DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF DEFICIENCIES X1) PROVIDER/SI AND PLAN OF CORRECTION IDENTIFICATION 15G486	NUMBER	X2) MULTIPLE CO A. BUILDING	NSTRUCTION	(X3) DATE S	SURVEY	
15G486		A. BUILDING				
				COMPLETED		
		B. WING		06/05/	2023	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		7919 SA	ADDRESS, CITY, STATE, ZIP COD AN RICARDO COURT APOLIS, IN 46256			
(X4) ID SUMMARY STATEMENT OF D	DEFICIENCIE	ID			(X5)	
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					DITLE	
E 0000BldgAn Emergency Preparedness Survey conducted by the Indiana Departme accordance with 42 CFR 483.475.Survey Date: 06/05/23Facility Number: 001000 Provider Number: 15G486 AIM Number: 100245010At this Emergency Preparedness sur Community Alternatives-Adept was compliance with Emergency Prepar Requirements for Medicare and Me Participating Providers and Supplier 483.475.The facility has 8 certified beds. AI certified for Medicaid. At the time the census was 8.Quality Review completed on 06/05The requirement at 42 CFR, Subpar NOT MET as evidenced by:E 0037403.748(d)(1), 416.54(d)(1), 418 441.184(d)(1), 482.15(d)(1), 483 483.73(d)(1), 484.102(d)(1), 485 486.360(d)(1), 491.12(d)(1) EP Training Program §403.748(d)(1), §448.475(d)(1), § 448.73(d)(1), §448.475(d)(1), § 448.73(d)(1), §448.625(d)(1), § §448.73(d)(1), §448.625(d)(1), § §448.625(d)(1), § 448.625(d)(1), § 448.625(d)(1), § 448.625(d)(1), § 	y was nt of Health in rvey, s found not in redness dicaid rs, 42 CFR II 8 beds are of the survey, 5/23 rt 483.475 is .113(d)(1), .475(d)(1), .625(d)(1), .920(d)(1), .418.113(d)(1), 418.113(d)(1), 448.102(d)(1), .5485.727(d)	E 0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE **Bob Morris QIDP** Manager 06/19/2023

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	EMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA LAN OF CORRECTION IDENTIFICATION NUMBER 15G486		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		<u>-</u>	(X3) DATE SURVEY COMPLETED 06/05/2023	
	PROVIDER OR SUPPLIE		•	7919 SA	DDRESS, CITY, STATE, ZIP COD N RICARDO COURT APOLIS, IN 46256		
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	§491.12(d)(1).						
	Hospitals at §482 HHAs at §484.10 §485.727, OPOs at §491.12:] (1) Training prog all of the followin (i) Initial training policies and proc existing staff, ind under arrangeme consistent with th (ii) Provide emer at least every 2 y (iii) Maintain doc preparedness tra (iv) Demonstrate emergency proce (v) If the emerge and procedures a [facility] must cor updated policies *[For Hospices and The hospice mus (i) Initial training policies and proc	in emergency preparedness edures to all new and ividuals providing services ent, and volunteers, neir expected roles. gency preparedness training rears. umentation of all emergency ining. staff knowledge of edures. ncy preparedness policies are significantly updated, the induct training on the					
	consistent with th	eir expected roles. staff knowledge of					
	emergency proce	edures. gency preparedness training					
	emergency prepa employees (inclu	eview and rehearse its aredness plan with hospice ding nonemployee staff),					
	with special emp	hasis placed on carrying out					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

	MENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AN OF CORRECTION IDENTIFICATION NUMBER 15G486		(X2) MULTIPLE CC A. BUILDING B. WING		06/0	te survey pleted 0 5/2023
	PROVIDER OR SUPPLI		7919 S	ADDRESS, CITY, STATE, ZIP CO AN RICARDO COURT IAPOLIS, IN 46256	DO	
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	and others. (v) Maintain doc preparedness tr (vi) If the emerg and procedures hospice must cc updated policies procedures. *[For PRTFs at program. The Pl following: (i) Initial training policies and pro- existing staff, ind under arrangem consistent with t (ii) After initial tra- preparedness tr (iii) Demonstrate emergency proc (iv) Maintain doc preparedness tr (v) If the emerger and procedures PRTF must com- policies and pro- *[For PACE at § organization mu (i) Initial training policies and pro- existing staff, ind services under a participants, and their expected re (ii) Provide eme- at least every 2	ency preparedness policies are significantly updated, the induct training on the and S441.184(d):] (1) Training RTF must do all of the in emergency preparedness cedures to all new and dividuals providing services ent, and volunteers, heir expected roles. aining, provide emergency aining every 2 years. e staff knowledge of edures. cumentation of all emergency aining. ency preparedness policies are significantly updated, the duct training on the updated cedures. 460.84(d):] (1) The PACE st do all of the following: in emergency preparedness cedures to all new and dividuals providing on-site arrangement, contractors, d volunteers, consistent with oles. rgency preparedness training				

DEPARTMENT OF HEALTH A	ND HUMAN SERVICES
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STATEMENT OF DEFICIENC	ES X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CC	ONSTRUCTION	(X3) DAT	E SURVEY	
ND PLAN OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING			PLETED	
	15G486	B. WING			06/05/2023	
		STREET A	ADDRESS, CITY, STATE, ZIP	COD		
NAME OF PROVIDER OR SUI	PLIER	7919 S/	AN RICARDO COURT			
COMMUNITY ALTERN	ATIVES-ADEPT	INDIAN	IAPOLIS, IN 46256			
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emergency p	rocedures, including informing					
participants of	f what to do, where to go, and					
whom to con	act in case of an emergency.					
(iv) Maintain	documentation of all training.					
(v) If the em	ergency preparedness policies					
and procedu	es are significantly updated, the					
-	onduct training on the updated					
policies and	č					
*[For LTC Fa	cilities at §483.73(d):] (1)					
-	ram. The LTC facility must do all					
of the following	•					
	•					
.,	ng in emergency preparedness					
	procedures to all new and					
-	individuals providing services					
-	ement, and volunteers,					
	h their expected role.					
• •	nergency preparedness training					
at least annu	-					
	locumentation of all emergency					
preparednes	-					
• •	ate staff knowledge of					
emergency p	rocedures.					
*[For CORFs	at §485.68(d):](1) Training. The					
CORF must	lo all of the following:					
(i) Provide in	tial training in emergency					
.,	policies and procedures to all					
	ting staff, individuals providing					
	er arrangement, and volunteers,					
	h their expected roles.					
	nergency preparedness training					
at least every						
-	documentation of the training.					
• •	ate staff knowledge of					
• •	rocedures. All new personnel					
	ited and assigned specific					
	es regarding the CORF's					
	an within 2 weeks of their first					
	training program must include					
wurkuay. Ille	a anning program must moluue		1		1	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	x1) provider/supplier/clia identification number 15G486	(X2) MULTIPLE C A. BUILDING B. WING		CO	ATE SURVEY MPLETED /05/2023
	PROVIDER OR SUPPLI		7919 5	ADDRESS, CITY, STATE, ZIP (SAN RICARDO COURT NAPOLIS, IN 46256	COD	
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	systems and sig equipment. (v) If the emerg and procedures CORF must com policies and pro *[For CAHs at § program. The C following: (i) Initial training policies and pro reporting and ex protection, and v of patients, pers prevention, and and disaster aut existing staff, ind under arrangem consistent with t (ii) Provide eme at least every 2 (iii) Maintain doo (iv) Demonstrate emergency proc (v) If the emerg and procedures CAH must cond policies and pro *[For CMHCs at The CMHC mus emergency prep procedures to al individuals provi arrangement, ar their expected ro	485.625(d):] (1) Training AH must do all of the in emergency preparedness cedures, including prompt stinguishing of fires, where necessary, evacuation onnel, and guests, fire cooperation with firefighting horities, to all new and dividuals providing services ent, and volunteers, heir expected roles. rgency preparedness training years. cumentation of the training. e staff knowledge of sedures. gency preparedness policies are significantly updated, the uct training on the updated				

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED B. WING 06/05/2023 15G486 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 7919 SAN RICARDO COURT COMMUNITY ALTERNATIVES-ADEPT INDIANAPOLIS, IN 46256 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least every 2 years. Based on record review and interview, the facility E 0037 07/05/2023 CORRECTION: failed to ensure staff received training in regards The facility must have a training to emergency preparedness policies and program on place with (i) Initial procedures. The ICF/IID facility must do all of the training in emergency following: (i) Provide initial training in emergency preparedness policies and preparedness policies and procedures to all new procedures to all new and existing and existing staff, individuals providing services staff, individuals providing on-site under arrangement, and volunteers, consistent services under arrangement, and with their expected roles; (ii) Provide emergency volunteers, consistent with their preparedness training at least every two years; expected roles. (ii) Provide (iii) Maintain documentation of the training; (iv) emergency preparedness training Demonstrate staff knowledge of emergency at least annually. (iii) Maintain procedures in accordance with 42 CFR 483.475(d) documentation of the training. (iv) (1). This deficient practice could affect all Demonstrate staff knowledge of occupants. emergency procedures. Specifically, the facility will provide Findings include: an emergency preparedness training program that includes the Based on review of "Emergency/Disaster following. Initial training in Preparedness Manual - San Ricardo" emergency preparedness policies documentation dated 05/01/23 and "Emergency, and procedures to all new and Disaster, Evacuation Plans & Responses" existing staff, individuals providing documentation dated 03/05/23 with the services under arrangement, and Maintenance Aide during record review from 9:50 volunteers. consistent with their a.m. to 11:30 a.m. on 06/05/23, the facility lacked expected roles; and provide documentation of staff training on the emergency emergency preparedness training preparedness plan within the most recent two year at least annually; and maintain period. Based on interview at the time of record documentation of the training; and review, the Maintenance Aide stated staff training demonstrate staff knowledge of documentation is maintained on computer at the emergency procedures. Facility main office and agreed staff training Specific Emergency Preparedness documentation on emergency preparedness Training has been added to new policies and procedures within the most recent hire On-the-Job Training two year period was not available for review at the curriculum and Area Supervisors time of the survey. and the QIDP will be responsible for providing annual retraining as This finding was reviewed with the Maintenance well as training when the plan is Event ID: RTUZ21 Facility ID: 001000 Page 6 of 19 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

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	R MEDICARE & MEDIONT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	-	MB NO. 0938-039 E SURVEY
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	Aide during the ex	at conference.		updated.	.	
				Area Supervisors and Progr		
				Managers will turn in copies competency-based training	01	
				documentation to the QIDP		
			Manager for filing and tracki	na		
				This documentation will be		
				available for review during		
				Emergency Preparedness		
				surveys.		
				Area Supervisors and Progr	am	
				Managers will be trained tov		
				proper implementation of the	Э	
				current process.		
				PREVENTION:	_	
				Members of the Operations		
				(comprised of the Executive		
				Director, Operations Manag	ers,	
				Program Managers, Area Supervisors, Quality Assura	200	
				Manager, QIDP Manager, C		
				Quality Assurance Coordina		
				and Nurse Manager) will		
				incorporate reviews of the fa	acilitv's	
				emergency preparedness p	-	
				into scheduled twice monthl	y	
				audits to assure all required		
				components are present.		
				Additionally, the agency Saf		
				Committee will review and re		
				the plan as needed but no le	ess	
				than annually.		
			RESPONSIBLE PARTIES: (•		
			Area Supervisor, Direct Sup	•		
				Lead, Safety Committee, Hu	iman	
				Resources Department,		
				Operations Team, Regional		
				Director		

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED B. WING 06/05/2023 15G486 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 7919 SAN RICARDO COURT COMMUNITY ALTERNATIVES-ADEPT INDIANAPOLIS. IN 46256 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE E 0039 403.748(d)(2), 416.54(d)(2), 418.113(d)(2), 441.184(d)(2), 482.15(d)(2), 483.475(d)(2), Bldg. --483.73(d)(2), 484.102(d)(2), 485.625(d)(2), 485.68(d)(2), 485.727(d)(2), 485.920(d)(2), 486.360(d)(2), 491.12(d)(2), 494.62(d)(2) **EP** Testing Requirements §416.54(d)(2), §418.113(d)(2), §441.184(d)(2), §460.84(d)(2), §482.15(d)(2), §483.73(d)(2), §483.475(d)(2), §484.102(d)(2), §485.68(d)(2), §485.625(d)(2), §485.727(d)(2), §485.920(d) (2), §491.12(d)(2), §494.62(d)(2). *[For ASCs at §416.54, CORFs at §485.68, OPO, "Organizations" under §485.727, CMHCs at §485.920, RHCs/FQHCs at §491.12, and ESRD Facilities at §494.62]: (2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: RTUZ21 Facility ID: 001000 Page 8 of 19 If continuation sheet

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED B. WING 06/05/2023 15G486 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 7919 SAN RICARDO COURT COMMUNITY ALTERNATIVES-ADEPT INDIANAPOLIS, IN 46256 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed. *[For Hospices at 418.113(d):] (2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following: (i) Participate in a full-scale exercise that is community based every 2 years; or (A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based Event ID: RTUZ21 Facility ID: 001000 Page 9 of 19 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED B. WING 06/05/2023 15G486 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 7919 SAN RICARDO COURT COMMUNITY ALTERNATIVES-ADEPT INDIANAPOLIS, IN 46256 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE functional exercise: or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. Event ID: RTUZ21 Facility ID: 001000 Page 10 of 19 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES	x1) provider/supplier/clia identification number 15G486	A. BUILDING B. WING	CONSTRUCTION	CON 06/	te survey Mpleted 05/2023
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TAG	(iii) Analyze the maintain docum exercises, and e	DR LSC IDENTIFYING INFORMATION hospice's response to and entation of all drills, tabletop mergency events and revise hergency plan, as needed.	TAG			DATE
	§482.15(d), CAH (2) Testing. The conduct exercise plan twice per ye CAH] must do th (i) Participate in that is communit (A) When a com accessible, cond facility-based fun (B) If the [PRTF, an actual natura that requires act plan, the [facility its next required or individual, fac following the ons (ii) Conduc exercise or and limited to the foll (A) A second fun community-based fun (B) A m (C) A tablet is led by a facilit discussion, usin clinically-relevan set of problem s messages, or pr to challenge an (iii) Analyze	an annual full-scale exercise y-based; or munity-based exercise is not luct an annual individual, nctional exercise; or Hospital, CAH] experiences or man-made emergency ivation of the emergency ivation of the emergency is exempt from engaging in full-scale community based ility-based functional exercise set of the emergency event. t an [additional] annual that may include, but is not owing: Il-scale exercise that is d or individual, a nctional exercise; or nock disaster drill; or op exercise or workshop that ator and includes a group g a narrated, t emergency scenario, and a tatements, directed epared questions designed				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	tabletop exercise	es, and emergency events acility's] emergency plan, as				
	conduct exercise plan at least and organization mu (i) Participate in that is communit (A) When a com accessible, cond facility-based fur (B) If the PACE or man-made er activation of the is exempt from e full-scale commu- facility-based fur onset of the eme (ii) Conduct 2 years opposite functional exerci- of this section is but is not limited (A) A second fur community-based based functional (B) A mock disa (C) A tabletop e led by a facilitate discussion, usin clinically-relevar set of problem s messages, or pr to challenge an (iii) Analyze the maintain docum	PACE organization must es to test the emergency mually. The PACE st do the following: an annual full-scale exercise ty-based; or munity-based exercise is not duct an annual individual, notional exercise; or experiences an actual natural nergency that requires emergency plan, the PACE engaging in its next required unity based or individual, notional exercise following the ergency event. an additional exercise every the year the full-scale or se under paragraph (d)(2)(i) conducted that may include, to the following: II-scale exercise that is ed or individual, a facility exercise; or uster drill; or exercise or workshop that is or and includes a group				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PROVIDER OR SUPPLIER NITY ALTERNATIVE SUMMARY S	IDENTIFICATION NUMBER 15G486 ES-ADEPT		ADDRESS, CITY, STATE, ZIP COD		dleted 5/2023	
NITY ALTERNATIVE SUMMARY S	ES-ADEPT		ADDRESS, CITY, STATE ZIP COD		/05/2023	
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SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECT	ΓΙΟΝ	(X5)	
	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	LD BE ROPRIATE	COMPLETIC	
	LSC IDENTIFYING INFORMATION	TAG	DEFICIENCE		DATE	
the PACE's emerg	ency plan, as needed.					
*[For LTC Facilities	s at §483.73(d):]					
-	y] must conduct exercises					
	ncy plan at least twice per					
-	nnounced staff drills using					
	cedures. The [LTC facility,					
ICF/IID] must do th						
-	n annual full-scale exercise					
that is community-						
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e e	scale exercise that is					
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emergency plan, a						
	 (A) When a communication of the problem state of the problem st	 (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. (B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the 	 (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. (B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's 	 (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. (B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility based functional exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's 	 (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. (B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility based functional exercise or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [LTC facility] facility's 	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES	x1) provider/supplier/clia identification number 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		Cor 06/	te survey Mpleted 05/2023
	PROVIDER OR SUPPLI		7919 S	ADDRESS, CITY, STATE, ZIP (SAN RICARDO COURT NAPOLIS, IN 46256	COD	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF COL (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
	exercises to test twice per year. following: (i) Participate in that is communi (A) When a com accessible, com facility-based fu (B) If the ICF/III natural or man-r activation of the is exempt from of full-scale comm facility-based fu onset of the em (ii) Conduct an a that may include following: (A) A second ful community-based fu (B) A mock disa (C) A tabletop e led by a facilitate discussion, usin clinically-relevan set of problem s messages, or pu to challenge an (iii) Analyze the maintain docum exercises, and e the ICF/IID's em *[For HHAs at § (d)(2) Testing. T exercises to test	ICF/IID must conduct the emergency plan at least The ICF/IID must do the an annual full-scale exercise ty-based; or imunity-based exercise is not duct an annual individual, notional exercise; or. • experiences an actual nade emergency that requires emergency plan, the ICF/IID engaging in its next required unity-based or individual, notional exercise following the ergency event. additional annual exercise e, but is not limited to the I-scale exercise that is ed or an individual, notional exercise; or ster drill; or xercise or workshop that is or and includes a group g a narrated, nt emergency scenario, and a tatements, directed repared questions designed emergency plan. ICF/IID's response to and entation of all drills, tabletop emergency plan, as needed.				

PRINTED:	06/22/2023
FORM AP	PROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	IENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE C AN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 15G486 B. WING		VILDING NG		(X3) DATE SURVEY COMPLETED 06/05/2023		
	PROVIDER OR SUPPLIE			7919 SA	ADDRESS, CITY, STATE, ZI AN RICARDO COUR APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIE	/ STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO T DEFICIENCY	N SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE
	community-base (A) When a is not accessible individual, facility every 2 years; or (B) If the HI natural or man-m activation of the d exempt from eng full-scale commu- facility based fun onset of the eme (ii) Conduct an a years, opposite t functional exercise of this section is include, but is no (A) A second community-base facility-based fun (B) A mock of (C) A tableto is led by a facilitat discussion, using clinically-relevan set of problem st messages, or pre- to challenge an e (iii) Analyze the H maintain docume exercises, and en the HHA's emerger *[For OPOs at §4 (d)(2) Testing. Th exercises to test OPO must do the	community-based exercise , conduct an annual -based functional exercise 					

	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/05/2023		
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	E COMPLETIC		
	exercise is led by group discussion relevant emergen problem stateme prepared question emergency plan. actual natural or requires activation OPO is exempt f required testing e of the emergency (ii) Analyze the O maintain docume exercises, and en the [RNHCI's and needed. *[RNCHIs at §40 (d)(2) Testing. Th exercises to test RNHCI must do (i) Conduct a par at least annually, group discussion narrated, clinicall scenario, and a s directed messag designed to chall (ii) Analyze the F maintain docume exercises, and en the RNHCI's eme based on record re failed to conduct a emergency plan on emergency proced do all of the follow exercise that is con	DPO's response to and entation of all tabletop mergency events, and revise d OPO's] emergency plan, as 03.748]: ne RNHCI must conduct the emergency plan. The	E 0039	CORRECTION: The [facility] must conduct exercises to test the emerge plan at least annually. Speci the agency's Quality Assurat Department has submitted a formal request to the Indiana	fically, nce		

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	R MEDICARE & MEDIO		_				MB NO. 0938-03
	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	î î		ONSTRUCTION	· /	E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	<u></u>		PLETED
		15G486	B. WI	NG		06/05/2023	
NAME OF	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD		
001414					SAN RICARDO COURT		
СОММЦ	INITY ALTERNATIV	/ES-ADEP1		INDIAN	NAPOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	BE PRIATE	COMPLETIC
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	-	-based. If the ICF/IID facility			Metropolitan Police		
	-	ual natural or man-made			Department/Department of		
		uires activation of the			Homeland Security Comm	unity	
	e i i i	e ICF/IIC facility is exempt from			Emergency Response Tea		
		munity-based or individual,			(CERT) to conduct an initia	l "table	
	facility-based full-	scale exercise for 1 year			talk" disaster exercise, with	ı	
	-	t of the actual event; (ii)			bi-annual exercises therea		
		nal exercise that may include,			Additionally, the ResCare	Quality	
		o the following: (A) a second			Assurance Department has	6	
	full-scale exercise that is community-based or				requested assistance from	the	
	individual, facility	-based. (B) a tabletop exercise			IMPD District Commander	to	
	that includes a gro	up discussion led by a			coordinate with CERT to fa	cilitate	
	facilitator, using a	narrated, clinically-relevant		this process. ResCare Facility supervisors, the QIDP and		ility	
	emergency scenari	o, and a set of problem					
	statements, directe	d messages, or prepared			administrative level manag	nagement	
	questions designed	l to challenge an emergency			(Operations Managers, Pro	ogram	
	plan; (iii) analyze	he ICF/IID facility's response to			Managers, Quality Assurar	nce	
	and maintain docu	mentation of all drills, tabletop			Manager, QIDP Manager,	Quality	
	exercises, and eme	rgency events, and revise the			Assurance Coordinators, a	nd	
	ICF/IID facility's e	mergency plan, as needed in			Nurse Manager) will partici	pate in	
	accordance with 42	2 CFR 483.475(d)(2). This			the exercises to assure fac	ility	
	deficient practice of	could affect all occupants.			emergency preparedness		
					protocols are consistent wi	th	
	Findings include:				community emergency		
					management practices.		
	Based on review o	f "Emergency/Disaster			The facility will develop		
	Preparedness Man	ual - San Ricardo"			documentation of the activ	ation of	
	documentation dat	ed 05/01/23 and "Emergency,			the Emergency Preparedn	ess	
	Disaster, Evacuation	on Plans & Responses"			Plan during the 3/9/23 torn	ado	
	documentation dat	ed 03/05/23 with the			outbreak/high wind/mass p	ower	
	Maintenance Aide	during record review from 9:50			outage event, by 7/5/23. A	the	
	a.m. to 11:30 a.m. on 06/05/23, documentation of a				time of this exercise, a "tab	le talk	
	community based	disaster drill within the most			exercise will be scheduled		
	recent twelve mon	th period was not available for			local emergency managem	ient	
	review. Based on	interview at the time of record			officials within 6 months of	the	
	review, the Mainte	nance Aide provided			full-scale event.		
	documentation dat	ed $04/13/23$ for the toxic fire			The QIDP Manager will wo	rk with	
	emergency respons	se in Wayne County, Indiana			the Quality Assurance Mar		
		agreed it was specific to their			develop a functional appro	-	
		nes in Richmond, Indiana. The			correct this deficient practic		

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G486 15G486		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED 06/05/2023		
	PROVIDER OR SUPPLIE			7919 SAN	DRESS, CITY, STATE, ZIP COD N RICARDO COURT POLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIE REGULATORY O Maintenance Aide experiencing an ac Covid-19 and Cov currently in effect the emergency pre- agreed the facility community based tabletop exercise w month period and a documentation was time of the survey.	eviewed with the Maintenance			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY) PREVENTION: Members of the Operation (comprised of the Executi Director, Operations Mana Program Managers, Area Supervisors, Quality Assu Manager, QIDP Manager, Quality Assurance Coordi and Nurse Manager) will incorporate reviews of the emergency preparedness into scheduled twice mon audits to assure all requin components, including but imited to bi-annual community-based disaste exercises, are present. Additionally, the agency S Committee will review and than annually. RESPONSIBLE PARTIES Area Supervisor, Direct S Lead, Direct Support Staf Operations Team, Region Director	DBE COPRIATE COPRIATE COPRIATE IN TEAM Ve agers, urance , QIDP, inators, e facility's program thly ed thly ed t not Safety d revise p less CIDP, upport f,	(X5) COMPLETION DATE
K 0000							
Bldg. 01		e Recertification Survey was ndiana Department of Health in 2 CFR 483.470(j).	K 000	00			
	Survey Date: 06/0 Facility Number: Provider Number: AIM Number: 100	001000 15G486					

PRINTED: 06/22/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR	R MEDICARE & MEDIC.	AID SERVICES				ON	IB NO. 0938-039		
	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G486			(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING			survey Leted /2023		
	NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	15G486 NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT (X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE		

RTUZ21 Facility ID: 001000 FORM APPROVED