

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G214	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  08/21/2015
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NAME OF PROVIDER OR SUPPLIER  CORVILLA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 18443 BULLA RD SOUTH BEND, IN 46637
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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
W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 17, 18, 19, 20, and 21, 2015.</p> <p>Facility number: 000740 Provider number: 15G214 AIM number: 100234800</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p>	W 0000		
W 0436  Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>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 assure 1 of 4 clients with adaptive equipment (client #3) wore her prescribed eyeglasses full time.</p> <p>Findings include:</p>	W 0436	<p>To assist and ensure Client #3 learns to make informed choices regarding the wearing of her eye glasses, the QIDP and Manager will train the staff on the importance of directing and encouraging Client #3 to do so. The QIDP will also develop a goal to enhance Client #</p>	09/17/2015

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>Client #3 was observed at the group home during the 8/19/15 observation period from 6:20 A.M. until 8:00 A.M. During the observation period, client #3 did not wear eyeglasses. Direct care staff #5 and #6 did not prompt or assist client #3 to wear her eyeglasses</p> <p>Client #3's record was reviewed on 8/20/15 at 9:33 A.M. A review of the client's 3/23/15 Vision Exam indicated the client was to wear eyeglasses "full time."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/20/15 at 10:33 A.M. QIDP #1 stated, "[Client #3] should have been prompted to wear her eyeglasses."</p> <p>9-3-7(a)</p>		<p>3's ability to recognize the need to wear her eyeglasses. The staff will also be trained on the implementation of client # 3's new goal.</p> <p>To ensure noother deficiency similar to this occurs again, the QIDP will train the Manger regarding the need for each resident to be given the opportunity to learn to make informed choices.</p>		