

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G255	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2019
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 154 CHAD DR VERSAILLES, IN 47042		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000  Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey.</p> <p>Survey dates: February 4, 5, 6 and 7, 2019.</p> <p>Facility Number: 000775 Provider Number: 15G255 AIM Number: 100248960</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 2/18/19.</p>	W 0000		
W 0125  Bldg. 00	<p>483.420(a)(3) <b>PROTECTION OF CLIENTS RIGHTS</b></p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 3 of 3 clients in the sample (#1, #2 and #3), and one additional client (#4), the facility failed to ensure consent was obtained for clients #1, #2, #3 and #4 prior to locking kitchen cabinet doors containing drink and food items.</p> <p>Findings include:</p> <p>On 2/5/19 from 6:12 AM to 10:27 AM, an observation of clients #1, #2 and #3 was conducted at the group home. At 7:14 AM, four kitchen cabinet doors were closed and locked. The Residential Manager (RM) was asked what</p>	W 0125	<p><b>W 125:</b> The facility must ensure the right of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>A work order was completed, and the Maintenance Technician removed the locks from</li> </ul>	02/08/2019

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 disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>was inside the locked cabinets. The RM indicated pop was kept in the top cabinet and an emergency supply of food maintained in the bottom cabinet. The RM indicated one client (client #4) had Polydipsia (excessive thirst) and this was a precaution to secure those items.</p> <p>On 2/5/19 at 9:38 AM, a review of client #1's record was conducted. There was no documentation client #1 needed the kitchen cabinet doors locked in his 8/10/18 Individualized Support Plan (ISP) and 8/10/18 Behavior Support Plan (BSP). There was no documentation of informed consent to lock the kitchen cabinet doors for client #1.</p> <p>On 2/5/19 at 8:30 AM, a review of client #2's record was conducted. There was no documentation client #2 needed the kitchen cabinet doors locked in his 11/18/18 Individualized Support Plan (ISP) and 11/18/18 Behavior Support Plan (BSP). There was no documentation of informed consent to lock the kitchen cabinet doors for client #2.</p> <p>On 2/5/19 at 9:15 AM, a review of client #3's record was conducted. There was no documentation client #3 needed the kitchen cabinet doors locked in his 1/21/19 Individualized Support Plan (ISP) and 1/21/19 Behavior Support Plan (BSP). There was no documentation of informed consent to lock the kitchen cabinet doors for client #3.</p> <p>On 2/5/19 at 1:44 PM, a review of client #4's record was conducted. There was no documentation of informed consent to lock the kitchen cabinet doors for client #4.</p> <p>On 2/5/19 at 8:16 AM, the Qualified Intellectual</p>			<p>the kitchen cabinet that was locked containing the pop.</p> <p><b>(Attachment A)</b></p> <ul style="list-style-type: none"> <li>· All staff trained that no food or drinks can be locked at any time without prior approvals and HRC approval. <b>(Attachment B)</b></li> <li>· Site reviews are done monthly by Administrative Staff, during this review Administrative staff will ensure cabinets are not locked that do not have prior consent, approvals or HRC approval. <b>(Attachment C)</b></li> <li>· Area Supervisor completes weekly checks at the home and will ensure cabinets are not locked. <b>(Attachment D)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Site Supervisor will ensure clients always have access to food and drink items in the home.</li> <li>· Area Supervisor does weekly checks at the home and will ensure no food/drink containing cabinets are locked,</li> <li>· Administrative Staff complete site review monthly.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Site Supervisor will ensure all client drinks/snacks are kept where they are always accessible to clients.</li> <li>· All staff trained that no food/drink containing cabinets are to be locked without prior approvals and HRC.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Site Supervisor will monitor</li> </ul>	

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W 0140 Bldg. 00	<p>Disability Professional (QIDP) was interviewed. The QIDP was asked why the kitchen cabinet doors needed to be locked. In response to the question to the QIDP, Staff #6 indicated it was a safety precaution due to client #4 by stating, "I told him (surveyor) about the one with Polydipsia". The QIDP indicated she was unaware the kitchen cabinet doors had been locked and stated, "We used to keep the books in there. I didn't know it was being used this way". The QIDP was asked if consent had been obtained. The QIDP stated, "No". Upon returning to the dining area to review client records, the QIDP stated to the surveyor at 8:30 AM, "The kitchen cabinets are now unlocked". The QIDP indicated the cabinets would remain unlocked until consent to restrict access was needed.</p> <p>9-3-2(a)</p> <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 (#1, #2, #6 and #8), 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 2/5/19 at 7:53 AM, a review of the clients' finances was conducted and indicated the following:</p> <p>1) Client #1's January 2019 "Resource Ledger" had an ending balance of \$.30. Client #1's actual</p>		W 0140	<p>and ensure when client person snacks or sodas are purchased that the items are accessible to the clients at all times.</p> <ul style="list-style-type: none"> <li>Area Supervisor will complete the weekly check and send to the Program Manager to ensure completion.</li> <li>Site Reviews are entered into the CRM database and tracked by the QA Manager to ensure completion and monitoring.</li> </ul> <p><b>Completion Date: 2-8-19</b></p> <p><b>W 140: 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.</b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>All staff trained on Client Finances. (<b>Attachment E</b>)</li> <li>Client #6 reimbursed \$.02 by Rescare.</li> <li>Client #8 reimbursed \$.03 by Rescare.</li> </ul>

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	<p>cash on hand balance totaled \$.55. (\$.25 unaccounted for).</p> <p>2) Client #2's January 2019 "Resource Ledger" had an ending balance of \$30.00. Client #2's actual cash on hand balance totaled \$30.01. (\$.01 unaccounted for).</p> <p>3) Client #6's January 2019 "Resource Ledger" had an ending balance of \$55.45. Client #6's actual cash on hand balance was \$55.43. (\$.02 unaccounted for).</p> <p>4) Client #8's February 2019 "Resource Ledger" had an ending balance of \$1.20. Client #8's actual cash on hand balance was \$1.17. (\$.03 unaccounted for).</p> <p>On 2/5/19 at 8:11 AM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked how often the facility audited the client financial records to ensure accurate accounting. The QIDP stated, "The Area Supervisor (AS) comes into the homes weekly and I know it's (ledger) checked at the end of the month." The QIDP indicated the ledgers should have been maintained accurately.</p> <p>9-3-2(a)</p>		<ul style="list-style-type: none"> <li>Area Supervisor completes weekly checks to monitor finances. <b>(Attachment D)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>All staff will count the client finances each shift and record in the resource ledger correctly and legibly.</li> <li>Any discrepancy in client finances must be reported immediately.</li> <li>Area Supervisor completes weekly check to monitor finances.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Residential Manager will monitor to ensure all staff are counting the client finances each shift.</li> <li>Area Supervisor will complete weekly checks to ensure finances are counted and accurate.</li> <li>All staff were trained to count client finances each shift and document legibly on the resource ledger.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Area Supervisor will submit the weekly check to the Program Manager for monitoring and to ensure completion.</li> <li>Residential Manager will monitor and ensure all staff are counting the finances and documenting on the resource</li> </ul>	

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				legibly.  <b>Completion Date: 2-8-19</b>