

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G106	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/25/2013
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN			STREET ADDRESS, CITY, STATE, ZIP CODE 4122 TRIPLE CROWN NEWBURGH, IN 47630		
(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	
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Date of Survey: January 14, 15, 24, 25, 2013</p> <p>Provider Number: 15G106 Aims Number: 100234140 Facility Number: 000643</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 2/1/13 by Tim Shebel, Medical Surveyor III.</p>	W0000			

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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W0352	<p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview, the facility failed for 1 of 4 sample clients (client #2) to ensure client #2 had an annual dental visit.</p> <p>Findings include:</p> <p>The record of client #2 was reviewed on 1/24/13 at 12:14p.m. Client #2's most recent documented dental visit was on 10/20/11.</p> <p>Interview on 1/24/13 at 1:55p.m., of staff #1 and staff #2 (nurse), indicated there was no documentation client #2 had a dental exam since the 10/20/11 exam. Staff #2 indicated client #2 should have had an annual exam completed. 9-3-6(a)</p>	W0352	<p>W352: Comprehensive Dental Diagnostic Service</p> <ul style="list-style-type: none"> - Client #2 completed a dental appointment on February 13, 2013 - Program Coordinator, Nurse, and Operations Manager will be retrained on ensuring that all doctor's appointments are completed - Program Coordinator will monitor through weekly visits in the home that all appointments are being completed - Operations Manager will monitor through monthly visits in the home that all appointments are being completed - Nurse will monitor through quarterly chart reviews to ensure that all appointments are being completed <p>Persons Responsible: Program Coordinator, Operations Manager, Nurse</p>	02/24/2013	