

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G420	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/06/2013
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2806 LANGSTON DR EVANSVILLE, IN 47725
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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
W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: January 29, 30, February 4 and 6, 2013</p> <p>Provider Number: 15G420 Aims Number: 100244600 Facility Number: 000934</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 13, 2013 by Dotty Walton, Medical Surveyor III.</p>	W0000		

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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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#1), to ensure the rights of the client were protected by securing a guardian/surrogate to assist the client with decision making.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 2/4/13 at 10:47a.m. Client #1's 1/14/13 Individual Support Plan (ISP) indicated client #1 had a guardian. Client #1's current 1/13 informed consent assessment indicated client #1 needed a guardian. Client #1's current ISP, which included behavior medication, did not have any documented guardian approval.</p> <p>Staff #1 (program coordinator) was interviewed on 2/4/13 at 12:28p.m. Staff #1 indicated client #1 was currently assessed to be in need of guardian assistance. Staff #1 indicated client #1 had not had a guardian for over a year. Staff #1 indicated both of client #1's listed guardians had been deceased for over a</p>	W0125	<p><b>W125: Protection of Client Rights</b></p> <ul style="list-style-type: none"> <li>- Client #1 will be reassessed on determining if he needs a guardian</li> <li>- The IDT will meet to discuss the assessment and review client rights with Client #1</li> <li>- If Client #1 is in need of a guardian, then a guardian will be pursued</li> <li>- All staff will be retrained on client rights</li> <li>- Program Coordinator will complete weekly home visits to ensure that client rights are not being violated</li> <li>- Operations Manager will complete monthly home visits to ensure that client rights are not being violated</li> </ul> <p><b>Persons Responsible: Program Coordinator, Operations Manager</b></p>	02/25/2013			

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	<p>year and no other guardian had been acquired. Staff #1 indicated there was no documentation the facility had pursued guardianship for client #1.</p> <p>9-3-2(a)</p>			