PRINTED: 08/11/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G255		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 00 COMPLETED B. WING 07/19/2021		
	RE COMMUNITY ALTERNATIVES SE IN	154 CH	ADDRESS, CITY, STATE, ZIP CODE HAD DR NILLES, IN 47042	
(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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
W 0000				
Bldg. 00	This visit was for a post certification revisit (PCR) to the recertification and state licensure survey completed on 5/14/21. This visit was in conjunction with the investigation of complaint #IN00355167. Survey dates: 7/15/21, 7/16/21 and 7/19/21. Facility Number: 000775 Provider Number: 15G255 AIM Number: 100248960 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/27/21.	W 0000		
W 0104	483.410(a)(1) GOVERNING BODY			
Bldg. 00	The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 1 of 3 sampled clients (A), the facility's governing body failed to exercise operating direction over the facility to ensure client A's behavioral strategies identified successful objectives to prevent continued reoccurrence of client A's refusal to use his medical bed which led to an incident on 6/3/21 that resulted in client A sustaining a shoulder injury. Findings include: On 7/15/21 at 2:53 PM, a review of the Bureau of Developmental Disabilities Services (BDDS)	W 0104	W104: The governing body mexercise general policy, budge and operating direction over the facility. Corrective Action: IDT team met on 7/19/2 discuss behavior plan strategi (Attachment A) QIDP will conduct observations weekly at the location to ensure all plans in place are effective and discus with staff any concerns they he (Attachment B)	et ne la

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

TITLE

000775

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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STATEMEN	EMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	ILDING	00	COMPL	ETED
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NAME OF I	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP CODE		
				154 CH			
RES CAI	RE COMMUNITY A	LTERNATIVES SE IN		VERSA	ILLES, IN 47042		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	incident reports and	l accompanying Investigative			· QIDP completed an		
	Summaries was cor	npleted. The reports			addendum to client (A) plans	to	
	indicated:				include updated behavioral		
					strategies to offer additional		
	-BDDS report dated	d 5/23/21 indicated, "Staff			options for refusals. (Attachm	ent	
	was using the bathr	oom heard (sic) and heard a			(C)		
	loud thud come from [client A's] bedroom. When				 All staff trained on QIDI 	>	
	staff entered [client A's] bedroom he was laying				addendum. (Attachment D)		
		right side beside his bed. Staff			· Area Supervisor comple		
	_	e floor and put him back in			weekly checks at the facility to)	
		him for injuries but found no			monitor for any concerns or		
	visual injuries. [Client A] has a bed alarm that did				issues. (Attachment E)		
	not sound. Staff found that [client A] had				· IDT will meet weekly to		
	unplugged the bed alarm".				ensure all concerns, behavior		
					changes and client concerns a	are	
	_	nary dated 5/23/21 indicated,			identified and addressed.		
		: Fall - not witnessed.			(Attachment F)		
		1) Reposition bed alarm so			· QIDP will initiate daily		
		2) Staff will carry audio			email updates to the team to		
		nen [client A] is in bed. 3)			discuss and monitor client (A)		
		out day avoiding naps. 4)			progress and any changes tha	at	
	Coffee reinforcer if	he sleeps in bed".			need made to his plans.		
					(Attachment G)		
	•	d 6/4/21 indicated, "[Client A]			· Site reviews are comple		
		ing issues of refusing to sleep			monthly by Rescare Managen	nent	
		beat on the walls while in bed			to ensure there are no		
		and arm and he uses the half			environmental issues or conce	erns.	
		imself and slide out of the			(Attachment H)		
		Staff monitor for bruising.			· Upon exiting with a		
		while staff was showering			surveyor Rescare Manageme		
	1	ruising on his right shoulder			will meet the day of the exit to		
		ne bruising measures			discuss the findings and work		
		nches) from his shoulder			implantation of plans, change:	S 10	
		5" from his shoulder down his			plans, trainings for staff.		
		n to [hospital] in [city] for			(Attachment G)	Loo	
		ruise. At the ER (emergency			Area Supervisor as well the OIDD will conduct monthly		
		essure was low. Testing			the QIDP will conduct monthly		
	revealed he has a ri	_			house meetings with all staff t		
		r) joint separation He was			review plans and any concern	S.	
	released with a refe	rral to see orthopedic for his	1		(Attachment G)		I

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AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G255		A. BUILDING B. WING	00		LETED	
	PROVIDER OR SUPPLIER		154 (CT ADDRESS, CITY, STATE, ZIP C	ODE	
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	"Summary: 1) [Clie evaluation of bruisin 2) [Client A] has be issues of refusing to beat on the walls whand arm and he uses himself and slide ou 3) Review of behav (sic) [client A] expe on 5/16/21 5/23/2 3:30 AM 5/24/21 3:15 AM and 5/2 (Interdisciplinary Techanges made - pad provide [client A] wwall. 5) Staff have be due to these behavior was showering him right shoulder collar measured approxim down his back and 3 breast. 7) [Client A] [city] for evaluation blood pressure was right shoulder AC join released with a refershoulder. 8) [Client A] refuses to with the pressure m Currently in PT (Ph strengthening. 2) M future injury to his a legs. 3) Discussing strengthening.	ary dated 6/11/21 indicated, ant A] was taken to ER for a to his shoulder on 6/3/21. Sen experiencing behavioral as sleep in his bed. He will anile in bed with his right hand as the half bed rail to secure at of the bed onto the floor. Sioral incident reports find arienced behavioral incidents at 1:00 AM 5/23/21 at at 1:00 AM 5/24/21 at 4/21 at 5:00 AM. 4) IDT ream) met 5/25/21 behavioral ding / mat placed on wall to with cushion while striking the seen monitoring for bruising ors. 6) On 6/3/21 while staff they noticed bruising on his abone area. The bruising ately 6" from his shoulder for from his shoulder for from his shoulder down his was taken to [hospital] in a of the bruise. At the ER his low. Testing revealed he has a point separation He was tral to see orthopedic for his A] follow-up with orthodored are sent or est and ice. 9) as sleep in his hospital bed attress Recommendations: sysical Therapy) for at placed on wall to avoid arm, hand, shoulder, rib cage, with wound care use of a refuses to sleep on mattress		Monitoring of Correct Action: Area Supervisor weekly check to the Promanager to ensure correct IDT meeting minimages to the Program Manager to the Program Manager to the Program Manager to the Program Manager to the Completion of the Well as filed in the client chart. QIDP daily emain include all team memboral to the CRM database monitoring and to ensure completion. All updates to the plans are sent to all team members, staff are train plans and changes to program QIDP, plans are then find home charts. Completion Date: 8/15	submits ogram mpletion. nutes are anager meeting as nts home dis will ers for entered e for are e clients am ned on plans by the illed in the	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

U4PF12

Facility ID: 000775

If continuation sheet

Page 3 of 14

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN (X4) ID SUMMARY STATEMENT OF DEFICIENCIES TAG ECULATORY OR LSE DEBITIVENG INFORMATION) On 7/16/21 at 10:15 AM client A's record was reviewed. The record indicated the following: -IDT dated \$725/21 indicated, "IDT held today to discuss [client A's] current behavioral issues surrounding his refusal to sleep in his hospital bed with the pressure release mattress". 1) Turn the hospital bed around to climinate [client A] pulling the plug on the alarm 2) Reviewed observation of pressure release mat and found mattress does feel cold to touch, uncomfortable and when he sits up the mattress moves, and the cold metal bar goes into his legs - will discuss with wound doctor discontinuation of mattress. New hospital mattress will be delivered to home. 3) Process in place to order Amish bed. 4) The audio monitor will be carried by staff on their person when [client A] is in bed. 8) Promote and keep [client A] involved in activity redirect to keep him busy throughout the day eliminating any naps. 6) Maintenance order completed to place mat on wall to avoid injury when striking the wall when in bed. Reactive strategy if [client A] is in bed and sleeps he will receive (in a special cup he has picked out) a cup of offee prepared according to his diet plan; in addition to his regular morning coffee".		OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ULTIPLE CO JILDING	NSTRUCTION 00	(X3) DATE COMPL	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN VERSALLES, IN 47042 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPCIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) On 7/16/21 at 10:15 AM client A's record was reviewed. The record indicated the following: -IDT dated 5/25/21 indicated, "IDT held today to discuss [client A's] current behavioral issues surrounding his refusal to sleep in his hospital bed with the pressure release matterss." 1) Turn the hospital bed around to eliminate [client A] pulling the plug on the alarm 2) Reviewed observation of pressure release matters." 1) Turn the hospital bed around doctor discontinuation of mattress. New hospital mattress will be delivered to home. 3) Process in place to order Amish bed, 4) The audio monitor will be carried by staff on their person when [client A] is in bed during night screaming or yellow; 1) Flore and to wall to avoid injury when striking the wall when in bed. Reactive strategy if [client A] is in bed during night screaming or yelling; 1) Staff will go to room and remind [client A] is in bed during night screaming or yelling; 1) Staff will go to room and remind [client A] is in bed during night screaming or yelling; 1) Staff will go to room and remind [client A] is in bed during night screaming or yelling; 1) Staff will go to room and remind [client A] is in bed during night screaming or yelling; 1) Staff will go to room and remind [client A] is in bed during night screaming or yelling; 1) Staff will go to room and remind [client A] is in bed during night screaming or yelling; 1) Staff will go to room and remind [client A] is in bed during night screaming or yelling; 1) Staff will go to room and remind [client A] is in bed during night screaming or yelling; 1) Staff will go to room and remind [client A] is in bed and sleeps he will receive (in a special cup he has picked out) a cup of coffee prepared according to his dict plan; in addition to his regular morning coffee".	ANDILAN	or condection			00		
RES CARE COMMUNITY ALTERNATIVES SE IN RESULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TO 7/16/21 at 10:15 AM client A's record was reviewed. The record indicated, "IDT held today to discuss [client A's] current behavioral issues surrounding his refusal to sleep in his hospital bed with the pressure release mat and found mattress does feel cold to touch, uncomfortable and when he sits up the mattress moves, and the cold metal barg oes into his legs - will discuss with wound doctor discontinuation of mattress. New hospital mattress will be delivered to home. 3) Process in place to order Amish bed. 4) The audio monitor will be carried by staff on their person when [client A] is in bed. 5) Promote and keep [client A] involved in activity / redirect to keep him busy throughout the day climinating any naps. 6) Maintenance order completed to place mat on wall to avoid injury when striking the wall when in bed. Reactive strategy if [client A] is in bed during night screaming or yelling: 1) Staff will go to room and remind [client A] if he stays in bed and sleeps he will receive (in a special cup he has picked out) a cup of coffee prepared according to his diet plan; in addition to his regular morning coffee".			100200			077137	2021
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with wound doctor discontinuation of mattress. New hospital mattress will be delivered to home. 3) Process in place to order Amish bed. 4) The audio monitor will be carried by staff on their person when [client A] is in bed. 5) Promote and keep [client A] involved in activity / redirect to keep him busy throughout the day eliminating any naps. 6) Maintenance order completed to place mat on wall to avoid injury when striking the wall when in bed. Reactive strategy if [client A] is in bed during night screaming or yelling: 1) Staff will go to room and remind [client A] if he stays in bed and sleeps he will receive (in a special cup he has picked out) a cup of coffee prepared according to his diet plan; in addition to his regular morning coffee".		and when he sits up	the mattress moves, and the				
New hospital mattress will be delivered to home. 3) Process in place to order Amish bed. 4) The audio monitor will be carried by staff on their person when [client A] is in bed. 5) Promote and keep [client A] involved in activity / redirect to keep him busy throughout the day eliminating any naps. 6) Maintenance order completed to place mat on wall to avoid injury when striking the wall when in bed. Reactive strategy if [client A] is in bed during night screaming or yelling: 1) Staff will go to room and remind [client A] if he stays in bed and sleeps he will receive (in a special cup he has picked out) a cup of coffee prepared according to his diet plan; in addition to his regular morning coffee".							
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naps. 6) Maintenance order completed to place mat on wall to avoid injury when striking the wall when in bed. Reactive strategy if [client A] is in bed during night screaming or yelling: 1) Staff will go to room and remind [client A] if he stays in bed and sleeps he will receive (in a special cup he has picked out) a cup of coffee prepared according to his diet plan; in addition to his regular morning coffee".							
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in bed and sleeps he will receive (in a special cup he has picked out) a cup of coffee prepared according to his diet plan; in addition to his regular morning coffee".		~ ~					
he has picked out) a cup of coffee prepared according to his diet plan; in addition to his regular morning coffee".		_					
according to his diet plan; in addition to his regular morning coffee".		_					
regular morning coffee".							
		U	1 /				
		regular morning con	nice .				
-Active Treatment Observation dated 5/27/21		-Active Treatment (Observation dated 5/27/21				
indicated, "Stayed awake until 1 AM - did display							
agitation. [Client A] says he does not like his							
bed".							
-Active Treatment Observation dated 6/3/21		-Active Treatment (Observation dated 6/3/21				
indicated, "[Staff #8] could not convince [client		indicated, "[Staff #8	B] could not convince [client				
A] to get into bed".		A] to get into bed".					
-Active Treatment Observation dated 6/4/21		-Active Treatment (Observation dated 6/4/21				

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Event ID:

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA				NSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		JILDING	00	COMPL	
		15G255	B. WI	NG		07/19/	2021
NAME OF F	PROVIDER OR SUPPLIEF	3		STREET A	DDRESS, CITY, STATE, ZIP CODE		
TWINE OF I	ROVIDER OR SOTTEEL			154 CH			
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		VERSA	ILLES, IN 47042		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	_	8] was worried about [client A]					
		ed once I leave, after helping					
	put him in bed".						
	A ativa Tuantum ant I	Observation dated 6/7/21					
		incidents of refusal to stay in					
		aming, hitting walls - trying to					
	get out of bed".	anning, mitting wans - trying to					
	<i>G</i>						
	-Active Treatment	Observation dated 6/10/21					
	indicated, "Was ver	ry unhappy to be in his					
	1	t was not happy throughout					
	the night".						
	-Active Treatment Observation dated 7/7/21						
		t happy to be in bed, wanted					
		and then back to his					
	wheelchair then bac						
	-Behavior Support	Plan (BSP) dated 6/11/21					
	indicated, "Definition	on of Behaviors: Refusals					
		dtime defined as, "[Client A]					
		ey get me out of here'. [Client					
		bedroom wall, bed rails,					
		m, throws his pillows on the					
		he bedrails and scoots out of					
	into his recliner.	or and yells 'help' to get him					
	into his recinier.						
	Proactive Strategies	s indicated, "Keep [client A]					
		tivities throughout the day.					
	I	ar audio monitor when [client					
	A] is in bed. Ensure	e bed alarm is turned with cord					
	· · · · · · · · · · · · · · · · · · ·	d control/sensor unit hooked					
		e bed. Mat to be on the wall					
	_	ent bruising if [client A]					
	should beat/hit his	wall next to his bed.					
	Defined to -t: 1	ade A ale Caliant Alter (desire)					
	I	ed: Ask [client A] to identify I provide [client A] with an					
	with the 18 abset and	provide [chefit A] with an					

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Event ID:

U4PF12

Facility ID: 000775

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l í	ULTIPLE CO. JILDING	NSTRUCTION 00	COMPL		
		15G255	B. W	ING	<u> </u>	07/19/	
				STREET A	DDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NAME OF F	PROVIDER OR SUPPLIEF	R		154 CH/	AD DR		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		VERSAI	ILLES, IN 47042		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		taff what is bothering him. lient A] needs or wants. If					
		t of bed transfer him to where					
		eelchair/recliner/ couch).					
	After some time if [client A] appears sleepy or					
	-	ansfer him to his bed. If					
		request and [client A]					
		agitation discuss with [client					
		of getting a good night's sleep. hat if he sleeps in his bed all					
		special coffee in a special cup					
	in the morning".	special collect in a special cup					
	in the merming in t						
	On 7/16/21 at 11:12	2 AM, the Qualified					
		ties Professional (QIDP) and					
	the Qualified Intelle						
	Professional Design						
	· ·	IDPs were asked why client A					
		ulder injury identified within icident report. The QIDPs					
		igation had determined client					
		was contributed to client A's					
		ig to sleep in his medical bed					
	and the use of his a	ir flow mattress.					
		sked why client A's behavioral					
	-	fusal to use his bed failed to r injury identified on 6/3/21.					
	-	We identified the mattress was					
	the issue. We order						
		t didn't come in until the 3rd					
	(6/3/21). The QIDP	D stated, "We were not					
		in the bed and to offer					
		ping". The QIDPs were asked					
		and been found to be the					
		refusal to use his medical licated during the 5/25/21 IDT					
		s indicated the replacement					
		ive until 6/3/21 and was after					
		y sustained the shoulder					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED	
		15G255	B. WING	_	07/19/2021	
M. M. C. C. C.	DOLUBER OF COMM	1	STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER		154 CH	IAD DR		
		LTERNATIVES SE IN	VERSA	ILLES, IN 47042		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	*	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	
TAG		LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE	
	injury.					
	The QIDPs were as	ked why client A's behavioral				
		t and use an incentive with				
	coffee continued aft	ter the IDT on 5/25/21 if the				
	mattress and bed combination had been identified					
	as the perpetuating issues that contributed to					
		which was also supported				
		atment observations of client				
		ed. The QIDPs indicated the				
		arrangements with a more				
		edule and use of his rocker				
		hair were not realized until				
		/3/21 and once the new				
	on 5/25/21.	ed 8 days later after the IDT				
	011 3/23/21.					
	On 7/16/21 at 11:33	AM, the Program Manager				
		red. The PM was asked about				
	` ′	l strategies for the refusal to				
		lack of successful objectives				
	implemented between					
	_	ical bed and air flow mattress				
		issues for client A's behavior				
		r injury sustained on 6/3/21.				
	_	an agree we didn't find an				
	alternative. We knew	w it was an issue and we didn't				
	provide an alternativ	ve (sleeping arrangement				
	before injury on 6/3	/21). I can see that".				
	0.2.1()					
	9-3-1(a)					
W 0231	483.440(c)(4)(iii)					
	INDIVIDUAL PRO	GRAM PLAN				
Bldg. 00	_	the individual program plan				
		d in behavioral terms that				
		ole indices of performance.				
		riew and interview for 1 of 3	W 0231	W231: The objectives of the	08/12/2021	
		, the facility failed to ensure		individual program plan must l		
	client A's behaviora	l strategies identified		expressed in behavioral terms	that	
			1	I .	I	

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Event ID:

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	00	COMPL	ETED
		15G255	B. W	ING		07/19/	2021
		<u> </u>		CTREET	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIE	R					
DECCAL		LTERNATIVES SE IN		154 CH			
KES CAP	NE COMMUNITY A	ALTERNATIVES SE IN		VERSA	AILLES, IN 47042		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	IATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	•	es to prevent a pattern of			provide measurable indices of	of	
		use his medical bed which			performance.		
		on 6/3/21 that resulted in					
	client A sustaining	a shoulder injury.					
	Fig. dia and in all also				Corrective Action:	04.4-	
	Findings include:				IDT team met on 7/19/		
	0 7/15/01 : 0.50	DM : Cd D			discuss behavior plan strateg	jies.	
		PM, a review of the Bureau			(Attachment A)		
	-	Disabilities Services (BDDS)			· QIDP will conduct		
	_	d accompanying Investigative mpleted. The reports			observations weekly at the location to ensure all plans in		
	indicated:	inpleted. The reports			place are effective and discus		
	-BDDS report dated 5/23/21 indicated, "Staff				with staff any concerns they h		
					(Attachment B)	lave.	
	-	room heard (sic) and heard a			· QIDP completed an		
	_	m [client A's] bedroom. When			addendum to client (A) plans	to	
		t A's] bedroom he was laying			include updated behavioral	.0	
	_	right side beside his bed. Staff			strategies to offer additional		
		e floor and put him back in			options for refusals. (Attachn	nent	
	_	him for injuries but found no			(C)		
		ient A] has a bed alarm that did			· All staff trained on QID	ıΡ	
		und that [client A] had			addendum. (Attachment D)		
	unplugged the bed				Area Supervisor complete	letes	
	20				weekly checks at the facility t		
	Investigation sumn	nary dated 5/23/21 indicated,			monitor for any concerns or		
	-	: Fall - not witnessed.			issues. (Attachment E)		
	Recommendations	: 1) Reposition bed alarm so			IDT will meet weekly to)	
	he couldn't unplug.	2) Staff will carry audio			ensure all concerns, behavior	r	
	monitor on staff wh	hen [client A] is in bed. 3)			changes and client concerns	are	
		out day avoiding naps. 4)			identified and addressed.		
	Coffee reinforcer is	f he sleeps in bed".			(Attachment F)		
					· QIDP will initiate daily		
	-	d 6/4/21 indicated, "[Client A]			email updates to the team to		
	_	ing issues of refusing to sleep			discuss and monitor client (A		
		beat on the walls while in bed			progress and any changes th	ıat	
	_	and arm and he uses the half			need made to his plans.		
		imself and slide out of the			(Attachment G)		
		Staff monitor for bruising.			Site reviews are compl		
		while staff was showering			monthly by Rescare Manage	ment	
	him they noticed be	ruising on his right shoulder			to ensure there are no		

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G255		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 07/19/2021		
NAME OF D	PROVIDER OR SUPPLIER			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	ROVIDER OR SUFFLIER			154 CH			
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		VERSA	ILLES, IN 47042		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	MPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)]	DATE
		ne bruising measures			environmental issues or conce	erns.	
	approximately 6" (inches) from his shoulder down his back and 5" from his shoulder down his				(Attachment H)		
					· Client (A) mattress was		
		n to [hospital] in [city] for			previously replaced and upon return from a recent hospital		
		uise. At the ER (emergency essure was low. Testing			admission and egg crate pad	NOC	
	revealed he has a ri				placed on top of his current	was	
) joint separation He was			mattress for added protection		
	*	rral to see orthopedic for his			from skin issues. (Attachmer	ot I)	
	shoulder".	ital to see of thopeane for his			· Area Supervisor as wel		
	Silo widor .				the QIDP will conduct monthly		
	Investigation summ	ary dated 6/11/21 indicated,			house meetings with all staff t		
	-	ent A] was taken to ER for			review plans and any concern		
		ng to his shoulder on 6/3/21.			(Attachment G)		
		en experiencing behavioral			,		
	issues of refusing to	sleep in his bed. He will					
	beat on the walls w	hile in bed with his right hand			Monitoring of Corrective		
	and arm and he use	s the half bed rail to secure			Action:		
	himself and slide or	it of the bed onto the floor.			· QIDP will send all meet	ing	
	3) Review of behave	ioral incident reports find			notes, updated plans to the		
		erienced behavioral incidents			Program Manager for review.		
		21 at 8:45 PM 5/23/21 at			· Area Supervisor will sei		
		at 1:00 AM 5/24/21 at			completed weekly checks to the	ne	
		4/21 at 5:00 AM. 4) IDT			Program Manager.		
		eam) met 5/25/21 behavioral			· QIDP will conduct IDT		
	-	ding / mat placed on wall to			meetings with all team member	ers	
		with cushion while striking the			quarterly and as needed.		
		oeen monitoring for bruising ors. 6) On 6/3/21 while staff			 The QIDP will review all program plans quarterly and a 		
		they noticed bruising on his			needed and will also be noted	.5	
	•	r bone area. The bruising			when completing consumer		
	_	ately 6" from his shoulder			monthly summaries.		
		5" from his shoulder down his			· Area Supervisor will se	nd	
		was taken to [hospital] in			monthly house meeting inserv		
		of the bruise. At the ER his			to the Program Manager for		
		low. Testing revealed he has a			review.		
	-	oint separation He was					
		rral to see orthopedic for his					
	shoulder. 8) [Client	A] follow-up with ortho-					
) - orders to rest and ice. 9)			Completion Date: 8/12/21		

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	OF CORRECTION	IDENTIFICATION NUMBER: 15G255	 JILDING	<u>00</u>	COMPLETED 07/19/2021	
NAME OF F	PROVIDER OR SUPPLIER		STREET A	ADDRESS, CITY, STATE, ZIP CODE		
RES CAF	RE COMMUNITY AL	TERNATIVES SE IN	VERSA	ILLES, IN 47042		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION DATE
	with the pressure may Currently in PT (Phystrengthening. 2) May future injury to his a legs. 3) Discussing the pressure mattress - results. The recording the pressure mattress - reviewed. The recording the pressure that the pressure the hospital bed arounding his refuture bed with the pressure the hospital bed arounding the plug on the pulling the pulling the present the present plug on the present plug on the present plug on the present plug on the pulling the present plug on the present plug on the pulling the present plug on the pulling the present plug on the pulling the present plug on the plug of the pulling the plug on the plug	at placed on wall to avoid arm, hand, shoulder, rib cage, with wound care use of a efuses to sleep on mattress AM client A's record was d indicated the following: indicated, "IDT held today to current behavioral issues sal to sleep in his hospital e release mattress". 1) Turn and to eliminate [client A] the alarm 2) Reviewed ure release mat and found old to touch, uncomfortable the mattress moves, and the into his legs - will discuss discontinuation of mattress. ss will be delivered to home. The carried by staff on their A] is in bed. 5) Promote and level in activity / redirect to aghout the day eliminating any the order completed to place a injury when striking the wall we strategy if [client A] is in eaming or yelling: 1) Staff remind [client A] if he stays will receive (in a special cup cup of coffee prepared a plan; in addition to his				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				NSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	B. WIN	ILDING	00	COMPL	
		15G255	b. WII			07/19/	2021
NAME OF I	PROVIDER OR SUPPLIEF	8			DDRESS, CITY, STATE, ZIP CODE		
550.04		. TED. (4.71) (50.05 lb.)		154 CH/			
RES CAI	RE COMMUNITY A	LTERNATIVES SE IN		VERSA	ILLES, IN 47042		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	1	CY MUST BE PRECEDED BY FULL	1	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		awake until 1 AM - did display					
] says he does not like his					
	bed".						
	-Active Treatment (Observation dated 6/3/21					
	-Active Treatment Observation dated 6/3/21 indicated, "[Staff #8] could not convince [client						
A] to get into bed".							
		Observation dated 6/4/21					
		8] was worried about [client A]					
		ed once I leave, after helping					
	put him in bed".						
-Active Treatment Observation dated 6/7/21							
		incidents of refusal to stay in					
		aming, hitting walls - trying to					
	get out of bed".	<i>z, z y z</i>					
		Observation dated 6/10/21					
		y unhappy to be in his					
	1	t was not happy throughout					
	the night".						
	-Active Treatment	Observation dated 7/7/21					
	indicated, "Was not	happy to be in bed, wanted					
	back in his recliner	and then back to his					
	wheelchair then bac	ck to bed".					
	* *	Plan (BSP) dated 6/11/21					
	· · · · · · · · · · · · · · · · · · ·	on of Behaviors: Refusals ltime defined as, "[Client A]					
		ey get me out of here'. [Client					
		bedroom wall, bed rails,					
	I -	m, throws his pillows on the					
		he bedrails and scoots out of					
		or and yells 'help' to get him					
	into his recliner.						
		the state of the state of					
		s indicated, "Keep [client A]					
	involved in busy ac	tivities throughout the day.					

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U4PF12

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			IULTIPLE CO UILDING	NSTRUCTION	(X3) DATE COMPL		
AND PLAN	OF CORRECTION	15G255	B. W		00	07/19/	
		15G255	В. 11		<u> </u>	07/19/	2021
NAME OF F	PROVIDER OR SUPPLIER	8			DDRESS, CITY, STATE, ZIP CODE		
550045	SE SOMMUNITY A	. TED. (4.71) (50.05 lb.)		154 CH			
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		VERSA	ILLES, IN 47042		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	1	ar audio monitor when [client					
	_	e bed alarm is turned with cord					
	· · · · · · · · · · · · · · · · · · ·	d control/sensor unit hooked bed. Mat to be on the wall					
		ent bruising if [client A]					
	should beat/hit his v						
	should beat hit his	wan next to his bed.					
	Refusal to stay in b	ed: Ask [client A] to identify					
	1	provide [client A] with an					
	opportunity to tell s	staff what is bothering him.					
	Try to meet what [c	client A] needs or wants. If					
		t of bed transfer him to where					
	`	eelchair/recliner/ couch).					
		[client A] appears sleepy or					
	_	ansfer him to his bed. If					
		request and [client A]					
		agitation discuss with [client					
		of getting a good night's sleep.					
		hat if he sleeps in his bed all					
	in the morning".	special coffee in a special cup					
	in the morning						
	On 7/16/21 at 11:12	2 AM, the Qualified					
		ities Professional (QIDP) and					
	the Qualified Intelle						
	Professional Design	nee (QIDPD) were					
	interviewed. The Q	IDPs were asked why client A					
	had sustained a sho	ulder injury identified within					
		ncident report. The QIDPs					
		igation had determined client					
		was contributed to client A's					
		ng to sleep in his medical bed					
	and the use of his a	ir flow mattress.					
	The OIDP's ****	sked why client A's behavioral					
	-	fusal to use his bed failed to					
	_	r injury identified on 6/3/21.					
	*	We identified the mattress was					
	the issue. We order						
		t didn't come in until the 3rd					
	(Topiacomoni, out I	. a.a t come in with the sia					

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AND PLAN OF CORRECTION X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/19/2021				
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, IN 47042					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT TAG DEFICIENCY)		ATE	(X5) COMPLETION DATE		
	forcing him to stay alternatives for slee when the mattress h source of client A's bed. The QIDPs ind meeting. The QIDP mattress did not arriclient A had already injury. The QIDPs were as strategies to redirect coffee continued aft mattress and bed coas the perpetuating client A's behavior from the Active Tre A's dislike for his bealternative sleeping relaxed bedtime scherecliner and wheelct after the injury on 6 mattress was obtain on 5/25/21. On 7/16/21 at 11:33 (PM) was interview client A's behaviora use his bed and the implemented betwee identifying the med as the perpetuating prior to the shoulder The PM stated, "I calternative. We kneeprovide an alternative before injury on 6/3	D stated, "We were not in the bed and to offer ping". The QIDPs were asked ad been found to be the refusal to use his medical icated during the 5/25/21 IDT is indicated the replacement we until 6/3/21 and was after sustained the shoulder seed why client A's behavioral and use an incentive with er the IDT on 5/25/21 if the imbination had been identified issues that contributed to which was also supported atment observations of client ed. The QIDPs indicated the arrangements with a more edule and use of his rocker hair were not realized until /3/21 and once the new ed 8 days later after the IDT AM, the Program Manager ed. The PM was asked about a strategies for the refusal to lack of successful objectives en the 5/25/21 IDT ical bed and air flow mattress issues for client A's behavior injury sustained on 6/3/21. In an agree we didn't find an we it was an issue and we didn't we (sleeping arrangement /21). I can see that".							

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STATEMEN	ENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	CORRECTION IDENTIFICATION NUMBER: A. BUILDING 00		COMPLETED				
	15G255 B. WING			07/19/2021				
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, IN 47042				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE	
	facility failed to improve facility failed to im	plement a systemic plan of at recurrence.						

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