STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G309	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHABILITATION CENTER DEVELOPMENTAL SERVICES	2107 E POWELL AVE EVANSVILLE, IN 47714

(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
W 0000 Bldg. 00	The visit was for a fundamental recertification and state licensure survey. Dates of Survey: 12/4, 12/7 and 12/8/15. Facility Number: 000828 Provider Number: 15G309 AIMS Number: 100239660 This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/15/15.	W 0000		
W 0209 Bldg. 00	483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to obtain the client's guardian's approval/signature for his IPP (Individual	W 0209	Client #2's IPP was mailed for guardian approval on 12-11-15. All pertinent IDT members will be retrained on ensuring allrequired	12/24/2015

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.

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	15G309		12/08/2015

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	Program Plan). Findings include: Client #2's record review was completed on 12/7/15 at 9:42 AM. The IPP dated 9/29/15 did not include the client's signature or the signature of his parent/guardian to indicate participation in the development of the plan. Interview with the QIDP (Qualified Intellectual Disabilities Professional) was completed on 12/7/15 at 10:20 AM. She stated "[Client #2's] guardian could not attend his annual IDT (Interdisciplinary Team) meeting this year. I spoke with [Name of Administrative Assistant for the Residential Coordinator] and she indicated it (the IPP) hasn't even been mailed out to the guardian for her signature/approval. I'm not sure what the delay is." 9-3-4(a)		paperwork for IPP annuals are turned in within 2 weeks of the AnnualIDT meeting. To prevent further occurrence, the OfficeCoordinator will begin tracking when IPP annual paperwork is due. The Office Coordinator will then notify theIDT members of needed paperwork to ensure IPP's have the client's guardian'sapproval/signature for their IPP in a timely manner. The Office Coordinator will be trained onthis additional job responsibility.	

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	15G309	A. BUILDING 00 / B. WING	12/08/2015

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