

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G139	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/06/2012
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN			STREET ADDRESS, CITY, STATE, ZIP CODE 6611 CHESHIRE DR NEWBURGH, IN 47630		
(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	
W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 1/3, 1/4, 1/5, and 1/6/12</p> <p>Facility Number: 000676 AIM Number: 100234450 Provider Number:15G139</p> <p>Surveyor: Jenny Ridaao, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 1/20/2012 by Dotty Walton, 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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W0455	<p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</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 ensure client #2 changed gloves or washed his hands after scratching and rubbing his head/face while making toast for his housemates to avoid the transmission of germs.</p> <p>Findings include:</p> <p>During the 1/5/12 observation period between 5:30 AM and 8:10 AM, at the group home, client #2 was making toast for breakfast for himself and the clients in the group home (clients #1, #3, #4, #5, and #6) with gloves on. At 5:45 AM client #2 put two slices of bread into the toaster and pressed the bread down with gloves on. Client #2 scratched and rubbed his head with his gloves on and then rubbed his hands on his face; including his nose and mouth. When the toast popped up out of the toaster, client #2, wearing the same pair of gloves, picked up the toast and placed it onto a plate to be served to the clients. Client #2 prepared the toast for the breakfast meal in this manner without changing gloves or washing his hands.</p>	W0455	<p>IDT's for all of the individuals living in the group home has been set up to train the clients on universal precautions with an emphasis on infection control. Specifically, in regards to client's changing gloves at anytime that they are no longer sanitary (example touching head & then touching others food during meal preparation). An inservice will be completed with all staff in regards to ensuring universal precautions with an emphasis on infection control. Specifically, in regards to client's changing gloves at anytime that they are no longer sanitary (example touching head & then touching others food during meal preparation).ADDENDUM:The Program Coordinator over the Cheshire Group Home will complete weekly observations in the home to ensure that staff and all clients are using universal precautions with an emphasis on infection control. Specifically, in regards to client's changing gloves at anytime that they are no longer sanitary (example touching head & then touching others food during meal preparation).Responsible Party: Program Coordinator, Staff</p>	02/09/2012			

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	<p>The Home Manager, who was supervising the breakfast preparation, stated on 1/5/12 at 6:47 AM: "I did not see that. [Client #2] had gloves on, so I am sure he didn't think anything of it."</p> <p>Interview with Operations Manager #1 on 1/5/12 at 7:00 AM indicated client #2 should have changed gloves after touching his head and face to maintain a sanitary environment to avoid the transmission of germs to others.</p> <p>9-3-7(a)</p>			
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