

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G383	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/11/2013
NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 2626 HELMUTH AVE 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	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 10/9, 10/10 and 10/11/13</p> <p>Facility Number: 000897 Provider Number: 15G383 AIMS Number: 100235420</p> <p>Surveyor: Paula Chika, QIDP-TC</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed October 22, 2013 by Dotty Walton, QIDP.</p>	W000000			

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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on interview and record review for 1 of 4 sampled clients (#4), the governing body failed to exercise general policy and operating direction over the facility to ensure the client did not pay for a hair trimmer which was used to cut the client's hair.</p> <p>Findings include:</p> <p>Client #4's finances were reviewed on 10/9/13 at 12:45 PM. Client #4's computer print out of the client's finances from 10/12 to 10/13 indicated on 1/15/13, client #4 purchased "Trimmers" at a local shopping center for \$23.51.</p> <p>Interview with staff #1 and Qualified Intellectual Disabilities Professional (QIDP) #1 on 10/11/13 at 11:45 AM indicated client #4 was blind. Staff #1 indicated client #4's guardian wanted staff #2 to cut client #4's hair as client #4 did not do well going to a hairdresser in the community. Staff #1 indicated client #4 paid for the hair trimmer with the client's own money. Staff #1 indicated she did not know client #4 should not have used her money to pay for the hair trimmers/clippers. QIDP #1 indicated the</p>	W000104	RCDS practice ensures that clients do not pay for their hair trimmers. Unfortunately, there was an oversight on this matter with client #4 on 1/15/13 and the hair trimmers were disbursed out of the client's account. Client #4 was reimbursed the cost of the trimmers on 10/22/2013. All management staff including Helmuth's management will be retrained on their role to ensure that hair trimmers are never disbursed to the client's account. Preventatively, the QA disbursement committee reviews all group home disbursements on a regular basis to monitor for these types of issues. The QA disbursement committee will be inserviced on carefully reviewing where client expenses are disbursed.	11/08/2013			

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	<p>facility was to pay for clients' haircuts. QIDP #1 indicated the facility would need to reimburse client #4 for the cost of the trimmers.</p> <p>9-3-1(a)</p>			

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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.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (#4), the client's Individual Support Plan (ISP) failed to specifically indicate how facility staff were to assist a blind client to ambulate.</p> <p>Findings include:</p> <p>During the 10/9/13 observation period between 3:55 PM and 6:00 PM and the 10/10/13 observation period between 5:37 AM and 8:15 AM, facility staff periodically assisted client #4 to ambulate around the house as the client was blind. At times, during the above mentioned observation periods, client #4 would ambulate independently from one area to another, and then at times, facility staff would walk backwards holding the client's hands to assist the client to ambulate. Facility staff would also hold client #4's hand as she walked/ambulated.</p> <p>During the 10/10/13 observation period between 10:45 AM and 12:15 PM, at the workshop, day program staff had client #4 wrap her arms around their waist and walk behind the staff from the classroom table to the kitchen and back. Client #4's</p>	W000240	To answer the additional question on W240: The IDT updated client #4's Mobility/Safety Protocol and Sensory Protocol at the 10/14/13 IDT meeting. These updates included how staff are to specifically assist client #4 to ambulate as independently as possible. The following information is part of client #4's IPP as it is in the client's Mobility/Safety and Sensory Protocols: 1.) Guide (client #4) as needed. 2.) To guide (client #4), encourage her to hold your left hand or elbow with her right hand. 3.) Allow her to walk independently in very familiar areas without obstacles. 4.) Discourage (client #4) from holding onto staff's waist and walking behind them per the Physical Therapist. The first 2 POC's state that staff have been trained and there is a monitoring system in place.	11/11/2013

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	<p>head/face would be at the staff's back. When going to the bathroom, client #4 walked with the day program staff in the same manner.</p> <p>Client #4's record was reviewed on 10/11/13 at 9:55 AM. Client #4's November 2011 Sensory Protocol indicated client #4 was "Blind." The protocol indicated "Guide PRN (as needed)" and "Ambulate with assistance." The November 2011 protocol did not specifically indicate how facility staff were to assist client #4 to ambulate to increase the client's independence.</p> <p>Interview with staff #1 and Qualified Intellectual Disabilities Professional (QIDP) #1 on 10/11/13 at 11:45 AM indicated staff should not hold client #4's hands and then walk backwards with the client. QIDP #1 and staff #1 indicated staff should not hold client #4's hand, and/or have the client hold onto the staff's waist to walk with the client. QIDP #1 and staff #1 indicated client #4's 11/11 Sensory Protocol and/or 9/17/13 ISP did not specifically indicate how facility staff were to assist client #4 to ambulate.</p> <p>9-3-4(a)</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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