

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G379	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/04/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 420 FUQUAY RD EVANSVILLE, IN 47715
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey,</p> <p>Survey dates: March 28, 29, 30, 31 and April 1 and 4, 2016.</p> <p>Facility Number: 000893 Provider Number: 15G379 AIM Numbers: 100239720</p> <p>This state finding is in accordance with 460 IAC 9.</p> <p>Quality review of this report completed 4/08/16 by #09182.</p>	W 0000		
W 9999  Bldg. 00	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met:</p> <p>460 IAC 9-3-3 Facility Staffing</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU,</p>	W 9999	<p>Staff#2's TB was completed the following day (4-5-2016), once the State Surveyor found the oversight with the TB not being current. Our Human Resources Director has been in her position for sixteen years and this is the first occurrence of a staff member not being notified of their need for an annual TB test renewal. Generally speaking, the protocol is that the HR assistant data enters new staff into the system upon hire and that triggers a computer alert to be sent to HR annually when each staff's TB</p>	04/19/2016

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G379	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/04/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 420 FUQUAY RD EVANSVILLE, IN 47715
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	<p>PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 3 employee files reviewed (staff #2), the facility failed to ensure an annual Mantoux (5TU, PPD) tuberculosis (TB) screening was conducted annually.</p> <p>Findings include:</p> <p>On 4/4/16 at 2:15 PM a review of the facility's employee files was conducted. Staff #2's employee file did not contain documentation of a TB test being conducted since 6/20/13.</p> <p>On 4/4/16 at 2:30 PM, the Human Resources Director indicated there was no documentation in staff #2's employee</p>		<p>test issue. Letters notifying the staff that their TB test needs updated are generated 30 days prior to the TB being due to allow the staff member time to get it scheduled and read. In this instance with staff #2 not having a TB done, she simply got overlooked at being data entered into the system upon hire, so no alert was sent to remind for the annual update. To prevent future occurrence, the Human Resource Director will start double-checking that each new staff member is data entered into the system by the HR assistant. This will ensure two people are looking at the new hire dates and ensure no one is overlooked when being placed in the system. This systemic corrective measure will prevent future occurrence in all nine of our group homes moving forward.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G379	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/04/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 420 FUQUAY RD EVANSVILLE, IN 47715
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	<p>file indicating she had a TB test since 6/20/13. She stated "for whatever reason, her hire date was not inputted into the computer or it would have triggered a computer alert to the Human Resources Department the month prior to a TB test being due. I will schedule her tomorrow to have the TB test done at once."</p> <p>9-3-3(e)</p>			