

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G207	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/23/2011
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 915 JOHANNES CT EVANSVILLE, IN47725
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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 annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: September 12, 14, 15, 16 and 23, 2011</p> <p>Facility Number: 000735 Provider Number: 15G207 Aim Number: 100243180</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 10/7/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0436	<p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients (clients #1 and #2) and and 3 additional clients (clients #5, #6 and #8), the facility failed to provide training on the cleaning of their eye glasses.</p>	W0436	<p>Plan of Corrections Community Alternatives Southwest-IN 915 Johannes Ct. Evansville, IN 47714</p> <p>Facility Number: 000735 Provider Number: 15G207 AIMS Number: 100243180</p>	10/28/2011

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>During the observation period on 9/15/11 from 5:45 AM to 8:45 AM the morning medication pass was started at 5:53 AM. Client #8 came to the medication room at 5:50 AM. Staff #1, Program Coordinator (PC), removed client #8's glasses, cleaned them and placed them back on client #8's head. Client #5 entered the medication room at 5:57 AM and Staff #1, PC, again removed the glasses, cleaned them and placed them back on the client's head. Staff #1, PC, also did this for clients #1, #2 and #6. The clients did not receive any instructions on how to clean their glasses.</p> <p>The record review for client #1 was conducted on 9/15/11 at 1:00 PM. The Individual Support Plan (ISP), dated 9/14/11 did not include a goal for the cleaning of eye glasses.</p> <p>The record review for client #2 was conducted on 9/16/11 at 1:30 PM. The ISP dated 8/22/11 did not include a goal for the cleaning of eye glasses.</p> <p>Interview with staff #2, Program Coordinator (PC), on 9/16/11 at 2:45 PM indicated the glasses were cleaned when they were checked for breakage. Staff #2, PC, indicated the clients could learn to clean their own glasses.</p>		<p>W436 – The facility must furnish, maintain in good repair, and teach clients to use and make informed choices about the use of dentures, eyeglasses, hearing and other communication aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>In order to correct the deficiency with W436:</p> <ul style="list-style-type: none"> - Program Coordinator will be retrained regarding job responsibilities and duties specifically addressing appropriate training areas. - For Client's #1, #2, #5, #6, #8, the Program Coordinator will update the clients Individual Support Plan (ISP) to include goals for teaching the clients how to clean their glasses. - Staff responsible for implementation of Client's #1, #2, #5, #6, #8 individual support plan will be trained regarding this objective. - The Program Coordinator shall monitor through daily observations in the home to assure that program plans for all clients in the home are being implemented as written. <p>Persons Responsible: Program Coordinator</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	9-3-7(a)		Completion Date: 10/28/2011		