

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G424	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/29/2012
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1999 BELL RD CHANDLER, IN 47610
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(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
W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 5/22, 5/23, 5/24, 5/25 and 5/29/12</p> <p>Facility Number: 000938 Provider Number: 15G424 AIM Number: 100239680</p> <p>Surveyor: Jenny Rida, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 6/7/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0227	<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.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (#3), the client's Individual Support Plan (ISP) failed to address the client's identified training need.</p> <p>Findings include:</p> <p>During the 5/23/12 observation period between 3:00 PM to 6:45 PM at the group home, client #3 was observed having her snack and evening meal drinks in sippy cups. Client #3 was observed to drink using the sippy cups with staff assistance.</p> <p>Client #3's record was reviewed on 5/24/12 at 9:55 AM. Client #3's 8/12/11 Individual Support Plan (ISP) did not include any goals regarding how to drink from a regular cup.</p> <p>Interview with HM (Home Manager) on 5/24/12 at 12:23 PM indicated client #3 had been drinking from sippy cups since the end of February of this year. The HM indicated client #3 was spilling her drinks at meal and snack time. The HM stated "We started using the sippy cups so she</p>	W0227	<p>An IDT will be scheduled to discuss client # 3's use of a sippy cup. IDT will discuss programmatic needs including a goal to increase the client's independence in the area of drinking from a regular cup. The changes/goals agreed to by IDT will be implemented and in-serviced to staff immediately.</p> <p>In general, RCDS identifies client's programming needs effectively through the use of the Comprehensive Functional Assessment. The change with this particular client's training needs recently changed and a formal goal failed to be implemented timely. All professional staff and QMRP's will be retrained on their role on ensuring that formal training goals are implemented through the IDT process as training needs change. This retraining will heighten awareness and prevent reoccurrence.</p> <p>Systematically, the Group Home Coordinators will ensure, through IDT attendance as well as observations in the group homes, that changes in training needs are discussed timely and added to the individual program plans to ensure the client is striving towards greater independence in all needed areas.</p>	06/28/2012			

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	wouldn't spill so much of her drink at meal time. We have not worked on a goal for her to drink from regular cup." 9-3-4(a)			