

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G420	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/08/2015
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2806 LANGSTON DR EVANSVILLE, IN 47725
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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
W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: April 2, 6, 7, and 8, 2015.</p> <p>Provider Number: 15G420 AIMS Number: 100244600 Facility Number: 000934</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0312  Bldg. 00	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #2) who took a behavior control drug, to ensure the behavior control medication was part of client #2's Behavioral Support Plan (BSP) which included a plan of reduction.</p> <p>Findings include:</p>	W 0312	W312 - Drugs used for control of inappropriate behavior must be used only as an integral part of the clients individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.	06/18/2015

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>Review of the record of client #2 was done on 4/7/15 at 12:15 p.m. Client #2's physician's orders dated 4/1/15 - 4/30/15 indicated client #2 took Ambien 10 milligrams (mg) at bedtime for insomnia. The BSP, dated 1/26/15, failed to include the behavior control medication in a plan which included withdrawal criteria.</p> <p>Interview with the Clinical Supervisor on 4/7/15 at 12:30 p.m. indicated client #2's BSP did not include the use of Ambien for insomnia nor did it include a plan of reduction.</p> <p>9-3-5(a)</p>		<ul style="list-style-type: none"> <li>- An IDT will be completed with Client #2 to discuss any updates to their Individuals Support Plan and Behavioral Support Plan in regards to the use of insomnia behavioral medications.</li> <li>- An IDT will be completed with all individuals living in the home to ensure that appropriate reduction plans are in place for all behavioral medications.</li> <li>- The Human Rights Committee will review any restrictions to Client #2's plan.</li> <li>- All staff will be retrained on all individuals Behavior Support Plans including all behavioral medications and a reduction plan for each medication.</li> <li>- The Residential Manager will be retrained on all individuals Behavior Support Plans including all behavioral medications and a reduction plan for each medication.</li> </ul>	

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			<ul style="list-style-type: none"> <li>- The QIDP will be retrained on all individuals Behavior Support Plans including all behavioral medications and a reduction plan for each medication.</li> <li>- The Clinical Supervisor will be retrained on all individuals Behavior Support Plans including all behavioral medications and a reduction plan for each medication.</li> <li>- Residential Manager will oversee through daily visits in the home to assure programs and objectives are implemented appropriately.</li> <li>- QIDP will oversee through weekly visits in the home to assure programs and objectives are implemented appropriately.</li> <li>- Clinical Supervisor will oversee through weekly visits in the home to assure programs and objectives are implemented appropriately.</li> </ul>	

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			Persons Responsible: Residential Manager, QIDP, Clinical Supervisor, Executive Director		