

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/16/2022
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
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W 0000  Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey.</p> <p>Survey Dates: 2/14/22, 2/15/22, and 2/16/22.</p> <p>Facility Number: 004615 Provider Number: 15G723 AIM Number: 200528230</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/25/22.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility's governing body failed to exercise operating direction over the facility by failing to ensure the home remained in good repair.</p> <p>Findings include:</p> <p>On 2/14/22 from 4:08 PM to 6:03 PM and on 2/15/22 from 6:53 AM to 8:28 AM, observations were conducted at the group home. During the observations, the living room wall between the TV (television) and door to the left hallway had a hole 12 inches wide by 10 inches high with exposed drywall tape. The back right bedroom had a hole in the wall next to the bed 1 foot wide by 2 foot long exposing insulation board. There was also a</p>	W 0104	To correct the deficient practice the repairs will be fixed no later than 3-16-22. All supervisory staff responsible for maintenance of the home have been re-trained to ensure all requests are completed and followed up upon. Ongoing monitoring will be achieved by the BC, AS, and QIDP doing a minimum of weekly house inspections to ensure all on-going issues are resolved for a period of two months.	03/16/2022

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>hole in wall to the right of the window measuring 4 inches in diameter. The back left bedroom door had a hole 10 inches long. This affected clients #1, #2, #3 and #4.</p> <p>On 2/15/22 at 12:50 PM, a review of the Maintenance Request Log was conducted. The form indicated the following:</p> <p>-Date: 7/27/21 Issue Reported: living room wall needs to be cut out and re patched (sic). Date Completed: Blank</p> <p>-Date: 1/5/22 Issue Reported: There are 4 holes that need to be patched. 2 in the back bedroom and 2 in the living room. Date Completed: Blank</p> <p>-Date: 1/13/22 Issue Reported: In [client #1's] bedroom, hole in the room that needs to be patched and painted. Date Completed: Blank."</p> <p>On 2/14/22 at 4:17 PM, client #4 stated, "I got upset and punched the wall. Yes, it (the hole in the living room) needs to be repaired."</p> <p>On 2/14/22 at 4:24 PM, staff #2 indicated the holes in the bedroom door and back bedroom wall were caused by a client who no longer lives in the home. Staff #2 indicated work orders for the holes throughout the house have been submitted. Staff #2 stated, "It is hard to get someone in here to fix things."</p> <p>On 2/15/22 at 7:50 AM, the Behavior Specialist (BS) indicated the holes in the bedroom wall and bedroom door were caused by client who no longer lived in the home punching them. The BS stated, "Yes, the damages have been submitted for repair, however, it is difficult to get the repairs completed in a timely manner. Yes, the damages</p>			

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W 0440 Bldg. 00	<p>need to be fixed."</p> <p>On 2/15/22 at 12:00 PM, the Associate Executive Director (AED) stated, "Yes, we have submitted work orders for the repairs. It is difficult to get the repairs completed in a timely manner."</p> <p>9-3-1(a)</p> <p>483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to ensure staff conducted quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>On 2/15/22 at 11:10 AM, a review of the facility's evacuation drills was completed. The facility failed to provide documentation for evacuation drills conducted during the months of January 2022, December 2021, September 2021, August 2021, July 2021, June 2021, May 2021, April 2021, March 2021 and February 2021. This affected clients #1, #2, #3 and #4.</p> <p>On 2/15/22 at 11:11 AM, the Quality Assurance Manager (QAM) indicated drills were to be completed once a month. The QAM stated, "Yes, drills should have been completed more than 2 times in the past year."</p> <p>On 2/16/22 at 10:52 AM, Program Manager (PM) indicated the Residential Manager for the group home is to ensure the drills get completed and the Area Supervisor is to follow up. The PM indicated there was a monthly schedule for</p>	W 0440	To correct the deficient practice a drill calendar for 2022 has been provided for the staff to include fire drills twice monthly. All staff have been trained on the importance of completing scheduled drills. Additional monitoring will be achieved through review of fire drills completed by the AS twice a month. Ongoing monitoring will be achieved through a monthly review of all fire drills completed by the QIDP Lead.	03/16/2022

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

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OMB NO. 0938-039

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	evacuation drills. The PM stated, "Yes, drills should have been completed more than twice for the year. That is a problem."  9-3-7(a)				