

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G206	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/07/2013
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 4318 BADENSTRASSE JASPER, IN 47546
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W000000	<p>This visit was for a post certification revisit (PCR) to the recertification and state licensure survey completed on 8/22/13.</p> <p>Dates of Survey: October 1, 2, 3, 4, 7, 2013</p> <p>Facility Number: 000734 Aims Number: 100234100 Provider Number: 15G206</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/18/13 by Ruth Shackelford, 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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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, for 1 of 5 reportable alleged abuse/neglect incidents reviewed (client #3), the facility failed to implement policy and procedures to immediately report allegations of neglect to the Bureau of Developmental Disabilities Services (BDDS).</p> <p>Findings include:</p> <p>Record review of the facility incident reports was done on 10/4/13 at 11:51a.m. An incident report dated 9/30/13 indicated client #3 had walked away from the high school (nursing room) and had headed to the group home. The report indicated client #3 had left the school without the school's immediate knowledge. The incident report indicated BDDS had been notified on 10/4/13.</p> <p>Professional staff #1 was interviewed on 10/7/13 at 4:45p.m. Staff #1 indicated client #3 had walked away from school without the school's immediate knowledge on 9/30/13. Staff #1 indicated the incident was reported to BDDS on 10/4/13. Staff #1 indicated the facility had experienced some internal computer and follow up issues and did not immediately</p>	W000149	W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Corrective Action: (Specific) QA will be in-serviced on abuse/neglect/exploitation policy and procedure and reporting all allegations to the appropriate contact within 24 hours. How others will be identified: (Systemic) The Program Manager will follow up on all allegations and ensure that reporting of incidents to appropriate contacts have been completed within 24 hours of the incident. Measures to be put in place: QA will be in-serviced on abuse/neglect/exploitation policy and procedure and reporting all allegations to the appropriate contact within 24 hours. Monitoring of Corrective Action: The Program Manager will follow up on all allegations and ensure that reporting of incidents to appropriate contacts have been completed within 24 hours of the incident. Completion date: 11/06/13	11/06/2013			

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	<p>report the allegation of neglect to BDDS. Staff #1 indicated the BDDS should be contacted within 24 hours of facility knowledge of allegations of abuse/neglect.</p> <p>The facility's policy and procedures were reviewed on 10/7/13 at 1:45p.m. The facility policy "Abuse/Neglect/Exploitation" dated 7/2/12, indicated: "The QA Director will report the suspected abuse, neglect and/or exploitation within 24 hours to the appropriate contacts which may include the Bureau of Developmental Disabilities Services (BDDS)."</p> <p>9-3-2(a)</p> <p>This deficiency was cited on 8/22/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed for 1 of 5 facility reportable abuse/neglect incident (client #3) reports reviewed, to immediately report an allegation of neglect to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>Record review of the facility incident reports was done on 10/4/13 at 11:51a.m. An incident report dated 9/30/13 indicated client #3 had walked away from the high school (nursing room) and had headed to the group home. The report indicated client #3 had left the school without the school's immediate knowledge. The incident report indicated BDDS had been notified on 10/4/13.</p> <p>Professional staff #1 was interviewed on 10/7/13 at 4:45p.m. Staff #1 indicated client #3 had walked away from school without the school's immediate knowledge on 9/30/13. Staff #1 indicated the incident was reported to BDDS on</p>	W000153	<p>W153: The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Corrective Action: (Specific) QA will be in-serviced on abuse/neglect/exploitation policy and procedure and reporting all allegations to the appropriate contact within 24 hours. How others will be identified: (Systemic) The Program Manager will follow up on all allegations and ensure that reporting of incidents to appropriate contacts have been completed within 24 hours of the incident. Measures to be put in place: QA will be in-serviced on abuse/neglect/exploitation policy and procedure and reporting all allegations to the appropriate contact within 24 hours. Monitoring of Corrective Action: The Program Manager will follow up on all allegations and ensure that reporting of incidents to appropriate contacts have been completed within 24 hours of the incident. Completion</p>	11/06/2013

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	10/4/13. Staff #1 indicated the facility had experienced some internal computer and follow up issues and did not immediately report the allegation of neglect to BDDS. 9-3-1(b)(5) 9-3-2(a)		date: 11/06/13		

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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 7 clients residing in the group home (#1, #4) to ensure all staff received continued training on the clients' training programs and behavior support plans (BSP).</p> <p>Findings include:</p> <p>1. An observation was done at the group home on 10/2/13 from 6:32a.m. to 8:28a.m. At 8:05a.m. client #4 was in the living room with client #5 and 2 staff. Client #5 was sitting on the couch. Client #4 got in client #5's personal space by putting his knees on client #5's thighs. Staff #4 and #5 both gave client #4 several verbal prompts to stop and to get off of client #5 and to sit on the couch, which put client #4 next to client #5. At 8:17a.m. client #4 was back on client #5's lap and pushing his knees into client #5. Staff #4 gave client #4 verbal prompts to get out of client #5's personal space and to sit on the couch.</p> <p>The record of client #4 was reviewed on 10/2/13 at 12:45p.m. Client #4's 3/12/13</p>	W000189	<p>W189: The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently and competently. Corrective Action: (Specific) Staff will be in-serviced on client # 4's behavior support plan (BSP) and running plan as written. Staff will be retrained on Your Safe I'm Safe (YSIS). How others will be identified: (Systemic) The Residential Manager will complete weekly observations to ensure that staff are running plans as written and will observe any YSIS procedures to ensure that techniques are being implemented correctly.</p> <p>Measures to be put in place: Staff will be in-serviced on client #4's behavior support plan (BSP) and running plan as written. Staff will be retrained on Your Safe I'm Safe (YSIS). Monitoring of Corrective Action: The Residential Manager will complete weekly observations to ensure that staff are running plans as written and will observe any YSIS procedures to ensure that techniques are being implemented correctly. Completion date:</p>	11/06/2013			

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	<p>individual support plan (ISP) indicated he had a training program to keep personal space from others. The training program indicated staff were to remind him and demonstrate appropriate personal space. Client #4's 8/21/13 behavior support plan (BSP) indicated client #4 was hyperactive. The BSP indicated staff should not tell client #4 to stop, instead should tell him what he should be doing. Staff should try to get client #4 to focus on a particular task and to praise him.</p> <p>2. A facility incident report dated 9/3/13 was reviewed on 10/4/13 at 11:51a.m. the incident report indicated client #1 had displayed physical aggression to client #4 and could not be verbally redirected. The incident report indicated staff #6 and #7 intervened and could not successfully initiate a 2 person Your Safe I'm Safe (YSIS) physical intervention with client #1. There was no documentation the staff had been retrained on YSIS techniques.</p> <p>Interview of professional staff #1 was done on 10/4/13 at 1:02p.m. Staff #1 indicated all direct care staff have been trained on all the client programs for the home they are working at (including YSIS techniques). Staff #1 indicated all direct care staff were in need of retraining on client #4's BSP and on YSIS techniques. Staff #1 indicated the YSIS re-training</p>		11/06/13				

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	<p>had been scheduled for this home but had not occurred yet.</p> <p>9-3-3(a)</p> <p>This deficiency was cited on 8/22/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (#4) to ensure client #4's (behavior) training program was implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done at the group home on 10/2/13 from 6:32a.m. to 8:28a.m. At 8:05a.m. client #4 was in the living room with client #5 and 2 staff. Client #5 was sitting on the couch. Client #4 got in client #5's personal space by putting his knees on client #5's thighs. Staff #4 and #5 both gave client #4 several verbal prompts to stop and to get off of client #5 and to sit on the couch, which put client #4 next to client #5. At 8:17a.m. client #4 was back on client #5's lap and pushing his knees into client #5. Staff #4 gave client #4 verbal prompts to get out of client #5's personal space and to sit on the couch.</p>	W000249	<p>W249: 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 objectives identified in the individual program plan The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. Corrective Action: (Specific): Staff will be in-serviced on client # 4's behavior support plan (BSP). How others will be identified: (Systemic) The Residential Manager will complete observations at least three times weekly and the Program Manager will complete observations at least weekly to ensure that staff is running plans as written. Measures to be put in place: Staff will be in-serviced on client # 4's behavior support plan (BSP). Monitoring of Corrective Action: The Residential Manager</p>	11/06/2013			

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	<p>The record of client #4 was reviewed on 10/2/13 at 12:45p.m. Client #4's 3/12/13 individual support plan (ISP) indicated he had a training program to keep personal space from others. The training program indicated staff were to remind him and demonstrate appropriate personal space. Client #4's 8/21/13 behavior support plan (BSP) indicated client #4 was hyperactive. The BSP indicated staff should not tell client #4 to stop, instead should tell him what he should be doing. Staff should try to get client #4 to focus on a particular task and to praise him.</p> <p>Professional staff #1 was interviewed on 10/4/13 at 11:51a.m. Staff #1 indicated client #4's personal space training and BSP for hyperactivity program should have been implemented at all opportunities.</p> <p>9-3-4(a)</p> <p>This deficiency was cited on 8/22/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		will complete observations at least three times weekly and the Program Manager will complete observations at least weekly to ensure that staff is running plans as written. Completion date: 11/06/13				