

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G307	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/06/2015
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NAME OF PROVIDER OR SUPPLIER  CHILD ADULT RESOURCES SRV INC	STREET ADDRESS, CITY, STATE, ZIP CODE 206 W STATE ST KINGMAN, IN 47952
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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 4, 5, 6, 2015</p> <p>Provider Number: 15G307 Aims Number: 100249120 Facility Number: 000826</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/16/15.</p>	W 0000		
W 0257  Bldg. 00	<p>483.440(f)(1)(iii) PROGRAM MONITORING &amp; CHANGE</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</p> <p>Based on record review and interview, the facility failed for 2 non-sampled clients (#6, #8) to ensure the clients' training programs in which they were failing to progress (evacuation drills), were revised as necessary by the facility's qualified intellectual disabilities professional (QIDP).</p>	W 0257	<p>On November 13, 2015 – #6's life safety objective was updated and revised to state: #6 will participate in all Sleep Time life safety drills with 3 or less verbal prompts. On November 11 &amp; 12, 2015 – all appropriate C.A.R.S. staff was trained on #6's revised life safety objective. On November 13, 2015 – #8's life safety objective was updated and revised to state:</p>	11/24/2015

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>Findings include:</p> <p>Record review of the facility's evacuation drills from 11/1/14 through 11/4/15 was done on 11/5/15 at 12:24p.m. Client #6 had documented refusals to participate in the sleep time drills on 12/3/14, 5/14/15, 6/28/15, 7/7/15, and 10/28/15. Client #8 had documented refusals to participate in sleep time evacuation drills on 12/3/14, 12/6/14, 3/9/15, 6/28/15, 7/7/15, 8/8/15 and 10/28/15.</p> <p>Record review for client #6 was done on 11/5/15 at 12:38p.m. Client #6 had a safety skills training program in place to "participate in all safety drills with 3 or less verbal prompts." The training program objective had a start date of 11/11/14 and indicated it would be met when client #6 successfully participated in all monthly life safety drills with 3 or less verbal prompts. There was no documentation the QIDP had addressed/revised client #6's failure to make progress on the life safety objective.</p> <p>Record review for client #8 was done on 11/5/15 at 12:42p.m Client #8 had a safety skills training program in place to "participate in all safety drills with 3 or less verbal prompts." The training program objective had a start date of</p>		<p>#8 will participate in all Sleep Time life safety drills with 3 or less verbal prompts. On November 11 &amp; 12,2015 – all appropriate C.A.R.S. staff was trained on #8's revised life safety objective. Effective immediately – to evaluate the effectiveness of a resident's individual program plan, the QIDP along with other members of the IDT will oversee direct care staff to (1) ensure staff is able to demonstrate continuous competency in implementing resident's individual program plans (2) assess staff's ongoing training needs in regards to implementing a resident's individual program plans. Overseeing may include but is not limited to... (a) Direct observation of direct care staff while they are performing direct care/active treatment (b) Conducting 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 resident's individual program plans. Based on what information the QIDP and members of the IDT has gathered by overseeing direct care staff – it will determine if staff person(s) need further training in implementing resident's individual program plans. Effective immediately– During a resident's 90-day review meeting, C.A.R.S. IDT will review and discuss each resident's progress of his/her individual</p>		

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	<p>10/7/14 and indicated it would be met when client #8 successfully participated in all monthly life safety drills with 3 or less verbal prompts. There was no documentation the QIDP had addressed/revised client #8's failure to make progress on the life safety objective.</p> <p>Professional staff #1 was interviewed on 11/5/15 at 12:45p.m.. Staff #1 indicated clients #6 and #8 had failed to make progress on their evacuation training objectives. Staff #1 indicated the training programs for clients #6 and #8 had continued for the past year without revision. Staff #1 indicated the facility had not revised the objectives to identify the failure of progress in regards to the clients' response to sleep time drills.</p> <p>9-3-4(a)</p>		<p>plans. Discussion will include but not limited to: what progress the resident has made with life safety drills, what changes need to be made to the resident's individual program plans, what individual program plans need to be developed / rewritten / discontinued / achieved.</p>		