STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G596	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHABILITATION CENTER DEVELOPMENTAL SERVICES	1426 S ALVORD LN EVANSVILLE, IN 47714

(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 a fundamental recertification and state licensure survey. Survey dates: January 13, 14, 15 and 17, 2014. Facility Number: 001110 Provider Number: 15G596 AIM Number: 100240090 Surveyor: Jo Anna Scott, QIDP. These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed January 23, 2014 by Dotty Walton, QIDP.	W000000		
W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.			

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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	Based on record review and interview for 2 of 4 sampled clients (clients #1 and #4), the governing body failed to exercise general policy/operating direction over the facility to establish a method to keep clients' personal belongings inventory complete and up to date. Findings include: The record review for client #1 was conducted on 1/14/14 at 12:23 PM. The personal possession inventory was undated and included the following: 5 pair of socks, 2 shorts, 2 pair of pants, and 6 tee shirts and 1 shirt. There was no indication of shoes, coats, bedding or any other personal property. The record review for client #4 was conducted on 1/15/14 at 9:32 AM. The personal possession inventory was dated 12/24 with no year and 6/11 with no year. The inventory included boxer briefs, tube socks, slacks, sweater, shirts, shorts, tee shirts, and button shirt. There was no indication of books, shoes, coats or any other personal items. Interview with administrative staff #1 on 1/17/14 at 3:00 PM indicated the facility's accounting office kept a record of large purchases such as televisions,	W000104	Clients #1-4 and all clients will immediately have a formal inventory completed. This inventory will include all personal items of each client. Historically, RCDS has been effective in maintaining personal inventories. Unfortunately, recently these have not been thoroughly kept up to date. As a result, RCDS administration will update the client personal inventory format. Additionally, the update of this document will be formally assigned to the Group Home Manager on a monthly basis. Likewise, the Group Home Coordinator will check them at each client's quarterly review time. These additions will systematically improve the follow-through as the client personal inventory.	01/27/2014

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	stereos, etc. Administrative staff #1 indicated the home should have an inventory of clients' purchases. 9-3-1(a)			
W000249	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 for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to ensure the clients practiced good hygiene and client #2 did his medication goal. Findings include: 1. During the observation period on	W000249	All group home staff will be retrained on client #2's medication goal and using universal precautions prescribed hand washing. In addition, staff will be retrained on the need for continuous active treatment utilizing both formal and informal opportunities. All QIDP's will be retrained on their role to monitor and ensure the consistent implementation of IPP objectives. Preventatively, the Group Home QIDP and Group	01/27/2014

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	1/14/14 from 5:15 AM to 8:00 AM, client #2 received his medication at 6:55 AM. Client #2 received DHEA (vitamin supplement), Thera-M (Dietary supplement), Glucos-Chondro (joint lubricant) and APAP (pain). Staff #5 gave the medicine to client #2 in applesauce and did not review the medicine with the client. The record review for client #2 was conducted on 1/14/14 at 1:41 PM. The Individual Program Plan (IPP) for client #2 was dated 12/12/13 and indicated his medication goal was as follows: "[Client #2] will name his medications as he takes them." Interview with administrative staff #2 on 1/15/14 at 10:30 AM indicated the medication goal for client #2 should have been done during the morning medication pass. 2. During the observation period on 1/14/14 from 10:30 AM to 3:20 PM, clients #1, #2, #3 and #4 returned from their day program at 3:00 PM. Staff had prepared their snacks and placed them on the table before the clients arrived. The clients came in the door and immediately sat down without removing their coats or washing their hands.		Home Manager will observe client #2's medication goal general hand washing and overall active treatment once per week for one month. Additionally, the Residential Coordinators do random checks to all QIDP's work to ensure good active treatment and goal development. Preventatively, the Residential Coordinator will now also do random visits and observations monthly to ensure the written programs are effectively implemented in the group home.	

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	Interview with administrative staff #2 on 1/14/14 at 3:05 PM indicated they tried to have the snack ready as soon as the clients came in the door. Administrative staff #2 stated "The kitchen area gets too congested if we have the clients prepare their own snacks." Administrative staff #2 indicated the clients should have washed their hands before eating the snack. 9-3-4(a)			
W000440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 8 of 8 clients living in the home (clients #1, #2, #3, #4, #5, #6, #7 and #8), the facility failed to conduct an evacuation drill on the overnight shift in the fourth quarter. Findings include: The evacuation drills were reviewed on 1/14/14 at 10:42 AM. The record indicated the facility had conducted an evacuation drill on the overnight shift on the following dates: 1/5/13, 4/1/13, 9/28/13 and 1/9/14. There was no record of an evacuation drill being	W000440	RCDS consistently runs evacuation drills. Even though the drills have been run during non-third shifts, there has not been one run on the overnight shift in the past quarter. All Group Home Management will be retrained on the absolute need to complete the evacuation drill during the overnight hours for ultimate preparedness. Systematically, the Group Home Coordinator will now be responsible to schedule and ensure that the overnight drills are run effectively and consistently. Likewise preventatively, the evacuation drill form will be updated to indicate an overnight drill specifically.	01/27/2014

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	conducted in October, November or December, 2013 for clients #1, #2, #3, #4, #5, #6, #7 and #8. Interview with administrative staff #2 was conducted on 1/14/14 at 11:00 AM. Administrative staff #2 stated "It was my fault they didn't have a drill." 9-3-7(a)			