

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G431	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 525 S SKYVIEW DR JASPER, IN 47546
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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
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>This visit was in conjunction with the investigation of complaint #IN00136684.</p> <p>Survey Dates: October 1, 2, 3, 4, 7, 2013</p> <p>Facility Number: 000945 Aim Number: 100235210 Facility Number: 15G431</p> <p>Survey Team: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 10/18/13 by Ruth Shackelford, QIDP.</p>	W000000		
W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview, the facility failed for 1 of 4 sampled</p>	W000210	W210 Within 30 days after admission, the interdisciplinary	11/06/2013

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>clients (D) to ensure client D had been reassessed in regards to behavioral calming technique needs.</p> <p>Findings include:</p> <p>The facility incident reports were reviewed on 10/2/13 at 9:32a.m. Client D had a behavior incident report on 8/26/13. The report indicated client D displayed physical aggression, verbal aggression and property destruction. Client D had a behavioral incident report on 9/17/13. The incident report indicated client D was agitated about having to go to day services. Client D displayed physical aggression to staff, verbal aggression and property destruction. The report indicated staff had followed her behavior support plan (BSP) but client D had refused to calm down.</p> <p>The record of client D was reviewed on 10/2/13 at 9:47a.m. Client D had a BSP dated 8/19/13. The BSP included interventions for verbal aggression, physical aggression, property destruction, non-compliance, self injurious behavior, leaving her area and isolating herself.</p> <p>Professional staff #1 was interviewed on 10/2/13 at 10:14a.m. Staff #1 indicated client D had displayed ongoing</p>		<p>team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Corrective Action: (Specific): The Behavior Clinician and the Program Manager will assess client D's behaviors, review the current behavior support plan to assess the effectiveness of the plan and make revisions as necessary to reflect client D's needs. Client D has been assessed for another location with another provider and will be moving. All staff will be in-serviced on any changes to the behavior support plan How others will be identified: (Systemic) The Program Manager will make random visits to the home at least weekly until Client D moves to ensure that the behavior support plan is being implemented as written and it is effective. The behavior clinician will review the behavior data and consult with the program manager to ensure the behavior support plan remains effective and if necessary will implement changes based on data and assessment. Measures to be put in place: The Behavior Clinician and the Program Manager will assess client D's behaviors, review the current behavior support plan to assess the effectiveness of the plan and make revisions as necessary to reflect client D's needs. Client D has been assessed for another</p>				

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	<p>behaviors on 8/26/13 and 9/17/13. Staff #1 indicated, on both behavior dates, client D had refused and/or was unable to calm down and the behaviors had lasted for long periods. Staff #1 indicated they felt that direct care staff had properly implemented client D's BSP. Staff #1 indicated client D had not been reassessed for calming techniques since the 8/19/13 BSP.</p> <p>9-3-4(a)</p>		<p>location with another provider and will be moving. All staff will be in-serviced on any changes to the behavior support Monitoring of Corrective Action: The Program Manager will make random visits to the home at least weekly until Client D moves to ensure that the behavior support plan is being implemented as written and it is effective. The behavior clinician will review the behavior data and consult with the program manager to ensure the behavior support plan remains effective and if necessary will implement changes based on data and assessment. Completion date: 11/06/13</p>		