

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2019
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 402 EWING LN JEFFERSONVILLE, IN 47130		
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included the investigation of complaint #IN00311848.</p> <p>Complaint #IN00311848: Unsubstantiated, allegation did not occur.</p> <p>Survey dates: December 10, 11, 12 and 13, 2019.</p> <p>Facility Number: 000956 Provider Number: 15G442 AIM Number: 100244760</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed December 30, 2019 by #09182.</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 4 of 8 clients living in the group home (A, C, G and H), the facility failed to ensure a full and complete accounting of the clients' personal funds entrusted to the facility.</p> <p>Findings include:</p> <p>On 12/10/19 at 4:46 PM, a review of the clients' finances was conducted and indicated the following:</p>	W 0140	<p>Corrective Action: (Specific): Staff will be retrained by the Area Supervisor and demonstrate the procedure for auditing and documenting of consumer finances. All money this acquired by consumer will be counted and documented on the consumer finance ledger. All monies will be ensure accurate auditing consumer finance ledger will</p>	01/12/2020

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 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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W 0153 Bldg. 00	<p>1) Client A's December 2019 financial ledger had an ending balance of \$0.00. Client A's actual cash on hand balance totaled \$0.81. (\$0.81 unaccounted for).</p> <p>2) Client C's December 2019 financial ledger had an ending balance of \$16.01. Client C's actual cash on hand balance totaled \$16.64. (\$0.63 unaccounted for).</p> <p>3) Client G's December 2019 financial ledger had an ending balance of \$0.82. Client G's actual cash on hand balance was \$0.01. (\$0.81 unaccounted for).</p> <p>4) Client H's December 2019 financial ledger had an ending balance of \$0.01. Client H's actual cash on hand balance was \$0.00. (\$0.01 unaccounted for).</p> <p>On 12/10/19 at 4:55 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked how monitoring of financial records to ensure accurate accounting was completed. The QIDP indicated the Residential Manager ensured accounting of clients' cash on hand in the home and stated, "All of the homes now have a lock box to place receipts and money for the Home Manager after an activity. It's a safety box". The QIDP indicated clients A, C, G and H's ledgers should have been maintained accurately.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as</p>			<p>match the monies on hand at all times. Any discrepancies will be reported to management and Quality Assurance.</p> <p>Persons Responsible: Program Manager, Quality Assurance, Area Supervisor, QIDP, Residential Manager, and DSP.</p>

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	<p>injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 1 incidents involving an allegation of exploitation, the facility failed to immediately report the incident to the Bureau of Developmental Disabilities Services (BDDS).</p> <p>Findings include:</p> <p>On 12/10/19 at 2:40 PM, a record review of the facility's BDDS incident reports was completed and indicated the following:</p> <p>-BDDS report dated 11/10/19 indicated, "[Client A's] father gave her \$20.00, the money was placed in an envelope and then placed in the office. On 11/8/19, [client A] asked for the money and it was unable to be located". The alleged financial incident occurred on 11/8/19. The facility was aware of the alleged exploitation on 11/8/19, but it was not reported to BDDS until 11/10/19.</p> <p>The Investigative Summary dated 11/13/19 through 11/18/19 indicated under "Factual Findings", [Client A's] father had picked her up and a check totaling \$195 to spend down. The receipts totaled \$192.57 leaving a balance of \$2.43 and only receipts remained in a sealed envelope. Through the investigator's interview with client A's father the investigative summary indicated, "I did not give [client A] any money while she was with me. She had the \$195 from ResCare. [Client A] told me she had \$29 left and she was going to put it in the house bank". The conclusion indicated, "Unsubstantiated there was a \$20 bill in the envelope with the receipts".</p>	W 0153	<p>1. The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>2. The QA Manager will train the Quality Assurance Department on the BDDS Reporting Standard.</p> <p>Persons Responsible: QA Manager, QA Coordinator, QIDP, Residential Manager, Area Supervisor, and Program Manager.</p>	01/12/2020

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W 0312 Bldg. 00	<p>On 12/10/19 at 3:23 PM, the investigator was interviewed. The investigator was asked how the conclusion of an unsubstantiated allegation came about. The investigator stated, "I spoke with [client A] and she said she had \$20.00 left. Her spend down was \$195.00 and the receipts totaled \$192 and some change. I counted how much change she should have had. The envelope was sealed and there was no \$20 bill. It was not missing because it was never there".</p> <p>On 12/12/19 at 1:15 PM, the Quality Assurance Coordinator (QAC) was interviewed. The QAC was asked about the reporting procedures for an allegation of financial exploitation like client A's on 11/18/19. The QAC stated, "Yes, staff should send this information to us (Quality Assurance Department) so Quality can submit (allegations to BDDS) timely. You're absolutely right, that should have been submitted timely". The QAC indicated client A's allegation of financial exploitation incident should have been submitted to BDDS within 24 hours.</p> <p>9-3-2(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 reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A's behavior support plan included a medication reduction plan.</p> <p>Findings include:</p>	W 0312	1. The QIPD will update the clients BSP to ensure drugs used for control of inappropriate behavior are only used as an integral part of the clients Individual Program Plan and directed specifically towards	01/12/2020

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	<p>On 12/12/19 at 10:35 AM, client A's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 3/4/19 indicated, "Modification of Individual's Rights: Freedom from use of medication...Administration of Wellbutrin (antidepressant) per ISP Behavior Plan".</p> <p>-Human Rights Committee (HRC) review of the Modification of Rights (undated) form indicated, "Wellbutrin: diagnosis; anxiety, Reduction strategies; Psychiatric consultation, BSP (Behavior Support Plan), consistent staff direction, Reduction Plan; when the goals for verbal/physical aggression and property destruction have been met the IDT (Interdisciplinary Team) will meet to discuss a reduction of Wellbutrin". For the medication Methylfolate (Folic acid supplement): iron deficiency (sic); Reduction Strategies; Psychiatric consultation, BSP (Behavior Support Plan), consistent staff direction; Reduction Plan; when the goals for verbal/physical aggression and property destruction have been met the IDT (Interdisciplinary Team) will meet to discuss a reduction of Methylfolate "</p> <p>-Behavior Support Plan (BSP) dated 8/6/19 indicated, "Axis Diagnosis and Medication". Client A's behavior plan did not have a medication reduction plan based on behavior for which the medications were prescribed for Wellbutrin or Methylfolate.</p> <p>On 12/12/19 at 12:33 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked if client A's behavior support plan should have a medication reduction</p>			<p>the reduction and eventual elimination of the behavior for which the drugs are employed .</p> <p>2.The QIDP will train all Staff on the updated BSP.</p> <p>3.A Facility representative will review BSP monthly to ensure they are accurate and up to date.</p> <p>Persons Responsible: Program Manager, Area Supervisor, QIDP, Residential Manager, and DSP.</p>	

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W 0322 Bldg. 00	<p>plan. The QIDP stated, "Yes". The QIDP was asked if client A's behavior plan needed to be updated. The QIDP stated, "Yes". The QIDP was asked what current medications should be listed within client A's medication reduction plan and stated, "Wellbutrin, Medroxypro AC (female hormone) and Methylfolate".</p> <p>9-3-5(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B received a mammogram as ordered during her wellness examination on 8/9/18.</p> <p>Findings include:</p> <p>On 12/11/19 at 12:32 PM, client B's record was reviewed. The record indicated the following:</p> <ul style="list-style-type: none"> -Individual Support Plan dated 12/21/18 indicated, "Date of Birth: [age]...The IDT (Interdisciplinary Team) has reviewed the comprehensive assessments and determined that at this time, due to the level of needs and training required and her (client B's) inability to transfer some skills to other environments or settings, [client B] is in need of continued placement and active treatment services". -Medical consult dated 8/9/18 indicated, "New orders: Mammogram...". No documentation of client B's mammogram results were available for review. <p>On 12/12/19 at 12:57 PM, the Nurse was</p>		W 0322	<p>1) The facility will provide or obtain preventive and general medical care of each client.</p> <p>2) A follow up appointment will be scheduled for Client B mammogram.</p> <p>Persons Responsible: Direct Support Professionals, Residential Manager, Area Supervisor, Program Manager, Nursing, Director of nursing & Associate</p>	01/12/2020

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W 0323 Bldg. 00	<p>interviewed. The Nurse was asked about client B's 8/9/18 wellness examination and the order for a mammogram to be completed. The Nurse stated, "I will need to follow up on that". The Nurse indicated client B did not have a medical consult with mammogram results available for review.</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES 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 (A and B), the facility failed to ensure client A and client B had annual vision evaluations.</p> <p>Findings include:</p> <p>On 12/12/19 at 10:35 AM, client A's record was reviewed. The record indicated the following:</p> <p>-Vision consult form dated 3/16/18 indicated, "New glasses rx (prescription) given today. Rec (recommend) full time wear. Return visit: 1 yr (year) for complete exam (examination)". A current annual evaluation of client A's vision was not available for review.</p> <p>On 12/11/19 at 12:32 PM, client B's record was reviewed. The record indicated the following:</p> <p>-Vision consult form dated 11/19/18 indicated, "Ongoing (sic) new glasses if eligible. Not eligible yet. No glasses order today. Return visit: 1 yr (year)". A current annual evaluation of client B's vision was not available for review.</p>	W 0323	<p>1) The facility will provide or obtain annual physical examinations of each client at a minimum includes an evaluation of vision and hearing.</p> <p>2) An annual evaluation for Client A and Client B will be scheduled for vision.</p> <p>Persons Responsible: Direct Support Professionals, Residential Manager, Area Supervisor, Program Manager, Nursing, Director of nursing</p>	01/12/2020

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	<p>On 12/12/19 at 12:57 PM, the Nurse was interviewed. The Nurse was asked about an annual vision evaluation for client A and client B. The Nurse stated, "[Client B's] vision (examination) is needed, yes. That is on my agenda to be completed. I thought [client A] had her's". The Nurse indicated further follow up was required.</p> <p>9-3-6(a)</p>			