

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 01/23/2014
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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 21, 22, 23, 2014</p> <p>Provider Number: 15G096 Aims Number: 100234020 Facility Number: 000635</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/29/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000193	<p>483.430(e)(3) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.</p> <p>Based on observation, record review and interview, the facility staff failed for 1 of 4 sampled clients with a behavior support plan (BSP) (#2), to implement client #2's BSP.</p> <p>Finding include:</p>	W000193	W193: -The facility must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of a client. -All staff including staff at Day Program will be retrained on client #2's ISPs,	02/22/2014

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>An observation was done on 1/22/14 from 11:18a.m. to 12:18p.m. at the facility owned group home where client #2 attended a day program. At 11:58a.m., client #2 was at the dining room table located in an open area connected with the kitchen. A pair of scissors was out on the kitchen counter top. There were 2 staff working at the day program. At 12:08p.m., staff #5 (day program lead staff) opened a kitchen drawer, located next to the dining room table, that contained sharp knives. The drawer was not locked. Staff #5 was interviewed at 12:08p.m. Staff #5 indicated the sharps/knives were not kept locked at this group home, where client #2 attended day services. Staff #5 indicated she was not aware any of the clients had a sharps/knives restriction. Staff #5 indicated there was a copy of client #2's BSP at the facility group home day program.</p> <p>The record of client #2 was reviewed on 1/23/14 at 9:09a.m. Client #2's 11/3/13 individual support plan (ISP) indicated the facility sharps/knives were to be kept locked and client #2 "will not have access to knives due to behavior issues."</p> <p>Interview of staff #1 (program manager) on 1/23/14 at 11:14a.m. indicated the</p>		<p>BSPs and HRP's including their sharp restrictions due to behavioral issues. - An IDT meeting will be held with all individuals at the Windermere Group home to assess whether or not there continues to be a need for that sharps to be restricted. -Specifically for client #2, the IDT will meet to review client #2's ISP, BSP & HRP to ensure that all plans remain appropriate. - Staff responsible for implementing each clients program plan will be re-trained regarding proper oversight and review of each clients plan to ensure that observations and on-site training are included as part of the overall process for ensuring that each client receives necessary services. - The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. -Residential Manger will observe in the home daily to ensure that all clients' program plans are being implemented appropriately and necessary trainings are provided. -Program Manger will observe in the home weekly to ensure that all clients' program plans are being implemented appropriately and necessary trainings are provided. - DPRM will observe at Day Program daily to ensure client #2's program</p>				

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W000249	<p>facility day program staff had failed to run client #2's BSP by not ensuring the sharps/knives were locked. Staff #1 indicated a copy of client #2's BSP was kept in the day program group home. Staff #1 indicated all staff would need to be trained on client #2's BSP.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (#2) to ensure client #2's behavior training program was implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done at the group home on 1/21/14 from 4:44p.m. to 6:15p.m. At 5:17p.m., client #3 and staff</p>	W000249	<p>plans are being implemented appropriately and necessary trainings are provided. - Day Program Manager will observe at Day Program daily to ensure client #2's program plans are being implemented appropriately and necessary trainings are provided.</p> <p>Persons Responsible: Staff, Residential Manger, Program Manager, DPRM, Day Program Manager & Executive Director.</p> <p>W249 - To resolve and ensure that each client's treatment program consists of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the program plan the following actions will occur: - Staff responsible for implementing each clients program plan will be re-trained regarding proper oversight and review of each clients plan to ensure that observations and on-site training</p>	02/22/2014			

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	<p>#4 were preparing supper. There were no sharp knives being used. Staff #2 (resident manager) was interviewed at 5:17p.m. Staff #2 indicated the facility kept sharp knives locked due to client #2's behaviors. At 5:55p.m., staff #2 indicated client #2 attended a facility run day program located in a facility owned group home.</p> <p>An observation was done on 1/22/14 from 11:18a.m. to 12:18p.m. at the facility owned group home where client #2 attended a day program. At 11:58a.m., client #2 was at the dining room table located in an open area connected with the kitchen. A pair of scissors was out on the kitchen counter top. There were 2 staff working at the day program. At 12:08p.m., staff #5 (day program lead staff) opened a kitchen drawer, located next to the dining room table, that contained sharp knives. The drawer was not locked. Staff #5 was interviewed at 12:08p.m. Staff #5 indicated the sharps/knives were not kept locked at this group home, where client #2 attended day services. Staff #5 indicated she was not aware any of the clients had a sharps/knives restriction.</p> <p>The record of client #2 was reviewed on 1/23/14 at 9:09a.m. Client #2's 11/3/13 individual support plan (ISP) indicated</p>		<p>are included as part of the overall process for ensuring that each client receives necessary services. -All staff both day program and home will be re-trained regarding client #2's ISP's, BSP's & HCP including their sharps restrictions due to behavioral issues with emphasis on consistently implementing the program plan for each client to assure continuous active treatment at all times. - An IDT meeting will be held with all individuals at the Windermere Group home to assess whether or not there continues to be a need for that sharps to be restricted. -Specifically for client #2, the IDT will meet to review client #2's ISP, BSP & HRP to ensure that all plans remain appropriate. - The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. -Residential Manger will observe in the home daily to ensure that all clients' program plans are being implemented appropriately and necessary trainings are provided. -Program Manger will observe in the home weekly to ensure that all clients' program plans are being implemented appropriately and necessary trainings are provided. - DPRM will observe at Day Program daily</p>				

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	<p>the facility sharps/knives were to be kept locked and client #2 "will not have access to knives due to behavior issues."</p> <p>Interview of staff #1 (program manager) on 1/23/14 at 11:14a.m. indicated client #2 had a knives restriction due to past threats to harm herself. Staff #1 indicated client #2 attended a day program held in a facility owned group home. Staff #1 indicated client #2's ISP should have been implemented at the day program group home.</p> <p>9-3-4(a)</p>		<p>to ensure client #2's program plans are being implemented appropriately and necessary trainings are provided. - Day Program Manager will observe at Day Program daily to ensure client #2's program plans are being implemented appropriately and necessary trainings are provided.</p> <p>Persons Responsible: Staff, Residential Manger, Program Manager, DPRM, Day Program Manager & Executive Director.</p>		