

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G080	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/25/2022
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SOUTH CENTRAL	STREET ADDRESS, CITY, STATE, ZIP COD 725 CARR ST MILAN, IN 47031
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 2/22/22, 2/23/22, 2/24/22 and 2/25/22.</p> <p>Facility Number: 000623 Provider Number: 15G080 AIM Number: 100233870</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/9/22.</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 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure 1) the wall adjacent to the main entryway was in good repair and free from damage, 2) the wall in the bathroom was in good repair free from a softball size hole, and 3) the wall in client #6's bedroom was in good repair.</p> <p>Findings include:</p> <p>An observation was conducted on 2/22/22 from 4:08 PM to 6:04 PM. The observation indicated the following, which affected clients #1, #2, #3, #4, #5 and #6.</p>	W 0104	<p>W104: The governing body must exercise general policy, budget and operating direction over the facility.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · Program Manager completed a work order to have the drywall in the facility repaired in the living room, bathroom and client (6) bedroom. (Attachment A) · Rescare Management will do on site visits to the facility 3 times weekly to monitor the progress of the repairs until completed. (Attachment B) · Rescare Management 	03/20/2022

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>-At 4:08 PM, client #6 exited his bedroom and went down the hallway toward the kitchen and returned to his bedroom. Upon entering client #6's bedroom at 4:20 PM, a 1 foot wide by 2 foot tall rectangular shape section of drywall had been cut out, replaced, but left unfinished with spackling and paint adjacent to client #6's bed. Staff #1 was asked why client #6's bedroom wall required a section of drywall to cut out. Staff #1 stated, "I'm not sure how it was damaged". Staff #1 was asked if this section of client #6's bedroom wall was under repair. Staff #1 stated, "It was like that when I started. It looks like they're repairing it".</p> <p>-At 5:24 PM, client #6 entered the bathroom. Staff #1 provided a verbal prompt to client #6 to change his shirt. When client #6 exited the bathroom, a softball size hole across from the toilet a foot above the floor was in the wall. Staff #1 was asked how the damage resulting in a hole in the bathroom had occurred. Staff #1 stated, "That's where [client #1] fell". The hole was round in shape and 4 inches in circumference.</p> <p>-At 5:29 PM, staff #2 entered the home through the main entryway. Adjacent to the main entryway was a rocker recliner. Behind the rocker recliner were multiple scrapes and damage to the wall 1 foot wide by 1 foot tall.</p> <p>On 2/23/22 at 8:30 AM, the Area Supervisor (AS) was interviewed. The AS was asked about the damage to the walls throughout the home. The AS stated, "I've spoken with maintenance, but I've not reported the hole in the bathroom and for painting". The AS indicated no documentation for work order history could be provided for review. The AS indicated he had spoken with maintenance but needed to follow up with written</p>		<p>completes on site environmental reviews monthly to monitor any concerns in the facility. (Attachment C)</p> <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> The Quality Manager will input and track all Site Reviews and report all noted issue to the Program Manager and Executive Director for monitoring and ensure completion. The Program Manager will receive all work orders and notify the Aramark Maintenance Technician of the work order and what needs completed. Completed work orders are then turned into the Program Manager for monitoring and to ensure completion. Program Manager will continue to monitor the Aramark Portal for completion of work orders. <p>Completion Date: 3/20/22</p>	

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W 0249 Bldg. 00	<p>work order for the damaged areas of walls being discussed.</p> <p>On 2/24/22 at 11:48 AM, the Program Manager (PM) was interviewed. The PM was asked about the damaged walls throughout the home and documentation of work order history for repairs. The PM indicated the home should be maintained in good repair and stated, "Yes, Cause [group home name] is not something I've heard about. No, I don't think there is a work order history or that's it been reported". The PM indicated further follow up was needed, but the home should be maintained in good repair.</p> <p>9-3-1(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 additional client (#6), the facility failed to ensure client #6's mealtime objective with two physical assist prompts was implemented as written per his Individual Support Plan.</p> <p>Findings include:</p> <p>An observation was conducted on 2/22/22 from 4:08 PM to 6:04 PM. The observation indicated the following:</p> <p>-At 4:46 PM, the clients were preparing for their</p>	W 0249	<p>W249: As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p>	03/20/2022

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	<p>evening meal. Staff #2 was assisting with the preparation and was asked what the evening would be. Staff #2 stated, "Chicken parmesan, garlic and herb noodles, mashed potatoes, and Brussels sprouts ... [Client #6] is having a burrito, beef and bean and chicken nuggets. He does not use spoons or forks well, so we serve a lot of finger foods. We're supposed to prompt him to use his fork and spoon". Shortly after this conversation, the clients began their family style meal, passed serving bowls and began eating.</p> <p>-At 4:57 PM, client #6 took a bite of his chicken nugget. Client #6 used both of hands to hold and lift the chicken nugget to his mouth.</p> <p>-At 5:01 PM, client #6 continued to eat his chicken and used both hands to hold and lift his chicken to his mouth to take a bite. Client #6 was not prompted to use his utensils.</p> <p>-At 5:05 PM, client #6 used both of his hands to lift and eat a piece of chicken nugget followed by a Brussels sprout. Client #6 was not prompted to use his utensils.</p> <p>-At 5:10 PM, client #6 used his hands to hold and lift a piece of chicken to his mouth and take a bite. At 5:11 PM, staff #2 used a verbal prompt to instruct client #6, "Try using your fork".</p> <p>-At 5:13 PM, client #6 used both of his hands to hold, lift and take a bite of his chicken. Client #6 continued to use his hands until finished with his chicken. Client #6 then stood, drank his water and turned toward the trash can and scraped the remaining uneaten chicken nugget crusts into the trash can.</p> <p>On 2/23/22 at 12:24 PM, a focused review of client</p>		<p>Corrective Action:</p> <ul style="list-style-type: none"> · All staff trained on dining plans for client (6). (Attachment D) · All staff trained on client (6) mealtime goals. (Attachment E) · All staff trained on implementation of client (6) mealtime goal. (Attachment F) · QIDP will review goal completion monthly when completing consumer monthly summaries. · Rescare Management will complete mealtime observations 3 times weekly for no less than 60 days. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · The QIDP will review all goal completion monthly when completing consumer monthly summaries. · Mealtime observations will be sent to the Program Manager for review and to ensure completion. <p>Completion Date: 3/20/22</p>	

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	<p>#6's record was conducted. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 10/24/21 indicated, "Priority Objectives: ... 6. Mealtime Etiquette ... GOAL #6: Mealtime Etiquette LONG TERM OBJECTIVE: [Client #6] will take a bite of food using a spoon/fork, with physical assistance, 60% of opportunities, for 6 consecutive months, by 10/24/2022. SHORT TERM OBJECTIVE: [Client #6] will take a bite of food using a spoon/fork, with physical assistance, 50% of opportunities, for 6 consecutive months, by 4/24/2022. METHODOLOGY: ... Staff will assist by putting the spoon/fork to [client #6's] mouth, touching his lips ... lightly place spoon against his lips; do not push utensil into his mouth ... Staff will physically assist [client #6] to take a bite of food using a spoon/fork 2 X's (times) throughout the meal. A successful trial will be documented if [client #6] takes a bite of food using a spoon/fork with physical assistance or less. Staff will offer praise and encouragement for all attempts ... TRAINING SCHEDULE/DATA COLLECTION: Daily, PM (evening meal). DURATION: 5 minutes ...".</p> <p>-January 2022 Monthly Data Tracking indicated, "Not Met" for 100% of the trials for client #6's ISP objective for mealtime etiquette.</p> <p>-December 2021 Monthly Data Tracking indicated, "Not Met" for 100% of the trials for client #6's ISP objective for mealtime etiquette.</p> <p>-November 2021 Monthly Data Tracking indicated, "Not Met" for 100% of the trials for client #6's ISP objective for mealtime etiquette.</p> <p>During the evening meal, the use of physical assistance with client #6 to use his spoon/fork did</p>			

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	<p>not occur. Staff used verbal prompts to encourage client #6 to use his utensils, however no physical assistance as described per his ISP for staff to physically assist with putting the spoon/fork to his mouth occurred. Client #6 continued eating his meal with the use of both of his hands.</p> <p>On 2/25/22 at 12:58 PM, staff #1 was interviewed. Staff #1 was asked about the implementation of client #6's mealtime etiquette objective, the lack of staff physical assistance during the evening meal, and the 3 months ISP data indicating a not met with the use of physical assistance. Staff #1 stated, "He (client #6) won't use his spoon. We try to get him to use it". Staff #1 was asked to describe how staff tried to get client #6 to use his spoon. Staff #1 stated, "We show him how. He won't pick it up. He refuses to touch the spoon". Staff #1 was asked if client #6 would use a fork. Staff #1 stated, "Nope, not that either. When I first started they (staff at the home) told me he would never use his spoon. I think that's bad that he eats finger foods all the time". Staff #1 was asked if she knew what it meant to use hand over hand assistance. Staff #1 shook her head no. An example of hand over hand assistance to pick up an ink pen was modeled for staff #1. Staff #1 stated, "I've seen other staff do it, but not me. I'm a little scared. He's already attacked me. He will scratch your hands". Staff #1 was asked if client #6 was successful with his mealtime etiquette objective when other staff used the hand over hand assistance that she had observed. Staff #1 stated, "He didn't open his mouth". Staff #1 was asked if this example of client #6 not opening his mouth, would be documented as a 0 for not accomplished or as an R for refused. Staff #1 stated, "I think the zeros are the same as the R's, refused. I think. I'm new and still learning".</p>			

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	<p>On 2/23/22 at 12:41 PM, the Qualified Intellectual Disabilities Professional Designee (QIDPD) was interviewed. The QIDPD was asked about the implementation of client #6's ISP objective for mealtime etiquette and the lack of staff physical assistance indicated during the evening meal. The QIDPD indicated the training of client #6's mealtime etiquette objective was conducted daily during the PM hours, meaning the evening meal would be during the timeframe for formal training opportunity. The QIDPD indicated client #6's mealtime etiquette objective was revised during the month of October. The QIDPD indicated client #6's ISP data tracking over the 3 months period reviewed for being not met through the use of physical assistance could not be accurate, if the ISP objective had been implemented as written. The QIDPD stated, "Yes, I feel the goal is good. It's maybe implementation. Not everything can be finger foods, like macaroni and cheese". The QIDPD was asked when the goal should be implemented. The QIDPD stated, "Daily. It's not every meal. Most likely the PM meal. I can see that (lack of implementation)". The QIDPD was asked if client #6's mealtime etiquette objective should be implemented with physical assistance by staff as written per his ISP. The QIDPD stated, "Yes, it should".</p> <p>On 2/23/22 at 1:09 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the implementation of client #6's mealtime etiquette objective, the lack of staff physical assistance during the evening meal, and the 3 months ISP data indicating a not met with the use of physical assistance. The QIDP stated, "Yes, it's difficult to see how the 3 months data is 100% not met". The QIDPD stated, "It's not being implemented". The QIDP stated, "Exactly".</p>			

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W 0252 Bldg. 00	<p>On 2/24/22 at 11:48 AM, the Program Manager (PM) was interviewed. The PM was asked about the implementation of client #6's mealtime etiquette objective, the lack of staff physical assistance during the evening meal, and the 3 months ISP data indicating a not met with the use of physical assistance. The PM stated, "We should be working with him (physical assistance as written per the ISP). They should have implemented, it's definitely an implementation issue". The PM indicated further follow up was needed to ensure the accurate implementation and training of client #6's mealtime etiquette objective.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on observation, record review and interview for 1 additional client (#6), the facility failed to ensure client #6's mealtime etiquette objective was accurately documented for prompting levels with the use of physical assistance.</p> <p>Findings include:</p> <p>An observation was conducted on 2/22/22 from 4:08 PM to 6:04 PM. The observation indicated the following:</p> <p>-At 4:46 PM, the clients were preparing for their evening meal. Staff #2 was assisting with the preparation and was asked what the evening would be. Staff #2 stated, "Chicken parmesan,</p>	W 0252	<p>W252: Program Implementation</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · All staff trained on dining plans for client (6). (Attachment D) · All staff trained on client (6) mealtime goals. (Attachment E) · All staff trained on implementation of client (6) mealtime goal. (Attachment F) · QIDP will ensure all staff are trained on the proper implantation process for all client goals. (Attachment G) · QIDP will review goal 	03/20/2022

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	<p>garlic and herb noodles, mashed potatoes, and Brussels sprouts ... [Client #6] is having a burrito, beef and bean and chicken nuggets. He does not use spoons or forks well, so we serve a lot of finger foods. We're supposed to prompt him to use his fork and spoon". Shortly after staff #2's statement, the family style meal began by clients and staff members passing around the serving bowls and dipping up food items onto their plates.</p> <p>-At 4:57 PM, client #6 took a bite of his chicken nugget. Client #6 used both of hands to hold and lift the chicken nugget to his mouth.</p> <p>-At 5:01 PM, client #6 continued to eat his chicken and used both hands to hold and lift his chicken to his mouth to take a bite. Client #6 was not prompted to use his utensils.</p> <p>-At 5:05 PM, client #6 used both of his hands to lift and eat a piece of chicken nugget followed by a Brussels sprout. Client #6 was not prompted to use his utensils.</p> <p>-At 5:10 PM, client #6 used his hands to hold and lift a piece of chicken to his mouth and take a bite. At 5:11 PM, staff #2 used a verbal prompt to instruct client #6, "Try using your fork".</p> <p>-At 5:13 PM, client #6 used both of his hands to hold, lift and take a bite of his chicken. Client #6 continued to use his hands until finished with his chicken. Client #6 then stood, drank his water and turned toward the trash can and scraped the remaining uneaten chicken nugget crusts into the trash can.</p> <p>On 2/23/22 at 12:24 PM, a focused review of client #6's record was conducted. The record indicated the following:</p>		<p>completion monthly when completing consumer monthly summaries.</p> <ul style="list-style-type: none"> · Rescare Management will complete mealtime observations 3 times weekly for no less than 60 days. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · The QIDP will review all goal completion monthly when completing consumer monthly summaries. · Nurse will update dining plans annually and as needed. · QIDP will send completed monthly summaries to the Program Manager for review and ensure completion. · Mealtime observations will be sent to the Program Manager for review. <p>Completion Date: 3/20/22</p>	

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	<p>-Individual Support Plan (ISP) dated 10/24/21 indicated, "Priority Objectives: ... 6. Mealtime Etiquette ... GOAL #6: Mealtime Etiquette LONG TERM OBJECTIVE: [Client #6] will take a bite of food using a spoon/fork, with physical assistance, 60% of opportunities, for 6 consecutive months, by 10/24/2022. SHORT TERM OBJECTIVE: [Client #6] will take a bite of food using a spoon/fork, with physical assistance, 50% of opportunities, for 6 consecutive months, by 4/24/2022. METHODOLOGY: ... Staff will assist by putting the spoon/fork to [client #6's] mouth, touching his lips ... lightly place spoon against his lips; do not push utensil into his mouth ... Staff will physically assist [client #6] to take a bite of food using a spoon/fork 2 X's (times) throughout the meal. A successful trial will be documented if [client #6] takes a bite of food using a spoon/fork with physical assistance or less. Staff will offer praise and encouragement for all attempts ... TRAINING SCHEDULE/DATA COLLECTION: Daily, PM (evening meal). DURATION: 5 minutes ...".</p> <p>-January 2022 Monthly Data Tracking indicated, "Not Met" for 100% of the trials for client #6's ISP objective for mealtime etiquette.</p> <p>-December 2021 Monthly Data Tracking indicated, "Not Met" for 100% of the trials for client #6's ISP objective for mealtime etiquette.</p> <p>-November 2021 Monthly Data Tracking indicated, "Not Met" for 100% of the trials for client #6's ISP objective for mealtime etiquette.</p> <p>-January 2022 Data Tracking Sheet indicated, "Not Accomplished=0" for all of January 2022 dates.</p> <p>-December 2021 Data Tracking Sheet indicated,</p>			

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	<p>"Not Accomplished=0" and "Refused=R". The tracking sheet indicated not accomplished on the following dates: "12/1/21, 12/2/21, 12/3/21, 12/4/21, 12/5/21, 12/8/21, 12/9/21, 12/10/21, 12/11/21, 12/12/21, 12/13/21, 12/14/21, 12/15/21, 12/16/21, 12/17/21, 12/18/21, 12/19/21, 12/20/21, 12/21/21, 12/22/21, 12/23/21, 12/24/21, 12/25/21, 12/26/21, 12/27/21, 12/28/21, 12/29/21, 12/30/21 and 12/31/21". The tracking sheet indicated "R" on the following dates: "12/6/21 and 12/7/21".</p> <p>-November 2021 Data Tracking Sheet indicated, "Not Accomplished=0" and "Refused=R". The tracking sheet indicated not accomplished on the following dates: "11/1/21, 11/2/21, 11/3/21, 11/4/21, 11/5/21, 11/6/21, 11/7/21, 11/8/21, 11/9/21, 11/10/21, 11/11/21, 11/12/21, 11/13/21, 11/14/21, 11/16/21, 11/19/21, 11/24/21, 11/29/21 and 11/30/21". The tracking sheet indicated "R" for the following dates: 11/15/21, 11/17/21, 11/18/21, 11/20/21, 11/21/21, 11/22/21, 11/23/21, 11/25/21, 11/26/21, 11/27/21 and 11/28/21".</p> <p>During the evening meal, the use of physical assistance with client #6 to use his spoon/fork did not occur. Staff used verbal prompts to encourage client #6 to use his utensils, however no physical assistance as described per his ISP for staff to physically assist him with putting his spoon/fork to his mouth occurred. Client #6 continued to eat with the use of both hands.</p> <p>On 2/25/22 at 12:58 PM, staff #1 was interviewed. Staff #1 was asked about the implementation of client #6's mealtime etiquette objective, the lack of staff physical assistance during the evening meal, and the 3 months ISP data indicating a not met with the use of physical assistance. Staff #1 stated, "He (client #6) won't use his spoon. We try to get him to use it". Staff #1 was asked to</p>			

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	<p>describe how staff tried to get client #6 to use his spoon. Staff #1 stated, "We show him how. He won't pick it up. He refuses to touch the spoon". Staff #1 was asked if client #6 would use a fork. Staff #1 stated, "Nope, not that either. When I first started they (staff at the home) told me he would never use his spoon. I think that's bad that he eats finger foods all the time". Staff #1 was asked if she knew what it meant to use hand over hand assistance. Staff #1 shook her head no. An example of hand over hand assistance to pick up an ink pen was modeled for staff #1. Staff #1 stated, "I've seen other staff do it, but not me. I'm a little scared. He's already attacked me. He will scratch your hands". Staff #1 was asked if client #6 was successful with his mealtime etiquette objective when other staff used the hand over hand assistance that she had observed. Staff #1 stated, "He didn't open his mouth". Staff #1 was asked if this example of client #6 not opening his mouth, would be documented as a 0 for not accomplished or as an R for refused. Staff #1 stated, "I think the zeros are the same as the R's, refused. I think. I'm new and still learning".</p> <p>On 2/23/22 at 12:41 PM, the Qualified Intellectual Disabilities Professional Designee (QIDPD) was interviewed. The QIDPD was asked about the implementation of client #6's ISP objective for mealtime etiquette and the lack of staff physical assistance indicated during the evening meal. The QIDPD indicated the training of client #6's mealtime etiquette objective was conducted daily during the PM hours, meaning the evening meal would be during the timeframe for formal training opportunity. The QIDPD indicated client #6's mealtime etiquette objective was revised during the month of October. The QIDPD indicated client #6's ISP data tracking over the 3 months period reviewed for being not met through the use of</p>			

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	<p>physical assistance could not be accurate, if the ISP objective had been implemented as written. The QIDPD stated, "Yes, I feel the goal is good. It's maybe implementation. Not everything can be finger foods, like macaroni and cheese". The QIDPD was asked when the goal should be implemented. The QIDPD stated, "Daily. It's not every meal. Most likely the PM meal. I can see that (lack of implementation)". The QIDPD was asked if client #6's mealtime etiquette objective should be implemented with physical assistance by staff as written per his ISP. The QIDPD stated, "Yes, it should".</p> <p>On 2/23/22 at 1:09 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the implementation of client #6's mealtime etiquette objective, the lack of staff physical assistance during the evening meal, and the 3 months ISP data indicating a not met with the use of physical assistance. The QIDP stated, "Yes, it's difficult to see how the 3 months data is 100% not met". The QIDPD stated, "It's not being implemented". The QIDP stated, "Exactly". The QIDPs indicated further review and follow up was needed with staff to ensure client #6's mealtime etiquette objective was implemented with accurate documentation collected.</p> <p>On 2/24/22 at 11:48 AM, the Program Manager (PM) was interviewed. The PM was asked about the implementation of client #6's mealtime etiquette objective, the lack of staff physical assistance during the evening meal, and the 3 months ISP data indicating a not met with the use of physical assistance. The PM stated, "We should be working with him (physical assistance as written per the ISP). They should have implemented, it's definitely an implementation issue". The PM indicated further follow up was</p>			

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W 0388 Bldg. 00	<p>needed to ensure the accurate implementation and training of client #6's mealtime etiquette objective was accurately documented.</p> <p>9-3-4(a)</p> <p>483.460(m)(1)(i) DRUG LABELING Labeling for drugs and biologicals must be based on currently accepted professional principles and practices. Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2's herbal supplement containers had a prescription label that included client #2's name, the medication name, dosage, expiration date, and the date the medication container was open for both Echinacea/Vitamin C (immune function) and Ashwagandha (reduce stress/anxiety) herbal supplements.</p> <p>Findings include:</p> <p>An observation was conducted on 2/23/22 from 6:20 AM to 9:58 AM. At 7:29 AM, staff #3 washed her hands and unlocked the medication cabinet in preparation administering client #2 his morning medicines. While preparing, staff #3 verbally prompted client #2 to wash his hands as well. At 7:30 AM, staff #3 handed the surveyor a medication bottle with the name "Ashwagandha" which did not have a prescription label. Staff #3 was asked about the dosage of the medication. Staff #3 reviewed client #2's medication administration record (MAR) and stated, "It (MAR) says take two tablets daily with food (Ashwagandha)". Staff #3 then indicated client #2 also took a supplement medication by the name of Echinacea/Vitamin C and stated, "The</p>	W 0388	<p>W388: Drug Labeling</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Nurse obtained labels from the pharmacy to place on client (2) medications that didn't have labels. Rescare Nurse completes weekly audits at the facility and will ensure all medications are labeled properly. (Attachment H) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Nurse weekly audit is sent the Nurse Manager, Area Supervisor and Program Manager for resolution and monitoring of any noted issues. <p>Completion Date: 3/20/22</p>	03/20/2022

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	<p>Echinacea/Vitamin C is once daily". Staff #3 handed the surveyor the second medication bottle for Echinacea/Vitamin C for review. Neither the medication container for Ashwagandha and/or the medication container for Echinacea/Vitamin C had prescription labeling for referencing the name of the medication, the person it was prescribed too, the dosage, expiration date and date the medication container had been open. No medication labeling was present for either of the medication containers. At 7:38 AM, client #2 took his morning medication, which included both the Echinacea/Vitamin C and Ashwagandha herbal supplements.</p> <p>On 2/23/22 at 3:07 PM, client #2's record was reviewed. The record indicated the following:</p> <p>-Physician Order dated 12/1/21 through 12/31/21 indicated, Echinacea/Vitamin C: Give one tablet by mouth once daily DX: Supplement"</p> <p>-Physician Order (PO) dated 12/6/21 indicated, "**Verbal Order*", Received verbal order for dr. (doctor) [name] on 12/3/21 at 5:50 PM. D/C (discontinue) RediCalm (anxiety) supplement, start Ashwagandha herbal supplement PO BID (twice) 1 cap X (times) 6 refills".</p> <p>-MAR dated 12/1/21 through 12/31/21 indicated, "Echinacea/Vitamin C: Give one tablet by mouth once daily DX: Supplement" and handwritten note on the MAR indicated, "Ashwagandha Extract one tablet by mouth twice daily 7 AM and 7 PM".</p> <p>On 2/23/22 at 4:24 PM, the Qualified Intellectual Disabilities Professional (QIDP) and Qualified Intellectual Disabilities Professional Designee (QIDPD) were interviewed. The QIDPs were asked about the two supplements missing labeling for</p>			

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W 0455 Bldg. 00	<p>client #2. The QIDPD stated, "The medications should have a label. [Nurse] is the one to follow up with. We have the orders, but no labels". Both the QIDP and QIDPD indicated client #2's supplements should have labeling that included client #2's name, the medication name, dosage, expiration date, and the date the medication container was open.</p> <p>On 2/25/22 at 11:10 AM, the Nurse was interviewed. The Nurse was asked about client #2's two supplements that were missing labeling. The Nurse stated, "[Pharmacy Name] does not carry those two. They bought them over the counter. I asked if the pharmacy would print a label and [previous Nurse name] said the pharmacy would not print the label ... I'm not sure how to get the prescriber without physically writing it on there. I've not called the pharmacy. I'll see if there is anyway they can print labels. If the pharmacy won't, I'll check with other pharmacies". The Nurse indicated client #2's medication containers for the two supplements did need labeling and further follow up was required.</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), the facility failed to ensure staff implemented strategies to reduce the risk of COVID-19 by failing to ensure staff #3 completed 1) the visitor screening for signs and symptoms of COVID-19 and obtained the temperature of the surveyor and</p>	W 0455	<p>W455: The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Staff trained on visitor 	03/20/2022

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	<p>2) wore a facial covering while providing supports and services to client #6 in the bathroom.</p> <p>Findings include:</p> <p>An observation was conducted on 2/23/22 from 6:20 AM to 9:58 AM. At 6:20 AM, client #4 answered the door and allowed the surveyor to enter the home. Staff #3 was in the bathroom and was assisting client #6 with his morning routine to complete a shower and dressing for the day. Staff #3 indicated she would be out momentarily. When client #6 and staff #3 exited the bathroom, staff #3 was not wearing a facial covering. Staff #3 proceeded past the surveyor in the hallway to the common living area. At 6:28 AM, the Area Supervisor entered the home. The Area Supervisor was wearing a blue surgical mask as he entered the home and completed his visitor screening. Neither staff #3 nor the Area Supervisor completed the visitor screening with the surveyor. At 6:30 AM, staff #3 exited the medication administration room and was wearing a blue surgical facial covering. At no time during the observation was the visitor screening competed with the surveyor.</p> <p>On 2/23/22 at 8:44 AM, staff #3 was interviewed. Staff #3 was asked about the visitor screening procedures. Staff #3 stated, "I know I didn't take your temp (temperature). I had the form out and thought I had time get his shower done". Staff #3 indicated the visitor screening for signs and symptoms, which would include taking a visitors temperature should have been completed with the surveyor. Staff #3 was asked about wearing a facial covering while assisting client #6 in the bathroom with his morning routine. Staff #3 stated, "I should have had it on. I had it laying there".</p>		<p>screening policy. (Attachment I)</p> <ul style="list-style-type: none"> · Staff trained on mask policy. (Attachment I) · Rescare Management will complete observations in the home 3 times weekly for no less than 60 days to ensure all staff are following policies. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · The Area Supervisor and Site Supervisor will send completed observations to the Program Manager for monitoring and to ensure completion. · Staff are trained on medication administration upon hire, annually and as needed. · Completed observations will be sent to the Program Manager for review and monitoring. <p>Completion Date: 3/20/22</p>	

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	<p>On 2/24/22 at 12:39 PM, a review of the Use of Facial Covering in the Event of an Infectious Disease Outbreak policy dated 5/18/21 was reviewed. The Facial Covering policy indicated, "In care settings, the use of surgical masks is required unless otherwise required by the situation to use an N95 or KN95 mask ... Employees who fail to comply with this policy will counseled and remind to comply. Repeated, intentional violations of this policy will result in corrective action".</p> <p>On 2/24/22 at 12:43 PM, the Visitor Screening Tool dated 12/29/21 indicated, "Fever greater than or equal to 100.00 F (Fahrenheit) or any of the following symptoms: Feel ill, chills, fatigue or muscle ache, cold or sinus infection... shortness of breath, sore throat, new or changed cough, head ache, loss of taste or smell...".</p> <p>On 2/24/22 at 1:45 PM, the article "Coronavirus Disease 2019 (COVID-19): Protect Yourself" was reviewed from the website www.cdc.gov. The article indicated: "...Everyone should: Wash your hands often: Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% (percent) alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose, and mouth with unwashed hands. Avoid close contact: Avoid close contact with people who are sick, even if inside your home. If possible, maintain 6 feet between the person who is sick and other household members. Put distance between yourself and other people outside of your home. Remember that some</p>			

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	<p>people without symptoms may be able to spread virus. Stay at least 6 feet from other people. Do not gather in groups. Stay out of crowded places and avoid mass gatherings. Keeping distance from others is especially important for people who are at higher risk of getting very sick. Cover your mouth and nose with a cloth face cover when around others: You could spread COVID-19 to others even if you do not feel sick. Everyone should wear a cloth face cover when they have to go out in public, for example if they have to go to the grocery store or to pick up other necessities The cloth face cover is meant to protect other people in case you are infected Continue to keep about 6 feet distance between yourself and others. The cloth face cover is not a substitute for social distancing. Cover coughs and sneezes: If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol. Clean and disinfect: Clean and disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks. If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection. Then, use a household disinfectant. Monitor your health: Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19. Especially important if you are running essential errands, going into the office or workplace, and in setting where it may be difficult to keep a physical distance of 6 feet. Take your temperature if symptoms develop</p>			

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W 0474 Bldg. 00	<p>Follow CDC (Center for Disease Control) guidance if symptoms develop".</p> <p>On 2/24/22 at 10:05 AM, the Program Manager (PM) was interviewed. The PM was asked about staff not wearing a facial covering while assisting client #6 with supports and services in the bathroom for his morning routine and the failure to implement the visitor screening protocol and take the surveyor's temperature. The PM stated, "The infectious control policy was not implemented". The PM indicated staff should wear a facial covering while providing supports and services with clients and the visitor screening should have been implemented as indicated in the policy and procedures.</p> <p>9-3-7(a)</p> <p>483.480(b)(2)(iii) MEAL SERVICES</p> <p>Food must be served in a form consistent with the developmental level of the client. Based on observation, record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3 received the correct diet consistency for pudding thick cream of wheat cereal during his morning meal.</p> <p>Findings include:</p> <p>An observation was conducted on 2/23/22 from 6:20 AM to 9:58 AM. At 6:31 AM, client #3 was seated at the dining room table preparing for his morning meal. Client #3's morning meal was cream of wheat cereal with apple juice to drink. Client #3 used a bowl and a coated spoon. At 6:36 AM, client #3 began eating his cereal once staff #3 warmed it in the microwave. Client #3 cereal was less than nectar thick. As client #3 ate, the cream</p>	W 0474	<p>W474: Food must be served in a form consistent with the developmental level of the client.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · All staff trained on client (3) dining plan. (Attachment J) · All staff trained on food preparations annually and as needed. · Nurse completes weekly review in the facility to ensure all medical needs are addressed. (Attachment H) · Nurse will update all dining 	03/20/2022

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	<p>of wheat cereal dripped from the coated spoon. At 6:55 AM, client #3 picked up his bowl of cereal and began to drink the warm cereal from his bowl. At 6:57 AM, client #3 attempted to use his coated spoon again, but the cream of wheat dripped from the spoon and he returned to drinking from his bowl until he had finished eating his morning cereal.</p> <p>On 2/23/22 at 8:44 AM, staff #3 was interviewed. Staff #3 was asked if she had noticed client #3 holding his bowl of warm cereal up and drinking from the bowl. Staff #3 stated, "Yeah, I saw him do that. I may have gotten it too thin. If I would have said too much (verbal prompts with client #3), I would be looking at behavioral issues". Staff #3 indicated client #3's diet consistency for the cream of wheat cereal had been made too thin.</p> <p>On 2/23/22 at 1:18 PM, client #3's record was reviewed. The record indicated the following:</p> <p>-Dining Plan dated 5/8/21 indicated, "Aspiration Risk: Severe ... Choking Risk: Severe ...</p> <p>FOOD TEXTURE: Pureed</p> <ol style="list-style-type: none"> 1. Foods should have a smooth, pudding-like consistency. 2. Gelatin is blenderized to ease getting it on a spoon. 3. Cookies and cakes are broken, soaked in liquid (milk or fruit juice) and stirred until smooth. 4. Thickening agents: <ol style="list-style-type: none"> a. Breadcrumbs are the usual pureed food thickening agent used in food preparation. b. Dry cereal is available at table side for thickening pureed food. c. Commercial thickeners and gels are agents for thickening fluids (fluids are evaluated separately 		<p>and high risk plans annually and as needed.</p> <ul style="list-style-type: none"> · QIDP will update Individual Program Plan annually and as needed and will include all adaptive equipment, high risk issues and dining plans. · Mealtime observations will be completed by Rescare Management 3 times weekly for no less than 60 days. (Attachment B) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Nurse will update all dining and high risk plans as needed and annually and send to the Nurse Manager for review. · Nurse weekly review is sent to all Rescare Management for review and to ensure completion. · QIDP will review Individual Program Plans quarterly and update as needed. · Mealtime observations will be sent to the Program Manager for monitoring and to ensure completion. <p>Completion Date: 3/20/22</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G080	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/25/2022
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SOUTH CENTRAL	STREET ADDRESS, CITY, STATE, ZIP CODE 725 CARR ST MILAN, IN 47031
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	<p>from foods)</p> <p>FLUID TEXTURE: nectar thick liquids presented at 5cc (cubic centimeters) amounts".</p> <p>On 2/23/22 at 4:24 PM, the Qualified Intellectual Disabilities Professional (QIDP) and Qualified Intellectual Disabilities Professional Designee (QIDPD) were interviewed. The QIDPs were asked about the implementation of client #3's dining plan and if his cream of wheat should have been pudding thick consistency. The QIDPs indicated staff should follow client #3's dining plan as written. Both QIDPs indicated client #3's diet texture for food as pudding thick, and liquids nectar thick in consistency. The QIDPs indicated further follow up was needed to ensure client #3's dining plan was implemented as written.</p> <p>On 2/24/22 at 11:48 AM, the Program Manager (PM) was interviewed. The PM was asked about the implementation of client #3's dining plan and if his cream of wheat should have been pudding thick in consistency. The PM stated, "We need a training on what nectar thick versus pudding looks like. She (staff) should have implemented his plan as written".</p> <p>On 2/25/22 at 10:41 AM, the Nurse was interviewed. The Nurse was asked about the implementation of client #3's dining plan and if his cream of wheat should have been pudding thick in consistency. The Nurse stated, "Correct. She should have intervened". The Nurse indicated client #3 should receive pudding thick food textures with nectar thick liquids not to exceed 5cc at a time. The Nurse indicated further follow up was needed to ensure client #3's dining plan was implemented as written.</p>			

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

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	9-3-8(a)				