <p>· In-service (Attachment B) will be given to Management staff to observe workshop to ensure meaningful activities are provided and individuals are offered meaningful opportunities at all times.</p> <p>How we will identify others:</p> <ul style="list-style-type: none"> • Individuals will be transported to the workshop daily, Monday through Friday. Staff will assist individuals into the workshop. • Site Supervisor will visit the workshop no less than two times week and complete the Day Training Observation form (Attachment A). Upon completion of form, and prior to SS leaving, they will review with workshop supervisor any issues with meaningful activities that may have been noted. SS will report to Area Supervisor of any issues found in regards to meaningful programming. 		

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	<p>On 9/26/17 at 8:43 AM, client #5 stated he was "waiting to work."</p> <p>On 9/26/17 at 9:11 AM, client #4 stated, "I'm awake. I'm trying. I'm trying (to stay awake)."</p> <p>On 9/26/17 at 9:32 AM, workshop staff #2 stated "it would be great" if the clients who were not working could be involved in doing the job she was doing (drying safety glasses). Staff #2 stated the clients who were not working (#1, #4 and #5) "need to be involved" in work related training and instruction.</p> <p>On 9/26/17 at 9:36 AM, the workshop supervisor stated "it would be nice to get the clients involved" in the drying of the glasses aspect the workshop staff was doing. The supervisor indicated there was no task code for the drying part of the job. The supervisor indicated the workshop staff was doing "the best we can" to get the clients involved in paid work and other activities.</p> <p>On 9/26/17 at 11:40 AM, the Home Manager (HM) indicated the clients needed to be involved in paid work or meaningful activities. The HM indicated the clients needed to be engaged in active treatment. The HM indicated she</p>				<p>Measures to be put in place:</p> <ul style="list-style-type: none"> Site Supervisor will visit workshop two times per week, until further notice, and observe for meaningful day training activities to be in place and productive. Area Supervisor will visit workshop one time per week, until further notice, and observe for meaningful day training activities to be in place and productive. Program Manager will visit workshop one time per month, for at least 4 consecutive months, and observe for meaningful day training activities to be in place and productive for each individual. QIDP-D will visit workshop one time per month and observe for meaningful day training activities to be in place and productive for each individual. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> During every 		

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	<p>understood the clients took turns with the paid work but needed to be engaged in something meaningful to do when not working.</p> <p>On 9/26/17 at 9:55 AM, the Qualified Intellectual Disabilities Professional (QIDP) stated she conducted observations at the outside services day program "every 3 months or so." The QIDP indicated the clients needed to be engaged in meaningful activities. On 9/26/17 at 11:35 AM, the QIDP stated she needed to visit the workshop "more often" to ensure the clients were engaged in paid work or meaningful activities.</p> <p>On 9/26/17 at 2:24 PM, a review of the QIDP's documentation of her observations was conducted. From 9/25/16 to 9/26/17, the QIDP documented visits at the outside services workshop on 2/22/17, 4/13/17, 6/1/17 and 8/14/17. There was no documentation of issues with active treatment noted during the QIDP's observations at the workshop.</p> <p>9-3-1(a)</p>				<p>Interdisciplinary Team Meeting, all team members will be present for the meeting. The QIDP-D will conduct the meeting and ensure discussion in regards to meaningful ongoing activities at the workshop facility. A plan will be in place for alternate meaningful activities whenever the work jobs are full and/or unavailable.</p> <ul style="list-style-type: none"> • A structured meaningful activity schedule to be present at the workshop with the individuals following the schedule on an hourly basis. • AED, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members. <p>Completion Date: 10-27-17</p>		