

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/03/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SRV INC	STREET ADDRESS, CITY, STATE, ZIP CODE 442 VINE ST CLINTON, IN 47842
--	---

(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
W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: August 28, 29, 30, and September 3, 2013</p> <p>Provider Number: 15G181 Aims Number: 100234680 Facility Number: 000714</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/23/13 by Ruth Shackelford, QIDP.</p>	W000000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/03/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SRV INC	STREET ADDRESS, CITY, STATE, ZIP CODE 442 VINE ST CLINTON, IN 47842
--	---

(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
W000242	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (#2) to ensure client #2's individual support plan (ISP) had a training program in place to address client #2's identified communication training need.</p> <p>Findings include:</p> <p>An observation was done at the group home on 8/29/13 from 4:48p.m. to 6:22p.m. Client #2 was non-verbal. Client #2 communicated with staff through gestures and verbal prompts. Staff #3 had to give client #2 several verbal prompts when client #2 set the dining room table. Client #2 did not use a communication book.</p> <p>Record review of client #2 was done on 9/3/13 at 8:15a.m. Client #2's 12/7/12 ISP indicated client #2 was non-verbal. Client #2 had a 6/29/10 speech evaluation. The</p>	W000242	In September 2013, Carrie Litz (House Manager) ordered a PECS – Picture Exchange Communication System for Client #2. This “communication book” contains a hard plastic book with 8 hard plastic pages that can hold individual pictures and a sentence strip. This communication book comes with a long lanyard so that Client #2 can carry it over his shoulder. House Manager has been working on putting the PECS together and printing off & laminating appropriate pictures for Client #2's PECS. Lindsey Doan (QMRP) will develop an Individual Program Plan for Client #2 to learn how to appropriately use the PECS to increase communicating his basic needs. The PECS and objective will be ready for staff training on October 8, 2013 and will start on October 9, 2013. October 8, 2013 is a scheduled Clinton House staff meeting. During this meeting House Manager and QMRP will train all Clinton House staff on the proper use of the PECS as well	10/05/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/03/2013
NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SRV INC			STREET ADDRESS, CITY, STATE, ZIP CODE 442 VINE ST CLINTON, IN 47842		
(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	
	<p>speech evaluation indicated client #2 was to use a communication book to express his wants and needs. Client #2's ISP did not have a training program in place to address this identified training need.</p> <p>Interview of staff #1 on 9/3/13 at 10:38a.m. indicated client #2 had communication training needs and used to have a communication book. Staff #1 indicated client #2 did not currently have a communication training program in place.</p> <p>9-3-4(a)</p>		<p>as Client #2's Individual Program Plan for the PECS. Terre Haute Center staff will be trained over the same material later that day by the House Manager and/or QMRP. Client #2's individual program plan for using his PECS will go into effect on October 9, 2013. Since May 1, 2012, C.A.R.S. has been utilizing an electronic data collection system called Care Tracker. Direct Care staff can input data into the system 24 / 7 through a computer / kiosk. QMRP along with other members of the C.A.R.S. Management Team are able to go into Care Tracker on a daily basis and pull information/reports out of Care Tracker to view a resident's progress on individual program plans. Information based on Care Tracker is discussed during the resident's 90-day review meetings – meetings include but is not limited to the QMRP, resident, family members and other members of the IDT. Discussion includes: what progress the resident has made with communication devices, what changes need to be made to the resident's individual program plans, what individual program plans need to be developed / rewritten / discontinued / achieved for the resident, if a behavior plan is needed for a resident, etc.</p> <p>Effective October 1, 2013 – to evaluate the effectiveness of a resident's individual program</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/03/2013
NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SRV INC			STREET ADDRESS, CITY, STATE, ZIP CODE 442 VINE ST CLINTON, IN 47842		
(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	
			<p>plan, the QMRP along with other members of the C.A.R.S. Management Team will oversee direct care staff to (1) ensure staff is able to demonstrate continuous competency in implementing resident's individual program plans (2) assess staff's ongoing training needs in regards to implementing a resident's individual program plans.</p> <p>Overseeing may include but is not limited to... (a) Direct observation of direct care staff while they are performing direct care/active treatment (b) Conducting a review of all incident reports that have been submitted by direct care staff (c) Interviewing direct care staff to analyze their knowledge in regards to implementing resident's individual program plans. Based on what information the QMRP and members of C.A.R.S. Management Team has gathered by overseeing direct care staff – it will determine if staff person(s) need further training in implementing resident's individual program plans. Effective October 1, 2013 – each month during Quality Assurance reviews, Quality Assurance Coordinators will review Care Tracker reports, Quarterly Plan Services Review forms, meeting notes, ISP and other relevant documentation to ensure appropriate individual program plans and communicative devices are in</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/03/2013
NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SRV INC			STREET ADDRESS, CITY, STATE, ZIP CODE 442 VINE ST CLINTON, IN 47842		
(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	
			place as deemed necessary for all residents. Quality Assurance Coordinators will also review staff training sheets to ensure all appropriate staff has been trained on the implementation of resident's individual program plans.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G181		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/03/2013	
NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SRV INC				STREET ADDRESS, CITY, STATE, ZIP CODE 442 VINE ST CLINTON, IN 47842			
(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			
W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 3 sampled clients (#2, #3) to ensure client #2 (behavior) and client #3's (medication) training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done at the group home on 8/29/13 from 4:48p.m. to 6:22p.m. Client #2 was not consistently monitored by facility staff to be in line of staff sight.</p> <p>An observation was done at the group home on 9/3/13 from 6:47a.m. to 7:45a.m. At 7:10a.m., client #3 received his medication (Claritin). Client #3 did not receive any medication training during the medication pass.</p> <p>Record review of client #2 was done on 9/3/13 at 8:15a.m. Client #2's 12/7/12 behavior training program indicated client #2 was to be supervised "line of sight" by</p>	W000249	<p>October 3, 2013 – client #2's Social Integration Plan – SIP – has been updated to state that "Client #2's supervision has been decreased from 1:1 and line of sight to 1-on-1 only if needed." Client #2's QMRP and IDT has reviewed data collection from his behavior plan and has determined that line of sight is no longer necessary at this time. Lindsey Doan (QMRP) trained Clinton House staff on Client #2's updated Social Integration Plan on October 3, 2013 and Terre Haute Center staff later that day.</p> <p>October 3, 2013 – Holly Konarski (Quality Assurance) trained all residential staff during the scheduled Residential In-service regarding Regulation W249. QA trained on the importance of completing individual program plans as they are scheduled as well as during all informal opportunities. QA trained on how individual program plans cannot be considered "achieved" unless there are sufficient number / frequency of trials. QA trained on the necessity of implementing training</p>	10/05/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/03/2013
NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SRV INC			STREET ADDRESS, CITY, STATE, ZIP CODE 442 VINE ST CLINTON, IN 47842		
(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	
	<p>facility staff.</p> <p>Record review of client #3 was done on 9/3/13 at 9:10a.m. Client #3's 12/7/12 individual support plan (ISP) indicated client #3 had a medication training program to identify Claritin.</p> <p>Professional staff #1 was interviewed on 9/3/13 at 10:38a.m. Staff #1 indicated client #2's and #3's training programs should have been implemented at all opportunities.</p> <p>9-3-4(a)</p>		<p>programs during scheduled times – such as during medication administration and during all informal opportunities. Since May 1, 2012, C.A.R.S. has been utilizing an electronic data collection system called Care Tracker. Direct Care staff can input data into the system 24 / 7 through a computer / kiosk. QMRP along with other members of the C.A.R.S. Management Team are able to go into Care Tracker on a daily basis and pull information/reports out of Care Tracker to view a resident's progress on individual program plans. QMRP along with other members of the C.A.R.S. Management Team are also able to retrieve a "Missed Observation" report showing what direct care staff has not tracked on. Based on this Missed Observation report – the appropriate management supervisor can immediately discuss with direct care staff the circumstances as to why an individual program plan was not implemented and/or documented on. Effective October 1, 2013 – The QMRP along with other members of the C.A.R.S. Management Team will oversee direct care staff to (1) ensure staff are implementing resident's individual program plan as they are scheduled (2) ensure staff is able to demonstrate continuous competency in implementing resident's individual program plans (3) assess staff's ongoing</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/03/2013
NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SRV INC			STREET ADDRESS, CITY, STATE, ZIP CODE 442 VINE ST CLINTON, IN 47842		
(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	
			<p>training needs in regards to implementing residents individual program plans. Overseeing may include but is not limited to: (a) Reviewing Care Tracker Missed Observation Report (b) Direct observation of direct care staff while they are performing direct care/active treatment (c) Conducting a review of all incident reports that have been submitted by direct care staff (d) Interviewing direct care staff to analyze their knowledge in regards to implementing resident's individual program plans. Based on what information the QMRP and members of C.A.R.S. Management Team has gathered by overseeing direct care staff – it will determine if staff person(s) need further training in implementing resident's individual program plans. Effective October 1, 2013 – each month during Quality Assurance reviews, Quality Assurance Coordinators will review Care Tracker reports, Quarterly Plan Services Review forms, meeting notes, ISP and other relevant documentation to ensure appropriate individual program plans are in place as deemed necessary for all residents. Quality Assurance Coordinators will also review staff training sheets to ensure all appropriate staff has been trained on the implementation of resident's individual program plans. Information based on</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/03/2013
NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SRV INC			STREET ADDRESS, CITY, STATE, ZIP CODE 442 VINE ST CLINTON, IN 47842		
(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	
			Care Tracker is discussed during the resident's 90-day review meetings – meetings include but is not limited to the QMRP, resident, family members and other members of the IDT. Discussion includes: what changes need to be made to the resident's individual program plans, what progress a resident is making with his/her communication device, if a behavior plan is needed for a resident, etc. Determining whether an individual program plan needs to be rewritten / discontinued / achieved is based on number of trials, achievement percentage and achievement criteria. C.A.R.S. IDT follows the standard that in order for an individual program plan to be achieved – there must be sufficient number / frequency of trials for that plan.		