

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G352		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/09/2013	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN				STREET ADDRESS, CITY, STATE, ZIP CODE 240 1ST ST NE LINTON, IN 47441			
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W000000	<p>This visit was for the investigation of complaint #IN00135437.</p> <p>Complaint #IN00135437- Substantiated, Federal/state deficiencies related to the allegation are cited at W149 and W156.</p> <p>Survey Dates: October 4, 7, 8, 9, 2013</p> <p>Facility Number: 000868 Aim Number: 100249190 Provider Number: 15G352</p> <p>Survey Team: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/18/13 by Ruth Shackelford, QIDP.</p>	W000000					

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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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed for 2 of 3 reportable incidents of alleged client abuse/mistreatment reviewed (clients C, D, E), to implement policy and procedures in regard to completing an investigation in 5 working days.</p> <p>Findings include:</p> <p>Record review of reportable incident reports was done on 10/7/13 at 11:02a.m. Clients D and E had a reportable incident report on 8/2/13 that indicated staff may have encouraged client E to make a racial slur to client D. An investigation had begun on the reportable event on 8/3/13. The investigation summary was completed and reported to the administrator on 8/13/13. Client C had a reportable incident on 8/2/13 that indicated staff may have taugt client C an inappropriate gesture. The investigation was documented to have begun on 8/3/13. The investigation completion date was documented as 8/13/13.</p> <p>Interview on 10/9/13 at 8:35a.m. of professional staff #1, indicated the</p>	W000149	<p>W149: Staff treatment of clients:The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client. Corrective action:The facility will train/inservice all staff at this location on policies and procedures concerning client neglect, mistreatment and abuse, as well as policy and procedure for reporting timely. (ATTACHMENT A,B) The facility will train/inservice all staff at this location on policies and procedures concerning client rights and protections. (ATTACHMENT A,B)The facility will follow federal guidelines in completing investigations. (ATTACHMENT D) How we will identify others: Appropriate Parties will investigate all alleged incidents per policy and procedure. (ATTACHMENT C)Operations Manager and appropriate parties will review ongoing investigations daily with investigative team to ensure timely completion. Measures to be put in place:The Clinical Supervisor will ensure all staff have been trained on client's rights and protections, and have been trained on abuse, neglect, and reporting. (ATTACHMENT</p>	10/31/2013

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	<p>investigation results of the 8/2/13 investigation for clients D and E were completed on 8/13/13. Staff #1 indicated the 8/2/13 investigation for client C had been completed on 8/13/13. Staff #1 indicated the investigations had not been completed in five working days. Staff #1 indicated they thought the facility policy and procedure indicated investigations to be completed in 5 days.</p> <p>The facility's policy and procedures were reviewed on 10/8/13 at 7:45p.m. The policy titled "Abuse/Neglect/Mistreatment" (dated 7/18/11) indicated: "The Executive Director or designee will assign an investigative team...One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected. All investigations will be completed within 5 business days of the reported incident."</p> <p>This federal tag relates to complaint #IN00135437.</p> <p>9-3-2(a)</p>		<p>B,A) The Clinical Supervisor will conduct monthly meetings and review for all staff: incidents reportable and internal, abuse and neglect definition, ResCare policy on abuse and neglect, reporting. (ATTACHMENT A)Clinical Supervisor will ensure all incidents are documented and reported to Appropriate Parties. (ATTACHMENT C)Appropriate Parties will follow policy and procedures for all reported incidents. (ATTACHMENT D,I) Monitoring of Corrective Action:Operations Manager and Program Manager will conduct Best in Class, and periodic reviews to ensure all policies and procedures are being followed. Completion Date: 10/31/2013</p>				

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W000156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview, the facility failed for 2 of 3 reportable incident investigations reviewed for clients C, D and E, to ensure reportable incident investigation results were completed and reported to the administrator within five working days.</p> <p>Findings include:</p> <p>Record review of reportable incident reports was done on 10/7/13 at 11:02a.m. Clients D and E had a reportable incident report on 8/2/13 that indicated staff may have encouraged client E to make a racial slur to client D. An investigation had begun on the reportable event on 8/3/13. The investigation summary was completed and reported to the administrator on 8/13/13. Client C had a reportable incident on 8/2/13 that indicated staff may have taugt client C an inappropriate gesture. The investigation was documented to have begun on 8/3/13. The investigation completion date was documented as 8/13/13.</p>	W000156	<p>W156: Staff treatment of clients:The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Corrective action:The facility will train/inserve all staff at this location on policies and procedures concerning client neglect, mistreatment and abuse, as well as policy and procedure for reporting timely. (ATTACHMENT A,B) The facility will follow state/federal guidelines in completing investigations. (ATTACHMENT D) How we will identify others: Appropriate Parties will investigate all alleged incidents per policy and procedure. (ATTACHMENT C, D)Operations Manager and appropriate parties will review ongoing investigations daily with investigative team to ensure timely completion. Measures to be put in place:The Clinical Supervisor will ensure all staff have been trained on client's rights and protections, and have been trained on abuse, neglect, and reporting. (ATTACHMENT B,A) The Clinical Supervisor will conduct monthly meetings and</p>	10/31/2013	

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	<p>Interview on 10/9/13 at 8:35a.m. of professional staff #1, indicated the investigation results of the 8/2/13 investigation for clients D and E were completed on 8/13/13. Staff #1 indicated the 8/2/13 investigation for client C had been completed on 8/13/13. Staff #1 indicated the investigations had not been completed in five working days.</p> <p>This federal tag relates to complaint #IN00135437.</p> <p>9-3-2(a)</p>		<p>review for all staff: incidents reportable and internal, abuse and neglect definition, ResCare policy on abuse and neglect, reporting. (ATTACHMENT A,B)Clinical Supervisor will ensure all incidents are documented and reported to Appropriate Parties. (ATTACHMENT C)Appropriate Parties will follow policy and procedures for all reported incidents. (ATTACHMENT D,I) Monitoring of Corrective Action:Operations Manager and Program Manager will conduct Best in Class, and periodic reviews to ensure all policies and procedures are being followed. Completion Date: 10/31/2013</p>		