

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G189	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/17/2014
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NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 220 S COLLEGE ST ROCKVILLE, IN 47872
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: December 15, 16, 17, 2014</p> <p>Provider Number: 15G189 Aims Number: 100248840 Facility Number: 000721</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 12/23/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000249	<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. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#4) to ensure client #4's</p>	W000249	On December 17, 2014 – C.A.R.S. maintenance delivered a chair with arms to facility #189.	12/17/2014

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>positioning program was implemented when opportunities were present.</p> <p>Findings include:</p> <p>Observations were done on 12/15/14 from 4:05p.m. to 5:50p.m. and on 12/16/14 from 7:05a.m. to 8:17a.m. at the facility group home. An observation was done on 12/16/14 from 11:32a.m. to 12:28p.m. at the facility day service program. At the group home, none of the dining room chairs had side arms on them. Client #4 was observed to sit in a dining room chair with no side arms, at the group home. At the day service, client #4 sat in a chair with no side arms while she waited for her medication.</p> <p>Record review for client #4 was done on 12/16/14 at 9:07a.m. Client #4 had a 9/14 "Risk Plan" that identified "Falls." The risk plan indicated client #4 was to be assisted when ambulating and to utilize chairs with side arms for safety. Client #4's 7/20/14 "Personal Profile" indicated client #4 "needs to sit in a chair with arms whenever available."</p> <p>Professional staff #1 was interviewed on 12/16/14 at 10:40a.m. Staff #1 indicated client #4's 9/14 "Risk Plan" was part of her current program plan. Staff #1 indicated client #4 should use a chair</p>		<p>This chair with arms will be utilized by resident #4 during times of dining and during any other activity as deemed necessary. On December 17, 2014 – Program Coordinator at resident #4's Day Service site placed a chair with arms outside the First Aid room. This chair with arms will be utilized by resident #4 while waiting for her medications and during any other activity as deemed necessary.</p> <p>Resident #4's IDT – which includes Senior Residential Manager, QMRP, Agency Nurse, Day Service Program Coordinator, Quality Assurance and Director of Adult Services – will review resident #4's individual program plans (including "Risk Plans") every 90 days. To evaluate the effectiveness of #4's individual program plans. The IDT will oversee direct care staff to (1) Ensure staff is able to demonstrate continuous competency in implementing individual program plans (2) Assess staff's ongoing training needs in regards to implementing individual program plans (3) Assess the progress and effectiveness of all risk reduction plans that were put into place to minimize the potential for future incidents. Overseeing may include but is not limited to...(a) Direct observation of direct care staff while they are performing direct care (b) Conducting a</p>				

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	with side arms at the group home and at day services. 9-3-4(a)		review of all incident reports that have been submitted by direct care staff (c) Interviewing direct care staff to analyze their knowledge in regards to implementing individual program plans. Based on what information the IDT gathers by overseeing direct care staff – it will determine if staff person(s) need further training in implementing individual program plans.		