

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G310	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/17/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 4217 OAK HILL RD EVANSVILLE, IN 47711
--	---

(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 a fundamental recertification and state licensure survey.</p> <p>Survey dates: January 13, 15, 16 and 17, 2014.</p> <p>Facility Number: 000829 Provider Number: 15G310 AIM Number: 100239650</p> <p>Surveyor: Jo Anna Scott, QIDP.</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 23, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the governing body failed to exercise general policy and operating direction over the facility by failing to development a policy to establish a method to keep clients' personal belongings inventory complete and up to date.</p>	W000104	<p>Clients #1-4 and all clients will immediately have a formal inventory completed. This inventory will include all personal items of each client. Historically, RCDS has been effective in maintaining personal inventories. Unfortunately, recently these have not been thoroughly kept up to date. As a result, RCDS administration will update the client personal inventory format. Additionally, the update of this</p>	01/27/2014

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: 15G310		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/17/2014	
NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 4217 OAK HILL RD EVANSVILLE, IN 47711			
(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>During the observation period on 1/16/14 from 5:00 AM to 7:30 AM, clients #1, #2, #3 and #4 were noted to be wearing boots, stylish jackets and coats. Client #4 was holding a keyboard which staff #5 indicated she received as a Christmas present.</p> <p>The record review for client #1 was conducted on 1/16/14 at 11:03 AM. The record included a personal possession inventory dated 2/18/11. The inventory included only clothes and had no additions since 2011. There were no other additions to client #1's personal possessions record.</p> <p>The record review for client #2 was conducted on 1/16/14 at 12:36 PM. The personal possession inventory was dated 8/10/11 and included shoes, shirts, shorts and pants. There was another page dated 5/1/2013 and included two entries for socks. There was no record of personal possessions being purchased since 2011 except for socks.</p> <p>The record review for client #3 was conducted on 1/16/14 at 2:33 PM. The personal possession inventory was dated 2/26/11 and included jackets, shirts, tee</p>		document will be formally assigned to the Group Home Manager on a monthly basis. Likewise, the Group Home Coordinator will check them at each client's quarterly review time. These additions will systematically improve the follow-through as the client personal inventory.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G310		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/17/2014	
NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 4217 OAK HILL RD EVANSVILLE, IN 47711			
(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			
W000440	<p>shirts, a sheet set, blankets and pants. Client #3 also had another page dated 5/1/13 that included 2 new items of socks. There was no record of personal possessions being purchased except for socks since 2011.</p> <p>The record review for client #4 was conducted on 1/16/14 at 12:52 PM. The personal possession inventory dated 2/27/11 included clothes only. There was no documentation of a keyboard belonging to client #4. There was no record of clothes being purchased after 2011.</p> <p>Interview with administrative staff #1 on 1/17/14 at 3:00 PM indicated the facility's accounting office kept a record of large purchases such as televisions, stereos, etc. Administrative staff #1 indicated the home should have an inventory of all client possessions/purchases.</p> <p>9-3-1(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G310	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/17/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 4217 OAK HILL RD EVANSVILLE, IN 47711
--	---

(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
W000441	<p>Based on record review and interview for 8 of 8 clients living in the home (clients #1, #2, #3, #4, #5, #6, #7 and #8), the facility failed to ensure an evacuation drill was conducted quarterly for the overnight shift.</p> <p>Findings include:</p> <p>The evacuation drills were reviewed on 1/16/14 at 9:40 AM. The overnight shift had an evacuation drill conducted on 9/30/13 at 11:15 PM. There was no record of an evacuation drill being conducted in October, November or December, 2013 on the overnight shift for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>The interview with administrative staff #2 was conducted on 1/16/14 at 10:00 AM. Administrative staff #2 stated "We missed conducting the drill when we were supposed to and did it 1/1/14.</p> <p>9-3-7(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions.</p> <p>Based on record review and interview</p>	W000440	<p>RCDS consistently runs evacuation drills. Even though the drills have been run during non-third shifts, there has not been one run on the overnight shift in the past quarter. All Group Home Management will be retrained on the absolute need to complete the evacuation drill during the overnight hours for ultimate preparedness. Systematically, the Group Home Coordinator will now be responsible to schedule and ensure that the overnight drills are run effectively and consistently. Likewise preventatively, the evacuation drill form will be updated to indicate an overnight drill specifically.</p>	01/27/2014
		W000441	RCDS consistently runs	01/27/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G310	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/17/2014
NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 4217 OAK HILL RD EVANSVILLE, IN 47711		
(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>for 8 of 8 clients living in the home (clients #1, #2, #3, #4, #5, #6, #7 and #8), the facility failed to conduct the overnight evacuation drills at varied times.</p> <p>Findings include:</p> <p>The evacuation drills were reviewed on 1/16/14 at 9:40 AM. The record indicated the overnight shift evacuation drills were conducted on the following dates and times: 1/1/13 at 12:05 AM, 4/2/13 at 11:30 PM, 6/30/13 at 11:00 PM, 9/30/13 at 11:15 PM and 1/1/14 at 11:00 PM for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>Interview with administrative staff #2 was conducted on 1/16/14 at 10:00 AM. Administrative staff #2 indicated staff had been inserviced on doing drills at different times.</p> <p>9-3-7(a)</p>		<p>evacuation drills. Even though the drills have been run during third shifts, they have not been of varied times to ensure preparedness at varying times at night. All Group Home Management will be retrained on the absolute need to complete the evacuation drill during the early morning, overnight hours for ultimate preparedness. Systematically, the Group Home Coordinator will now be responsible to schedule and ensure that the overnight drills are run effectively and consistently. Likewise preventatively, the evacuation drill form will be updated to indicate an overnight drill specifically.</p>		