

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G516	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/18/2013
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2606 S ROTHERWOOD EVANSVILLE, IN 47714
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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 recertification and state licensure survey.</p> <p>Dates of Survey: July 10, 15, 16 and 18, 2013</p> <p>Provider Number: 15G516 Aims Number: 100245190 Facility Number: 001030</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed July 25, 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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W000312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview the facility failed, for 1 of 4 sampled clients (client #1) who took behavior control drugs, to ensure the behavior control medications were part of client #1's individual program plan (IPP) and included in a plan of reduction.</p> <p>Findings include:</p> <p>Review of the record of client #1 was done on 7/16/13 at 9:25a.m. Client #1's 2/14/13 IPP indicated client #1's diagnosis included, but was not limited to, Depression. Physician Orders on 6/20/13 indicated client #1 received the behavior control medications Abilify and Effexor. The IPP failed to include the behavior control medications in a plan which included withdrawal criteria.</p> <p>Interview of professional staff #2 on 7/16/13 at 11:15a.m. indicated client #1 did not have his current behavior control medications addressed in a plan with reduction criteria.</p>	W000312	<p>Client #1's medication plans of reduction for Abilify and Effexor were immediately written and signed by all applicable members of the team. Approval for these medications were sought prior to implementation, however, the plans of reduction were not developed. In general, RCDS has an outstanding history of maintaining our behavior data, including behavior plans, plans of reduction, quarterly behavior notes, etc. We have recently restructured our upper administration, and the nine group homes have been divided between two Residential Coordinators. Each Residential Coordinator will be responsible for the behavioral documentation for their assigned homes. This restructure will allow for better follow-along with behavior data and will also ensure timely paperwork completion (i.e. medication plan reductions, behavior plans, etc.) The system change will also allow better follow-along for needed behavioral programming and/or medication changes as well. Preventatively, each of the Residential Coordinators has</p>	08/16/2013			

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	9-3-5(a)		been retrained on the oversight of the medication reduction plans. The retraining, along with the structural changes, will systemically prevent futuristic oversights. The Vice President of Residential Services supervises the Residential Coordinators and also signs off on all medication reduction plans. She will oversee that all medication reduction plans are implemented in a timely manner.		