

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G465	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/06/2024
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP COD 6025 BUCKSKIN CT INDIANAPOLIS, IN 46250
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00440418.</p> <p>Complaint #IN00440418: No deficiencies related to the allegation(s) are cited.</p> <p>Dates of Survey: October 29, 30, 31, November 1 and 6, 2024.</p> <p>Facility Number: 000979 Provider Number: 15G465 AIMS Number: 100244860</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/21/24.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>Based on record review and interview for 1 of 3 sampled clients (C), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client C's checking account balance was under \$2,000.</p> <p>Findings include:</p> <p>The facility's finances were reviewed on 10/30/24 at 12:53 PM. Client C's RSL (Resident Statement) record form dated 8/1/24 to 10/30/24 indicated client C had a RSL account balance of \$2,574.13 on 10/29/24.</p>	W 0104	<p>CORRECTION: <i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically, the provider's business Department is working to get client #C's Medicaid Liability set to help avoid unexpected large deposits. The facility assisted client C with completing a spend down and client C is no longer over-resourced. A review of financial records indicated this deficient practice did not affect</i></p>	12/06/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Bob Morris	TITLE QIDP Manager	(X6) DATE 12/05/2024
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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 0140 Bldg. 00	<p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed 10/30/24 at 2:10 PM. QIDPM #1 was asked if client C should have a savings/checking account balance of \$2,574.13. QIDPM #1 stated, "No, because he would be over-resourced and in danger of losing his Medicaid."</p> <p>9-3-1(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>Based on record review and interview for 2 of 3 sampled clients (A and C), the facility failed to maintain a current and accurate accounting of clients A and C's finances.</p> <p>Findings include:</p> <p>Client A's financial record was reviewed on 10/30/24 at 12:53 PM. Client A's RLS (Resource Ledger Sheet) dated October 2024 indicated a transaction for \$12.49 on 10/13/24. The review did not indicate documentation of a transaction for \$8.64 on 10/29/24 and did not indicate a receipt for the \$8.64 on 10/29/24. The review did not indicate documentation of a RLS for September 2024.</p>	W 0140	<p>additional clients.</p> <p>PREVENTION: Agency Business Department staff will monitor finances and send out spend down notices as needed. As soon as new clients are admitted to the facility, the Client Benefits Coordinator will work with appropriate government agencies to assure prompt establishment of Medicaid liabilities to prevent clients from becoming over-resourced due to bureaucratic delays. RESPONSIBLE PARTIES: QIDP, Area Supervisor, Direct Support Lead, Direct Support Staff, Operations Team, Business Department, Regional Director</p> <p>CORRECTION: <i>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. Specifically, client A and client C's resource ledger sheets will be corrected and updated. The Area Supervisor will be retrained to assure financial ledgers for all clients that include credits, debits, and current balances, with accompanying receipts are updated no less than weekly and turned into the business</i></p>	12/06/2024

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	<p>Client C's financial record was reviewed on 10/30/24 at 12:53 PM. Client C's RLS dated September 2024 indicated a deposit of \$10 on 9/24/24. The deposit on 9/24/24 was the most current transaction recorded in client C's financial record. The review did not indicate documentation of a RLS for October 2024.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 10/30/24 at 2:10 PM. QIDPM #1 indicated the facility did not have a current and accurate accounting of client A and C's finances and the facility should keep a current and accurate accounting of client A and C's finances.</p> <p>9-3-2(a)</p>		<p>department monthly for review and filing. Copies of completed ledgers will be maintained in the home.</p> <p>PREVENTION: The Area Supervisor will audit client financial records no less than weekly. The Area Supervisor will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally, for the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDPs, Quality Assurance Coordinators, Area Supervisors, Assistant Nurse Manager and Nurse Manager) will conduct twice weekly administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, including night and weekend observations. After 30 days, administrative monitoring will occur no less than weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Current Operations Team members received training from the QIDP Manager on 12/14/23, to assure a clear understanding of</p>	

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W 0183 Bldg. 00	483.430(c)(2) FACILITY STAFFING Based on observation, record review and interview for 2 of 3 sampled clients (B and C) plus 2 additional clients (E and F), the facility failed to ensure staff were present to prevent potential	W 0183	<p>administrative monitoring as defined below.</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed. <p>Administrative oversight will include but not be limited to assuring a complete and accurate accounting of client finances is present.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Direct Support Lead, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: <i>There must be responsible direct care staff on duty and awake on a 24-hour basis, when clients are</i></p>	12/06/2024

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	<p>incidents of physical aggression.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/29/24 from 3:00 PM through 6:15 PM and on 10/30/24 from 6:15 AM through 8:35 AM. Clients B, C, E and F were observed throughout the observation periods. On 10/29/24 at 3:00 PM the surveyor rang the front doorbell upon arrival at the group home. Client B answered the door. Client B was not sure if any staff were present in the group home. At 3:04 PM client B called AS (Area Supervisor) #1 on his cellular phone. Client B indicated AS #1 was on her way back to the group home. At 3:05 PM the surveyor knocked on client E's bedroom door. Client E was asleep but woke up when the surveyor knocked on the door. Client E stated, "There's supposed to be a staff here. We lost a lot of staff recently so I don't even know. They also can't leave all the guys here without supervision." At 3:09 PM client F was in his room playing video games. At 3:12 PM AS #1's car pulled into the driveway of the group home. At 3:14 PM AS #1 entered the group home.</p> <p>The facility's BDS (Bureau of Disabilities Services) reports and investigations were reviewed on 10/31/24 at 9:29 AM. A BDS report dated 10/14/24 indicated, "... On 10/13/24 [client C] tried to barter with a housemate, and a different housemate, [client E], overheard. The housemate reminded [client C] that they agreed not to trade or sell items to peers. [Client C] was angered and he and the housemate (client E) became agitated towards each other and a physical altercation ensued. Staff offered verbal redirection, and they separated. [Client E] picked up a chair and threw it towards [client C]. They re-escalated, and were provided verbal redirection. [Client C] stepped out to</p>		<p><i>present, to take prompt, appropriate action in case of injury, illness, fire or other emergency, in each defined residential living unit housing.</i></p> <p>Specifically: clients will no longer spend plan approved "alone time" in the home without staff supervision.</p> <p>PREVENTION:</p> <p>For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDPs, Quality Assurance Coordinators, Area Supervisors, Assistant Nurse Manager and Nurse Manager) will conduct twice weekly administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, including night, weekend and unannounced observations. After 30 days, administrative monitoring will occur no less than weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Current Operations Team members received training from the QIDP Manager on 12/14/23, to assure a clear understanding of</p>		

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	<p>another area and called the police. Supervisor and nursing were notified. The police arrived, spoke to the gentlemen, and staff, and documented the disturbance before leaving."</p> <p>"Plan to Resolve (Immediate and Long Term)."</p> <p>"[Client C] was not injured. He was provided post incident supportive counseling. [Client C] has a history of verbal and physical aggression addressed in his Behavior Support Plan. Staff will continue to implement the proactive and reactive strategies in their plans to help reduce and prevent further occurrences...".</p> <p>Client C's BSP revised 10/16/24 indicated the following:</p> <p>"... Reactive Strategies/Procedures:"</p> <p>"Physical Aggression/Property Destruction:"</p> <p>"any time [client C] attempts to/succeeds at a strike, grab, kick, pinch, scratch, throw object toward other in a deliberate manner with intent to harm/pain."</p> <p>"Do not overreact, maintain a calm demeanor."</p> <p>"Immediately ensure the health and safety of everybody in the immediate area."</p> <p>"Scan the room for items that can be used by [client C] as a potential weapon against himself or others."</p> <p>"If there are items that he could use as weapons, remove the weapons from the area. This includes sharps (or items which can easily be made into a sharp) as well as the cleaning chemicals which</p>		<p>administrative monitoring as defined below.</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed. <p>Administrative oversight will include but not be limited to assuring staff are present in the home providing supervision and active treatment.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Direct Support Lead, Direct Support Staff, Operations Team, Regional Director</p>	

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W 0192 Bldg. 00	<p>could be ingested...".</p> <p>- "If the behavior persists and has the potential to place [client C] or others in harm's way, implement You're Safe I'm Safe (YSIS) personal safety techniques:"</p> <p>- "Position yourself between [client C] and his peers."</p> <p>- "In a calm but firm voice verbally redirect [client C] to a different location/area/activity."</p> <p>- "Block physical aggression...".</p> <p>Client C was interviewed on 10/29/24 at 4:04 PM. Client C was asked if he felt comfortable being in the group home without staff. Client C stated, "Sometimes but not all the time. What if a fight happens and there's no staff around?"</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 10/30/24 at 2:10 PM. QIDPM #1 was asked if Clients B, C, E and F should have been left unsupervised at the group home. QIDPM #1 stated, "No, potential for peer to peer aggression."</p> <p>9-3-3(a)</p> <p>483.430(e)(2) STAFF TRAINING PROGRAM</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure staff were properly trained to notify the nurse regarding client A's blood pressure parameters.</p>	W 0192	<p>CORRECTION: <i>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Specifically, the nurse will retrain</i></p>	12/06/2024

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 10/29/24 from 3:00 PM through 6:15 PM and on 10/30/24 from 6:15 AM through 8:35 AM. Client A was observed throughout the observation periods. On 10/30/24 at 7:00 AM, staff #1 was observed administering client A's AM medications. Staff #1 checked client A's blood pressure. Client A's blood pressure reading was 158/106. Staff #1 continued with the AM medication pass, administering meds to clients B and C after completing client A's medication administration. Staff #1 did not contact the facility's Nurse regarding client A's blood pressure reading.</p> <p>Client A's record was reviewed on 10/30/24 at 11:56 AM. Client A's MAR (Medication Administration Record) dated October 2024 indicated the following:</p> <p>"... Blood Pressure (BP) Every Wednesday. Call If Less Than 100/60 Or Greater Than 140/90. Fax To Nurse [Fax Number]..."</p> <p>Staff #1 was interviewed on 10/30/24 at 8:10 AM. Staff #1 was asked if staff have to report any blood pressure readings/parameters to the nurse. Staff #1 stated, "If their BP is over 250 or below 70." Staff #1 returned to the surveyor after approximately 10 minutes and indicated she had been confused and she had been referring to a blood glucose level. The surveyor repeated the question. Staff #1 stated, "Anything over 130 or below 90 contact the nurse. I thought you were asking about blood sugars."</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on</p>		<p>all facility staff to assure understanding of nurse notification requirements as defined in Comprehensive High-risk Plans and the Medication Administration Record. Through observation, the governing body determined that this deficient practice could all clients who live in the home.</p> <p>PREVENTION: An Area Supervisor or Direct Support Lead will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training, including but not limited to assuring staff implement behavior supports as written. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDPs, Quality Assurance Coordinators, Area Supervisors, Assistant Nurse Manager and Nurse Manager) will conduct twice weekly administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, including weekend observations. After 30 days, administrative monitoring will occur no less than weekly until all staff demonstrate competence. After this period of enhanced administrative</p>	

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	<p>10/30/24 at 2:10 PM. QIDPM #1 was asked if staff #1 should have reported client A's elevated blood pressure reading to the nurse. QIDPM #1 stated, "Yes, because it was above the physician's orders parameters for contacting the nurse."</p> <p>9-3-3(a)</p>		<p>monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Current Operations Team members received training from the QIDP Manager on 12/14/23, to assure a clear understanding of administrative monitoring as defined below.</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed. <p>Administrative support at the home will include but not be limited to assuring nurse notifications occur as required.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Direct Support Staff, Operations Team, Regional Director</p>	