

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2016	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 3011 APACHE DR JEFFERSONVILLE, IN 47130		
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W 0000 Bldg. 00	<p>This visit was for the investigation of Complaint #IN00199891.</p> <p>Complaint #IN00199891: Substantiated. Federal/state deficiencies related to the allegations are cited at W149 and W186.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: June 9 and 10, 2016.</p> <p>Facility Number: 000693 AIM Number: 100234510 Provider Number: 15G157</p> <p>The following federal deficiencies reflect findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/23/16.</p>		W 0000		
W 0149 Bldg. 00	<p>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 record review and interview for 1 of 2 investigations reviewed, for 4 of 4 sampled clients (A, B, C and D), the</p>		W 0149	<p>W149: The facility must develop and implement written procedures that prohibit, mistreatment</p>	07/10/2016

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>facility neglected to implement their policy/procedure which prohibited client neglect by failing to ensure sufficient staff were provided to supervise clients in the facility.</p> <p>Findings include:</p> <p>Review of the facility's incidents, investigations and Bureau of Developmental Disabilities Services on 6/09/16 at 2:25 PM indicated on 5/07/16 an investigation was initiated regarding clients A, B, C and D. The investigation indicated staff #7 was supposed to work a "double" shift until "midnight" on Saturday 5/07/16. The investigation indicated staff #7 was working alone with clients A, B, C, and D. Staff #7 texted House Manager/HM #2 and indicated she was sick and would need to be replaced. Staff #7 sent another text indicating she "left and was sick and couldn't take it anymore and wouldn't be coming back." QIDP-designee/Qualified Developmental Disabilities Professional-designee #1 was contacted by HM #2 and went to the facility.</p> <p>The investigation indicated the clients were left unattended "approximately 14 minutes."</p> <p>Interview with QA/Quality Assurance #1 on 6/09/16 at 3:30 PM indicated the</p>			<p>Corrective Action: (Specific): The Residential Manager will be re-trained on ensuring that staffing levels are consistent with the scheduled hours for the home. All staff at the home will be re-trained on the Operation Standard for Reporting and Investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights.</p> <p>How others will be identified: (Systemic): The Program Coordinator will visit the home at least twice weekly to ensure that staffing ratios in the home are consistent with the scheduled hours for the home. The Program Manager will visit the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled hours for the home.</p> <p>Measures to be put in place: The Residential Manager will be re-trained on ensuring that staffing levels are consistent with the scheduled hours for the home. All staff at the home will be re-trained on the Operation Standard for Reporting and Investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights.</p>	

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	<p>allegations were substantiated regarding staff #7 leaving clients A, B, C and D unattended at the facility on 5/7/16 7:36 PM.</p> <p>Record review for client A was done on 6/09/16 at 5:10 PM. Client A's record contained a Behavior Support Plan/BSP dated 2/17/16. The record review indicated the client's diagnoses included, but were not limited to, attention deficit hyperactivity disorder/ADHD, depression, conduct disorder, Borderline Personality Disorder with Histrionic Traits. The BSP indicated the client exhibited the behaviors of verbal and physical aggression.</p> <p>Record review for client B was done on 6/09/16 at 5:00 PM. Client B's record contained a Behavior Support Plan/BSP dated 12/01/15. The record indicated the client's diagnoses, included but were not limited to, depression, OCD/Obsessive Compulsive Disorder, anxiety, and seizure disorder. The BSP indicated the client exhibited the behaviors of verbal and physical aggression, anxiety and non-compliance.</p> <p>Record review for client C was done on 6/09/16 at 5:34 PM. Client C's record contained a Behavior Support Plan/BSP dated 12/01/15. The BSP indicated the</p>			<p>Monitoring of Corrective Action: The Program Coordinator will visit the home at least twice weekly to ensure that staffing ratios in the home are consistent with the scheduled hours for the home. The Program Manager will visit the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled hours for the home.</p> <p>Completion date: 7/10/2016</p>	

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	<p>client took citalopram daily for depression. The client's diagnoses included but were not limited to, mild intellectual disability, scoliosis, and depression. The client used a rolling walker for all ambulation and was at risk for falling.</p> <p>Record review for client D was done on 6/09/16 at 4:25 PM. Client D's record contained a Behavior Support Plan/BSP dated 7/22/15. The BSP indicated the client's diagnoses included, but were not limited to, Schizo-affective disorder, Bi-Polar disorder and attention deficit hyperactivity disorder/ADHD. The BSP indicated client D received medications for behaviors.</p> <p>The "Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights" Policy and Procedure revision date of 1/2016 was reviewed 6/09/16 at 2:45 PM. The review indicated the agency prohibited staff neglect of clients. The policy indicated all allegations would be investigated and addressed.</p> <p>Interview with the Executive Director on 6/09/16 at 3:15 PM indicated staff neglected her duties of supervising clients A, B, C and D when she left the facility (abandoned) without waiting for</p>			

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W 0159 Bldg. 00	<p>another staff to relieve her on 5/07/16.</p> <p>This federal tag relates to Complaint #IN00199891.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 3 of 4 sampled clients who received medications to manage behaviors (A, B and D), the facility's QIDP/Qualified Intellectual Disabilities Professional failed to monitor the clients' Behavioral Support Plans in regards to behavioral medications and medications used for other conditions.</p> <p>Findings include:</p> <p>Record review for client A was done on 6/09/16 at 5:10 PM. Client A's record contained a Behavior Support Plan/BSP</p>		W 0159	<p>W159: Each client's active treatment program must be integrated, coordinated and monitored by a Qualified Intellectual Disability Professional.</p> <p>Corrective Action: (Specific): Client A, B and D's BSP will be reviewed and revised to include all medications prescribed for the</p>	07/10/2016

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	<p>dated 2/17/16. The BSP indicated the medications melatonin (supplement used for sleep) and gabapentin (anti-convulsant used for neuropathy). The record review indicated the 6/2016 MAR/Medication Administration Record which indicated client A received gabapentin for the diagnosis of "polymer" (tingling, burning, numbness in feet, hands, legs). The 6/16 MAR indicated client A received Latuda 80 mg/milligrams daily (bi-polar depression). The Latuda was not included in the client's BSP. The record review indicated the QIDP had not monitored the client's medications and revised the BSP for accuracy.</p> <p>Record review for client B was done on 6/09/16 at 5:00 PM. Client B's record contained a Behavior Support Plan/BSP dated 12/01/15. The BSP indicated the medications clonazepam (anxiety), Phenobarbital (used for seizures), and Seroquel (anti-psychotic). The record review indicated the 6/2016 MAR/Medication Administration Record which indicated client B received fluoxetine 40 mg. daily (anti-depressant). The fluoxetine was not included in the client's BSP. The 6/16 MAR indicated client B did not receive Phenobarbital. The record review indicated the QIDP had not monitored the client's</p>		<p>treatment of psychiatric diagnosis and medications for behaviors. The QIDP will be re-trained on ensuring that all client BSP's are updated with medication changes as they occur.</p> <p>How others will be identified: (Systemic): The QIDP will review all other client's BSP's and physician orders to ensure that all medications prescribed to treat a psychiatric diagnosis or medications for behaviors are listed in the BSP. The QIDP will be at the home at least weekly to review all client orders to ensure that medications changes are added to the BSP as they occur. The Program Manager will visit the home at least twice monthly to review all client's BSP's to ensure that all medications prescribed to treat psychiatric diagnosis or medications for behaviors are listed in the BSP.</p> <p>Measures to be put in place: Client A, B and D's BSP will be reviewed and revised to include all medications prescribed for the treatment of psychiatric diagnosis and medications for behaviors. The QIDP will be re-trained on ensuring that all client BSP's are updated with medication changes as they occur.</p> <p>Monitoring of Corrective Action: The QIDP will review all other client's BSP's and physician orders</p>	

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	<p>medications and revised the BSP for accuracy.</p> <p>Record review for client D was done on 6/09/16 at 4:25 PM. Client D's record contained a Behavior Support Plan/BSP dated 7/22/15. The BSP indicated the medications Lexapro, (anti-depressant), Straterra, (used for attention deficit hyperactivity disorder/ADHD), zalephon (hypnotic used for insomnia), Risperdal (anti-psychotic). The record review indicated the 6/2016 MAR/Medication Administration Record which indicated client D received Wellbutrin XL (extended release) 300 mg. daily (anti-depression) and clonazepam 1 mg. three times daily (anxiety). The Wellbutrin XL and clonazepam were not included in the client's BSP. The record review indicated the QIDP had not monitored the client's medications and revised the BSP for accuracy.</p> <p>Client A was interviewed on 6/09/16 at 6:00 PM. Client A stated she took gabapentin for "polyneuropathy" and this was "tingling and numbness" in her extremities. She indicated she received Benadryl for itchy skin, melatonin to help her sleep and Latuda for behavior.</p> <p>QIDP-designee/Qualified Developmental</p>			<p>to ensure that all medications prescribed to treat a psychiatric diagnosis or medications for behaviors are listed in the BSP. The QIDP will be at the home at least weekly to review all client orders to ensure that medications changes are added to the BSP as they occur. The Program Manager will visit the home at least twice monthly to review all client's BSP's to ensure that all medications prescribed to treat psychiatric diagnosis or medications for behaviors are listed in the BSP.</p> <p>Completion date: 07/10/2016</p>	

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W 0186 Bldg. 00	<p>Disabilities Professional designee #1 was interviewed on 6/09/16 at 5:35 PM. The interview indicated the BSPs were in need of revisions/updates.</p> <p>9-3-3(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), the facility neglected to ensure sufficient staff were provided to supervise clients in the facility.</p> <p>Findings include:</p> <p>Review of the facility's incidents, investigations and Bureau of Developmental Disabilities Services on 6/09/16 at 2:25 PM indicated on 5/07/16 an investigation was initiated regarding</p>		W 0186	<p>W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Corrective Action: (Specific): The Residential Manager will be re-trained on ensuring that staffing levels are consistent with the scheduled hours for the home. How others will be identified: (Systemic): The Program Coordinator will visit the home at least twice weekly to ensure that staffing ratios in the home are consistent with the</p>

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	<p>clients A, B, C and D. The investigation indicated staff #7 was supposed to work a "double" shift until "midnight" on Saturday 5/07/16. The investigation indicated staff #7 was working alone with clients A, B, C, and D. Staff #7 texted House Manager/HM #2 and indicated she was sick and would need to be replaced. Staff #7 sent another text indicating she "left and was sick and couldn't take it anymore and wouldn't be coming back." QIDP-designee/Qualified Developmental Disabilities Professional-designee #1 was contacted by HM #2 and went to the facility.</p> <p>The investigation indicated the clients were left unattended "approximately 14 minutes."</p> <p>Review of staff time cards for 5/07/16 on 6/10/16 at 3:40 PM indicated staff #7 was the only staff on duty with 4 clients from 7:56 AM until 7:36 PM.</p> <p>Interview with QA/Quality Assurance #1 on 6/09/16 at 3:30 PM indicated the allegations were substantiated regarding staff #7 leaving clients A, B, C and D unattended at the facility on 5/7/16 7:36 PM.</p> <p>Record review for client A was done on 6/09/16 at 5:10 PM. Client A's record contained a Behavior Support Plan/BSP dated 2/17/16. The record review</p>		<p>scheduled hours for the home. The Program Manager will visit the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled hours for the home. Measures to be put in place: The Residential Manager will be re-trained on ensuring that staffing levels are consistent with the scheduled hours for the home. Monitoring of Corrective Action: The Program Coordinator will visit the home at least twice weekly to ensure that staffing ratios in the home are consistent with the scheduled hours for the home. The Program Manager will visit the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled hours for the home. Completion date: 7/10/2016</p>	

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	<p>indicated the client's diagnoses included, but were not limited to, attention deficit hyperactivity disorder/ADHD, depression, conduct disorder, Borderline Personality Disorder with Histrionic Traits. The BSP indicated the client exhibited the behaviors of verbal and physical aggression.</p> <p>Record review for client B was done on 6/09/16 at 5:00 PM. Client B's record contained a Behavior Support Plan/BSP dated 12/01/15. The record indicated the client's diagnoses, included but were not limited to, depression, OCD/Obsessive Compulsive Disorder, anxiety, and seizure disorder. The BSP indicated the client exhibited the behaviors of verbal and physical aggression, anxiety and non-compliance.</p> <p>Record review for client C was done on 6/09/16 at 5:34 PM. Client C's record contained a Behavior Support Plan/BSP dated 12/01/15. The BSP indicated the client took citalopram daily for depression. The client's diagnoses included but were not limited to, mild intellectual disability, scoliosis, and depression. The client used a rolling walker for all ambulation and was at risk for falling.</p> <p>Record review for client D was done on</p>			

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W 0312 Bldg. 00	<p>6/09/16 at 4:25 PM. Client D's record contained a Behavior Support Plan/BSP dated 7/22/15. The BSP indicated the client's diagnoses included, but were not limited to, Schizo-affective disorder, Bi-Polar disorder and attention deficit hyperactivity disorder/ADHD. The BSP indicated client D received medications for behaviors.</p> <p>Interview with the Executive Director on 6/09/16 at 3:15 PM indicated staff neglected her duties of supervising clients A, B, C and D when she left the facility (abandoned) without waiting for another staff to relieve her on 5/07/16.</p> <p>This federal tag relates to Complaint #IN00199891.</p> <p>9-3-3(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the</p>				

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	<p>reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 3 of 4 sampled clients who received medications to manage behaviors (A, B and D), the facility failed to ensure the clients' plans contained the medications and withdrawal criteria for those behavior medications.</p> <p>Findings include:</p> <p>Record review for client A was done on 6/09/16 at 5:10 PM. Client A's record contained a Behavior Support Plan/BSP dated 2/17/16. The BSP indicated the medications melatonin (sleep) and gabapentin (anti-convulsant used for neuropathy). The record review indicated the 6/2016 MAR/Medication Administration Record which indicated client A received Latuda 80 mg/milligrams daily (bi-polar depression). The Latuda was not included in the client's BSP. There was no withdrawal criteria for the medication.</p> <p>Record review for client B was done on 6/09/16 at 5:00 PM. Client B's record contained a Behavior Support Plan/BSP dated 12/01/15. The BSP indicated the medications clonazepam (anxiety), Phenobarbital (used for seizures), and Seroquel (anti-psychotic). The record</p>	W 0312	<p>W312: Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs employed.</p> <p>Corrective Action: (Specific): Client A, B and D's BSP will be reviewed and revised to include all medications prescribed for the treatment of psychiatric diagnosis and medications for behaviors. The QIDP will be re-trained on ensuring that all client BSP's are updated with medication changes as they occur.</p> <p>How others will be identified: (Systemic): The QIDP will review all other client's BSP's and physician orders to ensure that all medications prescribed to treat a psychiatric diagnosis or medications for behaviors are listed in the BSP. The QIDP will be at the home at least weekly to review all client orders to ensure that medications changes are added to the BSP as they occur. The Program Manager will visit the home at least twice monthly to review all client's BSP's to ensure that all medications prescribed to treat psychiatric diagnosis or medications for behaviors are listed in the BSP.</p>	07/10/2016

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	<p>review indicated the 6/2016 MAR/Medication Administration Record which indicated client B received fluoxetine 40 mg. daily (anti-depressant). The fluoxetine was not included in the client's BSP. There was no withdrawal criteria for the medication.</p> <p>Record review for client D was done on 6/09/16 at 4:25 PM. Client D's record contained a Behavior Support Plan/BSP dated 7/22/15. The BSP indicated the medications Lexapro, (anti-depressant), Straterra, (used for attention deficit hyperactivity disorder/ADHD), zalephon (hypnotic used for insomnia), Risperdal (anti-psychotic). The record review indicated the 6/2016 MAR/Medication Administration Record which indicated client D received Wellbutrin XL (extended release) 300 mg. daily (anti-depression) and clonazepam 1 mg. three times daily (anxiety). The Wellbutrin XL and clonazepam were not included in the client's BSP. There was no withdrawal criteria for the medications.</p> <p>QIDP-designee/Qualified Developmental Disabilities Professional designee #1 was interviewed on 6/09/16 at 5:35 PM. The interview indicated the BSPs were in need of revisions/updates.</p>			<p>Measures to be put in place: Client A, B and D's BSP will be reviewed and revised to include all medications prescribed for the treatment of psychiatric diagnosis and medications for behaviors. The QIDP will be re-trained on ensuring that all client BSP's are updated with medication changes as they occur.</p> <p>Monitoring of Corrective Action: The QIDP will review all other client's BSP's and physician orders to ensure that all medications prescribed to treat a psychiatric diagnosis or medications for behaviors are listed in the BSP. The QIDP will be at the home at least weekly to review all client orders to ensure that medications changes are added to the BSP as they occur. The Program Manager will visit the home at least twice monthly to review all client's BSP's to ensure that all medications prescribed to treat psychiatric diagnosis or medications for behaviors are listed in the BSP.</p> <p>Completion date: 07/10/2016</p>	

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2016
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 3011 APACHE DR JEFFERSONVILLE, IN 47130	
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	9-3-5(a)			