

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  05/19/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2806 LANGSTON DR EVANSVILLE, IN 47725
--	---

(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
W000000	<p>This visit was for the investigation of complaint #IN00149303.</p> <p>Complaint #IN00149303 - Substantiated, Federal/state deficiencies related to the allegations are cited at W120 and W149.</p> <p>Survey Dates: May 15, 16, 19, 2014</p> <p>Facility Number: 000934 Aim Number: 100244600 Provider Number: 15G420</p> <p>Survey Team: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/2/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on record review and interview, the facility failed for 1 of 4 sampled clients (A) to ensure outside services met the programming/supervision needs of client A.</p>	W000120	W120- The facility must assure that outside services meet the needs of each client.-An IDT meeting was held with EARC industries in regards to bathroom monitoring and EARC industries have agreed to move their	06/18/2014

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.

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  05/19/2014	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN				STREET ADDRESS, CITY, STATE, ZIP CODE 2806 LANGSTON DR EVANSVILLE, IN 47725			
(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			
	<p>Findings include:</p> <p>Record review of the facility incident reports was done on 5/15/14 at 10:54a.m. A reportable incident report dated 5/12/14 indicated client A had asked a female peer (coworker) at the day service for a sexual favor. The incident report indicated the female peer and client A met in the men's restroom after the lunch break. The report indicated the female peer reported she met client A in the men's restroom and performed oral sex on client A. The report indicated the female peer was her own guardian and client A had a guardian.</p> <p>Day service staff #1 was interviewed on 5/15/14 at 1:26p.m. Day service staff #1 indicated client A and the female peer were in the same work group on 5/12/14. Staff #1 indicated client A had worked there a couple of years and had no past sexual issues. Staff #1 indicated no day service staff were assigned to watch the bathrooms. Staff #1 indicated clients are assigned to an area with one supervisor per 16 clients. The supervisor is responsible to check attendance after breaks and lunch. The clients are supposed to let the supervisor know if they leave their work area. The supervisor is to have the clients sign out</p>		<p>supervisor's desk by the restroom so that the supervisor is able to monitor the restroom.-EARC Industries staff will be retrained on proper client monitoring. -ResCare Management staff will monitor at EARC industries through daily observations to ensure that proper client monitoring is taking place and that staff are trained immediately if any deficiencies are observed. -An IDT meeting is being held to review client A's plan for sexual inappropriateness. Both home and day program staff will be retrained on any adjustments made to said plan.NaN. Client A will attend sexual education classes.-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 client A.-An IDT meeting will be held to discuss Client A no longer attending day program services at EARC Industries. -Persons Responsible: Residential Manager, Clinical Supervisor Program Manager, Director of Health Care Services, QIDP &amp; Executive Director.</p>				

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  05/19/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2806 LANGSTON DR EVANSVILLE, IN 47725
--	---

(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
	<p>with the time they leave the area and to sign back in. Staff #1 indicated both clients had admitted to consenting to the sexual act. Staff #1 indicated client A had a guardian and the female peer was her own guardian.</p> <p>Day staff #2 was interviewed on 5/15/14 at 1:48p.m. Staff #2 indicated she was the supervisor of client A's group on 5/12/14. Staff #2 indicated the clients usually return after lunch around 11:30a.m. Staff #2 indicated she usually takes a client count after lunch. Staff #2 indicated a count was not done after lunch break at 11:30a.m. on 5/12/14. Staff #2 indicated client A attends half days and usually leaves around noon. Staff #2 indicated she did not know that client A and the female peer had left the group. Staff #2 indicated the female client came to her at around 12:15p.m. on 5/12/14 and reported what she had done in the men's restroom after the lunch break today with client A. Staff #2 indicated the clients in the work areas had gotten out of the habit of reporting to the supervisor when they left and returned to their work groups. Staff #2 indicated floor staff (supervisors) are doing actual production work during their supervision time of their 16 assigned clients. Staff #2 indicated the group home work groups at the work shop are a higher staff/client</p>			

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  05/19/2014	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN				STREET ADDRESS, CITY, STATE, ZIP CODE 2806 LANGSTON DR EVANSVILLE, IN 47725			
(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			
	<p>ratio 16:1 than the other work groups at a 10:1 ratio. Staff #2 indicated the men's restroom is located right next to the client work area and is visible to the whole work shop floor area. Staff #2 indicated she was not aware of any previous sexual issues with clients at the workshop.</p> <p>Day staff #3 was interviewed on 5/15/14 at 2:22p.m. Staff #3 indicated client A and the female peer should have been back to their work area by 11:30a.m. Staff #3 indicated clients should be reporting to their supervisor before leaving their work area. Staff #3 indicated staff should check the attendance of their assigned clients after all breaks.</p> <p>Facility staff #1 was interviewed on 5/15/14 at 3:02p.m. Facility staff #1 indicated client A and a female peer had left their work area without day staff knowledge. Client A and female peer went into the men's restroom and client A received consensual oral sex from the female peer. Facility staff #1 indicated client A had no previous sexual behaviors nor had expressed interest in sex. Facility staff #1 indicated client A had a guardian.</p> <p>Record review of client A was done on 5/15/14 at 11:27a.m. Client A's 10/1/13</p>						

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  05/19/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2806 LANGSTON DR EVANSVILLE, IN 47725
--	---

(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
W000149	<p>individual annual plan for the workshop indicated: "good communication skills;" "limited impulse control;" had a goal to follow work rules and stay at work area and "staff to verbal prompt to work area."</p> <p>This federal tag relates to complaint #IN00149303.</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 interview and record review, the facility failed for 1 of 4 sampled clients (A) to implement written policy and procedures to prevent neglect (supervision) by: not ensuring outside services met the supervision needs of client A to prevent an alleged inappropriate sexual incident at the workshop.</p> <p>Findings include:  Record review of the facility incident reports was</p>	W000149	W149- The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.- The facility has a policy on abuse and neglect that remains appropriate.-EARC industries staff will be retrained on the following ResCare Policy: Abuse & Neglect, Bill of Rights, Grievance Policy, Incident Reporting, Nursing On Call Procedures & Chain of Command.-An IDT meeting was held with EARC industries in	06/18/2014

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  05/19/2014	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN				STREET ADDRESS, CITY, STATE, ZIP CODE 2806 LANGSTON DR EVANSVILLE, IN 47725			
(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			
	<p>done on 5/15/14 at 10:54a.m. A reportable incident report dated 5/12/14 indicated client A had asked a female peer (coworker) at the day service for a sexual favor. The incident report indicated the female peer and client A met in the men's restroom after the lunch break. The report indicated the female peer reported she met client A in the men's restroom and performed oral sex on client A. The report indicated the female peer was her own guardian and client A had a guardian.</p> <p>Day service staff #1 was interviewed on 5/15/14 at 1:26p.m. Day service staff #1 indicated client A and the female peer were in the same work group on 5/12/14. Staff #1 indicated client A had worked there a couple of years and had no past sexual issues. Staff #1 indicated no day service staff were assigned to watch the bathrooms. Staff #1 indicated clients are assigned to an area with one supervisor per 16 clients. The supervisor is responsible to check attendance after breaks and lunch. The clients are supposed to let the supervisor know if they leave their work area. The supervisor is to have the clients sign out with the time they leave the area and to sign back in. Staff #1 indicated both clients had admitted to consenting to the sexual act. Staff #1 indicated client A had a guardian and the female peer was her own guardian.</p> <p>Day staff #2 was interviewed on 5/15/14 at 1:48p.m. Staff #2 indicated she was the supervisor of client A's group on 5/12/14. Staff #2 indicated the clients usually return after lunch around 11:30a.m. Staff #2 indicated she usually takes a client count after lunch. Staff #2 indicated a count was not done after lunch break at 11:30a.m. on 5/12/14. Staff #2 indicated client A attends half days and usually leaves around noon. Staff #2 indicated she did not know that client A</p>		<p>regards to bathroom monitoring and EARC industries have agreed to move their supervisors desk by the bathroom so that the supervisor is able to monitor the restroom.-EARC Industries staff will be retrain on proper client monitoring.-ResCare Management staff will monitor at EARC industries through daily observations to ensure that proper client monitoring is taking place and that staff are trained immediately if any deficiencies are observed. -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.-An IDT meeting will be held to discuss Client A no longer attending day program services at EARC Industries. - Persons Responsible: Residential Manager, Clinical Supervisor Program Manager, Director of Health Care Services, QIDP &amp; Executive Director.</p>				

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  05/19/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2806 LANGSTON DR EVANSVILLE, IN 47725
--	---

(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
	<p>and the female peer had left the group. Staff #2 indicated the female client came to her at around 12:15p.m. on 5/12/14 and reported what she had done in the men's restroom after the lunch break today with client A. Staff #2 indicated the clients in the work areas had gotten out of the habit of reporting to the supervisor when they left and returned to their work groups. Staff #2 indicated floor staff (supervisors) are doing actual production work during their supervision time of their 16 assigned clients. Staff #2 indicated the group home work groups at the work shop are a higher staff/client ratio 16:1 than the other work groups at a 10:1 ratio. Staff #2 indicated the men's restroom is located right next to the client work area and is visible to the whole work shop floor area. Staff #2 indicated she was not aware of any previous sexual issues with clients at the workshop.</p> <p>Day staff #3 was interviewed on 5/15/14 at 2:22p.m. Staff #3 indicated client A and the female peer should have been back to their work area by 11:30a.m. Staff #3 indicated clients should be reporting to their supervisor before leaving their work area. Staff #3 indicated staff should check the attendance of their assigned clients after all breaks.</p> <p>Facility staff #1 was interviewed on 5/15/14 at 3:02p.m. Facility staff #1 indicated client A and a female peer had left their work area without day staff knowledge. Client A and female peer went into the men's restroom and client A received consensual oral sex from the female peer. Facility staff #1 indicated client A had no previous sexual behaviors nor had expressed interest in sex. Facility staff #1 indicated client A had a guardian.</p> <p>Record review of client A was done on 5/15/14 at 11:27a.m. Client A's 10/1/13 individual annual</p>			

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  05/19/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2806 LANGSTON DR EVANSVILLE, IN 47725
--	---

(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
	<p>plan for the workshop indicated: "good communication skills;" "limited impulse control;" had a goal to follow work rules and stay at work area and "staff to verbal prompt to work area." Client A had a 1/14 Comprehensive Functional Assessment (CFA). Client A's CFA indicated "no" for: understands HIV/AIDS, understanding of sexually transmitted disease, expresses sexual attraction, initiates unwanted sexual advances, calls for help when bothered and "yes" for: says no to unwanted sexual advance, shows understanding of others saying no. Client A's 1/14 "Informed Consent Assessment" indicated client A was in need of and currently had a guardian for: medical, financial, skill training and behavior management.</p> <p>The facility's policy and procedures were reviewed on 5/16/14 at 10a.m. The facility policy "Procedures: Abuse/Neglect/Exploitation, Death, Incident Reporting &amp; Investigation" dated 3/1/2009 indicated: Any act of abuse/neglect/exploitation is strictly prohibited and will not be tolerated. The definition of Neglect: Includes placing an individual in a situation that may endanger the person's life or health, depriving an individual of necessary support including food, clothing,shelter, medical care, supervision (access to staff)."</p> <p>This federal tag relates to complaint #IN00149303.</p> <p>9-3-2(a)</p>			