

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/18/2013
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWALL DR JEFFERSONVILLE, IN 47130
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: October 9, 10, 15, 17 and 18, 2013</p> <p>Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/29/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients (clients #1 and #3), the facility failed to provide glasses for client #1 and hearing aid batteries for client #3.</p> <p>Findings include:</p> <p>During the observation period on 10/9/13 from 4:40 PM to 7:45 PM, client #1 did not wear glasses. During the observation period on 10/10/13 from 5:50 AM to 8:25 AM, client #1 did not wear glasses and client #3 was wearing hearing aids.</p> <p>The record review for client #1 was conducted on 10/10/13 at 2:33 PM. The vision exam conducted on 9/14/12 had a recommendation of "reading glasses for near work."</p> <p>Interview with staff #2, QIDP (Qualified Intellectual Development Professional) on 10/15/13 at 9:00 AM indicated client #1 did not have reading glasses.</p> <p>The record review for client #3 was</p>	W000436	<p>W436: The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing aids and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Corrective Action: (Specific): The Program Manager will in-service the Residential Manager on policy and procedure for adaptive equipment in regards to each consumer. How others will be identified: (Systemic) The Residential Manager will in-service staff on all consumer adaptive equipment lists as well as ensure that all consumers are educated on their individual adaptive equipment lists in order to determine and maintain proper functionality. An appointment for Client #3 with the audiologist regarding the usage of hearing aids. All necessary adaptive equipment will be maintained per doctor's orders. The Program Manager will review adaptive equipment lists monthly. Measures to be put in place: The Program Manager will</p>	11/17/2013			

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	<p>conducted on 10/10/13 at 1:42 PM. The physician orders dated October 1 through October 31, 2013 indicated the batteries in client #3's hearing aids should be changed every two weeks. There was no indication of the date the batteries should be changed.</p> <p>Interview with staff #2, QIDP, on 10/15/13 at 9:15 AM indicated client #3 did not have batteries in the hearing aids. Staff #2, QIDP, indicated the hearing aids did not work and the client just liked wearing them.</p> <p>Interview with staff #3, LPN (Licensed Practical Nurse) on 10/15/13 at 4:00 PM indicated she was not aware the hearing aids did not work.</p> <p>9-3-7(a)</p>		<p>in-service the Residential Manager on policy and procedure for adaptive equipment in regards to each consumer. Monitoring of Corrective Action: The Residential Manager will in-service staff on all consumer adaptive equipment lists as well as ensure that all consumers are educated on their individual adaptive equipment lists in order to determine and maintain proper functionality. An appointment for Client #3 with the audiologist regarding the usage of hearing aids. All necessary adaptive equipment will be maintained per doctor's orders. The Program Manager will review adaptive equipment lists monthly. Completion date: 11/17/13</p>		

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 3 additional clients (clients #5, #6 and #7), the facility failed to conduct an evacuation drill for the first and third quarters during the overnight shift.</p> <p>Findings include:</p> <p>The evacuation drills were reviewed on 10/15/13 at 8:45 AM. The record indicated evacuation drills for Clients #1, #2, #3, #4, #5, #6 and #7 were conducted for the overnight shift hours of 12 midnight to 8:00 AM on 11/20/12 and 5/21/13. There was no indication of an evacuation drill being done in January, February, March, April, June, July, August, September, October, 2013 and December, 2012.</p> <p>Interview with Staff #2 on 10/15/13 at 9:00 AM indicated he was unable to find documentation that drills had been conducted for the overnight shift other than the ones conducted on 11/20/12 and 5/21/13.</p> <p>9-3-7(a)</p>	W000440	<p>W440: The facility must hold evacuation drills at least quarterly for each shift of personnel. Corrective Action: (Specific): The Program Manager will in-service the Residential Manager on policy and procedure for evacuation drills. The residential manager will in-service all staff on policy and procedure for evacuation drills. How others will be identified: (Systemic): The Program Manager will review all evacuation drills monthly to ensure completion and concurrent documentation are present. The Residential Manager will make random visits on each shift quarterly to ensure evacuation drills are being completed for each shift of personnel. Measures to be put in place: The Program Manager will in-service the Residential Manager on policy and procedure for evacuation drills. The residential manager will in-service all staff on policy and procedure for evacuation drills. Monitoring of Corrective Action: The Program Manager will review all evacuation drills monthly to ensure completion and concurrent documentation are present. The Residential Manager will make random visits on each shift quarterly to ensure evacuation drills are being</p>	11/17/2013			

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			completed for each shift of personnel. Completion date: 11/17/13		