

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G157	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/20/2022
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130
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W 0000  Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 10/17/22, 10/18/22, 10/19/22 and 10/20/22.</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/2/22.</p>	W 0000		
W 0140  Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 1 of 3 sampled clients (#3), and 1 additional client (#5), the facility failed to ensure a full and complete accounting of clients #3 and #5's personal funds entrusted to the facility.</p> <p>Findings include:</p> <p>On 10/17/22 at 4:31 PM, a review of the clients' finances was completed. The Qualified Intellectual Disabilities Professional (QIDP) indicated both clients #3 and #5 did not have a financial ledger available for review. The QIDP indicated both clients #3 and #5 had a \$99.00 personal check in the safe that should have been accounted for. At 4:34 PM, the Team Leader indicated she was not</p>	W 0140	To correct the deficient practice the ledgers have been reconciled to reflect accurate accounting of the clients' funds. All staff responsible for client finances will be retrained the client finance procedures as well as how to appropriately enter checks the ledger. Additional monitoring will be achieved by twice weekly audits of the clients' ledgers for a period of one month to be completed by the Lead and AS. Ongoing monitoring will be achieved by the lead reviewing the ledgers weekly and the AS	11/20/2022

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

TITLE

(X6) DATE

Patrick O'Heran

QIDP Manager

11/08/2022

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

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	<p>aware clients #3 and #5's personal checks of \$99.00 needed to be accounted for and stated, "I did not know to do that". At 4:44 PM, the Team Leader asked the QIDP if both clients #3 and #5's personal checks which were in a basket on the wall of the medication administration room should be secured in the safe, and stated, "Should it (checks) be in the safe"? The QIDP stated to the Team Leader, "Yes, it should be in the ledgers as well". The QIDP updated clients #3 and #5's financial ledgers and secured their personal checks within the safe. The review indicated the following for unaccounted personal funds entrusted to the facility for clients #3 and #5:</p> <p>1) Client #3 did not have a financial ledger initially available for review. Client #3's personal funds included a check for \$22.00 and a second check for \$99.00, for a total of \$121.00 unaccounted for.</p> <p>2) Client #5 did not have a financial ledger initially available for review. Client #5's personal funds included a check for \$99.00 and a second check for \$140.61, for a total of \$239.61 unaccounted for.</p> <p>On 10/19/22 at 11:49 AM, the QIDP was interviewed. The QIDP stated, "I've learned the checks need to be included ... I just don't think [Team Leader] knew to include the checks, like the ones in the boxes in the office". The QIDP was asked if clients #3 and #5's checks should be securely maintained within the safe. The QIDP stated, "Yes". The QIDP was asked if clients #3 and #5's personal funds entrusted to the facility should be accounted for. The QIDP stated, "Yeah, I just did not think about them (personal checks) being recorded. I have a training in mind. I'm pretty sure not everyone has the code to the safe. We'll have to make sure their checks are secured and they have access to them". The QIDP</p>		reviewing monthly.	

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W 0323 Bldg. 00	<p>indicated clients #3 and #5's personal funds entrusted to the facility should be securely maintained and accurately accounted for.</p> <p>On 10/20/22 at 3:19 PM, the Program Manager (PM) was interviewed. The PM was asked about the accounting of clients #3 and #5's personal funds and maintaining their personal checks securely. The PM stated, "Well, we're going to do an addendum to their (Team Leader) training for checks and accounting for them in their ledgers and put in the safe". The PM indicated checks, receipts and any unspent personal funds returned should be placed within the locked deposit box in office. The PM indicated the Team Leader should complete accounting of those items within in the deposit box on a weekly basis. The PM was asked how clients #3 and #5's personal funds should be accounted for. The PM stated, "The lead should be doing weekly audits and following up. Checks should be recorded in the financial ledgers and accounted for with the check number. I'll make sure she is trained on that".</p> <p>9-3-2(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1 and #3), the facility failed to ensure clients #1 and #3 had an annual vision evaluation.</p> <p>Findings include:</p> <p>On 10/18/22 at 1:31 PM, a focused review of client</p>	W 0323	To correct the deficient practice client #3 will have an annual eye exam completed. All staff responsible for maintaining appointments will be retrained all needed appointments are scheduled and . Additional monitoring will be achieved by the	11/20/2022

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	<p>#1's record was conducted. The record indicated the following:</p> <p>-Vision Consult dated 7/16/21 indicated, "New orders: ... RX (prescription). Monitor yearly". Client #1 did not have a current vision consult available for review.</p> <p>On 10/18/22 at 2:10 PM, the Nurse was interviewed. The Nurse indicated client #1 needed an annual vision evaluation. The Nurse indicated client #1's insurance did not cover an annual evaluation and the provider would make appointments only to be turned away. The Nurse stated, "I need to make sure they schedule [client #1]".</p> <p>On 10/18/22 at 12:47 PM, a focused review of client #3's record was conducted. The record indicated the following:</p> <p>-Vision Consult dated 9/22/20 indicated, "Plan: Fulltime glasses. Return Visit: Annually". Client #3 did not have a current vision consult available for review.</p> <p>On 10/18/22 at 12:54 PM, the Nurse was interviewed. The Nurse was asked if client #3 had a more current vision evaluation consult report available for review. The Nurse stated, "I don't have it. I'll call and see if she has been". At 2:10 PM, the Nurse provided further follow-up and indicated client #3 was scheduled for a vision evaluation on 10/19/22.</p> <p>On 10/20/22 at 3:19 PM, the Program Manager (PM) was interviewed. The PM was asked about clients #1 and #3's annual vision evaluation and lack of current consults. The PM stated, "We'll make sure everything is checked out. I'll review</p>		<p>nurse reviewing all appointment schedules weekly as well as completed appointment records. To ensure no others are affected the nurse will review all medical appointments to ensure none been . Ongoing monitoring will be achieved through monthly record reviews completed by the nursing team.</p>	

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W 0356 Bldg. 00	<p>with [Nurse]. I don't see how that is missed. I don't know why we can't catch that. We need to review that (status of vision needs) in more depth at their meetings (quarterly reviews)".</p> <p>9-3-6(a)</p> <p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3 maintained a 6 month follow up as recommended by her dental provider.</p> <p>Findings include:</p> <p>On 10/18/22 at 12:47 PM, a focused review of client #3's record was conducted. The review indicated the following:</p> <p>-Dental Consult dated 11/3/21 indicated, "Reason for visit: 6-month recall. Oral Cancer screening. Oral hygiene fair. gen (gingivitis) plaque, mild inflammation. Doctor Progress Note/Diagnosis: Pt (patient/client #3) has appt (appointment) with [name of doctor] for porc crown (porcelain-fused to metal) #14. New Orders: Brushing AM (morning) and PM (evening). Return 6 months". Client #3's record did not have a more current dental consult available for review.</p> <p>On 10/18/22 at 12:54 PM, the Nurse was interviewed. The Nurse indicated client #3 did not have a more current dental consult available for review. The Nurse indicated further follow up with</p>	W 0356	To correct the deficient practice client #3 will have a dental appointment completed. All staff responsible for maintaining appointments will be retrained all needed appointments are scheduled and . Additional monitoring will be achieved by the nurse reviewing all appointment schedules weekly as well as completed appointment records. To ensure no others are affected the nurse will review all medical appointments to ensure none been . Ongoing monitoring will be achieved through monthly record reviews completed by the nursing team.	11/20/2022

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

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FORM APPROVED

OMB NO. 0938-039

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	<p>the group home and dental office was required. The Nurse stated, "It's out of date unless I can produce something else". At 2:10 PM, the Nurse provided further follow up and indicated client #3 was scheduled for a dental appointment. The Nurse stated, "The dental is on 10/26/22, next Wednesday".</p> <p>On 10/20/22 at 3:19 PM, the Program Manager (PM) was interviewed. The PM was asked about client #3's dental follow up. The PM stated, "I did not know. I feel like at the quarterlies, had we had a discussion we could have identified where we're at on that ... We should have followed up on the crown and got her back to the dentist in May (2022)".</p> <p>9-3-6(a)</p>			