

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G201		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/05/2012	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN				STREET ADDRESS, CITY, STATE, ZIP CODE 305 NE THIRD ST LOOGOOTEE, IN 47553			
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 4 and 5, 2012.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 000731 AIM Number: 100243220 Provider Number: 15G201</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 6/8/12 by Tim Shebel, 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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W0120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</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 residential agency failed to disseminate information and provide training to their day services provider to ensure each day services employee understood their rights and responsibilities pertaining to the Elder Justice Act; which requires specific individuals in applicable long term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility; (pursuant to 6703(B)(3) of The Patient Protection and Affordable Care Act of 2010 according to section 1150B of the Social Security Act.)</p> <p>Findings include:</p> <p>During observations at the day services on 6/05/12 from 8:30 AM until 9:15 AM clients #2, #3, #4, and #6 were working with workshop staff #10. Staff #11, #12 and #13 were observed to be in the workshop. Environmental tours of the facility during the observation times indicated no posted documentation regarding the Elder Justice Act and the staff's rights/responsibilities thereof.</p>	W0120	<p><b>W120: The facility must ensure that outside services meet the needs of the client.</b></p> <p><b>Corrective action:</b> · Workshop has been inserviced on the Elder Justice Act (Attachment A).</p> <p><b>How we will identify others:</b> Program Coordinators will review Elder Justice Act training has been completed at their workshops.</p> <p><b>Measures to be put in place:</b> Elder Justice Act training will be conducted at workshops.</p> <p><b>Monitoring of Corrective Action:</b> Director of Quality Assurance will perform periodic service reviews, including Best in Class, to</p>	06/21/2012			

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	<p>Interview with workshop staff #12 on 6/5/12 at 8:30 AM indicated clients #1 (who was at his community job during the observation), #2, #3, #4, #5, and #6 attended the workshop. The interview indicated the residential agency had not provided training in the Elder Justice Act at the time of the survey.</p> <p>Interview with staff #2 on 6/04/12 at 2:30 PM indicated the residential agency had not yet trained the workshop provider staff regarding the rights and responsibilities of the Elder Justice Act.</p> <p>9-3-1(a)</p>		<p>ensure that workshop Elder Justice Act training has been completed.</p> <p><b>Completion Date: 6-21-2012</b></p>		

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview for 2 additional clients (#4 and #6), the facility failed to ensure clients #4 and #6 received their medications as prescribed by their physicians.</p> <p>Findings include:</p> <p>Review of reportable incidents done on 6/04/12 at 1:00 PM and indicated the following medication errors: Client #4 was not given his Cogentin 1 mg. (for side effects of medications) and Docusate 100 mg. two gelcaps on 6/11/11. Client #4 was not given his Lamictal 100 mg/milligrams (anti convulsant given for behavior control) on 7/9/11 at 9:00 PM. Client #4 did not receive the prescribed Ambien (sleep aid) dosage unknown was omitted on 8/10/11 at 9:00 PM.</p> <p>Client #6 was given 500 mg. of Depakote (anticonvulsant) on 7/09/11 at 7:00 AM when he was supposed to get 1000 mg. of the Depakote.</p> <p>Staff #1 stated on 6/05/12 at 11:00 AM, "One med (medication) error is one too many."</p>	W0368	<p><b>W368: The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</b></p> <p><b>Corrective Action:</b> · Staff have been inserviced on Medication Administration (Attachment B).</p> <p><b>How we will identify others:</b> Nursing Coordinators will review client medication administration records to ensure that medications have been received per physician orders.</p> <p><b>Measures to be put in place:</b> Program coordinators and Nursing Coordinators will perform weekly Active Treatment observations (Attachment C), including medication administration</p>	06/21/2012			

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	9-3-6(a)		<p><b>Monitoring of Corrective Action:</b></p> <p>Director of Health Services will review medication errors to ensure that medication administration is being performed per physician orders.</p> <p><b>Completion Date:</b> <b>6-21-2012</b></p>		