

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G309	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/05/2014
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2107 E POWELL AVE EVANSVILLE, IN 47714
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W000000	<p>The visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 12/1, 12/2, 12/3, 12/4, and 12/5/14.</p> <p>Facility Number: 000828 Provider Number: 15G309 AIMS Number: 100239660</p> <p>Surveyor: Glenn David, RN</p> <p>The Rehabilitation Center Developmental Services was found to be in compliance with 42 CFR, Part 483, subpart I in regard to the recertification survey.</p> <p>This state finding is in accordance with 460 IAC 9.</p> <p>Quality review completed December 17, 2014 by Dotty Walton, QIDP.</p>	W000000		
W009999	<p>STATE FINDINGS:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p>	W009999	In January 2014, The Easter Seals Rehabilitation Center requested to convert the 8bed, Powell Group Home to an Adult, Basic Developmental license due to 5 of the 6 residents being adults. In order to do this, our 15 year old resident had to be	12/23/2014

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>460 IAC 9-3-5 Resident behavior and facility practices.</p> <p>(b) Consideration shall be given to the residents' ages, developmental levels, and social needs and other arrangements that would promote the development of all those living together. Residences for children shall serve only children, and residences for adults shall serve only adults, except as provided in subsection (c).</p> <p>(c) In the event that one (1) or more resident of a children's facility shall have reached eighteen (18) years of age or older and shall no longer participate in a special education program, if it is determined by the interdisciplinary team that it is in the best interest of the residents to remain living as a family, then the provider shall submit a plan and request approval from the council to convert the program orientation of the facility to an appropriate licensure category for adults in a reasonable period of time. If this approval is given, children and adults may continue to reside together in the same facility.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review, observation, and interview for 4 of 4 sampled clients (#1,</p>		<p>referred out for placement in a children's home. This resident's guardian was not in favor of this as he has lived in this same group home since he was 5 years old and with these same housemates for years. Lockett Phillips and Nicole Norvell with FSSA approved for the Powell Group Home to remain a children's home with the current residents until the summer of 2015. At this time, when three more residents graduate from high school, the Powell Group Home will be aged to an Adult license. The agreement included that our youngest resident whom will be 17 years old in August 2015 will be approved to stay in the Powell Group Home.</p>		

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	<p>#2, #3, and #4) and 3 additional clients (#5, #6, and #7), the facility failed to ensure children and adults did not reside in the same home.</p> <p>Findings include:</p> <p>Observation was conducted at the facility group home on the evening of 12/1/14 between 4:10 pm and 7:00 pm, clients #1, #2, #3, #4, #5, #6, and #7 were observed to be living in the facility together.</p> <p>During record review of the [Name of Group Home] Client Roster on 12/1/14 at 1:00 pm, client birth dates and ages were as follows: Client #1 born 12/11/91 was aged 22 years. Client #2 born 4/1/97 was aged 17 years. Client #3 born 7/22/92 was aged 22 years. Client #4 born 3/30/93 was aged 21 years. Client #5 born 8/17/98 was aged 16 years. Client #6 born 6/16/93 was aged 21 years. Client #7 born 9/28/92 was aged 22 years.</p> <p>The record review of the [Name of Group Home] Client Roster indicated that clients #2, #4, #5, #6, and #7 attended</p>			

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	<p>Special Education classes at [Name of local High School]. The [Name of Group Home] Client Roster also indicated that clients #1 and #3 attended [Name of Day Program] at [Facility name].</p> <p>Interview was conducted with administrative staff #1 on 12/3/14 at 1:05 pm. She stated that clients #1 and #3 "attended [Name of local High School] the last several years and both received Certificates of Attendance last May (2014)." Administrative staff #1 also stated that clients #2, #4, #5, #6, and #7 currently attend Special Education classes at [Name of local High School]. She also stated that while "clients #4, #6, and #7 will receive their Certificates of Attendance from the high school this coming May (2015), the other two clients (#2 and #5) still have several years to complete before receiving their Certificates of Attendance."</p> <p>During interview with administrative staff #1 on 12/3/14 at 1:05 pm, she stated that "[Name of Corporate Entity] had been discussing with the Bureau of Developmental Disabilities Services (BDDS) whether to apply for a waiver for the children's home but nothing had been done yet."</p> <p>9-3-5(b)(c)</p>						

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

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