

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

PRINTED: 01/29/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G159		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/11/2018	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 1337 E SOUTHVIEW LN PAOLI, IN 47454			
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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: December 6, 7, 10 and 11, 2018.</p> <p>Facility Number: 000695 AIM Number: 100243150 Provider Number: 15G159</p> <p>These federal deficiencies reflect findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/11/19.</p>			W 0000			
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), and four additional clients (#4, #5, #6 and #7), the facility's governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the facility had a washer and dryer to meet the clients' laundry needs.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, #4, #5, #6 and #7 were observed to go about their morning routine at the facility on 12/07/18 from 6:00 AM until 8:30 AM. The washer was heard running during the observation period but the dryer was not used. Clients #2, #3, #4, #5, #6 and #7 went to the facility's van to go to their day programs at 8:25 AM. A black plastic bag was</p>			W 0104	<p>The Washer and Dryer have been replaced at facility on 12-11-2018. Both machines are in good working order.</p> <p>Persons completed task: Program Manager and Associate Executive Director</p>		01/10/2019

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 disclosable 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 0407 Bldg. 00	<p>on the driveway beside the van and was loaded into the van by staff #3 before the van departed.</p> <p>Staff #3 was asked (12/7/18 8:30 AM) what was in the black plastic bag and staff #3 indicated the black plastic bag contained washed laundry belonging to the individuals living in the facility and the laundry would be dried at another agency owned facility in the town.</p> <p>Client #2 indicated on 12/10/18 at 2:47 PM the facility needed a new dryer and a new washing machine.</p> <p>The facility's work order/maintenance requests binder was reviewed along with the Residential Manager #1 on 12/10/18 at 4:30 PM. The review/interview indicated two work orders were completed and faxed to the agency's main office on 11/5/18 by Residential Manager/RM #1. Work order #1 indicated the facility's washer did not "spin" sufficiently to remove water from articles washed/rinsed. Work order #2 indicated the facility's dryer did not dry articles washed.</p> <p>Interview with Program Director #1 on 12/10/18 at 3:30 PM stated the replacement of the appliances for the facility was in process and new washer/dryer appliances were expected "today or tomorrow" (December 10 or 11, 2018).</p> <p>9-3-1(a)</p> <p>483.470(a)(1) CLIENT LIVING ENVIRONMENT The facility must not house clients of grossly different ages, developmental levels, and social needs in close physical or social proximity unless the housing is planned to promote the growth and development of all</p>						

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	<p>those housed together.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (#1 and #2), the facility failed to ensure client #1 was placed according to her staff and medical needs and client #2 was properly placed in regard to social needs.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on the morning of 12/7/18 from 6:00 AM until 8:30 AM. Residential Manager/RM #1 was in client #1's bedroom assisting her with transferring into a collapsible type wheelchair from her bed (hospital type). Client #1 required multiple verbal and physical prompts from RM #1. RM #1 physically assisted client #1 to her feet using a gait belt situated around client #1's waist (belt with handles designed for caregivers to transfer individuals safely during ADLs/Activities of Daily living). Client #1 was transported via wheelchair by RM #1 to the living area to await medications and breakfast. Nightshift staff #4 was assisting client #4 with a shower and dressing. Client #1 received medications from staff #4. Client #1 was fed the medications in applesauce. Client #1 coughed after swallowing the medications. Client #1 was transported via wheelchair to the medication room and back to the dining area table for breakfast. Client #1 was fed her pureed breakfast by RM #1. Client #1 coughed after swallowing food/fluids. Client #1 did not feed herself. RM #1 and staff #3 transferred client #1 into a recliner in the living room after she finished her breakfast. Clients #2, #3, #4, #5, #6 and #7 left to go to day services with staff #3 at 8:30 AM on 12/7/18. Client #1 stayed at the facility with RM #1 and was watching television in the living room while seated in a recliner. Client #1 did not attend</p>			W 0407	<p>Persons Responsible: Area Supervisor, Program Manager, Associate Executive Director Client#1 had a neurology evaluation on 1-15-19. The team will hold an immediate IDT to discuss observations of the evaluation for proper placement. Persons Responsible: Nurse, Residential Manager, Area Supervisor, Program Manager, Associate Executive Director</p>		01/10/2019

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	<p>day services. Client #2 self initiated and completed her morning routine of dressing, hygiene and mealtime independently. Client #2 could read the menu for breakfast and lunch posted for the day. Client #2 interacted with her peers (clients #1, #3, #4, #5, #6 and #7) in a courteous, helpful manner. Clients #1, #3, #4, #5, #6 and #7 required staff assistance to complete all morning routine tasks (mealtime, toileting, bathing, toothbrushing, dressing, medication).</p> <p>Observations were conducted on the afternoon of 12/10/18 from 2:00 PM until 3:00 PM at the facility's habilitation program with clients #2, #3 and #4. Client #2 assisted client #3 and other peers at her table while the group was involved in a Bingo game. Client #2 was independent in the activity. Client #2 was not involved in paid work or any type of pre-vocational type activities. The habilitation program consisted of craft activities, outings and educational games.</p> <p>Observations were conducted at the living facility on 12/10/18 from 3:30 PM until 6:00 PM. Client #2 was observed to interact with staff members. At 4:16 PM, client #2 spoke to client #1 in a kind, solicitous manner. Client #2 could read the posted menu for the evening meal. Client #2 self initiated and completed all daily living tasks independently (dressing, bathing, toileting, bed making, kitchen clean-up, grooming and sweeping up). Clients #1, #3, #4, #5, #6 and #7 required gestural, verbal or physical assistance to complete all tasks (mealtime, cooking, toileting, bathing, toothbrushing, dressing, medication).</p> <p>Client #2 was interviewed on 12/07/18 at 7:45 AM. Client #2 indicated she was in the process of moving from the facility. She indicated she had been assessed and issued a supported living (less</p>						

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	<p>restrictive placement) slot. Client #2 indicated her niece/guardian, who helped her with decision making, and the facility's administrative staff had met with her to discuss options for new placements. Client #2 indicated she was looking forward to being in a larger community type setting with more opportunities for work and leisure pursuits. The facility's team, along with client #2 and her niece/guardian, were looking at housing options in a neighborhood near client #2's niece.</p> <p>Client #1's record was reviewed on 12/07/18 at 8:40 AM. The review indicated an ISP/Individual Support Plan dated 7/13/18 with a revision date of 12/03/18. Client #1 had a BSP/Behavior Support Plan dated 12/03/18. The record review indicated client #1's diagnoses included, but were not limited to, moderate level of intellectual functioning, Down's Syndrome, Allergic Rhinitis, Hyperlipidemia (high cholesterol), Obesity, PVD (peripheral vascular disease), Diabetes, GERD (gastro esophageal reflux disease), Hypertension (high blood pressure), Hypokalemia (elevated potassium), Dementia (cognitive decline). Client #1's 12/3/18 ISP included an "Individual Profile" which indicated the following: "[Client #1] is a [age] year-old [race] female who has Down Syndrome. [Client #1] is a very friendly person. She usually just speaks in 1-word replies. [Client #1] has decreased in her ability to perform day to day tasks. [Client #1] is total care with bathing and toileting.... [Client #1] no longer attends her day program at [name of day program]. Her brother visits her about once to twice a year. [Client #1] looks forward to these visits. Her brother and sister-in-law are her legal guardians."</p> <p>Client #2's record was reviewed on 12/07/18 at 12:48 PM. The review indicated the client was</p>						

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	<p>admitted to the facility on 6/22/18 and her Individual Support Plan/ISP was dated 7/13/18. The review indicated the client's diagnoses included but were not limited to, mild level of intellectual functioning, and Cerebral Palsy (abnormal development or injury to the part of the brain which controls muscles). Client #2's ISP indicated she had the following strengths: pleasant, friendly, understanding of and likes to assist others, polite, can read and write, dresses independently, can wash dishes, very sociable, and enjoys going out in the community.</p> <p>RM #1 was interviewed regarding client #1 on 12/07/18 at 8:45 AM. RM #1 indicated client #1 had lost skills and was in need of total care for all activities of daily living (mealtime, toileting, bathing, toothbrushing, dressing, medication, grooming). Client #1 could not walk and required assistance with transferring of one to two people to assist her from bed to chair, toilet, or shower chair. Client #1 used a wheelchair for mobility and a gait belt was secured around her waist to assist staff with holding her for safe transfers. The interview indicated client #1 could no longer feed herself and she coughed during intake of food/fluids. She was closely monitored by staff during consumption of foods, fluids and medications.</p> <p>Interview with Area Director/AD #1 on 12/10/18 at 3:02 PM indicated client #2 functioned at a higher level intellectually and socially than her current room-mates at the facility. The interview indicated client #2 was being considered for placement in a less restrictive environment and the process for an alternate placement had been initiated.</p> <p>9-3-7(a)</p>						