

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 07/28/2022
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 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>Survey Dates: July 25, 26, 27 and 28, 2022</p> <p>Facility Number: 000695 Provider Number: 15G159 AIMS Number: 100243150</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/5/22.</p>	W 0000		
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</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, interview and record review for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to ensure the clients had the right to due process in regard to locking snack food and bananas in the group home office and medication area.</p> <p>Findings include:</p> <p>On 7/25/22 from 3:50 PM to 5:31 PM and 7/26/22 from 6:03 AM to 8:15 AM, observations were conducted at the group home. During the observations, the following food items were stored in the locked group home office: Hostess</p>	W 0125	To correct the deficient practice all site staff will be trained rights restrictions and locking the client's property. Additionally, the IDT will convene to discuss Client #6 Behavior plan to address food seeking. Additional monitoring will be achieved through weekly observation by the AS, QIDP, or RM for one month to ensure no unnecessary restrictions are in place. To ensure no others were affected the QIDP will review all other clients' plans to ensure all	08/28/2022

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>Cup Cakes, Swiss Rolls, sodas, fruit and grain bars, cheese slices and bananas. None of the clients had access to the locked office. On 7/26/22, the clients' lunchboxes were stored in the locked medication room. In the medication area, the following food items were stored: Cheetos, variety pack of chips, and Twinkies. During the observations, client #6 did not food seek or attempt to eat food except for the food prepared for dinner and breakfast. These restrictions affected clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 7/26/22 at 7:15 AM, the Lead Staff (LS) indicated the snacks and drinks were locked in the office area due to client #6's food seeking behavior.</p> <p>On 7/26/22 at 9:08 AM, a focused review of client #6's record was conducted. Client #6's 7/22/22 Individual Support Plan and 7/22/22 Behavior Support Plan (BSP) did not indicate the need for food and drinks to be locked. The BSP did not include food seeking as a targeted behavior.</p> <p>On 7/26/22 at 9:10 AM, the Area Supervisor (AS) indicated the snacks and drinks were locked due to client #6's food seeking. The AS stated, "[Client #6] is notorious for food seeking. Will get in the others' lunches." The AS indicated the clients' lunchboxes were locked to keep client #6 from eating out of them. The AS stated it was an "On-going issue. Needs to be in a plan."</p> <p>On 7/26/22 at 9:13 AM, the Qualified Intellectual Disabilities Professional (QIDP) Lead indicated the restriction needed to be in a plan. The QIDP indicated the food should not be locked at the group home unless there was a plan addressing the need.</p>		restrictions in place are addressed and in the plan. Ongoing monitoring will be achieved through a monthly site review completed by ResCare administration.	

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W 0227 Bldg. 00	<p>On 7/26/22 at 10:37 AM, the QIDP indicated the food and drinks should not be locked. The QIDP stated "don't have written informed consent and human rights committee consent for it." The QIDP stated "the intent was to keep extras stored in a locked area."</p> <p>9-3-2(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, interview and record review for 1 of 4 non-sampled clients (#6), the facility failed to ensure client #6 had a plan to address food seeking.</p> <p>Findings include:</p> <p>On 7/25/22 from 3:50 PM to 5:31 PM and 7/26/22 from 6:03 AM to 8:15 AM, observations were conducted at the group home. During the observations, the following food items were stored in the locked group home office: Hostess Cup Cakes, Swiss Rolls, sodas, fruit and grain bars, cheese slices and bananas. None of the clients had access to the locked office. On 7/26/22, client #6's lunchbox was stored in the locked medication room. In the medication area, the following food items were stored: Cheetos, variety pack of chips, and Twinkies. During the observations, client #6 did not food seek or attempt to eat food except for the food prepared for dinner and breakfast.</p> <p>On 7/26/22 at 7:15 AM, the Lead Staff (LS)</p>	W 0227	To correct the deficient practice the IDT will convene to discuss Client #6 Behavior plan to address food seeking. Additional monitoring will be achieved through weekly observations by the AS, QIDP, or RM for one month to ensure each client has appropriate plans in place. To ensure no others were affected the QIDP will review all other clients plans to ensure all current behaviors are addressed within the BSP. Ongoing monitoring will be achieved through a monthly site review completed by ResCare administration.	08/28/2022

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W 0249 Bldg. 00	<p>indicated the snacks and drinks were locked in the office area due to client #6's food seeking behavior.</p> <p>On 7/26/22 at 9:08 AM, a focused review of client #6's record was conducted. Client #6's 7/22/22 Individual Support Plan and 7/22/22 Behavior Support Plan (BSP) did not indicate the need for food and drinks to be locked. The BSP did not include food seeking as a targeted behavior.</p> <p>On 7/26/22 at 9:10 AM, the Area Supervisor (AS) indicated the snacks and drinks were locked due to client #6's food seeking. The AS stated, "[Client #6] is notorious for food seeking. Will get in the others' lunches." The AS indicated the clients' lunchboxes were locked to keep client #6 from eating out of them. The AS stated it was an "On-going issue. Needs to be in a plan."</p> <p>On 7/26/22 at 9:13 AM, the Qualified Intellectual Disabilities Professional (QIDP) Lead indicated the restriction needed to be in a plan. The QIDP indicated the food should not be locked at the group home unless there was a plan addressing the need.</p> <p>On 7/26/22 at 10:37 AM, the QIDP indicated the food and drinks should not be locked. The QIDP stated "don't have written informed consent and human rights committee consent for it." The QIDP stated "the intent was to keep extras stored in a locked area."</p> <p>9-3-4(a) 483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan,</p>				

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	<p>each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 2 of 3 clients in the sample (#1 and #2) and one additional client (#6), the facility failed to ensure client #1 used or was offered to use wrist weights due to hand tremors during meals, client #2 used a paper Medication Administration Record during her medication pass and client #6's closet door was locked as indicated in her program plans.</p> <p>Findings include:</p> <p>1) On 7/25/22 from 3:50 PM to 5:31 PM, an observation was conducted at the group home. At 4:13 PM, client #2 received her medications from staff #3. Client #2 was not asked or prompted to document the medications she took on a paper Medication Administration Record.</p> <p>On 7/26/22 at 9:47 AM, a review of client #2's record was conducted. Client #2's 3/1/22 Individual Support Plan (ISP) indicated, "[Client #2] will let staff know what time she is to take her medications and state the medication she is to take. [Client #2] will use a paper MAR (Medication Administration Record) to record her medication that she has taken...."</p> <p>On 7/26/22 at 10:33 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated client #2's goal to use a paper MAR should have been implemented as written.</p> <p>On 7/26/22 at 9:15 AM, the QIDP Lead indicated</p>	W 0249	<p>To correct the deficient practice all site staff will be re-trained on all clients' ISP goals as well as implementing plans as written. Additionally, an ISP goal will be created for Client #1 regarding her wrist weights. To help de-sense client #1 as well as document any refusals. Client #6 ISP will be updated to reflect the current progress of not needing a lock on the closet door. Additional monitoring will be achieved through weekly observations by the AS, QIDP, or RM for one month to ensure staff are implementing plans as written. Ongoing monitoring will be achieved through routine observations and staff meetings completed by the AS, QIDP, or RM to ensure staff are following plans as written.</p>	08/28/2022
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	<p>client #2's goal to use a paper MAR should have been implemented as written.</p> <p>On 7/26/22 at 9:15 AM, the Area Supervisor indicated client #2's goal to use a paper MAR should have been implemented as written.</p> <p>2) On 7/25/22 from 3:50 PM to 5:31 PM and 7/26/22 from 6:03 AM to 8:15 AM, observations were conducted at the group home. During the observations, client #6's closet in her bedroom was not locked. There was no lock on the closet door.</p> <p>On 7/26/22 at 9:08 AM, a focused review of client #6's record was conducted. Client #6's 7/22/22 ISP indicated in the Modification of Individual's Rights section, "Right to be Modified: Access to closet. Manner in which the right will be modified: Individual will be restricted from accessing closet due to inappropriate toileting in the closet. Closet door will be locked, and staff will assist individual each time she needs to access closet. Reason the modification is needed: Inappropriate toileting - individual has historically used the closet instead of bathroom facilities to evacuate both bowel and bladder...."</p> <p>On 7/26/22 at 10:32 AM, the QIDP indicated client #6 did not need the closet locked anymore. The QIDP indicated client #6 just had her annual meeting and she did not discuss it at the time. The QIDP stated client #6 "doesn't need it. That's on me. I'll change it." The QIDP indicated the plan needed to be implemented as written until the plan was changed.</p> <p>On 7/26/22 at 9:15 AM, the QIDP Lead indicated client #6's closet should have been locked as indicated in her ISP.</p>			

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	<p>On 7/26/22 at 9:15 AM, the Area Supervisor indicated client #6's closet should have been locked as indicated in her ISP.</p> <p>3) On 7/25/22 from 11:40 AM to 1:04 PM, an observation was conducted at client #1's outside services day program. At 11:40 AM, client #1 was eating her lunch. Client #1 had tremors in her right hand/arm as she ate. Client #1 was using her left hand to hold her right hand steady so she could get food to her mouth. Client #1 was not wearing wrist weights. Client #1 was not offered wrist weights. Client #1 was assisted hand over hand by day program staff #1 to eat her lunch due to her tremors.</p> <p>On 7/25/22 at 12:37 PM, day program staff #1 indicated client #1 had tremors due to side effects of her seizure medications. Staff #1 indicated client #1 needed hand over hand assistance with eating. Staff #1 stated "today was a bad day... Usually doesn't need hand over hand assistance."</p> <p>On 7/25/22 from 3:50 PM to 5:31 PM, an observation was conducted at the group home. At 4:42 PM, dinner started. Client #1 struggled to keep food on her utensils due to her tremors. Client #1 was not wearing wrist weights. Client #1 was not offered wrist weights throughout her meal.</p> <p>On 7/25/22 at 5:01 PM, the Lead Staff (LS) indicated client #1 had wrist weights to help with her tremors and to steady her hand however she refused to wear the wrist weights. The LS opened a drawer in the kitchen and showed the surveyor several wrist weights in the drawer. The LS stated, "[Client #1] don't (sic) like to wear wrist weights. Has them but doesn't want to wear</p>			

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	<p>them." The LS did not provide the wrist weights to client #1. None of the staff asked or prompted client #1 to wear her wrist weights throughout dinner.</p> <p>On 7/26/22 from 6:03 AM to 8:15 AM, an observation was conducted at the group home. At 7:29 AM, breakfast started. Client #1 was not offered or prompted to use her wrist weights. Throughout breakfast, client #1 used her left hand to steady her right hand due to her tremors.</p> <p>On 7/26/22 at 9:26 AM, a review of client #1's record was conducted. Client #1's 7/16/21 Dining Plan indicated, "Mealtime Adaptive Equipment: Wear weights or use weighted utensils and weighted divided plate...." Client #1's 7/13/22 Individual Support Plan indicated, ".... She has care plans for risk for falls due to unsteady gait & (and) has tremors, which she has wrist weights, weighted plates & silverware to use while eating...."</p> <p>On 7/26/22 at 9:18 AM, the Area Supervisor (AS) indicated client #1 should use or be offered her wrist weights. The AS indicated she was not aware of client #1's refusing to use them. The AS indicated client #1's refusing to wear her wrist weights was not communicated to her.</p> <p>On 7/26/22 at 9:20 AM, the QIDP Lead indicated client #1 should be offered and encouraged to wear her wrist weights. He indicated the staff should document client #1's refusals to wear her wrist weights.</p> <p>On 7/26/22 at 11:12 AM, the QIDP indicated client #1's dining plan should be implemented as written for the use of her wrist weights.</p>			

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W 0382 Bldg. 00	<p>On 7/26/22 at 11:12 AM, the nurse indicated client #1's plan should be implemented as written for the use of the wrist weights. The nurse indicated the wrist weights were a part of her dining plan.</p> <p>9-3-4(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to ensure the clients' medications were secured at all times throughout the survey.</p> <p>Findings include:</p> <p>On 7/25/22 from 3:50 PM to 5:31 PM, an observation was conducted at the group home. From 3:50 PM to 5:17 PM, the medication area door was open. The lower right desk drawer in the office was ajar. There was a note taped to the drawer which indicated, "DO NOT SHUT." There were several medications stored in the unlocked drawer. The medications included the following: client #7's Dok (constipation), client #5's stool softener caps, client #2's Baclofen (cerebral palsy), client #7's aller-chlor (allergies), Acetaminophen for fever or pain (no specific client identified), client #6's Fluoxetine (depression), client #4's aller-chlor (allergies), client #3's aller-chlor (allergies), client #6's allergy tab, client #2's acetaminophen (fever or pain), client #1's Divalproex (seizures), client #4's Mucinex (congestion), client #3's Mi-acid (gas), client #4's acetaminophen (fever or pain), and client #6's Levothyroxine (underactive thyroid).</p>	W 0382	To correct the deficient practice all site staff will be trained to ensure all medications are securely locked. Additional monitoring will be achieved through weekly observations by the AS, QIDP, Nurse or RM for one month to ensure the medications are secure. As well as daily calls will be made to the home to ensure and remind staff that the medications are always locked. Ongoing monitoring will be achieved through a monthly site review completed by ResCare administration to ensure medications are always secured.	08/28/2022

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W 0454 Bldg. 00	<p>At 5:20 PM, the Lead Staff closed the office door. At 5:27 PM, the office door was closed but not locked. This affected clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 7/25/22 at 5:23 PM, the Lead Staff indicated the staff keep the office door closed due to the medications stored in the room.</p> <p>On 7/26/22 at 10:47 AM, the nurse indicated the drawer in the medication area should have been locked.</p> <p>On 7/26/22 at 10:48 AM, the Qualified Intellectual Disabilities Professional indicated the drawer in the medication area should have been locked.</p> <p>On 7/26/22 at 10:49 AM, the Area Supervisor indicated the drawer in the medication area should have been locked.</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to ensure the clients' hairbrushes and hair ties were stored in separate containers.</p> <p>Findings include:</p> <p>On 7/25/22 from 3:50 PM to 5:31 PM and 7/26/22 from 6:03 AM to 8:15 AM, observations were conducted at the group home. During the observations, there was a plastic container in the</p>	W 0454	To correct the deficient practice all site staff will be trained to ensure clients' hygiene supplies are always kept separate. Additionally, each client will be provided with their own hygiene caddy to ensure their items are separate from others. Additional monitoring will be achieved through weekly observations by the AS, QIDP, or RM for one month to ensure hygiene items	08/28/2022

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	<p>medication room with clients #1's, #2's, #3's, #4's, #5's, #6's and #7's hairbrushes. The hairbrushes were not stored separately. The hairbrushes were touching each other. On 7/25/22 at 4:26 PM, client #4's hair was brushed with her brush from the shared container. On 7/25/22 at 4:35 PM, client #6's hair was brushed with her brush from the shared container. On 7/26/22 at 6:32 AM, client #4's hair was brushed with her brush from the shared container. On 7/26/22 at 8:00 AM, client #3's hair was brushed with her brush from the shared container.</p> <p>On 7/26/22 at 10:11 AM, the Area Supervisor indicated the clients' hairbrushes should be stored separately.</p> <p>On 7/26/22 at 10:11 AM, the Qualified Intellectual Disabilities Professional (QIDP) Lead indicated the clients' hairbrushes should be stored separately.</p> <p>On 7/26/22 at 10:26 AM, the QIDP indicated the clients needed to have individual baskets to store their hairbrushes in. The QIDP indicated the clients' hairbrushes should not be stored together.</p> <p>On 7/26/22 at 10:37 AM, the nurse stated the clients' hairbrushes "should not be together like that."</p> <p>9-3-7(a)</p>		are stored separately. Ongoing monitoring will be achieved through a monthly site review completed by ResCare administration to ensure hygiene supplies are stored separately.		