

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G431	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/27/2013
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN			STREET ADDRESS, CITY, STATE, ZIP CODE 525 S SKYVIEW DR JASPER, IN 47546		
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W000000	<p>This visit was for the investigation of complaint #IN00138131.</p> <p>Complaint #IN00138131: Unsubstantiated, due to lack of sufficient evidence.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of survey: November 12, 13 and 27, 2013.</p> <p>Facility Number: 000945 Provider Number: 15G431 AIM Number: 100235210</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>The following federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/6/13 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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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on interview and record review for 1 of 3 sampled clients (C), the facility failed to ensure client C was offered training in human sexuality to ensure good decision making in male/female relationships.</p> <p>Findings include:</p> <p>Review of facility reportable incidents/investigations on 11/12/13 at 1:00 PM indicated an investigation of client C having sexual relations with her (former) boyfriend on 8/13/2013. The investigation dated 8/13/13 through 8/19/13 indicated client C planned to have sexual intercourse with her boyfriend in the bathroom of a facility operated day program while staff were busy with other tasks. The investigation indicated the couple planned the act and the act was "consensual."</p> <p>Review of client C's record on 11/13/13 at 1:00 PM indicated a BSP (Behavior Support Plan) dated 9/24/13 and an ISP (Individual Support Plan) dated 5/22/13. The ISP/BSP had no training objectives</p>	W000227	<p>W227: The individual program plan states that specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Corrective Action: (Specific) Client C participated in a one-time sexual education training provided by Planned Parenthood on 10/14/2013. A training objective regarding sexual education and dating has been developed for client C to continue training and education with client C How others will be identified: (Systemic) The Program Manager will make random visits to the home at least weekly to ensure that client plans are being implemented as written. All client plans will be reviewed at least quarterly by the Program Manager and monthly by the Residential Manager to ensure that changes are implemented if indicated to assist each individual in progress toward meeting all goals. Measures to be put in place: Client C participated in one-time sexual education training provided by Planned Parenthood on 10/14/2013. A training objective regarding sexual</p>	12/27/2013			

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	<p>in regards to human sexuality or dating. There was no evidence the LPN had instituted training for safe sex or hygiene with client C.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) #1 and House Manager/HM #3 on 11/13/13 at 2:00 PM indicated the facility implemented the corrective measure of "Sexual Education Training" by [name of organization] at the facility on 10/14/13 for all of the clients (A, B, C, D, E, F and G). An in service sign in sheet dated 10/14/13 with the clients' signatures was offered for review by HM #3 and LPN #1 on 11/12/13 at 2:30 PM. No information relative to the actual training given was offered for review.</p> <p>Client C was interviewed on 11/13/13 at 3:50 PM. Client C stated she currently has "a boyfriend" and they want to go on a date, "go to the movies."</p> <p>Interview with the QIDP on 11/13/13 at 3:30 PM indicated client C had received the sexual education training on 10/14 13 but there was no ongoing sex ed training in her facility programming (ISP/BSP).</p> <p>9-3-4(a)</p>		<p>education and dating has been developed for client C to continue training and education with client C Monitoring of Corrective Action: The Program Manager will make random visits to the home at least weekly to ensure that client plans are being implemented as written. All client plans will be reviewed at least quarterly by the Program Manager and monthly by the Residential Manager to ensure that changes are implemented if indicated to assist each individual in progress toward meeting all goals. Completion date: 12/27/2013</p>				

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W000257	<p>483.440(f)(1)(iii) PROGRAM MONITORING &amp; CHANGE 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. Based on observation, interview and record review for 1 of 3 sampled clients (B), the facility failed to ensure client B's programs were revised to address her leaving her bedroom to steal food from the facility's freezer.</p> <p>Findings include:</p> <p>Review of facility reportable incidents/investigations on 11/12/13 at 1:00 PM indicated client B had left via her bedroom window and accessed the facility's garage to steal uncooked foods (meat) from the freezer on 10/17/13 at 3:00 PM. Staff found client B trying to get back into her bedroom.</p> <p>During a tour of the facility on 11/13/13 at 4:00 PM, client B's bedroom and the garage were observed. Client B's bedroom window was of such a height she could easily access the outside by</p>	W000257	<p>W257: 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. Corrective Action: (Specific): Client B's Behavior Support Plan has been revised to include preventative and reactive strategies to decrease and prevent stealing food from the freezer. All staff has been trained on the revised Behavior Support Plan How others will be identified: (Systemic) The Program Manager will make random visits to the home at least weekly to ensure that client plans are being implemented as written. All client plans will be reviewed at least quarterly by the Program Manager and monthly by the Residential Manager to ensure that changes are</p>	12/27/2013			

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	<p>opening it and stepping outside. The location of the window was on the west side of the house and not easily visible to supervisory staff. Client B could walk around the house and access the garage unseen. The facility garage housed an unlocked freezer which housed frozen foods including meat.</p> <p>Review of client B's record on 11/13/13 at 2:45 PM indicated a BSP (Behavior Support Plan) dated 9/16/13 and an ISP (Individual Support Plan) dated 5/10/13. The ISP/BSP indicated client B had a history of and would steal uncooked food and take it back to her bedroom to consume it. The plans had not been modified to address client B stepping through her bedroom to the outside of the facility so she could go into the garage and access frozen meat in the facility's freezer.</p> <p>Interview with House Manager/HM #3 on 11/13/13 at 1:00 PM indicated client B had the behavior of going out of her bedroom window, accessing raw food via the garage door and she would come back into her room and eat the raw food. The HM stated client B knew she could get "parasites" from this, but the behavior continued. When asked what measures had been implemented to prevent this behavior, HM #3 stated she</p>		<p>implemented if indicated to assist each individual in progress toward meeting all goals. Measures to be put in place: Client B's Behavior Support Plan has been revised to include preventative and reactive strategies to decrease and prevent stealing food from the freezer. All staff has been trained on the revised Behavior Support Plan Monitoring of Corrective Action: The Program Manager will make random visits to the home at least weekly to ensure that client plans are being implemented as written. All client plans will be reviewed at least quarterly by the Program Manager and monthly by the Residential Manager to ensure that changes are implemented if indicated to assist each individual in progress toward meeting all goals. Completion date: 12/27/2013</p>				

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	<p>had consulted the Behaviorist about locking the freezer but she would need "consent from the human rights committee" for this restrictive program and this had not been obtained.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) #1 on 11/13/13 at 3:30 PM indicated the freezer in the facility's garage could be moved (into the large kitchen/dining area) so staff could better monitor it for possible food theft. The interview indicated no program revision measures had been taken to address this ongoing issue with client B.</p> <p>9-3-4(a)</p>			