STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G516	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 06/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHABILITATION CENTER DEVELOPMENTAL SERVICES	2606 S ROTHERWOOD EVANSVILLE, IN 47714

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
W0000	This visit was for an annual fundamental recertification and state licensure survey. Dates of Survey: 5/29, 5/30, 5/31, 6/1 and 6/5/12 Facility Number: 001030 Provider Number: 15G516 AIM Number: 100245190 Surveyor: Jenny Ridao, Medical Surveyor III These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/18/12 by Ruth Shackelford, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W0268	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview for 1 of 4 sampled clients (#1), the facility failed to promote client's dignity in regards to the client carrying a clean lunch box. Findings include: During the 5/30/12 observation period between 11:40 AM and 12:50 PM at the facility owned day program, client #1's lunch box was stained/soiled on the lid, showing wear and had black staining across the bottom of the entire lunchbox. Interview with Day Program staff on 5/30/12 at 12:40 PM stated "I have issues with getting new lunch boxes." Interview with Home Manager (HM) on 5/31/12 at 11:00 AM indicated she was not aware of client #1's lunch box being stained. The HM stated "It can't be that old (lunch box), maybe a month or so. We will get a new one." 9-3-5(a)	W0268	A new lunch box was purchased immediately for client #1. All management was retrained regarding the need to maintain clean lunch boxes and equipment in general. Preventatively, staff clean the lunchboxes on the inside daily. Additionally, the staff will begin to clean the outside of the lunchbox daily and observe it for any issues. Any issues will be reported to the management immediately. The Manager and Assistant Manager will both check lunchboxes quarterly to ensure their appropriateness.	06/26/2012

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W0371	483.460(k)(4) DRUG ADMINISTRATION The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on observation, interview, and record review for 1 of 4 sampled clients (#2), the facility failed to provide client #2 an IPP (Individual Program Plan) goal regarding medication administration. Findings include: Client #2's record was reviewed on 5/31/12 at 8:55 AM. Client #2's May 2012 physician's orders indicated the client took the following medications: Centrum Vitamin-multi vitamin Celexa-Depression Docusate-Constipation Zestril-High Blood Pressures Aricept-Dementia Aspirin-Blood thinning Relafen-Pain Reliever Prilosec-Heart Burn Oyst-Cal - Vitamin Neurontin-Seizures Zanaflex-Muscle Spasm Flomax-promotes urination Acetaminophen-Pain Reliever Baclofen-Muscle relaxer Miralax-Constipation	W0371	IDT met to discuss programming goals for client #2's medication administration. A goal will be implemented. All staff were retrained on client #2's medication goal. All QMRP's were retrained on the need for assessment of and implementation of medication goals. Preventatively, the Assististant Director attends IDT meetings and monitors IPP's for appropriateness and needed goals.	06/26/2012

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	Client #2's 12/2/11 IPP (Individualized Program Plan) indicated client #2 did not have an objective to assist him in medication administration. Interview with the Home Manager on 5/31/12 at 11:00 AM indicated client #2 did not have a medication administration goal/objective. 9-3-6(a)			