STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G307	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 11/10/2014
NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCES SRV INC		STREET ADDRESS, CITY, STATE, ZIP CODE 206 W STATE ST KINGMAN, IN 47952	

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W000000	This visit was for a recertification and state licensure survey. Dates of Survey: November 5, 6, 7, 10, 2014 Provider Number: 15G307 Aims Number: 100249120 Facility Number: 000826 Surveyor: Mark Ficklin, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/19/14 by Ruth Shackelford, QIDP.	W000000		
W000436	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. Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (#4) with adaptive equipment, to provide client #4 with training for the refusal to wear his prescribed eyeglasses.	W000436	On November 11, 2014, an objective was developed and put into place for Client #4 to address his refusals of wearing prescribed eyeglasses. This objective states that Client #4 will wear his	11/11/2014

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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	Findings include: Observations were done at the group home on 11/5/14 from 4:18p.m. to 6:17p.m. and on 11/7/14 from 6:24a.m. to 7:34a.m. Client #4 did not wear nor was he prompted to wear eyeglasses during the observations. Record review of client #4 was done on 11/7/14 at 11:54a.m. Client #4's 3/4/13 eye exam indicated client #4 had prescribed eyeglasses for "constant wear." Client #4's individual support plan (ISP) was dated 1/9/14. Client #4 had a 9/30/14 program review that indicated "often refuses eyeglasses." The facility had documented client #4 had refused his eyeglasses for 44 days of the time period from 9/1/14 through 11/6/14. Client #4's ISP did not have documentation of a training program in place to address client #4's refusal to wear prescribed eyeglasses. Interview on 11/7/14 at 1:07p.m. of professional staff #1 indicated client #4 had eyeglasses. Staff #1 indicated client #4 refused to wear his eyeglasses. Staff #1 indicated client #4 did not have a training program in place to address the refusal of wearing his eyeglasses.		eyeglasses as prescribed each day with 3 or less verbal prompts. Both staff at the group home and Day Service site has been trained on this objective. The progress of this objective will be reviewed every 90 days by the IDT. The IDT will review, analyze and evaluate for accuracy, ongoing relevance, necessary adaptions or needed changes based upon data collection and input provided by meeting participants.	

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	9-3-7(a)			
W000449	483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills and take corrective action. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure client #1's refusal to participate in evacuation drills was addressed. Findings include: Record review of the facility's evacuation drills was done on 11/7/14 at 10:24a.m. Evacuation drill reports were reviewed for the time period from 10/18/13 through 11/6/14. The following was indicated from the reports: 10/18/13 client #1 "last out"; 6/4/14 client #1 "refused;" 7/11/14 client #1 "3 verbal prompts;" 10/7/14 client #1 "refused." Staff #1 was interviewed on 11/7/14 at 1:07p.m. Staff #1 indicated client #1 had some refusals during evacuation drills. Staff #1 indicated the facility had not addressed client #1's refusals during evacuation drills and indicated client #1 was need of a training program for this.	W000449	On November 11, 2014, an objective was developed and put into place for Client #1 to address his refusals of participating in evacuation drills. This objective states that Client #1 will participate in all life safety skill drills with 3 or less verbal prompts. Both staff at the group home and Day Service site has been trained on this objective. The progress of this objective will be reviewed every 90 days by the IDT. The IDT will review, analyze and evaluate for accuracy, ongoing relevance, necessary adaptions or needed changes based upon data collection and input provided by meeting participants.	11/11/2014

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	9-3-7(a)			
W000460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#4) to ensure client #4's identified diet plan was implemented when opportunities were present. Findings include: An observation was done on 11/7/14 from 6:24a.m. to 7:34a.m. at the facility group home. At 6:54a.m., client #4 ate all of his breakfast (sausage/egg casserole). Client #4 took his plate to the kitchen sink. While in the kitchen, client #4 ate an extra helping of sausage from a pan on top of the stove. Record review for client #4 was done on 11/7/14 at 11:54a.m. Client #4's 11/4/14 physician's orders indicated client #4 was on a regular low fat diet with no extra portions. Record review of client #4's 1/9/14 Person Centered Plan, indicated client #4 was to receive no extra food portions and "[client #4] requires	W000460	On November 11, 2014, an objective was developed and put into place for Client #4 to address him not following diet compliance. This objective states that Client #4 will follow his diet plan as recommended by the physician/dietician each day with 3 or less verbal prompts. Both staff at the group home and Day Service site has been trained on this objective. The progress of this objective will be reviewed every 90 days by the IDT. The IDT will review, analyze and evaluate for accuracy, ongoing relevance, necessary adaptions or needed changes based upon data collection and input provided by meeting participants	11/11/2014

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	constant prompting for over-eating." Client #4's documented monthly weight reviews indicated client #4 weighed 259 pounds on 10/29/14. Client #4's 1/20/14 "Personal Profile" indicated client #4's "weight considered obese." Professional staff #1 was interviewed on 11/7/14 at 1:07p.m. Staff #1 indicated client #4 was on a portion control diet. Staff #1 indicated client #4 should not receive extra portions. Staff #1 indicated client #4 needed monitoring for diet compliance and client #4 had a history of compulsive eating. 9-3-8(a)			