

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 02/24/2014
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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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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: February 4, 5, 6, 7, 13 and 24, 2014</p> <p>Facility Number: 000934 Provider Number: 15G420 AIM Number: 100244600</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/5/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000136	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on observation and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 3 additional clients (clients #5, #6 and #7), the facility failed to ensure clients went into the community to get their hair cuts.</p>	W000136	<p>W136 - The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious and community group activities. -The facility will ensure that clients have the right to go out into the</p>	03/26/2014

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>Findings include:</p> <p>During the observation period on 2/5/14 from 3:45 PM to 7:00 PM, clients #1, #2, #3, #4, #5, #6 and #7 were noted to be in need of hair cuts. Client #2 stated, "[Staff #6] brought her clippers in and cuts our hair."</p> <p>Interview with staff #3, home manager, on 2/6/14 at 8:00 AM indicated the clients had been getting their hair cut by a staff as long as she had been in the home. Staff #3 indicated client #6 didn't want anyone else to cut his hair. Staff #3 indicated she didn't know why they did not go to a barber shop for hair cuts.</p> <p>9-3-2(a)</p>		<p>community to have their hair cut.</p> <ul style="list-style-type: none"> - Staff will be trained on Client Rights. - Residential Manager will be trained on Client Rights. -Residential Manager will oversee through daily observations in the home to assure that client's rights are not restricted inappropriately. -Program Manager will oversee through weekly observations in the home to assure that client's rights are not restricted inappropriately. - The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. -HRC committee will meet quarterly to discuss all clients' rights restrictions to ensure that client's rights are not being restricted inappropriately. - IDT meeting will be completed with all clients to discuss the individual rights restrictions of each client. If any client is deemed unable to go into the community for haircuts due to health and safety issues their ISP will be updated according and staff will be trained on the updates to the plan. Persons Responsible: Staff, Residential Manager, Program Manager, & Executive Director. 		

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W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview for 1 of 7 clients living in the home (client #5), the facility failed to ensure the client's clothing was the correct length.</p> <p>Findings include:</p> <p>During the observation period on 2/5/14 from 3:45 PM to 7:00 PM, client #5 came into the kitchen wearing a pair of pants extending 4 to 5 inches on the floor. The pants were worn at the hem with long strings extending onto the floor. Staff #3, HM (home manager) and staff #6 did not prompt client #5 to change into pants that fit.</p> <p>Interview with administrative staff #2 on 2/13/14 at 10:30 AM indicated client #5 was hard to buy pants for because of his short stature. Administrative staff #2 indicated the pants should have been shortened.</p> <p>9-3-2(a)</p>	W000137	<p>W137: -The facility will ensure that clients have the right to retain and use appropriate personal possessions and clothing. - Staff will be trained on Client Rights. - Staff will be retrained on ensuring that all clients are wearing clothing that fits and is appropriate. - Residential Manager will be trained on Client Rights. - Residential Manager will be retrained on ensuring that all clients are wearing clothing that fits and is appropriate. -Residential Manager will oversee through daily observations in the home to ensure that all clients are wearing clothing that fits appropriately. -Program Manager will oversee through weekly observations in the home to ensure that all clients are wearing clothing that fits appropriately. - The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. - Specifically for client #5 an IDT meeting will be held to ensure that all of his clothing fits appropriately and is the appropriate length. Persons Responsible: Staff, Residential</p>	03/26/2014			

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W000249	<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.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (client #4), the facility failed to provide training according to the ISP (Individual Support Plan).</p> <p>Findings include:</p> <p>During the observation period on 2/5/14 from 3:45 PM to 7:00 PM, client #4 sat in a chair in the living room from 3:45 PM to 5:05 PM without any interaction with staff. At 5:05 PM staff assisted client #4 to the dining room for dinner by using his gait belt to assist him with walking. Client #4 returned to the living room at 5:30 PM after eating dinner. Client #4 did not assist with taking his dish to the sink.</p> <p>The record review for client #4 was conducted on 2/6/14 at 3:43 PM. The ISP dated 1/14/14 indicated client #4 had the following training objectives:</p>			W000249	<p>Manager, Program Manager, & Executive Director.</p> <p>W249 - To resolve and ensure that each client's treatment program consists of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the program plan the following actions will occur: - Staff responsible for implementing each clients program plan will be re-trained regarding proper oversight and review of each clients plan to ensure that observations and on-site training are included as part of the overall process for ensuring that each client receives necessary services. -All staff will be re-trained regarding all clients program plan with emphasis on consistently implementing the program plan for each client to ensure continuous active treatment at all times. -Specifically for client #4, staff will be retrained with regards to ensuring that client # 4 individual support plan is being followed at all times with emphasis on</p>		03/26/2014

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	<p>"1. [Client #4] will choose a 'penny' out of two coins (a penny and a quarter), independently 80% of the opportunities per month across 6 consecutive months by 7/14/14.</p> <p>2. [Client #4] will complete his HEP with 1 verbal prompt or less 75% of the opportunities per month across 6 consecutive months by 7/14/14.</p> <p>3. [Client #4] will place his laundry in the washer with 2 or less verbal prompts 80% of the month across 6 consecutive months by 7/14/14.</p> <p>4. [Client #4] will participate in a leisure activity independently 90% of opportunities per month across 6 consecutive months by 7/14/14.</p> <p>5. [Client #4] will cut food into bite size pieces during meals with 2 verbal prompts or less 80% of opportunities per month across 6 consecutive months by 7/14/14.</p> <p>6. [Client #4] will brush his teeth 2 times daily with 2 or less verbal prompts 60% of the opportunities per month across 6 consecutive months.</p> <p>7. [Client #4] will state why he takes Vimpat with 2 or less</p>		<p>ensuring that client # 4's Program Goals are being completed in accordance with his plan and active treatment is provided at all times. - The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. - Residential Manager responsible for implementing each clients program plan will be re-trained regarding proper oversight and review of each clients plan to ensure that observations and on-site training are included as part of the overall process for ensuring that each client receives necessary services. -Residential Manger will observe in the home daily to ensure that all clients' program plan are being implemented appropriately and necessary supports are provided. -Program Manager will observe in the home weekly to ensure that all clients' program plan are being implemented appropriately and necessary supports are provided. Persons Responsible: Staff, Residential Manger, Program Manager, & Executive Director.</p>				

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	<p>verbal prompts 80% of the opportunities per month across 6 consecutive months by 7/14/14.</p> <p>8. [Client #4] will look both ways before crossing the street with 2 verbal prompts 60% of opportunities per month across 6 consecutive months by 7/14/14.</p> <p>9. [Client #4] will choose a healthy snack with 2 or less verbal prompts 75% of the opportunities per month across 6 consecutive per month across 6 consecutive months.</p> <p>10. [Client #4] will wash his body with 1 verbal prompt or less 85% of the opportunities per month across 6 consecutive months by 7/14/14.</p> <p>11. [Client #4] will allow staff to assist him with walking with the use of his gait belt with no verbal prompts 80% of opportunities per month across 6 consecutive months by 7/14/14."</p> <p>Interview with staff #3, HM (Home Manager) on 2/5/14 at 6:30 PM indicated the client didn't do much other than what he wanted to do. Staff #3, HM, indicated staff should have tried to get him involved in an activity.</p>			

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W009999	<p>9-3-4(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5[IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not</p>	W009999	<p>W9999 - The following Community Residential Facilities for Persons with Development Disabilities Rule was not met by the facility. - All members of the HR Department will be retrained on ensuring that facility obtains all required references prior to employment of any employee. -The HR Department will review all staff's files to ensure that all are in accordance with both company and state protocol. - The HR Department will monitor through weekly observations of all new employees files to ensure that all required reference checks are completed prior to the employee starting their employment with ResCare. Persons Responsible: Training Director, Human Resources Coordinator, Human Resources Manager, & Executive Director.</p>	03/26/2014

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	<p>constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview for 2 of 3 staff (staff #5 and staff #6) personnel files, the facility failed to ensure three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The personnel files were reviewed on 2/5/14 at 2:12 PM. Review of 3 staff records indicated staff #5 and staff #6 had not provided three references prior to coming to work. The record indicated they had two references.</p> <p>Interview with Staff #6, administrator, on 2/6/14 at 10:00 AM indicated he knew there were supposed to be three references and had missed getting a third for staff #5 and #6.</p> <p>9-3-2(c)(3)</p>				