

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G310	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/08/2012
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 4217 OAK HILL RD EVANSVILLE, IN 47711
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 29, and November 1, 2, 5, 8, 2012</p> <p>Provider: 15G310 Aims: 100239650 Facility: 000829</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 11/16/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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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W0249	<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, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4), to ensure the clients' medication, communication and dining training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation at the group home was done on 11/1/12 from 4:20p.m. to 6:12p.m. During the observation client #3 mouthed toys without consistent redirection to stop. Client #4 mouthed her fingers throughout the observation without redirection. During supper at 4:58p.m., client #1 ate a regular textured chunk of kiwi before staff could redirect her to the ground kiwi. Client #1 did not use a communication book during the observation. An observation was done on 11/2/12 from 5:35a.m. to 7:34a.m. Client #1 received medication at 5:44a.m. Client #1 received Claritin for allergies. Staff did not have client #1 identify the Claritin</p>			W0249	<p>All group home staff will be retrained on the importance of continuous consistent active treatment. Also, on the need to implement IPP goals and objective at every opportunity. The training will particularly focus on the following:</p> <ul style="list-style-type: none"> ·Client #3's goal to redirect her from placing items in her mouth and redirect her to a sensory activity. ·Client #4 to be redirected from mouthing her fingers. ·Client #1 to identify her Claritin pill from two, receive a diet of moist ground foods, and to make choices from an activity/communication book. ·Client #2's goal to choose between taking her medication in pudding or applesauce during medication passes. <p>All professional staff will be retrained on their role in ensuring active treatment occurs and IPP objectives are run at every opportunity.</p> <p>Observations of all the listed citations as well as continuous</p>		12/08/2012

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	<p>from another medication. Client #2 received her medication at 6:12a.m. Client #2 was not offered a choice between applesauce or pudding.</p> <p>The record of client #1 was reviewed on 11/5/12 at 9:07a.m. Client #1's 4/15/12 individual program plan (IPP) indicated client #1 had the following training program: choose Claritin from a choice of two; make choices with activity book to identify eat, drink and toilet; receive a diet of moist ground foods.</p> <p>The record of client #2 was reviewed on 11/5/12 at 11:23a.m. Client #2's 6/8/12 IPP indicated client #2's medication training program was to choose between pudding or applesauce with her medication.</p> <p>The record of client #3 was reviewed on 11/5/12 at 10:43a.m. Client #3's 10/13/11 IPP indicated client #3 was to be reminded not to place items in her mouth and redirected to a sensory item.</p> <p>The record of client #4 was reviewed on 11/5/12 at 10:02a.m. Client #4's 8/30/12 IPP indicated client #4's behavior program included fingers in her mouth. Staff were to verbally redirect client #4 to a sensory item "anytime fingers in her mouth."</p>		<p>active treatment will be conducted once per week for 4 weeks.</p> <p>Also, preventatively, a member of administration will observe at group home to ensure active treatment and implementation of goals is occurring on an ongoing basis.</p>		

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	Interview of staff #1 on 11/5/12 at 11:52a.m. indicated clients #1, #2, #3 and #4's above noted training programs should have been implemented at all opportunities. 9-3-4(a)			