

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G524		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/09/2013	
NAME OF PROVIDER OR SUPPLIER FOUR RIVERS RESOURCE SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 538 S BELL ST SULLIVAN, IN 47882			
(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
W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: January 7, 8, 9, 2013</p> <p>Provider Number: 15G524 Aims Number: 100245060 Facility Number: 001038</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 1/15/13 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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W0130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed for 1 of 4 sampled clients (#3) to ensure the client's privacy during dressing and toileting.</p> <p>Findings include:</p> <p>An observation was done on 1/8/13 from 6:12a.m. to 7:40a.m. at the group home. At 6:47a.m., staff #4 brought client #3 to the bathroom located in the medication room/office area. Staff #4 had brought a change of clothes for client #3. Staff #3, client #4 and the surveyor were already in the medication room/office. Staff #3 was administering medication to client #4. Staff #4 left the bathroom door open and stayed in the bathroom with client #3. Client #3 could be seen by everyone in the medication room/office as she used the toilet and was assisted with dressing. At 6:50a.m., staff #4 indicated sometimes staff shut the door and sometimes they do not.</p> <p>Interview of professional staff #1 on 1/8/13 at 12:32p.m. indicated the bathroom door should be be shut when staff are assisting clients with toileting</p>	W0130	Our plan of correction is to retrain all of the staff in the group home. The Group Home Coordinator, Donna Ferree will retrain all staff on Respect & Dignity issues concerning all residents. The staff will be tested following the training to ensure that they all have an understanding of the importance and the rights of every resident to respect, privacy and dignity. This training will be completed within 30 days of our survey.	02/01/2013	

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	and dressing. Staff #1 indicated staff have been trained on client privacy and dignity. 9-3-2(a)			