

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G431	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/06/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 525 S SKYVIEW DR JASPER, IN 47546
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W 0000 Bldg. 00	<p>This visit was for a Post Certification Revisit (PCR) to the investigation of Complaint #IN00175974 completed on June 23, 2015.</p> <p>Complaint #IN00175974 - Not Corrected.</p> <p>This visit was in conjunction with a full recertification and state licensure survey.</p> <p>Dates of Survey: August 3, 4, 5 and 6, 2015.</p> <p>Facility Number: 000945 Provider Number: 15G431 AIM Number: 100235210</p> <p>The following federal deficiencies reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p>	W 0104	W104: Thegoverning body must	09/05/2015

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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>Based on record review and interview for 2 of 2 sampled clients (A and B) and 2 additional clients (C and D), the governing body failed to exercise general policy and operating direction over the facility. The governing body failed to implement the Employee Standards of Conduct requiring supervisory approval in regard to outside visitors to the Group Home.</p> <p>Findings include:</p> <p>During the observation period on 8/3/15 from 5:50 pm to 7:35 pm, four children belonging to staff #4 had been brought to work with her at the Group Home from 5:50 pm to 6:45 pm. Clients #1, #2, #3 and #4 were observed entertaining (drawing in a coloring book) and babysitting the 4 children while their mother, staff #4, administered medications in the medication room. Staff #6 was assisting with entertaining the children as well.</p> <p>The facility's Human Resources Policy and Practice Manual for Standards of Conduct dated 1/2/15 was reviewed on 8/4/15 at 4:55 pm. The Standards of Conduct indicated receiving visitors at the workplace without supervisory approval is subject to corrective action.</p>				<p>exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective Action:(specific): Staff 4 was in-serviced on the code of conduct regarding receiving visitors in the workplace without prior supervisory approval.</p> <p>How others will be identified: (Systemic): The QIDP and/or Clinical Supervisor will complete random site visits to ensure the code of conduct is being upheld.</p> <p>Measures to be put in place: Staff 4 was in-serviced on the code of conduct regarding receiving visitors in the workplace without prior supervisory approval.</p> <p>Monitoring of Corrective Action: The QIDP and/or Clinical Supervisor will complete random site visits to ensure the code of conduct is being upheld.</p> <p>Completion date: 9.5.15</p>		

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W 0249 Bldg. 00	<p>During interview with the Program Manager on 8/4/2015 at 4:07 pm, she stated "It is our Code of Conduct that employees are not to receive visitors at the group home without prior supervisory approval. She will be inserviced immediately on this."</p> <p>This deficiency was cited on 6/23/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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 of 2 sampled clients (#1), the facility failed to ensure all clients received a continuous active treatment program at every available opportunity in order to support the achievement of the objectives identified in the client's Individual Support Plan.</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</p>	09/05/2015

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	<p>Findings include:</p> <p>During the observation period on 8/3/15 from 5:50 pm to 7:35 pm, four children belonging to staff #4 had been brought to work with her at the Group Home from 5:50 pm to 6:45 pm. Clients #1, #2, #3 and #4 were observed entertaining (drawing in a coloring book) and babysitting the 4 children while their mother, staff #4, administered medications in the medication room. Staff #6 was assisting with entertaining the children as well. The clients were not observed at any time during the observation period to be working on their goals or participating in any type of formal training.</p> <p>During client #1's record review completed on 8/4/25 at 9:55 am, the Individual Support Plan dated 9/2/14 indicated client #1's goals included learning her address with 3 or fewer verbal prompts, learning to budget money with 3 or fewer verbal prompts, and to walk with staff when prompted.</p> <p>During interview with the Program Manager on 8/4/2015 at 4:07 pm, she stated "It is our Code of Conduct that employees are not to receive visitors at the group home without prior supervisory approval. She will be inserviced</p>		<p>program plan. Corrective Action:(specific): Staff 4 was in-serviced on the code of conduct regardingreceiving visitors in the workplace without prior supervisory approval. How others will beidentified: (Systemic): ADDENDUMThe QIDP will visit the home three times weekly to ensure the code of conductis being upheld. Measures to be put inplace: Staff 4 was in-serviced onthe code of conduct regarding receiving visitors in the workplace without priorsupervisory approval. Monitoring ofCorrective Action: ADDENDUM TheQIDP will visit the home three times weekly to ensure the code of conduct isbeing upheld. Completion date: 9.5.15W249: As soon as the interdisciplinary team hasformulated a client's individual program plan, each client must receive acontinuous active treatment program consisting of needed interventions andservices in sufficient number and frequency to support the achievement of the objectivesidentified in the individual program plan. Corrective Action:(specific): Staff 4 was in-serviced on the code of conduct regardingreceiving visitors in the workplace without prior supervisory approval. How others will beidentified: (Systemic): The QIDP and/or Clinical Supervisor will</p>		

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	<p>immediately on this."</p> <p>This deficiency was cited on 6/23/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>		<p>complete random site visits to ensure the code of conduct is being upheld. Measures to be put in place: Staff 4 was in-serviced on the code of conduct regarding receiving visitors in the workplace without prior supervisory approval. Monitoring of Corrective Action: The QIDP and/or Clinical Supervisor will complete random site visits to ensure the code of conduct is being upheld. Completion date: 9.5.15</p>		