

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G206	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/21/2014
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 4318 BADENSTRASSE JASPER, IN 47546
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W000000	<p>This visit was for the (post certification revisit/PCR) PCR/PCR to the PCR completed on 2/17/14 to the investigation of complaint #IN00140398 completed on 1/3/14.</p> <p>This visit was in conjunction with the recertification and state licensure survey.</p> <p>Complaint #IN00140398: Not corrected.</p> <p>Dates of survey: August 18, 19, 20 and 21, 2014.</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>Facility Number: 000734 Provider Number: 15G206 AIMS Number: 100234100</p> <p>These deficiencies reflect findings in accordance with 460 IAC 9. Quality Review completed 8/28/14 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 1 of 4 sampled clients (A), the facility's governing body failed to exercise general policy and operating direction over the facility in a manner to maintain a system which ensured client A did not pay an "excessive" (\$164.13) Library fine out of the client's personal funds.</p> <p>Findings include:</p> <p>On August 20, 2014, at 1:10 PM, client A's Resident Fund Management Service/RFMS account statement was reviewed. The review indicated client A had paid \$164.13 for "Library Fees" on 4/21/14. The staff in charge of accessing the RFMS account information, staff #15, was contacted via electronic mail and indicated on 8/20/14 at 1:47 PM, client A paid for missing library books.</p> <p>Interview (via electronic mail) with Program Director #1 on 8/21/14 at 10:28 AM indicated client A should not have been charged for the Library fees and he would be reimbursed.</p> <p>This federal tag relates to complaint #IN00140398.</p>	W000104	<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective Action: (specific): Client A will be reimbursed in the amount of 164.13 for the library fees. The residential manager will be in-serviced on reviewing monthly RFMS statements and alert the Business Office Manager if there are questionable items on the account.</p> <p>How others will be identified: (Systemic): The residential manager will review the monthly RFMS statements for each client in the home.</p> <p>Measures to be put in place: Client A will be reimbursed in the amount of 164.13 for the library fees. The residential manager will be in-serviced on reviewing monthly RFMS statements and alert the Business Office Manager if there are questionable items on</p>	09/20/2014

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W000149	<p>This federal tag was cited on 2/17/14; the facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 28 reportable incidents reviewed (clients A, C and F), the facility failed to ensure their policy which prohibited client neglect was implemented.</p> <p>Findings include:</p>	W000149	<p>the account.</p> <p>Monitoring of Corrective Action: The residential manager will review the monthly RFMS statements for each client in the home.</p> <p>Completion date: 9/20/14</p> <p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (specific): The</p>	09/20/2014

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	<p>The facility's BDDS reports (Bureau of Developmental Disabilities Services) were reviewed on 8/18/14 at 2:00 PM and on 8/20/14 2:40 PM.</p> <p>The review indicated a BDDS report dated 5/2/14 with an incident date of 5/1/14 at 6:00 AM concerning clients C and F. The report indicated client C was bothering client F so client F "smacked" client C in the face and this "resulted in injury." The extent of the injury was not indicated.</p> <p>The review indicated a second BDDS report dated 5/2/14 with an incident date of 5/1/14 at 6:00 AM concerning clients C and A. The report indicated client A bit client C on the right arm above the wrist. Client C was taken to Urgent care and there were instructions to cleanse the wound three times daily.</p> <p>An investigation was conducted on 5/2/14 to 5/9/14 into the two client to client incidents. Staff #13 was supervising the clients at the time. The investigation indicated staff #13 was on her cell phone instead of supervising the clients. Staff #13 was neglectful in her duties in that she was not available to prevent client to client abuse/aggression which resulted in injury.</p>		<p>direct care staff and residential manager will be in-serviced on the abuse, neglect and exploitation policy.</p> <p>How others will be identified: (Systemic): The residential manager will be in the home five times weekly to ensure that direct care staff are following the abuse, neglect and exploitation policy. The clinical supervisor will visit the home once weekly to ensure the same.</p> <p>Measures to be put in place: The direct care staff and residential manager will be in-serviced on the abuse, neglect and exploitation policy.</p> <p>Monitoring of Corrective Action: The residential manager will be in the home five times weekly to ensure that direct care staff are following the abuse, neglect and exploitation policy. The clinical supervisor will visit the home once weekly to ensure the same.</p>				

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	<p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 10/25/10 Operational Policy and Procedure Manual (revised 01/09/2012) was reviewed on August 20, 2014 at 10:00 AM. The review indicated the agency prohibited neglect of clients. The definitions of neglect was as follows: "F. Neglect--Program Implementation/Intervention Definition: 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm. 2. Intentional failure to implement a support plan, inappropriate intervention, etc. which may result in jeopardy without qualified person notification/review."</p> <p>Interview with Qualified Intellectual Disabilities Professional/QIDP #1 on 8/20/14 at 3:30 PM indicated staff #13 had been terminated due to poor performance in exercising her duties as facility staff (supervising clients).</p> <p>This federal tag relates to complaint #IN00140398.</p> <p>This federal tag was cited on 2/17/14; the facility failed to implement a systemic plan of correction to prevent reoccurrence.</p>		<p>Completion date: 9/20/14</p>				

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W000249	<p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review and interview for 3 of 4 sampled clients (A, C and D), the facility failed to ensure clients' program objectives were implemented during formal and informal training opportunities.</p> <p>Findings include:</p> <p>Client A received medications from staff #12 on 8/19/14 at 7:21 AM. Staff #12 retrieved client A's book and medication</p>	W000249	<p>W249: As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objective identified in the individual program plan.</p>	09/20/2014			

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	<p>caddy. No training was offered to client A.</p> <p>Review of client A's record on 8/19/14 at 12:48 PM, indicated he had an 10/24/13 ISP/Individual Support Plan which contained a medication objective to retrieve his "white book" and medication box containing his medications.</p> <p>At 6:21 AM on 8/19/14, staff #12 administered 300 milligrams of lithium carbonate to client C. Staff #12 did not prompt client C to identify his medication.</p> <p>Review of client C's record on 8/19/14 at 1:28 PM, indicated he had a 03/12/14 ISP which contained a medication objective to identify his lithium carbonate (antipsychotic) with 4 or fewer verbal prompts.</p> <p>On 8/19/14 at 6:37 AM, staff #12 administered clonazepam (anticonvulsant used for behavior management 0.5 mg to client D. Staff #12 did not prompt client D to state the side effects of clonazepam.</p> <p>Review of client D's record on 8/19/14 at 12:25 PM, indicated he had a 6/19/14 ISP which contained a training objective to identify the side effects of the drug clonazepam.</p> <p>Interview with staff #10 on 8/21/14 at 2:07 PM indicated staff were trained to</p>		<p>Corrective Action: (specific): The direct care staff and residential manager will be in-serviced on each client's ISP (Individualized Support Plan) which includes client objectives.</p> <p>How others will be identified: (Systemic): The residential manager will be in the home five times weekly to ensure that direct care staff are following the ISP for each client. The clinical supervisor will visit the home one time weekly to ensure the same.</p> <p>Measures to be put in place: The direct care staff and residential manager will be in-serviced on each client's ISP (Individualized Support Plan) which includes client objectives.</p> <p>Monitoring of Corrective Action: The residential manager will be in the home five times weekly to ensure that direct care staff are following the ISP for each client. The clinical supervisor will visit the home one time weekly to ensure the same.</p>				

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	<p>implement client medication objectives during the medication administration.</p> <p>Interview with Qualified Intellectual Disabilities Professional/QIDP #1 on 8/21/14 at 2:38 PM indicated it was an expectation of the agency that staff should implement clients' training objectives during formal and informal opportunities.</p> <p>This federal tag relates to complaint #IN00140398.</p> <p>This federal tag was cited on 2/17/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>		<p>Completion date: 9/20/14</p>	