

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G139	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/03/2014
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 6611 CHESHIRE DR NEWBURGH, IN 47630
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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 fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 27, 29, 30 and February 3, 2014</p> <p>Provider Number: 15G139 Aims Number: 100234450 Facility Number: 000676</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 2/11/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. Based on record review and interview, the facility failed for 2 of 10 reviewed facility investigations (client #1) to promptly inform client #1's guardian of inappropriate touch incidents which involved client #1.</p>	W000148	<p>W148 - The facility must notify promptly the client's parents or guardians of any significant incidents or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse and/or unauthorized absence. -Residential Manager will be</p>	03/05/2014

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.

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	<p>Findings include:</p> <p>Record review of the facility's incident reports was done on 1/27/14 at 2:38p.m. An incident report on 12/17/13 indicated client #1 had been grabbed inappropriately by a female peer at the workshop. The 12/18/13 state reportable form indicated guardian notification as not applicable. There was documentation the guardian was informed on 12/19/13. An incident report on 1/9/14 indicated client #1 and a female peer had touched each other inappropriately at the workshop. The investigation began on 1/10/14. The documentation indicated client #1's guardian was notified on 1/13/14.</p> <p>Record review for client #1 was done on 1/29/14 at 8:56a.m. Client #1's 3/4/13 individual support plan (ISP) indicated client #1 had a legal guardian.</p> <p>Interview of staff #2 (quality assurance) on 2/3/14 at 2:38p.m. indicated client #1 had a legal guardian. Staff #2 indicated client #1's guardian had not been promptly informed of the above incidents that had occurred at the workshop. Staff #2 indicated the facility probably had assumed the workshop had notified the guardian. Staff #2 indicated there was no documentation to indicate</p>		<p>retrain on ensuring that all individuals guardians/HCR where applicable are contact in a timely manner on all incidents pertaining to the individual. -Program Manager will be retrain on ensuring that all individuals guardians/HCR where applicable are contact in a timely manner on all incidents pertaining to the individual. - Quality Assurance Department will be retrain on ensuring that all individuals guardians/HCR where applicable are contact in a timely manner on all reportable incidents pertaining to the individual. Residential Managers will document all guardian contacts using a phone documentation form and turn into their Program Manager daily. Program Manager will monitor through weekly observations to ensure that all guardians/HCR are contacted in regards to all incidents that pertains to their individual. The Quality Assurance Department will document all guardian contacts for reportable incidents directly on the BDDS Incidents Reports that are submitted to the state. Persons Responsible: Residential Manger, Program Manager, Quality Assurance Department & Executive Director.</p>				

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	<p>the workshop had contacted the guardian.</p> <p>9-3-2(a)</p>			