

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G321	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2013
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 335 WESTERN ROW DILLSBORO, IN 47018
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of survey: January 2, 3 and 7, 2013.</p> <p>Facility Number: 000839 Provider Number: 15G321 AIM Number: 100244000</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/14/13 by Ruth Shackelford, 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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients, (#5, #6 and #7), the governing body failed to exercise general policy, budgeting and operating direction by failing to ensure the physical environment was maintained in a safe, sanitary manner for the clients.</p> <p>Findings include:</p> <p>Environmental tours of the facility inhabited by clients #1, #2, #3, #4, #5, #6 and #7 were conducted at the facility on 01/02/13 at 5:00 PM and on 01/03/13 at 10:00 AM. The bathroom near the living room had a non-working exhaust fan in the ceiling, the commode's tank was leaking and the walls were in need of repair/paint. The living room and client #3's bedroom walls were in need of repair/paint. Client #3's bedroom carpeting was stained and in need of cleaning.</p> <p>An interview with the Home Manager/Clinical Supervisor/CS was conducted on 01/03/13 at 10:30 AM. The CS indicated the house was in need of repairs and painting was scheduled.</p>	W0104	<p>Corrective action: Maintenance requests have been completed and in process of repair (Attachment A).</p> <p>How we will identify others: Program Manager will review Maintenance requests to ensure that all needed repairs have been completed.</p> <p>Measures to be put in place: Environmental Service workers will perform quarterly checklists (Attachment B) to ensure that needed repairs have been completed..</p> <p>Monitoring of Corrective Action: Program Manager will review maintenance requests and follow up on all needed repairs to ensure completion.</p>	02/06/2013

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	9-3-1(a)		Completion Date: 2-6-2013	

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W0214	<p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to have the client's needs in regards to his skin picking/infection issues assessed for appropriate behavioral and/or medical management.</p> <p>Findings include:</p> <p>During observations at the facility on the morning of 01/03/13 at 6:30 AM, client #2 approached staff #7 and asked for his knee to be treated. Client #2 rolled up his left pant leg and showed staff #7 a bandage on his left knee which was loose and exposed a nickel sized healing wound. The wound's scab was observed to have been disturbed and had dried blood around it. Staff #7 treated the area for client #2 and counseled him not to pick it with his fingers.</p> <p>Review (01/03/13 9:45 AM) of client #2's record indicated nursing notes dated 11/10/12 wherein client #2's left knee was being treated with hydrocortisone cream for insect bites. On 11/14/12, the nursing notes indicated the left knee appeared</p>	W0214	<p>Corrective action:</p> <ul style="list-style-type: none"> Client #2's behavioral assessment was reviewed and he has no past history of SIB (Attachment C). IDT for Client #2 was held and a monitoring form for SIB has been implemented for 90 days (Attachment C). <p>How we will identify others:</p> <p>Clinical Supervisors will review comprehensive functional assessments, including behavioral assessment, to ensure that clients have programming in place for SIB.</p> <p>Measures to be put in place:</p> <p>Clinical Supervisors will review comprehensive functional assessments quarterly, including behavioral assessment, to ensure that clients have</p>	01/25/2013			

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	<p>infected and the LPN was contacted. The LPN directed the staff to take client #2 to his physician on 11/15/12. Client #2 was seen by the physician on 11/15/12 and was subsequently admitted to a local hospital for treatment of a left knee abscess. The abscess was lanced, packed and he was given antibiotics intravenously.</p> <p>Review of reportable incident reports on 1/02/13 at 1:15 PM and on 1/07/13 at 1:00 PM indicated a reportable incident report dated 11/16/12 with follow up reports dated 11/23/12 and 11/30/12. The reports documented the hospitalization from 11/15/12 until client #2's 11/19/12 release. The client was diagnosed with a staph infection and was referred to a wound clinic for follow up treatment. The reviews indicated client #2 was last seen at the wound care clinic on 12/10/12 with the understanding he would not need further treatment unless the wound was not healed in three weeks. The record review indicated an ISP/Individual Support Plan with CFA/Comprehensive Functional Assessment dated 10/09/12 and a 10/09/12 BSP/Behavior Support Plan. The BSP addressed physical aggression and property destruction; the client did not have self injury (skin picking) listed as an identified behavior.</p>		<p>programming in place for SIB.</p> <p>Monitoring of Corrective Action: Operations Manager, Health Care Manager, Quality Assurance Manager will perform periodic service reviews, including reviewing assessments to ensure that programming is in place for clients with documented SIB.</p> <p>Completion Date: 1-25-2013</p>				

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	<p>The ISP/CFA did not contain information or assessments to help determine if client #2 had not allowed an area on his knee to heal (whether he had picked the area open repeatedly) which led to the infection and the need for hospitalization. There was no information to ascertain if the issue was medical or behavioral in nature.</p> <p>According to interview with the Home Manager/Clinical Supervisor/CS on 01/03/13 at 10:30 AM, client #2's knee was healing and he had no appointments scheduled with the wound care center.</p> <p>Interview with staff #1 on 01/07/13 at 3:15 PM indicated client #2's CFA did not contain an assessment of his skin issues to determine if they were medical or behavioral issues so appropriate measures could be implemented as a part of his active treatment programming.</p> <p>9-3-4(a)</p>			