STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G486	A. BUILDING 00 B. WING	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256

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W 0000 Bldg. 00	This visit was for a pre-determined full recertification and state licensure survey. Dates of Survey: July 16, 17, 18, 22 and 23, 2024. Facility Number: 001000 Provider Number: 15G486 AIMS Number: 100245010 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #27547 on 7/26/24.	W 0000		
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS Based on record review and interview for 2 of 20 allegations of abuse, neglect and mistreatment reviewed, the facility failed to thoroughly investigate an incident of client to client aggression regarding clients #3 and #8 and an incident of client to client aggression regarding clients #2 and #3. Findings include: The facility's BDS (Bureau of Disability Services) reports and investigations were reviewed on 7/17/24 at 9:58 AM. 1. A BDS report dated 6/14/24 indicated, "... On 6/14/24, [client #8] started to argue with [client #3] and then [client #8] pushed [client #3]. Staff separated the individuals and [client #3] did not retaliate... They calmed and continued with their	W 0154	**CORRECTION:** *The facility must have evidence that all alleged violations are thoroughly investigated.* Specifically: All facility investigations will be completed by trained investigators. *The facility must have evidence that all alleged violations are thoroughly investigated.* Specifically: All facility investigations will be completed by trained investigators. When incidents requiring investigation occur, the QA Manager or designee will assign the investigation to a specific investigator. The QIDP Manager will conduct follow-up	08/22/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Bob Morris	QIDP Manager	09/17/2024

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	morning routine. Staff notified the supervisor." -"Plan to Resolve (Immediate and Long Term)." -"Neither individual was not injured (sic) and they received post-incident conversation and counseling...". -A review of the BDS report dated 6/14/24 indicated an incident of client to client aggression between clients #3 and #8 occurred on 6/14/24. The review did not indicate documentation of an investigation regarding an incident of client to client aggression between clients #3 and #8 on 6/14/24. 2. A BDS report dated 7/8/24 indicated, "... On 7/7/24, while trying to enter his (client #3's) shared bedroom, his roommate (client #2) attempted to hit him but staff stepped in before any contact was made. It should be noted that [client #3] didn't retaliate. Later that night [client #3's] roommate [client #2] took all of [client #3's] clothing out of his dresser draws (sic) and stripped his bed and was laying in [client #3's] bed sleeping. Staff were unable to redirect the roommate to his own bed and [client #3] slept in (sic) the couch. Staff continued to redirect them verbally to sleep in their own beds, in their assigned rooms without success...". -"Plan to Resolve (Immediate and Long Term)." -"No one was not injures (sic) and it should be noted that [client #3] was not angry or showing signs of any distress...". A review of the BDS report dated 7/8/24 indicated an incident of client to client aggression between clients #2 and #3 occurred on 7/7/24. The review		with the investigator to assure completion within required timeframes, and that each allegation is investigated thoroughly. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required. In addition to weekly face to face training and follow-up with the Quality Assurance Manager, the investigators will receive ongoing mentorship from the QIDP Manager, including but not limited to interview techniques, gathering and analysis of documentary evidence. The emphasis of this mentorship/training will be development of appropriate scope and conclusions, as well as time management skills to facilitate timely completion if investigations. The training focus will also include assuring all qualifying incidents are investigated, and that all pertinent aspects of the incidents are included in the scope of the investigations. The QIDP Manager will provide weekly follow-up to the QA Manager regarding progress and additional training needs. The facility QIDP has been trained as an investigator and will be assisting with completion of required investigations. When an investigator assigned to the facility is not available, The QIDP Manager or designee assigned by	

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	did not indicate documentation of an investigation regarding an incident of client to client aggression between clients #2 and #3 on 7/7/24. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/17/24 at 2:17 PM. QIDP #1 indicated the facility did not have documentation of an investigation regarding the incident of client to client aggression between clients #3 and #8 on 6/14/24. QIDP #1 indicated the facility did not have documentation of an investigation regarding the incident of client to client aggression between clients #2 and #3 on 7/7/24. 9-3-2(a)		the QA Manager will assume responsibility for completion of required investigations. **PREVENTION:** The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and designated members of the Operations Team, (comprised of Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDPs, Quality Assurance Coordinators, Area Supervisors, and Nurse Manager). The Quality Assurance Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate	

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			an investigation, as completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Direct Support Staff, Operations Team, Regional Director	
W 0331 Bldg. 00	483.460(c) NURSING SERVICES Based on observation, record review and interview for 1 of 3 sampled clients (#3), the facility's nursing services failed to clarify client #3's PO's (Physicians Orders) to determine if client #3 should be taking a medication listed on 2 physician consultation forms. Findings include: Observations were conducted at the group home on 7/16/24 from 3:19 PM through 6:00 PM and on 7/17/24 from 6:23 AM through 8:31 AM. Client #3 was observed throughout the observation periods. On 7/17/24 at 7:25 AM staff #1 administered the following medications to client #3: Incruse Inhaler (COPD (Chronic Obstructive Pulmonary Disease)) Inhale 1 Puff By Mouth Daily, Nifedipine (High Blood Pressure) 60 MG (Milligrams) Give 1 Tab Daily, Hydralazine (High Blood Pressure) 100 MG Take 1 tab Every Morning, Pantoprazole (GERD (Gastro-Esophageal Reflux Disease)) 40 MG Take 1 Tab Every Morning, Vitamin D3 (Supplement) 5000 IU (International Units) Give 1 Tab 1X (Time)	W 0331	**CORRECTION:**¿ *The facility must provide clients with nursing services in accordance with their needs.* The governing body determined that this deficient practice could have affected all clients who reside in the facility. Therefore, the facility after consulting with the primary care physician, the facility nurse obtained a prescription to add furosemide to client #3's routine medications. A review of documentation and current medication and treatment records indicated this deficient practice did not affect additional clients. ¿ **PREVENTION:**¿ For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance	08/22/2024

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	Daily, Slow Iron Release 45 MG (Give 1 Tab 1X daily. These were the medications administered to client #3 during the AM medication administration. Client #3's record was reviewed on 7/17/24 at 11:19 AM. A History and Physical form dated 5/1/24 indicated the following: -" ... [Client #3] ... being (sic) today for a new patient physical exam ...". -"Medication:..". -"Furosemide 20 mg Tablet 1 tab PO (By Mouth) Q (take) day ...". -"1. End Stage Renal Disease ... comment:" -"Continue POC.HD (Plan Of Care-Hemo Dialysis) at [Name of Dialysis Provider] ...". A STD (Summary of Today's Visit) form dated 6/12/24 indicated the following: -"Current Medication:" -"Taking:" -"Furosemide 20 MG Take 1 Tablet By Mouth Once Daily ...". Client #3's PO's dated 5/3/24 and signed by client #3's PCP (Primary Care Physician) did not indicate orders for client #3 to take Furosemide 20 MG. Client #3's PO's dated 6/8/24 and signed by client #3's PCP (Primary Care Physician) did not indicate orders for client #3 to take Furosemide 20 MG.		Manager, QIDP Manager, QIDPs, Quality Assurance Coordinators, Area Supervisors, Assistant Nurse Manager and Nurse Manager) will incorporate medical record reviews into twice weekly administrative monitoring. 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. · The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up.¿ · The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention.¿¿¿ ¿ Administrative support at the home will include assuring that physician recommendations are incorporated into clients' treatment plans. ¿ **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, facility nurse, Direct Support Lead, Direct Support Staff, Health Services Team, Operations Team, Regional	

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	LPN (Licensed Practical Nurse) #1 was interviewed on 7/17/24 at 2:17 PM. LPN #1 was asked if client #3 was currently prescribed and taking Furosemide 20 MG once daily. LPN #1 stated, "No." LPN #1 was asked if client #3 had taken Furosemide 20 MG since his admission to the group home on 4/30/24. LPN #1 stated, "Not to my knowledge." LPN #1 indicated Furosemide 20 MG once daily was listed as a current medication on client #3's History and Physical dated 5/1/24. LPN #1 indicated Furosemide 20 MG once daily was listed as a current medication on client #3's STD (Summary of Today's Visit) form dated 6/12/24. LPN #1 was asked if the facility's nursing services had clarified whether client #3 should be administered Furosemide 20 MG daily. LPN #1 stated, "Not that I'm aware of." 9-3-6(a)		Director	