

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 08/15/2023
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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 #IN00410648.</p> <p>Complaint #IN00410648: Federal/state deficiency related to the allegation(s) was cited at W227.</p> <p>Dates of Survey: August 9, 10, 11, 14 and 15, 2023.</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 8/25/23.</p>	W 0000		
W 0227 Bldg. 00	<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 record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A's BSP (Behavior Support Plan) addressed financial exploitation.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 8/10/23 at 9:27 AM.</p>	W 0227	<p>CORRECTION:</p> <p><i>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment. Specifically, QIDP has added potential for exploitation to client A's Behavior Support Plan. Additionally, the team has added perpetrator of exploitation to client B and E's</i></p>	09/14/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Bob Morris	QIDP Mgr.	09/08/2023

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>-A BDDS report dated 6/10/23 indicated, "... On 6/9/23 while [client A] was at a doctor's appointment he mentioned he had gotten paid that day and had spent most of it. Staff asked him what he had purchased (sic) [client A] said he had bought a big bag of [candy] from [client E] for \$100 through his CashApp..."</p> <p>- "Plan to Resolve (Immediate and Long Term)"</p> <p>- "[Client A] was provided supportive conversation and comfort from the team. Neither have exploitation as a targeted behavior in their Behavior Support Plans..."</p> <p>-A BDDS report dated 6/10/23 indicated, "... On 6/9/23 while [client A] was at a doctor's appointment he mentioned he had gotten paid that day and had spent most of it. Staff asked him what he had purchased and he said his housemate [client B] had asked for \$80 to use for a family matter and [client A] gave him the money. Supervisor has been notified."</p> <p>- "Plan to Resolve (Immediate and Long Term)"</p> <p>- "[Client A] will receive ongoing supportive conversation and comfort from his team. [Client A] and [client B] do not have exploitation addressed in their Behavior Support Plans..."</p> <p>-A review of the BDDS reports dated 6/10/23 indicated client A paid a large amount of money to client E for an inexpensive item. The review indicated client A gave money to client B as well. The review did not indicate exploitation was addressed in client A's BSP.</p> <p>Client A's record was reviewed on 8/10/23 at 11:55 AM. Client A's BSP dated 5/24/23 indicated the</p>		<p>Behavior Support Plans.</p> <p>PREVENTION:</p> <p>The QIDP will be trained to assure plans address target behaviors necessary to meet client's needs. 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, and Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, 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 5/20/23, 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 	

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	<p>following:</p> <p>- "... Target Behaviors and Goals:"</p> <p>- "Physical aggression: any time [client A] attempts to/succeeds at a strike, grab, kick, pinch, scratch, throw object toward others in a deliberate manner with intent to cause harm/pain..."</p> <p>- "Verbal Aggression: any time [client A] engages in deliberate shouting and yelling at peers and/or staff with the intent to cause emotional harm/pain..."</p> <p>- "Elopement: is defined as [client A] leaving or attempting to leave his designated area without staff supervision or attempts to leave the designated area without staff supervision while out in the community..."</p> <p>- "Non-Compliance Programming occurs when [client A] refuses to complete ISP (Individual Support Plan) and/or BSP Behavior Support Plan goals/objectives or active treatment. This includes refusing to get in vehicles, attend appointments, follow staff prompts and/or directives..."</p> <p>- "Property Destruction: Includes but not limited to ruining by jumping on furniture with the intent of destroying and breaking, punching holes in the walls and doors, throwing and breaking items, kicking items, ripping items from the wall or the building..."</p> <p>- "Inappropriate Sexual Behavior: Any instance in which [client A] includes (sic) exposing himself to peers..."</p> <p>A review of client A's BSP dated 5/24/23 did not indicate a target behavior regarding being</p>		<p>are observed the monitor is expected to step in and model the appropriate provision of supports.</p> <ul style="list-style-type: none"> · 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 assuring Behavior Support Plans address all relevant issues.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Direct Support Staff, Operations Team, Regional Director</p>	

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W 0369 Bldg. 00	<p>vulnerable to financial exploitation.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 8/10/23 at 2:02 PM. QAM #1 indicated client A's current BSP did not address financial exploitation.</p> <p>This federal tag relates to complaint #IN00410648.</p> <p>9-3-4(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A received his prescription medications as ordered.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/9/23 from 4:08 PM through 6:30 PM and on 8/10/23 from 6:00 AM through 8:32 AM. Client A was observed throughout the observation periods. On 8/10/23 at 7 AM staff #1 administered client A's AM medications. Staff #1 administered Topiramate (Epilepsy) 25 MG (Milligrams), Guanfacine (Attention Deficit Hyperactivity Disorder) 4 MG and Buspirone (Anxiety) 10 MG. The surveyor observed a bottle of Polyethylene Glycol in client A's medication tote/basket. The order label for client A's Polyethylene Glycol indicated, "mix 17 GM (grams) (One Capful) In 8 Ounces Of Liquid And Drink Once Daily For Constipation... 7 AM...". Staff #1 did not administer client A's Polyethylene Glycol during</p>	W 0369	<p>CORRECTION:</p> <p><i>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</i></p> <p>Specifically, the nurse will retrain all facility staff on proper dispensing and administration of medications. Through observation and document review the facility has determined that this deficient practice could have affected all clients who live in the facility.</p> <p>PREVENTION:</p> <p>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 medications</p>	09/14/2023

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	<p>the AM medication observation. Staff #1 stated, "He (client A) refuses it."</p> <p>Client A's record was reviewed on 8/10/23 at 11:55 AM. Client A's MAR (Medication Administration Record) dated 8/1/23 to 8/31/23 indicated the following:</p> <p>-"Polyethylene Glycol mix 17 GM (grams) (One Capful) In 8 Ounces Of Liquid And Drink Once Daily For Constipation...". Client A's MAR dated 8/1/23 to 8/31/23 indicated staff #1 had administered client A's Polyethylene Glycol 17 grams on 8/10/23.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 8/10/23 at 2:02 PM. QAM #1 was asked if staff #1 should have documented client A's Polyethylene Glycol 17 gms as administered on 8/10/23. QAM #1 stated, "No because that's falsifying documentation. They are supposed to offer it 3 times and document it in Quick MAR that it was refused."</p> <p>9-3-6(a)</p>		<p>are administered without error. 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, and Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, 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 5/20/23, 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 		

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

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			<p>safety of individuals receiving supports at the time of the observation is the top priority.</p> <ul style="list-style-type: none"> Review all relevant documentation, providing documented coaching and training as needed <p>Administrative support at the home will include assuring medications are administered without error.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, facility nurse, Direct Support Staff, Health Services Team, Operations Team</p>		