STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G661	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUALITY COMMUNITY SERVICES INC	4 SYLVAN LN JEFFERSONVILLE, IN 47130

(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 a fundamental recertification and state licensure survey. Survey Dates: March 14, 15, 16 and 26, 2012 Facility Number: 001199 Provider Number: 15G661 AIM Number: 100235480 Surveyor: Jo Anna Scott, Medical Surveyor III These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed on March 30, 2012 by Dotty Walton, Medical Surveyor III.	W0000		

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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W0237	483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. Based on record review and interview for 2 of 3 sampled clients (clients #1 and #2), the facility failed to collect data for their money management training goals. Findings include: The record review for client #1 was conducted on 3/15/12 at 2:43 PM. The Individual Program Plan dated 5/1/11 indicated client #1 had a formal training goal for purchasing with maximum assistance needed. Review of the data collection sheets showed no data collected for purchasing in February and March of 2012. The record review for client #2 was conducted on 3/15/12 at 11:53 AM. The Individual Program Plan dated 7/1/11 indicated client #2 had a formal training goal for purchasing with moderate assistance needed. Review of the data collection sheets showed no data collected for purchasing in February and March of 2012.	W0237	The purchasing goal was being implemented in the Day Program frequently. The in home program goals will be revised to address money skills applicable to in home training as well as community purchasing goals so as to promote more frequent data collected in the home setting. To prevent further occurrence the program coordinator and home manager will monitor this monthly. Monitored by IDT	04/25/2012

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	Interview with staff #4, Administrator, on 3/16/12 at 2:00 PM indicated the data was not collected in the home because the clients made purchases at the day program. Interview with staff #2, Administrator, on 3/16/12 indicated the clients did go shopping while in the home and would have an opportunity to have data collected while in the home in the evenings and on weekends. 9-3-4(a)			

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W0268	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation, record review and interview for 1 of 3 sample clients (client #2), the facility failed to ensure client #2 was prompted to follow socially acceptable behavior in regards to hugging. Findings include: During the observation period on 3/14/12 from 4:25 PM to 7:55 PM, client #2 would walk up to different staff and throw her arms around their necks. Client #2 did this at 5:10 PM while outside with staff #4, again at 5:25 PM while in the kitchen with staff #1, and at 5:35 PM with staff #3. Staff #3 was stooped over and lost her balance while trying to get client #2 to let go of her neck. Staff #3 was able to get out of the neck hold before falling. Client #2 was not redirected by any staff with the hugging. Interview with staff #2, Home Manager (HM), on 3/14/12 at 6:30 PM indicated client #2 was very affectionate and liked to hug everyone. Staff #2 indicated client #2 would hug people when she was out in the community. Staff #2, HM, indicated client #2 should be prompted to observe socially acceptable behavior and keep the	W0268	Staff in the home been retrained to follow the BSP, making special note for redirection of “horse play” for this particular client. All BSP in this home will be retrained and reviewed by all staff. To prevent further occurrence home manager will monitor weekly. Implemented by QMRP and home manager and monitoring by IDT To be completed by April 25, 2012	04/25/2012

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	proper distance from people. 9-3-5(a)			

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W0391	483.460(m)(2)(ii) DRUG LABELING The facility must remove from use drug containers with worn, illegible, or missing labels. Based on observation, record review and interview for 1 of 3 sampled clients (client #1), the facility failed to ensure the creams used for skin irritation were kept in containers with labels identifying who the medicine was for and how it was to be used. Findings include: The morning medication administration was observed on 3/15/12 at 7:30 AM. Client #1 received his medication at 7:30 AM. Client #1 was taken to his room for Proctosol cream, mupirocin cream and Elidel cream to be applied for skin irritations. The creams were kept in a plastic open tray and there were no labels identifying who the medicine was for and where it was to be applied. The Physician's Orders dated 3/1/12 thru 3/31/12 were reviewed on 3/15/12 at 8:55 AM. The Physician's Order indicated the Proctosol was to be used on client #2's hips, the mupirocin was to be applied to the left index finger, and Elidel was to be applied to the hips. Interview with staff #5 on 3/15/12 at 7:45	W0391	Staff in the home have been retained in the storage and application of topical medications. The home manager was reminded that the pharmacy will apply a label directly to the medication (upon request) rather than on the box in which the medication is packaged. The QMRP, RN, and home manager will implement and the home manager will monitor compliance monthly.	04/25/2012

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	AM indicated the mupirocin, Proctosol and Elidel were kept in the tray that was for client #1's topical medications. Staff #5 indicated she passed the medications in the morning during the week and knew the topicals were for client #1 and knew where they were to be applied. Interview with staff #2, Administrator, on 3/16/12 at 1:30 PM indicated the topicals should have been kept in the box they came in with the label that was applied by the pharmacy. 9-3-6(a)			