

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/12/2011
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN47330
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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
W0000	<p>This visit was for an initial certification and state licensure survey.</p> <p>Survey Dates: 12/07/11, 12/08/11, 12/09/11 and 12/12/11.</p> <p>Facility Number: 012632 Provider Number: AIM Number:</p> <p>Surveyor: Robert Bauermeister, Medical Surveyor III</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality Review completed on 12/22/11 by Tim Shebel, Medical Surveyor III.</p>	W0000		
W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (client #1 and #2) and 1 other client review who lived in the group home (client #3), the facility's governing body failed to ensure decorative and instructional items appropriate for the individuals (chronological) age was present in the congregate rooms, living rooms, kitchen and dining rooms.</p>	W0104	<p><b>CORRECTION:</b> <i>The Governing body must exercise general policy, budget and operating direction over the facility. Specifically, The facility has purchased decorative and instructional items for the common areas of the home.</i></p> <p><b>PREVENTION:</b> Professional staff will be retrained on the need to provide a culturally appropriate living environment with</p>	01/11/2012

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>Observations of the group home were conducted on 12/07/11 from 4:00 PM to 6:00 PM and on 12/08/11 from 6:45 AM to 12:00 PM. The living rooms, dining rooms, bathrooms and kitchens were devoid of chronological age appropriate decorations. The instructional leisure time materials provided for the residents of home were crayons and magazine pictures.</p> <p>On 11/15/11 at 1:30 PM staff #1 was asked about the lack of personal possessions in the in the congregate rooms, she stated it was because the clients had just moved in and they "had not had time to finish the decorating of the house." On the same day at 1:45 PM the Qualified Mental Retardation Professional stated, "They (staff) have not had enough time to get the home decorated because [clients #1, #2, and #3] had just moved in."</p> <p>9-3-1(a)</p>		<p>decorations and age appropriate instructional materials. Additionally, members of the Operations Team will conduct periodic observations of the facility on an ongoing basis to assure the home is decorated and age appropriate instructional items are available.</p> <p>RESPONSIBLE PARTIES: QDDP, Support Associates, Operations Team</p>				