

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G241	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/03/2011
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 651 SOUTH 100 EAST WASHINGTON, IN47501
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 31, November 1, 2 and 3, 2011.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 000764 AIM Number: 100234870 Provider Number: 15G241</p> <p>The following deficiency reflects findings in accordance with 460 IAC 9.</p> <p>Quality Review conducted on 11/17/11 by Tim Shebel, Medical Surveyor III.</p>	W0000		
W0198	<p>Clients who are admitted by the facility must be in need of and receiving active treatment services.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure all clients living in the facility were in need of aggressive active treatment.</p> <p>Findings include:</p> <p>During observations at the facility on 11/01/11 from 5:45 AM until 7:15 AM client #1 was observed to self initiate her</p>	W0198	<p>PROVIDER'S PLAN OF CORRECTION</p> <p>W198: Clients who are admitted by the facility must be in need of and receiving active treatment services.</p> <p>Corrective Action:</p>	07/03/2012

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>morning activities. The client was observed to be independent in readying herself for the day (dressing, grooming, hygiene). The client was observed to receive medications from staff #3. Client #1 demonstrated knowledge the medications treated allergies, depression, constipation and attention deficit disorder. Client #1 indicated to staff #3 she required first aid to treat a scratch she had accidentally sustained over the weekend at a friend's house. Client #1 consulted her watch and indicated she needed to be driven to her job site or she would be late. Client #1 indicated she was responsible for the care of a developmentally disabled individual and she would be getting him ready for school this morning.</p> <p>Client #1 returned to the facility at 12:30 PM with staff #1. Client #1 asked for spending money (\$20.00) from her home petty cash account. Client #1 indicated she was taking the individual she assisted to a local department store this afternoon and required some money in case of expenses. At 4:15 PM on 11/01/11, client #1 was observed to give staff #3 a signed receipt and change from the \$20.00 she took shopping.</p> <p>Review of client #1's record on 11/01/11 at 2:30 PM indicated a 5/03/11 Individual Support Plan/ISP and a 5/03/11 Behavior</p>		<p>Client #1 has been referred to BDDS for alternate placement and 7 month extension is being requested from ISDH to secure appropriate placement (Attachment A).</p> <p>How we will identify others: Program Coordinators will review Comprehensive Functional Assessments and ensure that clients are in need of active treatment.</p> <p>Measures to be put in place: Social Services Director and Executive Director will review client packets before admission to ensure that clients are in need of active treatment and that Level of Care has been received, per BDDS guidelines.</p> <p>Monitoring of Corrective Action: Executive Director will review all proposed placements to ensure that client is need of Active</p>		

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	<p>Support Plan with accompanying Comprehensive Functional Assessment/CFA of 5/11. The ISP indicated client #1 was an emancipated adult and her diagnoses included, but were not limited to, mild level of Developmental Disability and Attention Deficit Hyperactive Disorder. The review of the BSP indicated the client received the behavior medications Ritalin and Vyvance (both for hyperactivity and attention deficit disorders). The BSP review indicated the client was competent to give consent for the behavior plan and the medication to treat her behavior. The BSP indicated the client understood the side effects of the medications. The ISP/CFA indicated the client was independent in all daily living skills. She was able to dress, bathe, brush teeth, toilet, style hair and eat independently. She was able to read and write, tell time, write checks, and access the community independently unsupervised. The CFA indicated the client could schedule outings and pay for meals and activities independently.</p> <p>The CFA indicated client #1 could communicate effectively, locate telephone numbers and make calls independently. The CFA indicated client #1 could mix and cook simple foods, prepare a shopping list and use it at a grocery store, could operate washer and dryer using</p>		<p>Treatment.</p> <p>Completion Date: 7-3-2012</p>	

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	<p>correct settings and correct amounts of detergent. The CFA indicated she could use vending machines, cross streets independently, could state her birthdate, and could use a clock and wristwatch for time telling. The CFA indicated client #1 could do household chores of cleaning (mopping, sweeping, vacuuming, dusting), dishwashing, taking care of trash and was aware of necessary bills which would need to be paid.</p> <p>The client's Informed Consent Assessment/ICA dated 5/11 was reviewed on 11/01/11 at 2:30 PM. The ICA indicated the client was competent to give consent regarding restrictive programs, medications, medical procedures, sexual consent, and money matters.</p> <p>Client #1 was interviewed at her place of employment on 11/01/11 at 4:15 PM. Client #1 was responsible for the total care of a developmentally disabled individual of 14 years of age. Client #1 went to the individual's home at 7:00 AM to help him get ready for school by helping him dress, groom and to prepare his breakfast. Client #1 would assist the individual onto his school bus and then she would walk to the school. During the schoolday, client #1 was responsible for the individual as well. She would toilet and assist him with meals. Client #1 indicated she gave the individual his</p>				

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	<p>medications and supervised him to prevent accidents due to his skill level. Client #1 indicated she was interested in furthering her education in the realm of child care. Client #1 stated living in the facility was "holding me back."</p> <p>Interview with program coordinator staff #1 on 11/01/11 at 3:00 PM indicated client #1 was independent in all areas of basic living skills, could manage her money independently and travel on a bus independently. The interview indicated the client could access the community independently and obeyed traffic signals independently. The interview indicated the client was employed, successful and responsible in her work with an individual who was dependent upon her for all basic skill needs, meals, and medications. The interview indicated client #1 could be successful in a less restrictive environment and did not require 24 hour supervision.</p> <p>9-3-4(a)</p>				