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

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	A. BUILDING 00		COMPL	COMPLETED	
		15G255	B. WING			07/19/	07/19/2021	
			<u> </u>	CTDEET A	ADDRESS, CITY, STATE, ZIP CODE			
NAME OF F	ROVIDER OR SUPPLIE	R						
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		154 CH VERSA	ILLES, IN 47042			
(X4) ID	D SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		1	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE	
W 0000								
Bldg. 00	This visit was for the #IN00355167.	he investigation of complaint	W 0	000				
	This visit was in co	onjunction with a post						
		(PCR) to the recertification						
		survey completed on 5/14/21.						
	_	55167: Substantiated, Federal						
		ies related to the allegation(s)						
	are cited at W104 a	and W231.						
	Survey dates: 7/15/	/21, 7/16/21 and 7/19/21.						
	Facility Number: 0	00775						
	Provider Number:							
	AIM Number: 1002	248960						
	accordance with 46	this report completed by						
W 0104	483.410(a)(1)							
	GOVERNING BO	DDY						
Bldg. 00	The governing bo	dy must exercise general nd operating direction over						
	sampled clients (A) failed to exercise of facility to ensure clidentified successful continued reoccurrence his medical bed	view and interview for 1 of 3), the facility's governing body perating direction over the lient A's behavioral strategies al objectives to prevent ence of client A's refusal to d which led to an incident on l in client A sustaining a	WO	104	W104: The governing body mu exercise general policy, budge and operating direction over the facility. Corrective Action: IDT team met on 7/19/2 discuss behavior plan strategie (Attachment A) QIDP will conduct observations weekly at the	et ne 1 to	08/12/2021	

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

TITLE

(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.

Facility ID:

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	00	COMPLETED
		15G255	B. W	ING		07/19/2021
				STREET	ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	ROVIDER OR SUPPLIE	R		154 CH		
DES CVE		LTERNATIVES SE IN			ILLES, IN 47042	
	VE COMMUNITY A	ALTERNATIVES SE IN		VERSA	ILLES, IN 47 U42	<u> </u>
(X4) ID		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	ATE COMPLETION
TAG		R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
	Findings include:				location to ensure all plans in	
					place are effective and discus	
		PM, a review of the Bureau			with staff any concerns they h	nave.
	of Developmental Disabilities Services (BDDS)				(Attachment B)	
	_	incident reports and accompanying Investigative			· QIDP completed an	
		mpleted. The reports			addendum to client (A) plans	to
	indicated:				include updated behavioral	
		1.5(0.2/0.1.1.1			strategies to offer additional	
	_	d 5/23/21 indicated, "Staff			options for refusals. (Attachn	nent
	_	room heard (sic) and heard a			C)	_
		m [client A's] bedroom. When			· All staff trained on QID	Ρ
	_	t A's] bedroom he was laying			addendum. (Attachment D)	
		right side beside his bed. Staff			· Area Supervisor compl	
	•	e floor and put him back in			weekly checks at the facility t	0
		him for injuries but found no			monitor for any concerns or	
		ient A] has a bed alarm that did			issues. (Attachment E)	
		und that [client A] had			· IDT will meet weekly to	
	unplugged the bed	alarm".			ensure all concerns, behavior	
	T	1 . 15/22/21 : 1: . 1			changes and client concerns	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	,
		hen [client A] is in bed. 3)			discuss and monitor client (A	· •
		out day avoiding naps. 4)			progress and any changes th	al
	Coffee reinforcer is	i ne siceps in oed.			need made to his plans. (Attachment G)	
	BDDS romant data	d 6/4/21 indicated, "[Client A]			· Site reviews are compl	eted
	•	ing issues of refusing to sleep			monthly by Rescare Manager	
	•	beat on the walls while in bed			to ensure there are no	mont
		and arm and he uses the half			environmental issues or cond	eerne
	_	imself and slide out of the			(Attachment H)	omo.
		Staff monitor for bruising.			Upon exiting with a	
		while staff was showering			surveyor Rescare Manageme	ent
					will meet the day of the exit to	
	him they noticed bruising on his right shoulder collar bone area. The bruising measures				discuss the findings and work	
	approximately 6" (inches) from his shoulder				implantation of plans, change	
		5" from his shoulder down his			plans, trainings for staff.	
		en to [hospital] in [city] for			(Attachment G)	
		ruise. At the ER (emergency			· Area Supervisor as we	ll as
		and. It the Lik (emergency			, was supervisor as we	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE			(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	00	COMPLETED
		15G255	B. W	ING		07/19/2021
				CTDEET /	ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	PROVIDER OR SUPPLIER			1		
DE0.045	DE OOMMUNUTY A	TERMATINES OF IN		154 CH		
RES CAF	RE COMMUNITY A	_TERNATIVES SE IN		VERSA	ILLES, IN 47042	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	DDOVIDED'S DI AN OF CODDECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
	room) his blood pre	ssure was low. Testing			the QIDP will conduct monthly	
	revealed he has a rig	ght shoulder AC			house meetings with all staff to	
) joint separation He was			review plans and any concerns	s.
	1 '	rral to see orthopedic for his			(Attachment G)	
	shoulder".	1				
	Investigation summ	ary dated 6/11/21 indicated,				
	_	nt A] was taken to ER for				
		ng to his shoulder on 6/3/21.			Monitoring of Corrective	
		en experiencing behavioral			Action:	
		sleep in his bed. He will			Area Supervisor submits	s
	I -	nile in bed with his right hand			weekly check to the Program	
		s the half bed rail to secure			Manager to ensure completion	i.
		at of the bed onto the floor.			· IDT meeting minutes are	l l
		ioral incident reports find			sent to the Program Manager	
	· ·	rienced behavioral incidents			upon completion of the meetin	n as
		21 at 8:45 PM 5/23/21 at			well as filed in the clients home	-
		at 1:00 AM 5/24/21 at			chart.	
		4/21 at 5:00 AM. 4) IDT			· QIDP daily emails will	
		eam) met 5/25/21 behavioral			include all team members for	
		ding / mat placed on wall to			client (A).	
		vith cushion while striking the			Site reviews are entered	
		been monitoring for bruising			into the CRM database for	1
	· ·	ors. 6) On 6/3/21 while staff			monitoring and to ensure	
		they noticed bruising on his			completion.	
	_	-			· · · · · · · · · · · · · · · · · · ·	,
	_	r bone area. The bruising ately 6" from his shoulder			· All updates to the clients	·
		•			plans are sent to all team	
		5" from his shoulder down his			members, staff are trained on	, the
		was taken to [hospital] in			plans and changes to plans by	l l
		of the bruise. At the ER his			QIDP, plans are then filed in the	ie
		low. Testing revealed he has a			home charts.	
		oint separation He was				
		rral to see orthopedic for his				
		A] follow-up with ortho-			Completion Date: 8/12/21	
) - orders to rest and ice. 9)				
		sleep in his hospital bed				
	with the pressure mattress Recommendations:					
	Currently in PT (Ph					
		at placed on wall to avoid				
	future injury to his a	arm, hand, shoulder, rib cage,				

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Event ID:

X3T111

Facility ID: 000775

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	OF CORRECTION	IDENTIFICATION NUMBER:		ULTIPLE CO. UILDING	NSTRUCTION	COMPL	
ANDILAN	or connection	15G255	B. W		00	07/19/	
		130233	D. 11			07/19/	2021
NAME OF P	ROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE		
DECOAL		TEDMATIVES SE IN		154 CH/			
RES CAP	RE COMMUNITY A	LTERNATIVES SE IN		VERSAI	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	ATE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		with wound care use of a					
	-	refuses to sleep on mattress					
	".						
	On 7/16/21 at 10:15	AM client A's record was					
		rd indicated the following:					
	1011011011101101101	a maranta in 10110 wing.					
	-IDT dated 5/25/21	indicated, "IDT held today to					
	discuss [client A's]	current behavioral issues					
	_	isal to sleep in his hospital					
	•	re release mattress". 1) Turn					
	-	und to eliminate [client A]					
		the alarm 2) Reviewed					
	_	sure release mat and found					
		old to touch, uncomfortable					
	-	the mattress moves, and the					
		into his legs - will discuss discontinuation of mattress.					
		ess will be delivered to home.					
	-	to order Amish bed. 4) The					
		be carried by staff on their					
		A] is in bed. 5) Promote and					
	-	olved in activity / redirect to					
		Ighout the day eliminating any					
		ce order completed to place					
	mat on wall to avoi	d injury when striking the wall					
	when in bed. Reacti	ve strategy if [client A] is in					
	bed during night scr	reaming or yelling: 1) Staff					
	_	remind [client A] if he stays					
	_	e will receive (in a special cup					
		cup of coffee prepared					
	_	t plan; in addition to his					
	regular morning cot	tee".					
	A ativa Tureture	Observation dated 5/07/01					
		Observation dated 5/27/21 wake until 1 AM - did display					
		says he does not like his					
	bed".	ays he does not like his					
	-Active Treatment (Observation dated 6/3/21					
		<u> </u>					

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Event ID:

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Facility ID: 000775

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			ULTIPLE CO JILDING	NSTRUCTION 00	(X3) DATE COMPL		
		15G255	B. W	ING	<u> </u>	07/19/	
				STREET A	DDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIEF	L		154 CH			
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		VERSA	ILLES, IN 47042		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	·	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE
1710		B] could not convince [client		mo			DATE
	A] to get into bed".	·J					
	-Active Treatment 0 indicated, "[Staff #8 coming out of the b put him in bed". -Active Treatment 0 indicated, "Several bed yelling, screaget out of bed". -Active Treatment 0 indicated, "Was verbedroom, chair, just the night". -Active Treatment 0 indicated, "Was not back in his recliner wheelchair then back in his recliner wheelchair then back will scream, yell 'HA] will beat, hit his unplug his bed alart floor, take hold of the bed onto the flo into his recliner. Proactive Strategies involved in busy ac Staff will carry/wea	Observation dated 6/4/21 B] was worried about [client A] ed once I leave, after helping Observation dated 6/7/21 incidents of refusal to stay in uning, hitting walls - trying to Observation dated 6/10/21 y unhappy to be in his t was not happy throughout Observation dated 7/7/21 happy to be in bed, wanted and then back to his ek to bed". Plan (BSP) dated 6/11/21 on of Behaviors: Refusals Itime 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 or and yells 'help' to get him stindicated, "Keep [client A] tivities throughout the day. ur audio monitor when [client bed alarm is turned with cord					
	toward the wall, and	d control/sensor unit hooked bed. Mat to be on the wall					
		ent bruising if [client A]					

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Event ID:

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255	· ′	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 07/19/	ETED	
	PROVIDER OR SUPPLIER	TERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, IN 47042					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) vall next to his bed.		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE	
	Refusal to stay in bowhy he is upset and opportunity to tell so Try to meet what [c [client A] wants out he wants to be (whe After some time if [asks to go to bed traunable to meet his recontinues to display A] the importance of Remind [client A] the importance of Remind [client A] the inght, he will get a sin the morning". On 7/16/21 at 11:12 Intellectual Disabilithe Qualified Inteller Professional Design interviewed. The Qi had sustained a shoot the 6/3/21 BDDS in indicated the investion A's shoulder injury behavior for refusing and the use of his air The QIDP's were as strategies for the refusion prevent his shoulder The QIDP stated, "Value issue. We order (replacement), but in (6/3/21). The QIDP forcing him to stay alternatives for slee when the mattress him.	ed: Ask [client A] to identify provide [client A] with an taff what is bothering him. lient A] needs or wants. If of bed transfer him to where elchair/recliner/ couch). client A] appears sleepy or insfer him to his bed. If equest and [client A] agitation discuss with [client of getting a good night's sleep. In the sleeps in his bed all special coffee in a special cup of the special coffee in a special cup of the sleeps in his bed all special coffee in a special cup of the sleeps in his bed all special coffee in a special cup of the sleep side in the sleeps in his bed all special coffee in a special cup of the sleep side in the sleep side side side side side side side side						

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Event ID:

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Facility ID: 000775

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î î		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		JILDING	00	COMPL	
		15G255	B. W	ING		07/19/	2021
	PROVIDER OR SUPPLIER	LTERNATIVES SE IN	•	STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, IN 47042			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID			(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	IE	DATE
	bed. The QIDPs ind meeting. The QIDPs mattress did not arriclient A had already injury. The QIDPs were as strategies to redirect coffee continued aft mattress and bed co as the perpetuating client A's behavior of from the Active Tre A's dislike for his bealternative sleeping relaxed bedtime scherceliner and wheelch 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 between identifying the medias the perpetuating prior to the shoulder The PM stated, "I calternative. We kneeprovide an alternative before injury on 6/3	Licated during the 5/25/21 IDT is indicated the replacement ive until 6/3/21 and was after a sustained the shoulder with			(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	
	This federal tag rela #IN00355167. 9-3-1(a)	nes to compiaint					

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Event ID:

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G255		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/19/2021		
NAME OF P	ROVIDER OR SUPPLIER			154 CH	ADDRESS, CITY, STATE, ZIP CODE		
RES CAF	RE COMMUNITY AI	_TERNATIVES SE IN		VERSA	AILLES, IN 47042		
(X4) ID		FATEMENT 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 DEFICIENCY)	TE	COMPLETION
TAG W 0231	483.440(c)(4)(iii)	LSC IDENTIFYING INFORMATION)	+	TAG	DEFICIENCE		DATE
W 0231	INDIVIDUAL PRO	GRAM PLAN					
Bldg. 00	The objectives of to	the individual program plan d in behavioral terms that ble indices of performance.					
	Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A's behavioral strategies identified successful objectives to prevent continued reoccurrence of client A's refusal to use his		W	0231	W231: The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.		08/12/2021
	medical bed which led to an incident on 6/3/21						
	that resulted in clier	nt A sustaining a shoulder					
	injury.				Corrective Action:		
	Findings include:				 IDT team met on 7/19/2 discuss behavior plan strategi (Attachment A) 		
	On 7/15/21 at 2:53	PM, a review of the Bureau			· QIDP will conduct		
	of Developmental D	Disabilities Services (BDDS)			observations weekly at the		
	incident reports and	accompanying Investigative			location to ensure all plans in		
	Summaries was con indicated:	npleted. The reports			place are effective and discus- with staff any concerns they had (Attachment B)		
	_	5/23/21 indicated, "Staff			· QIDP completed an		
		oom heard (sic) and heard a			addendum to client (A) plans t	0	
		n [client A's] bedroom. When			include updated behavioral		
	-	A's] bedroom he was laying			strategies to offer additional		
		ight side beside his bed. Staff floor and put him back in			options for refusals. (Attachm C)	ent	
	-	nim for injuries but found no			All staff trained on QIDF)	
		ent A] has a bed alarm that did			addendum. (Attachment D)		
		nd that [client A] had			Area Supervisor complete	etes	
	unplugged the bed a	ılarm".			weekly checks at the facility to)	
					monitor for any concerns or		
	_	ary dated 5/23/21 indicated,			issues. (Attachment E)		
		Fall - not witnessed.			· IDT will meet weekly to		
		1) Reposition bed alarm so			ensure all concerns, behavior	· ro	
	he couldn't unplug. 2) Staff will carry audio				changes and client concerns a identified and addressed.	are	
		monitor on staff when [client A] is in bed. 3) Keep busy throughout day avoiding naps. 4)			(Attachment F)		
	Coffee reinforcer if				· QIDP will initiate daily		

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	of correction (X1) provider/supplier/clia (IDENTIFICATION NUMBER: 15G255	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 07/19/2021	
	PROVIDER OR SUPPLIER RE 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
IAG	-BDDS report dated 6/4/21 indicated, "[Client A] has been experiencing issues of refusing to sleep in his bed. He will beat on the walls while in bed with his right hand and arm and he uses the half bed rail to secure himself and slide out of the bed onto the floor. Staff monitor for bruising. Yesterday morning while staff was showering him they noticed bruising on his right shoulder collar bone area. The bruising measures approximately 6" (inches) from his shoulder down his back and 5" from his shoulder down his breast. He was taken to [hospital] in [city] for evaluation of the bruise. At the ER (emergency room) his blood pressure was low. Testing revealed he has a right shoulder AC (Acromioclavicular) joint separation He was released with a referral to see orthopedic for his shoulder". Investigation summary dated 6/11/21 indicated, "Summary: 1) [Client A] was taken to ER for evaluation of bruising to his shoulder on 6/3/21. 2) [Client A] has been experiencing behavioral issues of refusing to sleep in his bed. He will beat on the walls while in bed with his right hand and arm and he uses the half bed rail to secure himself and slide out of the bed onto the floor. 3) Review of behavioral incident reports find (sic) [client A] experienced behavioral incidents on 5/16/21 5/23/21 at 8:45 PM 5/23/21 at 3:30 AM 5/24/21 at 1:00 AM 5/24/21 at 3:15 AM and 5/24/21 at 5:00 AM .4) IDT (Interdisciplinary Team) met 5/25/21 behavioral changes made - padding / mat placed on wall to provide [client A] with cushion while striking the wall. 5) Staff have been monitoring for bruising due to these behaviors. 6) On 6/3/21 while staff was showering him they noticed bruising on his	IAG	email updates to the team to discuss and monitor client (A) progress and any changes that need made to his plans. (Attachment G) Site reviews are completed monthly by Rescare Managent to ensure there are no environmental issues or concernity. (Attachment H) Client (A) mattress was previously replaced and upon return from a recent hospital admission and egg crate padroplaced on top of his current mattress for added protection from skin issues. (Attachment G) Area Supervisor as well the QIDP will conduct monthly house meetings with all staff to review plans and any concernication (Attachment G) Monitoring of Corrective Action: QIDP will send all meet notes, updated plans to the Program Manager for review. Area Supervisor will send completed weekly checks to the Program Manager. QIDP will conduct IDT meetings with all team member quarterly and as needed. The QIDP will review all program plans quarterly and a needed and will also be noted when completing consumer.	eted hent erns. was it I) las b s. ing ing ind he ers ls	
	right shoulder collar bone area. The bruising		monthly summaries.		

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l í	ULTIPLE CO JILDING	00	(X3) DATE COMPL		
1111212111	or conumernor.	15G255	B. W		00	07/19/	
				CTDEET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER	£		154 CH			
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN			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 APPROPRIA DEFICIENCY)	TE.	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG			DATE
		ately 6" from his shoulder			· Area Supervisor will se		
		5" from his shoulder down his			monthly house meeting inserv	rice	
		was taken to [hospital] in			to the Program Manager for review.		
		of the bruise. At the ER his low. Testing revealed he has a			l leview.		
		oint separation He was					
		rral to see orthopedic for his					
		A] follow-up with ortho-			Completion Date: 8/12/21		
) - orders to rest and ice. 9)					
	[Client A] refuses to	o sleep in his hospital bed					
	with the pressure m	attress Recommendations:					
	Currently in PT (Ph						
		at placed on wall to avoid					
		arm, hand, shoulder, rib cage,					
	1	with wound care use of a					
	1 ~	refuses to sleep on mattress					
	".						
	On 7/16/21 at 10:15	AM client A's record was					
	reviewed. The recor	rd indicated the following:					
		indicated, "IDT held today to					
		current behavioral issues					
	_	usal to sleep in his hospital re release mattress". 1) Turn					
	_	und to eliminate [client A]					
	_	the alarm 2) Reviewed					
		sure release mat and found					
		old to touch, uncomfortable					
		the mattress moves, and the					
	cold metal bar goes	into his legs - will discuss					
		discontinuation of mattress.					
		ess will be delivered to home.					
		to order Amish bed. 4) The					
		be carried by staff on their					
		A] is in bed. 5) Promote and					
		olved in activity / redirect to					
		aghout the day eliminating any					
		ce order completed to place d injury when striking the wall					
	mai on wan io avoid	a mjary when surking the wall					

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255	ľ	UILDING	nstruction <u>00</u>	(X3) DATE COMPL 07/19/	ETED		
	PROVIDER OR SUPPLIER	LTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, 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 APPROPRI, DEFICIENCY)	ATE	(X5) COMPLETION DATE		
	bed during night ser will go to room and in bed and sleeps he he has picked out) a according to his die regular morning considered. Active Treatment (indicated, "Stayed a agitation. [Client Albed". -Active Treatment (indicated, "[Staff #8] A] to get into bed". -Active Treatment (indicated, "[Staff #8] coming out of the b put him in bed". -Active Treatment (indicated, "Several bed yelling, screaget out of bed". -Active Treatment (indicated, "Was verbedroom, chair, just the night". -Active Treatment (indicated, "Was not back in his recliner wheelchair then back-Behavior Support lindicated, "Definition of the back in Definition	Observation dated 5/27/21 It wake until 1 AM - did display and a says he does not like his Observation dated 6/3/21 B] could not convince [client Observation dated 6/4/21 B] was worried about [client A] and and then back to his Observation dated 6/7/21 It was a say in the say in							

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255	l í	UILDING	nstruction <u>00</u>	(X3) DATE COMPL 07/19 /	ETED		
	PROVIDER OR SUPPLIER	TERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, IN 47042						
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	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 APPROPR DEFICIENCY)	IATE	(X5) COMPLETION DATE		
TAG	will scream, yell 'He A] will beat, hit his unplug his bed alarr floor, take hold of the bed onto the floor into his recliner. Proactive Strategies involved in busy acceptable Staff will carry/wea A] is in bed. Ensure toward the wall, and to the bottom of the next to bed to preves should beat/hit his very when the is upset and opportunity to tell so Try to meet what [c [client A] wants out he wants to be (whe After some time if [asks to go to bed traunable to meet his recontinues to display	ey get me out of here'. [Client bedroom wall, bed rails, n, throws his pillows on the ne bedrails and scoots out of or and yells 'help' to get him indicated, "Keep [client A] tivities throughout the day. It is a turned with cord of a control/sensor unit hooked bed. Mat to be on the wall nt bruising if [client A]		TAG	DEFICIENCY)		DATE		
	Remind [client A] tinight, he will get a sin the morning". On 7/16/21 at 11:12 Intellectual Disabilithe Qualified Intelle Professional Designinterviewed. The QI had sustained a shoothe 6/3/21 BDDS in indicated the investi	hat if he sleeps in his bed all special coffee in a special cup AM, the Qualified ties Professional (QIDP) and sectual Disabilities							

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AND PLAN OF CORRECTION X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 07/19/2021			
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR					
RES CARE COMMUNITY ALTERNATIVES SE IN				VERSA	LLES, 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 APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
	behavior for refusing to sleep in his medical bed and the use of his air flow mattress.							
	strategies for the reprevent his shoulde The QIDP stated, "the issue. We order (replacement), but it (6/3/21). The QIDP forcing him to stay alternatives for slee when the mattress his source of client A's bed. The QIDPs incomeeting. The QIDP mattress did not arrectient A had already injury.	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 ed the mattress t didn't come in until the 3rd D stated, "We were not in the bed and to offer ping". The QIDPs were asked had been found to be the refusal to use his medical dicated during the 5/25/21 IDT is indicated the replacement ive until 6/3/21 and was after y sustained the shoulder						
	strategies to redirect coffee continued af mattress and bed coas the perpetuating client A's behavior from the Active Track's dislike for his balternative sleeping relaxed bedtime schercliner and wheeler 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	t and use an incentive with the ter the IDT on 5/25/21 if the symbination had been identified issues that contributed to which was also supported eatment observations of client led. The QIDPs indicated the arrangements with a more ledule and use of his rocker hair were not realized until 6/3/21 and once the new led 8 days later after the IDT						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00		(X3) DATE SURVEY 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 DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX			COMPLETION		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG			DATE		
	as the perpetuating prior to the shoulde The PM stated, "I c alternative. We kne provide an alternati	lical bed and air flow mattress issues for client A's behavior or injury sustained on 6/3/21. an agree we didn't find an ew it was an issue and we didn't ve (sleeping arrangement 3/21). I can see that".							

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