

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G175	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/06/2013
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 3607 MIDDLE RD JEFFERSONVILLE, IN 47130
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(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
W000000	<p>This visit was for the investigation of complaint #00139622.</p> <p>This visit was in conjunction with a post certification revisit (PCR) to the recertification and state licensure survey completed on 10/18/13.</p> <p>Complaint #IN00139622 - Substantiated. Federal/State deficiency related to the allegations is cited at W104.</p> <p>Dates of Survey: November 25, 26, 27 and December 6, 2013.</p> <p>Facility Number: 000709 Provider Number: 15G175 AIMS Number: 100243190</p> <p>Surveyor: Jo Anna Scott, QIDP The following deficiency reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 13, 2013 by Dotty Walton, 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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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 1 of 4 sampled clients (client A), the governing body failed to ensure the client's room was free of clutter and the refrigerator light was working. Findings include: During the environmental observation on 11/25/13 at 3:30 PM it was noted client A's bedroom floor had 2 inches to 4 inches of paper torn in small pieces covering the entire floor space. The bed was unmade and a bean bag chair was stacked on top of the bed with the blankets and bedspread also piled on top of the bed. The kitchen was checked at 3:45 PM and the refrigerator light was not working. Interview with staff #2, home manager, was conducted on 11/25/13 at 3:50 PM. Staff #2, home manager, stated "[client A] liked to shred paper and was constantly looking for magazines and paper to tear up." Staff #2 stated "[client A] would have a behavior if he wasn't allowed to tear up paper and refused to clean up the paper." Staff #2 stated they cleaned the room 4 times a week and</p>	W000104	<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility. Corrective Action: (Specific) Staff will be in-serviced on assisting client A in cleaning his room of all paper after he is finished shredding and looking through it to ensure that his room remains free of clutter. The refrigerator light has been replaced How others will be identified: (Systemic) The Residential Manager will complete observations at the home at least five times weekly to ensure that client A's rooms remains free of clutter and that staff are assisting client A in cleaning his room after client A finishes shredding and looking through his paper. The Residential Manager will also ensure that the appliances are in working order during visits. The Program Manager will complete observations at the home at least weekly to ensure that all appliances are in working order, that Client A's room is free of clutter and that staff are assisting Client A in clearing his room of paper after client A is finished shredding and looking through it. Measures to be put in place: Staff will be in-serviced on assisting client A in cleaning his room of all</p>	01/05/2014			

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	<p>had to do it when client A was out of the home because "he would get upset and become physically aggressive." Staff #2, home manager, indicated the refrigerator had the light bulb replaced recently but needed a new switch.</p> <p>This federal tag relates to complaint #IN00139622.</p> <p>9-3-1(a)</p>		<p>paper after he is finished shredding and looking through it to ensure that his room remains free of clutter. The refrigerator light has been replaced Monitoring of Corrective Action: The Residential Manager will complete observations at the home at least five times weekly to ensure that client A's rooms remains free of clutter and that staff are assisting client A in cleaning his room after client A finishes shredding and looking through his paper. The Residential Manager will also ensure that the appliances are in working order during visits. The Program Manager will complete observations at the home at least weekly to ensure that all appliances are in working order, that Client A's room is free of clutter and that staff are assisting Client A in clearing his room of paper after client A is finished shredding and looking through it. Completion date: 01/05/14</p>		