

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G664	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/15/2014
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1566 BONNIEVIEW DR EVANSVILLE, IN 47715
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: January 8, 9, 13, 15, 2014</p> <p>Provider Number: 15G664 Aims Number: 100234080 Facility Number: 001223</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/24/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the facility failed for 3 of 4 sampled clients (#1, #2, #4) to ensure the qualified intellectual disabilities professional (QIDP) monitored clients #1, #2 and #4's annual individual support program (ISP) and behavior support program (BSP) for written guardian approval.</p>	W000159	W159 -Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. -The Residential Manager will be retrained on job responsibilities and duties. -A complete review of each client residing at the group home will be conducted to assure proper monitoring and	02/14/2014

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.

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	<p>Findings include:</p> <p>1. Record review for client #1 was done on 1/15/14 at 9:54a.m. Client #1's 6/7/13 ISP indicated client #1 had a guardian. There was no written guardian consent for the ISP/BSP which included behavior medication. There was no documentation from 6/7/13 through 1/10/14, that the QIDP had attempted follow up contact with the guardian to get written consent for the 6/7/13 ISP.</p> <p>Professional staff #1 (QIDP) was interviewed on 1/15/14 at 1:32p.m. Staff #1 indicated client #1 had a guardian. Staff #1 indicated the facility did not have written consent from the guardian for the 6/7/13 ISP/BSP. Staff #1 indicated the facility had not attempted to get written consent from 6/7/13 through 1/10/14. Staff #1 indicated a certified letter had been sent on 1/10/14 to the guardian for signatures.</p> <p>2. Record review for client #2 was done on 1/15/14 at 10:52a.m. Client #2's 8/21/13 ISP indicated client #2 had a guardian. There was no written guardian consent for the ISP/BSP which included behavior medication. There was no documentation from 8/21/13 through 1/10/14, that the QIDP had attempted</p>		<p>implementation of each client's program. Any issues found in need of being addressed will be brought to the team and staff responsible for implementing each program shall be re-trained to assure proper implementation. The Residential Manger will be retrained on ensure that all guardians are contact and written consent for annual ISP, BSP and HRP is obtained and an IDT is completed, prior to implementation of the plans.</p> <p>-Specifically for client #1's, the IDT will meet to review client #1's ISP, BSP & HRP ensuring that written guardian consist is obtain prior to implementation of the plans. . The ISP will be reviewed to make any appropriate changes. -Specifically for client #2's, the IDT will meet to review client #2's ISP, BSP & HRP ensuring that written guardian consist is obtain prior to implementation of the plans. . The ISP will be reviewed to make any appropriate changes. -Specifically for client #4's, the IDT will meet to review client #4's ISP, BSP & HRP ensuring that written guardian consist is obtain prior to implementation of the plans. . The ISP will be reviewed to make any appropriate changes. -Staff will be retrained regarding any changes made to client #1, client #2, and client #4's ISP and BSP's. -Residential Manager will</p>				

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	<p>follow up contact with the guardian to get written consent for the 8/21/13 ISP.</p> <p>Professional staff #1 (QIDP) was interviewed on 1/15/14 at 1:32p.m. Staff #1 indicated client #2 had a guardian. Staff #1 indicated the facility did not have written consent from the guardian for the 8/21/13 ISP/BSP. Staff #1 indicated the facility had not attempted to get written consent from 8/21/13 through 1/10/14. Staff #1 indicated a certified letter had been sent on 1/10/14 to the guardian for signatures.</p> <p>3. Record review for client #4 was done on 1/15/14 at 11:29a.m. Client #4's 3/21/13 ISP indicated client #4 had a guardian. There was no written guardian consent for the ISP/BSP which included behavior medication. There was no documentation from 3/21/13 through 1/10/14, that the QIDP had attempted follow up contact with the guardian to get written consent for the 3/21/13 ISP.</p> <p>Professional staff #1 (QIDP) was interviewed on 1/15/14 at 1:32p.m. Staff #1 indicated client #4 had a guardian. Staff #1 indicated the facility did not have written consent from the guardian for the 3/21/13 ISP/BSP. Staff #1 indicated the facility had not attempted to get written consent from 3/21/13</p>		<p>monitor program plans weekly and update as needed. -Program Manger will review program plans monthly to ensure appropriateness.-QIDP will review all IDTs and program plans monthly to ensure appropriateness Person Responsible: Residential Manager, Program Manager, QIDP & Executive Director</p>				

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W000263	<p>through 1/10/14. Staff #1 indicated a certified letter had been sent on 1/10/14 to the guardian for signatures.</p> <p>9-3-3(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview, the facility's human rights committee (HRC) failed for 3 of 3 sampled clients (#1, #2, #4) with guardians and with restrictive programs, to ensure the facility had received written informed consent from the clients' guardians, for restrictive programs, prior to HRC approval.</p> <p>Findings include:</p> <p>The record of client #1 was reviewed on 1/15/14 at 9:54a.m. Client #1 had a behavior support plan (BSP) dated 6/7/13. The BSP indicated client #1 had a guardian. The BSP indicated client #1 received the behavior medications Klonopin, Depakote and Mellaril for Explosive Disorder. The plan indicated</p>	W000263	<p>W263 – The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. -Residential Manger will be retrained on ISP process which includes obtaining written approval from the client, parent or legal guardian which remains appropriate. -Residential Manger will be retrained on Job responsibilities with emphasis of obtaining written guardian prior to submitting to the Human Rights Committee for approval. -A complete review of all clients residing in the facility shall be conducted to assure that written informed consent is obtained prior to implementation of clients' plans. . Any issues will be addressed with the Residential Manager for resolution and signature. -Specifically for Clients</p>	02/14/2014

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	<p>the facility's HRC had reviewed/approved the BSP on 9/18/13. There was no documentation client #1's guardian had given written consent/approval for the 6/7/13 plan.</p> <p>The record of client #2 was reviewed on 1/15/14 at 10:52a.m. Client #2 had a behavior support plan (BSP) dated 8/21/13. The BSP indicated client #2 had a guardian. The BSP indicated client #2 received the behavior medications Zyprexa, Depakote and Remeron for Explosive Disorder. The plan indicated the facility's HRC had reviewed/approved the BSP on 9/18/13. There was no documentation client #2's guardian had given written consent/approval for the 8/21/13 plan.</p> <p>The record of client #4 was reviewed on 1/15/14 at 11:29a.m. Client #4 had a behavior support plan (BSP) dated 3/21/13. The BSP indicated client #4 had a guardian. The BSP indicated client #4 received the behavior medications Paxil for obsessive/compulsive disorder and Risperdal for Mood Disorder. The plan indicated the facility's HRC had reviewed/approved the BSP on 9/18/13. There was no documentation client #4's guardian had given written consent/approval for the 3/21/13 plan.</p>		<p>#1, 2 & 4 an IDT shall meet to review the ISP, BSP, restrictions and behavior control medication. Written informed consent shall be obtained from the client and family/guardian to assure compliance prior to Human Rights Committee approval.-Staff responsible for proper implementation shall be trained regarding Clients #1, 2 & 4 plan and any changes as a result of the IDT meeting. -Residential Manager shall monitor through weekly review and as needed to ensure that all ISP's are reviewed prior to implementation and all necessary approvals are obtained. -Program Manager shall monitor through monthly review and as needed to ensure that all ISP's are reviewed prior to implementation and all necessary approvals are obtained. Persons Responsible: Residential Manger, Program Manager, QIDP & Executive Director</p>		

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W000325	<p>Professional staff #1 was interviewed on 1/15/14 at 1:32p.m. Staff #1 indicated the facility did not have guardian written informed consent for clients #1, #2 and #4's restrictive BSPs prior to the facility's HRC approval.</p> <p>9-3-4(a)</p> <p>483.460(a)(3)(iii) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#2) to ensure client #2 received routine laboratory examinations as ordered by his physician.</p> <p>Findings include:</p> <p>Record review for client #2 was done on 1/15/14 at 10:52a.m. Client #2's 5/10/13 physician's orders indicated the physician had started client #2 on Depakote 500 milligrams twice daily for Intermittent Explosive Disorder. The 5/10/13 physician order recommended a Depakote lab in one week and then</p>	W000325	<p>W325 - The facility must provide or obtain annual physical examinations of each client that at a minimum include routine screening laboratory examinations as determined necessary by the physician. -Nursing will complete a monthly summary to ensure that all lab orders are completed, reviewed by the physician and are being implemented appropriately. -Nurse will complete quarterly chart reviews to ensure that all labs have been completed as ordered by the physician. -A complete audit of labs will be completed to ensure that all labs ordered by the physician are completed in a timely manner.</p>	02/14/2014

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	<p>monthly labs. Client #2 had one documented Depakote lab dated 11/14/13.</p> <p>Professional staff #2 (nurse) was interviewed on 1/15/14 at 1:32p.m. Staff #2 indicated there was only one documented Depakote lab for client #2 since the 5/10/13 physician order. Staff #2 indicated it appeared the labs had not been done per physician's orders.</p> <p>9-3-6(a)</p>		<p>Specifically for client # 2 the facility will ensure that Depakote labs are completed as ordered by the physician. -Residential Manager will monitor through weekly observations or as needed to ensure that labs are being completed per physicians orders. -Program Manager will monitor through monthly observations to ensure that labs are being completed per physician's order. Persons Responsible: Residential Manager, Program Manager, Nurse, Nursing Manager & Executive Director.</p>	