STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G379	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/20/2011

NAME OF PROVIDER OR SUPPLIER
REHABILITATION CENTER DEVELOPMENTAL SERVICES

STREET ADDRESS, CITY, STATE, ZIP CODE
420 FUQUAY RD
EVANSVILLE, IN47715

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	This visit was for an annual fundamental recertification and state licensure survey. Dates of Survey: 9/6, 9/7, 9/8, 9/9 and 9/20/11 Facility Number: 000893 Provider Number: 15G379 AIMS Number: 100239720 Surveyor: Jenny Ridao, Medical Surveyor III These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/7/11 by Ruth Shackelford, Medical Surveyor III.	W0000		
W0149	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 4 sampled clients (#2), the facility neglected to follow policy and to ensure client #2 was properly transferred while at the facility owned day program. Findings include: The facility's reportable incident reports, incident reports and/or investigations were reviewed on 9/6/11 at 11:45 AM. The facility's reportable incident reports/investigations/incident reports indicated the following: - "[Client #2] had evidenced some fussiness and screaming after she arrived home from the day program on 2/3/11. [Client #2] at times can be moody/fussy, so staff tried to accommodate her. On Friday, [Client #2] again seemed to be extra fussy and staff noticed that she seem particularly bothered when you were attempting to	W0149	An investigation was completed and it was believed that the femur spiral fracture was related to Osteopenia and possibly from the way staff transferred. Due to the severe Osteopenia and the related fracture, the Physical Therapist was consulted. The Physical Therapist recommended to use a Hoyer lift to fully prevent any lift related injuries. The ASPIRE Day Program and	10/12/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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: 15G379	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 420 FUQUAY RD EVANSVILLE, IN47715	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	work with her right leg. [Client #2] was taken to the doctor. The doctor noted that she appeared in good health; however, she did appear sensitive when he attempted to manipulate her right knee area. She was referred out for x-rays immediately. The results confirmed a spiral fracture on her right distal femur. [Name of doctor] also noted [client #2] had no external bruising which leads him to believe that the break is related to her osteopenia (low mineral bone density which causes the bones to break easily)." Review of client #2's record on 9/8/11 at 9 AM, indicated client #2's 12/10 Health Care Plan (HCP) indicated client #2's was diagnosed with osteopenia. Client #2's HCP indicated the client should be transferred using a scoop hold, due the potential of breaking of bones for client #2. The facility's 2/4/11 investigation was reviewed on 9/6/11 at 11:45 AM. The 2/4/11 investigation concluded "The break of [client #2's] distal right femur was in relation to the osteopenia and the way [staff #1] at the facility owned day program had transferred client #2 using a bear hold (gripping around the mid section and turning to transfer) instead of a scoop hold (scooping the client up under the back and under the legs to transfer)." Interview with Program Director on 9/8/11 at 3 PM indicated staff at the day program used the bear method to transfer client #2 and did not know she had injured client #2. Review of the facility's 4/14/08 Abuse/Neglect Policy & Procedure on 9/9/11 at 10 AM indicated physical abuse of dependent persons included any non-accidental physical injury caused by staff, staff of outside agency, parents, other individuals residing in the facility, or any other person. 9-3-2(a)		group home staff were still retrained on the appropriate lift in the event it would have to be used. They were also trained on the Hoyer lift. The High Risk Protocol was updated to identify the increased risk related to client # 2's Osteopenia diagnosis. Preventatively, all ASPIRE and group home staff will be retrained annually or otherwise as needed on client relevant lifts. The Group Home Coordinators and Group Home Managers will randomly observe to ensure they are utilizing the lifts appropriately.	
W0351	Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G379	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/20/2011

NAME OF PROVIDER OR SUPPLIER
REHABILITATION CENTER DEVELOPMENTAL SERVICES

STREET ADDRESS, CITY, STATE, ZIP CODE
420 FUQUAY RD
EVANSVILLE, IN47715

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	Based on interview and record review for 1 of 4 sampled clients (#3), the facility failed to ensure the client had a dental examination within 30 days of admission to the facility. Findings include: Client #3's record was reviewed on 9/8/11 at 10:20 AM. Client #3's record did not contain a completed dental examination since the client had been admitted to the facility on 7/21/11. Client #3's record indicated client #3 was seen by the dentist on 8/24/11. Client #3's 8/24/11 dental exam form indicated client #3 was "uncooperative" and sedation should be considered for the exam to be completed. Interview with the Program Director on 9/8/11 at 11:45 AM stated "Oh, that appointment did not go well." The Program Director stated "Nothing else has been done about his dental exam. We should have met to discuss what to do next, but we haven't." 9-3-6(a)	W0351	Client # 3 was admitted to Fuquay Group Home on 7/21/11. He went to the dentist within one month and 3 days. He was unable to get into the office sooner, as the dentist did not have an earlier appointment available. We are also very limited in options of dentists that accept Medicaid patients. Therefore, seeking alternative care is not generally possible. Client # 3 went on his 8/24/11 appointment. He was non-compliant and could not receive his exam. He was rescheduled on 10/4/11, again the soonest appointment available. He received a pre-med, but was still non-compliant and did not receive his exam. The dentist and his physician have recommended that he go in under anesthesia. From what was observed during the brief checks, several dental issues need to be taken care of as well as a basic exam. IDT met and agreed that this is necessary to address his dental concerns. The nurses are aware of the 30 day timeline after client admission to schedule dental appointments. They continue to work diligently to make this happen. Preventatively, the QMRP will monitor the 30 day period after admission to ensure these appointments are set within the 30 day period.	10/12/2011