STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G186	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/01/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL CRF INC	637 E MAIN ST DANVILLE, IN 46122

(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	This visit was for the investigation of complaint #IN00122947. Complaint #IN00122947: Substantiated, federal/state deficiencies related to the allegations are cited at W104 and W193. Survey Dates: February 27, 28 and March 1, 2013 Facility Number: 000719 Aim Number: 100234670 Provider Number: 15G186 Surveyor: Mark Ficklin, Medical Surveyor III These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed March 6, 2013 by Dotty Walton, Medical Surveyor III.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the facility's governing body failed to exercise operating direction over the facility to ensure client C had received her social security personal allowance ($52.00 monthly) from 5/12 through 2/13. Findings include: Record review of clients' (A, B, C, D, E, F, G, H) finances was done on 2/28/13 at 1:33p.m. Client C had been admitted to the facility on 12/22/11. Client C had been identified to receive $52.00 a month for social security personal spending allowance. Client C had a deposit in her savings account on 4/20/12 in the amount of $208.00 for the $52.00 monthly social security personal allowance for 1/12 through 4/12. Client C had not had another $52.00 monthly deposit for her social security personal allowance since 4/12. Professional staff #1 was interviewed on 2/28/13 at 3:12p.m. Staff #1 indicated client C was to receive $52.00 a month social security personal allowance. Staff #1 indicated client C had not received the $52.00 monthly allowance since 4/12.	W000104	Residential CRF will ensure that all clients receive their SS/SSI benefits. Residential CRF will submit the application form for each client when each client moves into our facility. Client C's application has been submitted and will be receiving her benefits.Staff Responsible: Administrative Assistant	03/31/2013

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	Staff #1 indicated the facility had applied for representative payee but this had not been completed. Staff #1 indicated this was the reason client C had not received her social security personal allowance. Staff #1 indicated the client had been living at the facility since 12/11 and was not sure why it had taken so long. Staff #1 indicated the $208.00 deposited during 4/12 was facility money given to client C to cover her (social security personal allowance) first four months at the group home. It was to be repaid by the client when she received her social security personal allowance back pay for owed months. This federal tag relates to complaint #IN00122947. 9-3-1(a)			

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W000193	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. Based on record review and interview, the facility staff failed for 1 of 4 sampled clients with a behavior support plan (BSP) (client C), to demonstrate knowledge for implementing client C's BSP token reward system as indicated by the facility's recorded behavior data. Findings include: Record review for client C was done on 2/28/13 at 3:03p.m. Client C had a 9/20/12 BSP that included a token reward system. Staff were to record a daily plus or minus for client C, as indicated by her behavior for the day. The token system indicated client C could earn special outings for every 5 (plus) tokens she had earned. The token system indicated the 5 earned tokens did not have to be 5 consecutive days. The February 2013 daily token system data sheet indicated client C had earned her plus tokens on February 12th through the 17th and from the 19th through the 23rd (total 11 tokens). There was no data to indicate client C had used any of her earned tokens. The facility "staff notes" (part of client C's data record) were reviewed at	W000193	Residential CRF will train our staff on each client's BMP to ensure that each plan is implemented correctly and with understanding. Residential CRF will re train staff on Client C's BMP. The Behavior clinician will review each clients BMP on a monthly basis.Staff Responsible: QMRP, Supervisor	03/31/2013

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	3:03p.m. on 2/28/13. A staff note on 2/23/13 indicated client C was not allowed to go on an outing on 2/23/13 due to not earning the required amount of tokens to go. Professional staff #1 was interviewed on 2/28/13 at 3:12p.m. Staff #1 indicated a house staff had called staff #1 on 2/23/13 and told staff #1 client C did not have enough pluses to get a token reward (go on the outing on 2/23/13). Staff #1 indicated she had relied on the other staff's information regarding the amount of client C's earned tokens before agreeing client C was to stay home. Staff #1 indicated the February data sheet for earned tokens indicated client C had earned enough tokens to have gone on the 2/23/13 outing. Staff #1 indicated facility staff needed training regarding the documentation/implementation of the plus/minus token reward system for client C. This federal tag relates to complaint #IN00122947. 9-3-3(a)			