

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G379	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/07/2014
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NAME OF PROVIDER OR SUPPLIER  REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 420 FUQUAY RD EVANSVILLE, IN 47715
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 3, 4, 5 and 7, 2014.</p> <p>Provider Number: 15G379 Aims Number: 100239720 Facility Number: 000893</p> <p>Surveyor: Mark Ficklin, QIDP.</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 14, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview, the governing body failed to exercise operating direction over the facility to provide a safe environment for 3 of 4 sampled clients (#1, #3, #4) living in the group home.</p>	W000104	<p>The management of the group home has been retrained to ensure that immediate repair is done when any equipment, especially related to health and safety, breaks or is damaged. Typically management is effective in ensuring that equipment is fixed in a timely manner.</p>	03/07/2014

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>Record review for client #1 was done on 2/7/14 at 10:30a.m. Client #1's 5/2/13 individual program plan (IPP) included the use of a door bell located in the bathroom to be used to let staff know when/if assistance was needed.</p> <p>Record review for client #3 was done on 2/7/14 at 12:12p.m. Client #3's 8/8/13 IPP included the use of a door bell located in the bathroom to be used to let staff know when assistance was needed.</p> <p>Record review for client #4 was done on 2/7/14 at 11:05a.m. Client #4's 11/18/13 IPP included the use of a door bell located in the bathroom to be used to let staff know when assistance was needed.</p> <p>An observation of the group home bathroom with the walk-in shower was done on 2/7/14 at 12:45p.m. The bathroom did not contain a door bell.</p> <p>Interview of staff #1 on 2/7/14 at 12:47p.m. indicated there was supposed to be a door bell located in the group home bathroom. Staff #1 indicated the door bell was to be used by the clients to let staff know when they (clients) were done and needed assistance. Staff #1 indicated the door bell had been</p>		<p>However, due to significant weather issues related to extreme cold and snow, maintenance as well as management, were dealing with other significant issues. However, this does not excuse the need for the doorbell to be repaired and retraining will prevent future oversight. Systemically, all group home management has been retrained to ensure that immediate repair related to health and safety equipment is done in all nine group homes on a consistent basis as well. Additionally, the adaptive equipment checklists, which are located in the client IPP books, will be updated as well to include the doorbell. This list, which includes all adaptive equipment that the client utilizes, is marked daily by staff to ensure the equipment is available and in working order. Management monitors the actual equipment, as well as the checklist, to ensure all necessary equipment is available and in working order. Group home staff have been in-serviced on the change on the adaptive equipment checklist and the need for them to notify management if there is a malfunction with any adaptive equipment in order to ensure timely repair.</p>				

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W000249	<p>destroyed in early to mid January, 2014 by client #4 during a behavior. Staff #1 indicated he wasn't sure if a work order had been submitted and the door bell had not been replaced.</p> <p>9-3-1(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 (#4), to ensure client #4's dining and communication programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation at the group home was done on 2/4/14 from 6:02a.m. to 7:24a.m. At 6:27a.m., client #4 got a cup out of the cabinet for breakfast. Staff #4 poured milk into client #4's cup and onto</p>	W000249	The group home follows an active treatment training schedule which ensures all opportunities for active treatment are maximized. This schedule includes formal goals, as well as informal opportunities, to maximize each client's involvement in the day-to-day functioning of their home environment. The active treatment training schedules will be reviewed and revised as needed to ensure mealtime goals are included, which will ensure staff awareness and implementation on a routine basis. All staff will be retrained	03/07/2014	

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	<p>client #4's cereal. Staff #4 made client #4's toast and put butter and jelly on it. Staff #4 put pudding on client #4's plate. Staff #4 did not prompt client #4 to assist with his meal preparation. After client #4 had finished breakfast, staff #4 took his cup and plate to the kitchen. Staff did not prompt client #4 during breakfast to use the sign for drink.</p> <p>The record of client #4 was reviewed on 2/7/14 at 11:05a.m. Client #4's 11/18/13 individual program plan (IPP) indicated client #4 had training programs to: serve himself all food items at meal times; put his cup in the dishwasher when done; and sign drink.</p> <p>Interview of staff #1 on 2/7/14 at 12:47p.m. indicated client #4 had training programs in place for communication to sign drink and dining programs to serve himself and to take his utensils to the kitchen when done. Staff #1 indicated client #4's training programs should have been implemented at all opportunities.</p> <p>9-3-4(a)</p>		<p>on continuous active treatment in general, and specifically related to client #4's goals to sign drink, serve himself, and take his plate and utensils to the sink. Staff will also be retrained on the modified active treatment training schedules. To prevent future occurrence, observations will be completed two times per week for four weeks, and then at least weekly afterwards, to ensure staff consistency in implementation of the active treatment training schedules, as well as related to client #4's goals. In general, all staff are adequately trained regarding the importance of active treatment. Residential Assistants initial training covers active treatment in detail, and is also role modeled for them at the group home during their initial training. Management is in the home at least three to five days per week and work with staff to ensure consistent and effective active treatment on a routine basis with both new staff and long-term staff. Active treatment is also a significant part of employee evaluations and this area is reviewed thoroughly during evaluations which are done four times in the first year and then annually afterwards.</p>				

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 2 of 4 sampled clients (#2, #4) and 1 additional client (#6), the facility failed to encourage clients to participate in meal preparation to the extent they were capable.</p> <p>Findings include:</p> <p>During the 2/4/14 observation period between 6:02a.m. to 7:24a.m. at the group home, facility staff did not encourage clients, who were available to assist (#2, #4, #6), to participate in all aspects of their meal preparation. At 6:27a.m., staff #4 poured milk into client #4's cup and onto client #4's cereal. Staff #4 made client #4's toast and put butter and jelly on it. Staff #4 put pudding on client #4's plate. Staff #4 did not prompt client #4 to assist with his meal preparation. After client #4 had finished breakfast, staff #4 took his cup and plate to the kitchen. Staff #5 took client #6's bowl of cereal and drink to the dining room table. Staff #5 put yogurt on client #6's plate. At 6:43a.m. staff #5 prepared client #2's cereal, yogurt and poured his drink. Staff #4 then took client #2's prepared food and</p>	W000488	<p>Staff will be in-serviced regarding the need to allow each client to participate in meal preparation within his or her developmental level. This would include utilizing every teaching opportunity. To prevent future occurrence, the group home coordinator and/or manager will observe staff one time per week for four weeks, and then at least weekly afterwards, to monitor for appropriate active treatment related to meal preparation with each client. In general, all staff are adequately trained regarding the importance of active treatment, which includes meal preparation. Residential Assistants initial training covers active treatment surrounding meal preparation in detail, and is also role modeled for them at the group home during their initial training. Management is in the home at least three to five days per week and work with staff to ensure consistent and effective active treatment during meal preparation on a routine basis with both new staff and long-term staff. Active treatment surrounding meal preparation is also a significant part of employee evaluations and this area is reviewed thoroughly during evaluations which are</p>	03/07/2014

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	<p>put it on the dining room table. Clients #2, #4 and #6 were available to assist during the breakfast observation.</p> <p>Interview of professional staff #1 on 2/7/14 at 12:47p.m. indicated all the clients were capable of assisting with the meal preparation with some staff assistance. Staff #1 indicated the clients should have been more involved with the family style meal.</p> <p>9-3-8(a)</p>		done four times in the first year and then annually afterwards.		