

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G229	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/06/2013
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 307 JOSEPHINE ST MILAN, IN 47031
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of survey: January 28, 29, 30, 31 and February 6, 2013.</p> <p>Facility Number: 000753 Provider Number: 15G229 AIM Number: 100243350</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/15/13 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0104	<p><b>483.410(a)(1) GOVERNING BODY</b> The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#2) and one additional clients (#5), the Governing Body failed to exercise operating direction over the facility by failing to maintain a system which ensured clients did not pay for items used in the clients' common bathrooms.</p> <p>Findings include:</p> <p>On January 29, 2013, at 8:40 AM, client #2's financial records were reviewed. The client's financial records indicated a 1/03/13 receipt for \$34.29 with items purchased: wastebasket, lotion pump (dispenser), shower curtain, and two bath rugs.</p> <p>Client #5's financial record was reviewed on January 29, 2013 at 8:47 AM and indicated client #5 had purchased a bathrug set, waste basket, and lotion pump (dispenser) for \$26.87 on 1/03/13.</p> <p>Observations of the client bathrooms were conducted on 1/29/13 at 9:00 AM. The items client #2 purchased were observed to be in use in the east bathroom for all clients (#1, #2, #3, #4, and #5) in the</p>	W0104	<p><b>Corrective action:</b> Clinical Supervisor, staff have been inserviced conducting IDT when items requested for purchase by client will be used in a common area (Attachment A).</p> <p><b>How we will identify others:</b> Clinical Supervisors will review client purchases to ensure that items purchased for common areas have had an IDT completed per protocol.</p> <p><b>Measures to be put in place:</b> IDT's will document purchases by clients for any purchases that will be utilized in common areas.</p> <p><b>Monitoring of Corrective Action:</b> Business Manager will periodically review client accounts to ensure that all</p>	03/01/2013	

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	<p>facility to use. The items client #5 purchased were in the west bathroom for all clients (#1, #2, #3, #4, and #5) in the facility to use.</p> <p>Interview with staff #3 on 1/29/13 at 9:15 AM indicated the clients had purchased the bathroom accessories with their personal funds.</p> <p>9-3-1(a)</p>		<p>common area purchases have been documented on an IDT.</p> <p><b>Completion Date:</b> <b>3-1-2013</b></p>		

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W0426	<p>483.470(d)(3) CLIENT BATHROOMS</p> <p>The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and two additional clients (#4 and #5), the facility failed to ensure the water temperature was maintained at 110 degrees Fahrenheit for clients who could not mix water to a comfortable temperature without assistance.</p> <p>Findings include:</p> <p>Observations of client #1, #2, #3, #4, and #5's bathrooms were conducted on 1/29/13 at 9:00 AM. The water temperature was found to be 121 degrees Fahrenheit in the east bathroom used by all clients.</p> <p>The water temperature was found to be 117.9 degrees Fahrenheit in the west bathroom used by all clients.</p> <p>Client water mixing assessments were reviewed on 1/30/13 at 12:30 PM and indicated the following:</p> <p>Client #1's assessment dated 1/10/13 indicated she was dependent on staff to</p>	W0426	<p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Staff have been inserviced on Safe Water Temperature and Safe Bathing (Attachment A).</li> </ul> <p><b>How we will identify others:</b></p> <p>Clinical Supervisors will review Daily Water Temperature checks to ensure that temperature is maintained at 110 degrees.</p> <p><b>Measures to be put in place:</b></p> <p>Maintenance Checklist (Attachment B) has been implemented to ensure safe water temperature.</p> <p><b>Monitoring of Corrective Action:</b></p> <p>Environmental Service Workers will perform periodic reviews (Attachment B) to ensure that water temperatures are</p>	03/01/2013			

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	<p>mix water. Client #2's assessment dated 5/23/12 indicated she was supervised while bathing water was mixed. Client #3's assessment dated 1/10/13 indicated she was assisted with mixing bathing water. Client #4's assessment dated 4/10/12 indicated she was dependent on staff to mix water. Client #5's assessment dated 3/13/12 indicated she was assisted with mixing bathing water.</p> <p>Interview with staff #3 on 1/29/13 at 9:15 AM indicated clients #1, #2, #3, #4, and #5 were assisted to mix water to a comfortable temperature before bathing. The interview indicated the clients required some measure of assistance with water mixing skills.</p> <p>9-3-7(a)</p>		<p>maintained.</p> <p><b>Completion Date: 3-1-2013</b></p>		