

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G157	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/21/2024
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00431875.</p> <p>Complaint #IN00431875: No deficiencies related to the allegation(s) were cited.</p> <p>Unrelated deficiencies cited.</p> <p>Dates: 8/19/24, 8/20/24 and 8/21/24</p> <p>Facility Number: 000693 Provider Number: 15G157 AIMS Number: 100234510</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 8/27/24.</p>	W 0000		
W 0159 Bldg. 00	<p>483.430(a) QIDP</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor client A's active treatment program to support her community employment needs.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 8/21/24 at 7 AM. Client A's IDT (Interdisciplinary Team) meeting on 7/26/24 indicated the following:</p> <p>- "When [client A] moved in (11/10/23), she had a</p>	W 0159	<p>The QIDP, Area Supervisor, DSL and DSP will assist client A with finding a new job in the community.</p> <p>The QIDP and Area Supervisor will assist client A in providing the DSL with a schedule of the dates and times she will be working.</p> <p>The Area Supervisor will retrain DSL and staff on making sure that client A's schedule is posted so that everyone is aware of her schedule of workdays and</p>	09/14/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tracy Callahan	PM	09/08/2024

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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W 0331 Bldg. 00	<p>job at [retail store] but due to unreliable transportation, she lost her job."</p> <p>Client A was interviewed on 8/20/24 at 2:19 PM. Client A indicated she had a full time job in the community at a retail store. Client A indicated she was terminated from employment with her job after incidents of being late and missing shifts. Client A indicated staff were not able to transport her to her job on a routine basis. Client A indicated she enjoyed the financial benefits of employment and was seeking a new job within the community.</p> <p>QIDP was interviewed on 8/20/24 at 3 PM. QIDP indicated client A had been employed at a retail store within the community. QIDP indicated client A's work hours required her to be at her job before 8 am in the mornings on a routine scheduled basis. QIDP indicated there had been incidents where the overnight staff at the home was not able to care for the other clients in the home and provide client A with transportation to her job before her start time. QIDP indicated she was provided a copy of client A's schedule and had received calls from client A indicating she did not have transportation to shifts. QIDP indicated there had been incidents of not being able to find staff to come in to assist with client A's transportation needs. QIDP indicated client A had been terminated from her employment due to late and missed shifts due to the home's staffing and schedule coordination.</p> <p>9-3-3(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility's nursing services</p>	W 0331	<p>times.</p> <p>The Area Supervisor and DSL will work together to ensure that staffing and transportation is planned. The arrangements will be communicated with the staff.</p> <p>The Area Supervisor will train the DSL on contacting her supervisors immediately if and when staffing or transportation is an issue.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Leave, and DSP</p> <p>The nurse will ensure that the Area Supervisor and the DSL</p>	09/14/2024	

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	<p>failed to meet client #A's weight management needs.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 8/21/24 at 7 AM. Client A's IDT (Interdisciplinary Team) meeting on 7/26/24 indicated the following:</p> <p>-"[Client A] states that many of the meals at the home consist of more processed foods/meals and would like to start eating healthier, has had weight gain (3/31/24: 219.8# (pounds); 7/22/24: 254.6#. Work with staff to do more homemade foods rather than processed foods and to schedule outings to the [gym] whether it be a whole group activity or individualized to help encourage exercise."</p> <p>Client A's Vitals Report dated January 1 through August 20, 2024 indicated the following:</p> <ul style="list-style-type: none"> -No weights documented for January 2024. -February 2024 225.20 pounds. -March 2024 181.00 pounds. -April 2024 225.20 pounds. -May 2024 228.50 pounds. -June 2024 184.00 pounds and 253.0 pounds. -July 2024 253.00 pounds. -August 2024 261.40 pounds and 256.60 pounds. <p>The review indicated documentation of client A's weights were inconsistent. The review indicated client A's documented weight during February 2024 was 225.20 pounds and both 261.40 and 256.60 pounds in August 2024. Client A's weight from February 2024 to August 2024 increased by either 36.20 pounds or 31.40 pounds within the 6 month period of time.</p>		<p>are retrained on following the menu provided by the dietician, proper portion control during meal and snack time, and the use of healthy meal substitutions.</p> <p>The Area Supervisor will retrain staff on purchasing groceries that are needed to allow staff to follow the menu.</p> <p>The Area Supervisor will retrain the staff on following the menu that is provided by the dietician, utilizing proper portion control, and using the substitution list to provide for healthy options.</p> <p>The Area Supervisor will do weekly checks to make sure the house has groceries to follow the menu.</p> <p>The Area Supervisor will retrain the DSL and the staff on documenting all weights on scheduled days.</p> <p>The Area Supervisor will retrain staff on reporting weights to the nurse when there is an increase or decrease of 5lbs.</p> <p>The Area Supervisor and nurse will work together to monitor weekly weights to ensure they are being completed and reporting weights as needed.</p> <p>The QIDP will create active treatment schedules that utilize outings that provide opportunities for physical activity.</p> <p>The QIDP will retrain Area Supervisor, DSL and the staff on the active treatment schedule.</p> <p>The Area Supervisor and</p>		

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	<p>Client A's Nursing Quarterly Reviews from 10/1/23 through 6/30/24 indicated the following:</p> <p>-10/1/23 through 12/31/23- client A's weight was blank. Client A's clinical review regarding recent weight changes indicated, "No."</p> <p>-1/1/24 through 3/31/24- client A's weight tracking was blank. Client A's clinical review regarding recent weight changes indicated, "No."</p> <p>-4/1/24 through 6/30/24- client A's weight was documented as 253.00 pounds. Client A's clinical review regarding recent weight changes indicated, "No."</p> <p>Client A's Nursing Quarterly Reviews dated 1/1/24 through 8/20/24 did not indicate documentation of clinical nursing review of the fluctuations of client A's documented weights or the increase in her weight throughout the period.</p> <p>RN (Registered Nurse) was interviewed on 8/20/24 at 1:24 PM. RN indicated she was not aware of client A's 7/26/24 IDT's discussion or review of client A's weights. RN indicated the documentation of client A's weights was inconsistent throughout the 1/1/24 through 8/20/24 period. RN indicated she had not trained staff on how to ensure accurate weight documentation or addressed any weight management needs. RN indicated she had not retrained staff regarding client A's dietary preferences or needs. RN indicated she had not seen physical signs of significant weight gain or fluctuation during her assessments of client A.</p> <p>Client A was interviewed on 8/20/24 at 2:19 PM. Client A indicated the meals at her home included processed food and were not fresh or home made.</p>		<p>DSL will create a calendar for the house to plan appropriate activities off the activity schedule.</p> <p>The Area Supervisor will train staff on the monthly active treatment calendar.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Area Supervisor, Direct Support Lead, and DSP.</p>	

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

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	<p>Client A indicated she would prefer healthier food options to include fresh and home made meals. Client A indicated she would like to participate in physical activities at the local gym. Client A indicated she had not been or participated in physical activities at the local gym.</p> <p>QIDP was interviewed on 8/20/24 at 3 PM. QIDP indicated client A physically appeared to have gained significant weight since her 11/10/23 admission to the home. QIDP indicated the home should provide client A with fresh and home made food options. QIDP indicated client A had not participated in physical activity at the local gym. QIDP indicated there had been delays in obtaining a membership for client A at the gym.</p> <p>9-3-6(a)</p>			