

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G405	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ALTERNATIVE LIFESTYLES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 0999 N 250 W LAGRANGE, IN 46761
--	---

(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 fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 11, 12, 13, and 14, 2014</p> <p>Facility number: 000919 Provider number: 15G405 AIM number: 100244400</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review completed 2/20/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed to encourage and teach 1 of 3 sampled clients who wore eyeglasses (client #3) to wear her prescribed eyeglasses.</p> <p>Findings include:</p>	W000436	It will be the responsibility of Alternative Lifestyles, Inc. to furnish and maintain in good repair for each identified program participant dentures, eye glasses, hearing and other communication aids, braces, & other devices as identified as needed by the IDT or	03/07/2014

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G405		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/14/2014	
NAME OF PROVIDER OR SUPPLIER ALTERNATIVE LIFESTYLES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 0999 N 250 W LAGRANGE, IN 46761			
(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			
	<p>Client #3 was observed during the workshop observation period on 2/11/14 from 12:31 P.M. until 1:31 P.M., and during the group home observation periods on 2/11/14 from 4:08 P.M. until 6:15 P.M. and on 2/12/14 from 5:53 A.M. until 7:50 A.M. During all the observation periods, client #3 did not wear her eyeglasses nor did direct care staff #1, #2, #3, and #4 prompt or assist client #3 to wear her eyeglasses.</p> <p>Client #3's record was reviewed on 2/12/14 at 9:15 A.M. A review of the client's 5/31/12 vision exam indicated client #3 was to be wearing eyeglasses.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 2/12/14 at 10:30 A.M. QIDP #1 stated, "[Client #3] should have been wearing her glasses and staff (direct care staff #1, #2, #3, and #4) should have prompted her to wear them."</p> <p>9-3-7(a)</p>		<p>prescribing medical practitioners. It will be the responsibility of the QIDP to in-service all the residential and day program staff to teach clients to use and or make informed choices about the use of dentures, eyeglasses, hearing and other communication aids, & other devices identified by the IDT as needed to enhance the independence of each program participant. In the future it will be the responsibility of the QIDP through unannounced documented random observations in the home and work place during the first 90 days following the initial in-service and at a minimum of once a month going forward to ensure a pattern of appropriate staff/client interaction has been established to teach and reinforce informed choice concerning the use of all required adaptive equipment.</p>				