

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G241	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/13/2014
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 651 SOUTH 100 EAST WASHINGTON, IN 47501
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W000000	<p>This visit was for the annual recertification and state licensure survey.</p> <p>Dates of Survey: January 8, 9, 10, and 13, 2014.</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>Facility Number: 000764 AIM Number: 100234870 Provider Number: 15G241</p> <p>The following deficiencies reflect findings in accordance with 460 IAC 9. Quality Review completed 1/16/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for 1 of 4 sampled clients (#8), the facility failed to address client #8's refusal of pelvic exams and mammograms.</p>	W000227	W227: Individual Program Plan: The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment	01/28/2014

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>Findings include:</p> <p>Client #8's record was reviewed on 1/10/14 at 1:28 PM. Client #8's record contained an Individual Support Plan/ISP dated 9/10/13 with accompanying Behavior Support Plan dated 9/10/13 and health risk plans dated 9/3/13. The record review indicated client #8 had refused her last attempt at having a mammogram on 11/29/11. The last attempt at having an OB/GYN pelvic and pap exam was unknown. The ISP/BSP/Risk Plans did not include methodologies/plan to assist client #8 to comply with mammogram/pelvic exams.</p> <p>Interview with CS (clinical supervisor) #1 and LPN #1 (via Phone) on 1/10/14 at 3:30 PM indicated client #8 refused pelvic exams and mammograms. The interviews indicated there was no desensitization plan/methodologies in place to assist client #8 with any feelings of anxiety she may have with the exams. CS #1 indicated client #8 did comply with skin assessments during bathing but this was not addressed in a plan.</p> <p>9-3-4(a)</p>		<p>required by paragraph (c) (3) of this section. Corrective action:</p> <ul style="list-style-type: none"> · The facility will train/inserve all staff at this location on ISP Addendum, HRP revision, and Female health and safety goal. (ATTACHMENT A,C,D,E,F) The facility will implement the new Female health and safety goal. (ATTACHMENT B) How will we identify others: The QDIP will review individual plans for like areas of opportunity. (ATTACHMENT G) Measures to be put in place: The Nurse and QDIP will train staff at this location on both the new goal and the revised HRP. (ATTACHMENT A) The QDIP will review with staff all ISP addendums at Monthly Meetings. (ATTACHMENT A) Monitoring of Corrective Action: The Clinical Supervisor will ensure all staff have been trained. (ATTACHMENT A) · Clinical Supervisor will implement/train plan addendums when an identified issue is determined. (ATTACHMENT A,B,D) · Operations Manager and Program Manager will conduct Best in Class, and periodic reviews to ensure all policies and procedures are being followed. Completion Date: 1/28/2014 W227/W240: Please define "best in class and periodic reviews" What is the frequency of monitoring? Best in Class: See attached (Attachment 				

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 4 sampled clients (#3), the facility failed to include methodology to address client #3's bathing protocol as related to seizure safety.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 1/10/14 at 12:10 PM. Client #3's diagnoses included, but were not limited</p>	W000240	<p>A)Frequency: BIC completed quarterly PROVIDER IDENTIFICATION #: 15G241NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRALADDRESS: 651 South 100 East Washington, Indiana 47501SURVEY EVENT ID #: GZIL11 DATE SURVEY COMPLETED: 1/13/2014 PROVIDER'S PLAN OF CORRECTION ADDENDUM 2W227/W240-A more frequent monitoring system is needed to ensure complianceQDIP will perform Active Treatment Observations two (2) times weekly to ensure all programming is being completed.Operations Manager will perform Active treatment Observation one (1) time monthly to ensure all programming is being completed.</p> <p>W240Individual Program PlanThe individual program planmust describe relevant interventions to support the individual towards independence. Corrective action: · The facility will train/inserve all staff atthis location on HRP revision. (ATTACHMENT A,H,I) The facility will implement the new tubbathing guidelines the week of 1/28/2014. (ATTACHMENT H,I) How will we identify others:The QDIP will review</p>	01/28/2014	

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	<p>to, partial complex seizures and skin infections/boils. Client #3's record contained an 10/2013 physician's order for betasept (anti-bacterial wash) "wash daily from neck down for skin infections." Client #3 had a risk plan for partial complex seizures developed by the facility's LPN dated 5/7/13 which indicated "staff will supervise [client #3] while showering/bathing." The level of supervision was not defined and the fact that client #3 liked to take tub baths was not part of the risk plan. Review of client #3's Individual Support Plan/ISP dated 5/14/13, indicated a training objective for client #3 to state the reason why she is supervised during bathing with a verbal prompt (seizure diagnosis). The ISP objective did not outline the level of supervision necessary to keep client #3 safe while using a bath-tub.</p> <p>Interview with house manager/clinical supervisor/CS staff #1 on 1/10/14 at 3:00 PM indicated client #3 liked to soak in a tub because of the skin integrity issues she had on her bosom. She used the betasept and soaked in the tub. This protocol was helping her skin. The interview indicated client #3 did have a seizure diagnosis and staff monitored her from outside of the bathroom during the tub bathing.</p>		<p>individual plans for like areas of opportunity.(ATTACHMENT G)Measures to be put in place:The Nurse and QDIP will train staff at this location on the revisedHRP. (ATTACHMENT A,H,I)The QDIP will review with staff all Programming changes (i.e. ISP,BSP, Goal, and HRP) at Monthly Meetings. (ATTACHMENT A,H,I)Monitoring of Corrective Action:· The Clinical Supervisor will ensure all staff have beentrained. (ATTACHMENT A)· Clinical Supervisor will implement/train Programming changes when anidentified issue is determined. (ATTACHMENT A,H,I)· Operations Manager and Program Manager will conduct Best in Class, andperiodic reviews to ensure all policies and procedures are being followed. Completion Date: 1/28/2014W227/W240: Please define "best in class and periodic reviews" What is the frequency of monitoring?Best in Class: See attached (Attachment A)Frequency: BIC completed quarterlyPROVIDER IDENTIFICATION #: 15G241NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRALADDRESS: 651 South 100 East Washington, Indiana 47501SURVEY EVENT ID #: GZIL11 DATE SURVEY COMPLETED: 1/13/2014 PROVIDER'S PLAN</p>				

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	<p>Interview with client #3 on 1/10/14 at 3:15 PM stated she liked to soak in the tub and she needed to be supervised due to her having "seizures."</p> <p>9-3-4(a)</p>		<p>OF CORRECTION ADDENDUM 2W227/W240-A more frequent monitoring system is needed to ensure compliance QDIP will perform Active Treatment Observations two (2) times weekly to ensure all programming is being completed. Operations Manager will perform Active treatment Observation one (1) time monthly to ensure all programming is being completed.</p>		