STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G295	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/06/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES SW IN	RR 2 BOX 134 BLOOMFIELD, IN 47424

(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	This visit was for a recertification and state licensure survey. Survey Dates: September 4, 5, 6, 2013 Provider Number: 15G295 Aims Number: 100243720 Facility Number: 000814 Surveyor: Mark Ficklin, QIDP This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 9/23/13 by Ruth Shackelford, QIDP.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W000249	483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (#4) to ensure client #4's communication training program was implemented when opportunities were present. Findings include: Observations were done on 9/4/13 from 3:44p.m. to 6:08p.m. and on 9/5/13 from 6:59a.m. to 8:12a.m., at the group home. During the observations, client #4 spoke quickly and could not be understood by the surveyor, who asked him to repeat himself. Client #4 was not prompted to talk slower by facility staff #1, #2 and #3, who worked with client #4 throughout both observations. Staff #1, #2 and #3 did not provide any communication training to client #4. Client #4's record was reviewed on 9/5/13 at 8:36a.m. Client #4's 9/19/12 Individual Support Plan (ISP) communication program indicated client #4 needed	W000249	W249: PROGRAM IMPLEMENTATION· 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. Corrective action: All staff will be inserviced on communication training with Client #4. (Attachment A) How we will identify others: Clinical Supervisor will do weekly active treatment observations to ensure all plans are being followed. (Attachment B) Measures to be put in place:Clinical Supervisor will conduct monthly meetings and review plans with all staff. (Attachment C) Monitoring of Corrective Action:Operations Manager and Program Manager will conduct Best in Class, and periodic reviews to ensure all policies and procedures are being followed. Completion Date:	10/01/2013

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	prompts to talk slower. The ISP indicated client #4 "can be hard to understand at times and needs prompts to talk slower." Staff #1 was interviewed on 9/6/13 at 9:34a.m. Staff #1 indicated most facility staff are able to understand client #4 when he spoke. Staff #1 indicated client #4 had the communication need, to talk slower, in his ISP. Staff #1 indicated client training programs should have been implemented when opportunities were present. 9-3-4(a)		October 1, 2013	