

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G096	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/28/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2745 WINDEMERE DR EVANSVILLE, IN 47725
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 26, 27, 28, 2015</p> <p>Provider Number: 15G096 Aims Number: 100234020 Facility Number: 000635</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 2/5/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000316	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#4) who received behavior control medications, to ensure client #4 received an annual medication reduction.</p> <p>Findings include:</p>	W000316	<p>W316- Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>- Staff will be re-trained on</p>	02/27/2015

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>The record of client #4 was reviewed on 1/28/15 at 10:43a.m. Client #4's 9/18/14 behavior support plan (BSP) indicated client #4 received the behavior medication Zoloft for Depression. Client #4's documented behavior data from 10/13 through 10/14 indicated client #4 had no documented behaviors for 12 of the 13 months. Client #4 had 7 program refusals documented during 7/14. Client #4's medication reduction plan indicated a medication reduction would be considered if client #4 had "no more than 1 documented behavior (physical aggression and program refusals) per month across a 6 month period." There was no documentation the interdisciplinary team (IDT) had addressed a possible behavior medication reduction. There was no documentation by the psychiatrist regarding a contraindication to a medication reduction. There was no documentation client #4's medication had been reduced during the past year.</p> <p>Interview of staff #1 on 1/28/15 at 11:24a.m. indicated the facility's IDT had not met and discussed a possible annual reduction for client #4. Staff #1 indicated per the behavior occurrence documentation, client #4 had met the criteria for a behavior medication reduction.</p>		<p>ResCare behavior practices to include submitting behavior incidents reports and property marking daily behaviors on the graph.</p> <p>- A complete review of each client's medications and behavior support plans will be completed to ensure that any client receiving medications for the purpose of controlling inappropriate behaviors has a reduction plan and eventual elimination of the behavior and/or medication.</p> <p>- Specifically for client #4, an IDT will meet to discuss a medication reduction in consultation with the psychiatrist after his quarterly visit to the psychiatrist.</p> <p>-The Human Rights Committee will review any restrictions to Client #4's plan</p> <p>- The Residential Manager will be retrained on Behavior Support Plans including all medications and a reduction plan for each medication</p>				

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	9-3-5(a)		<p>-The QIDP will be retrained on Behavior Support Plans including all medications and a reduction plan for each medication</p> <p>-The Clinical Supervisor will be retrained on Behavior Support Plans including all medications and a reduction plan for each medication</p> <p>- Nursing will complete monthly reviews of each client to ensure a medication reduction plan is in place.</p> <p>- Residential Manager will monitor through a monthly review of client's progress notes to ensure compliance with the medication reduction plan.</p> <p>- QIDP will monitor through monthly review of client's progress notes to ensure compliance with the medication reduction plan.</p> <p>- Clinical Supervisor will monitor through monthly review of client's progress notes to ensure compliance with the medication</p>	

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			<p>reduction plan.</p> <p>Persons Responsible: Group Home Staff, Residential Manager, QIDP, Clinical Supervisor, Nursing, Executive Director</p> <p>Completion Date: 2/27/2015</p>		