

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G098	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/25/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 10707 BERNADETTE 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
W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 19, 20, 21 and 25, 2016.</p> <p>Facility Number: 000637 Provider Number: 15G098 AIMS Number: 100234000</p> <p>This deficiency reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 1/27/16 by #09182.</p>	W 0000		
W 0473 Bldg. 00	<p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the facility failed to serve french toast at an appropriate temperature for breakfast.</p> <p>Findings include:</p> <p>During morning observation at the Group Home on 1/21/16 between 5:20 AM and 7:15 AM, clients #1, #2, #3, #4, #5 and</p>	W 0473	<p>W473</p> <p>-Bill of Rights and Grievance policy will be completed with client #1.</p> <p>- Residential Manager will in-service all staff on ensuring foods are served at the appropriate temperature</p>	02/12/2016

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>#6 were all seated at the dining room table. The breakfast menu included french toast sticks, milk, juice and/or water. At 5:25 AM staff #1 removed a Tupperware bowl with french toast sticks from the microwave oven and placed it on the dining room table. From 5:25 AM until 5:45 AM, the RM (Residential Manager) prompted each client to serve themselves french toast sticks cafeteria style until all clients had been served. She indicated no clients should start eating until everyone had served themselves the french toast sticks. At 5:45 AM, the RM led the clients in a morning prayer. At approximately 5:47 AM, all clients were then permitted to begin eating breakfast. The french toast sticks had been out of the microwave oven for approximately 23 minutes and served to the clients prior to them eating breakfast.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 1/21/16 at 6:50 AM, she stated "the clients should have been prompted to say Grace immediately after all food was placed on the table. After Grace, the clients should have been allowed to serve themselves and begin eating immediately. They should not have had to wait so long before eating. I'm sure the french toast wasn't served hot."</p>		<p>- Program Manager will in-service the Residential Manager on ensuring foods are served at the appropriate temperature</p> <p>- Program Manager will in-service the QIDP on ensuring cold foods are served at the appropriate temperature</p> <p>-Residential Manager will monitor through daily observations in the home</p> <p>-Program Manager and QIDP will monitor through monthly observations in the home</p> <p>Persons Responsible: Residential Manager, QIDP, Program Manager, Executive Director</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	9-3-8(a)				