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 01/30/2015
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN		STREET ADDRESS, CITY, STATE, ZIP CODE 1566 BONNIEVIEW DR EVANSVILLE, IN 47715	

(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	This visit was for a fundamental recertification and state licensure survey. Survey dates: January 26, 27, 28, 29, 30, 2015. Provider Number: 15G664 AIMS Number: 100234080 Facility Number: 001223 Surveyor: Glenn David, RN These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/12/15 by Ruth Shackelford, QIDP.	W000000		
W000125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation, interview and record review for 3 of 3 sampled clients (clients #1, #2, and #3) and 2 additional clients (clients #4 and #5), the facility	W000125	**W125** -The facility must ensure the rights of all clients. Therefore,	03/01/2015

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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	failed to allow and encourage clients to exercise their rights including having access to sharps. Findings include: 1) During observation at the Group Home of clients #1, #2, #3, #4 and #5 between 4:00 PM and 6:15 PM on 1/27/15, the knives were retrieved from a locked tool box prior to dinner. During record review for client #1 on 1/28/15 at 11:10 AM, a facility form entitled "Modification of Rights" dated 1/23/15 did not indicate client #1's access to sharps should be restricted. Interview with the Clinical Supervisor took place on 1/29/15 at 9:35 AM. She stated the "sharps are locked up because of Self-Injurious Behaviors of [client #6]." She also stated "[client #1] does not have a sharps restriction indicated in his current BSP (Behavior Support Plan)." 2) During record review for client #2 on 1/28/15 at 10:25 AM, a facility form entitled "Modification of Rights" dated 2/11/14 did not indicate client #2's access to sharps should be restricted. Interview with the Clinical Supervisor took place on 1/29/15 at 9:35 AM. She		the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as a citizen of the United States, including the right to file complaints, and the right to due process. -The facility has a policy regarding client rights and modifications which remain appropriate, as well as, policy regarding Grievance procedures which are to be offered to the consumer any time they have a complaint. -The staff will be retrained on assuring that the client's rights are always a foremost consideration will be trained regarding this policy as well as, the policy regarding the grievance procedure. -The Residential Manager will be retrained on assuring that this policy is implemented accordingly. -The QIDP will be retrained on assuring that this policy is implemented accordingly. -The Clinical Supervisor will be retrained on assuring that this policy is implemented accordingly. -IDT with all clients to meet and discuss any rights restrictions concerning locked sharps.	

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	stated the "sharps are locked up because of Self-Injurious Behaviors of [client #6]." She also stated "[client #2] does not have a sharps restriction indicated in his current BSP." 3) During record review for client #3 on 1/28/15 at 12:10 PM, a facility form entitled "Modification of Rights" dated 1/23/15 did not indicate client #3's access to sharps should be restricted. Interview with the Clinical Supervisor took place on 1/29/15 at 9:35 AM. She stated the "sharps are locked up because of Self-Injurious Behaviors of [client #6]." She also stated "[client #3] does not have a sharps restriction indicated in his current BSP." 4) During record review for client #4 on 1/28/15 at 12:50 PM, a facility form entitled "Modification of Rights" dated 1/23/15 did not indicate client #4's access to sharps should be restricted. Interview with the Clinical Supervisor took place on 1/29/15 at 9:35 AM. She stated the "sharps are locked up because of Self-Injurious Behaviors of [client #6]." She also stated "[client #4] does not have a sharps restriction indicated in his current BSP."		-The Residential Manager will be retrained on Client rights in regards to obtaining approval from guardians, HRC, and the IDT for any restrictions. -The QIDP will be retrained on Client rights in regards to obtaining approval from guardians, HRC, and the IDT for any restrictions. -The Clinical Supervisor will be retrained on Client rights in regards to obtaining approval from guardians, HRC, and the IDT for any restrictions. -The Residential Manager will oversee through daily visits in the home to assure programs are objectives are implemented appropriately and no client rights are being violated. -The QIDP will oversee through monthly visits in the home to assure programs are objectives are implemented appropriately and no client rights are being violated. -The Clinical Supervisor will oversee through monthly visits in the home to assure programs are objectives are implemented appropriately and no client rights are being violated.	

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	5) During record review for client #5 on 1/28/15 at 12:55 PM, a facility form entitled "Modification of Rights" dated 1/23/15 did not indicate client #5's access to sharps should be restricted. Interview with the Clinical Supervisor took place on 1/29/15 at 9:35 AM. She stated the "sharps are locked up because of Self-Injurious Behaviors of [client #6]." She also stated "[client #5] does not have a sharps restriction indicated in his current BSP." 9-3-2(a)		Persons Responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, and Executive Director	

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W000255	483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. Based on interview and record review for 1 of 3 sampled clients (client #2), the facility failed to review the client's monthly progress notes and revise the Individual Support Plan (ISP), as necessary, to include objectives which the client has successfully satisfied the criteria set forth by the facility.	W000255	W255 The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including but not	03/01/2015

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	Findings include: During review of client #2's records on 1/28/15 at 10:25 AM, the Individual Support Plan (ISP) dated 2/11/14 indicated an Intermediate Objective in the area of Pedestrian Safety Skills was to "stop at the curb when walking in the community with 2 or less verbal prompts 90% of opportunities per month across 6 consecutive months by 8/11/14." Client #2's ISP Progress Notes 2014 indicated he had satisfied that criteria set forth by the facility as follows: Safety - Pedestrian Skills - JAN - 100%, FEB - 100%, MAR - 100%, APR - 100%, MAY - 100%, JUN - 100%, JUL - 100%, AUG - 100%, SEP - 100%, OCT - 100%, NOV - 98%. During interview with the clinical supervisor on 1/28/15 at 1:30 PM, she stated that client #2's Pedestrian Safety Skills goal had been met "early in 2014...his plan should have been revised with another goal at that time." 9-3-4(a)		limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. -The Residential Manager will be responsible for overseeing clients' program plan and ensuring that each client's needs are met with the proper supports will be trained on the facilities policy on individual program plans. -QIDP will be responsible for overseeing clients' program plan and ensuring that each clients needs are met with the proper supports will be trained on the facilities policy on individual program plans. -The Residential Manager will conduct monthly reviews of clients' overall program and address any areas of identified needs with the Interdisciplinary team. QIDP will also monitor through observations at the home to ensure identified needs are addressed.	

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			-QIDP will conduct monthly reviews of clients' overall program and address any areas of identified needs with the Interdisciplinary team. QIDP will also monitor through observations at the home to ensure identified needs are addressed. -The QIDP will complete monthly reviews of data and update the individual support plan as needed. -Specifically for client #2, the individual support plan will be revised and updated as appropriate. -QIDP and Clinical Supervisor will be retrained on updating clients' plans appropriately -The QIDP will train staff on all updated individual support plans and behavior support plans.	

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			-Clinical Supervisor will conduct quarterly reviews of each clients overall program plan to ensure individual support plans are updated, appropriate, and accurate. Persons Responsible: Residential Manager, QIDP, Clinical Supervisor, and Executive Director	
W000263	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, observation, and interview for 1 of 3 additional clients (client #6), the facility failed to obtain written informed consent of the client, parents, and/or legal guardian regarding	W000263	W263 -The committee should insure that these programs areconducted only with the written informed consent of the client, parents (if theclient is a minor) or legal guardian. -The Residential Manager will be	03/01/2015

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	restrictions involving locking up sharps in the group home. Findings include: During observation at the Group Home between 4:00 PM and 6:15 PM on 1/27/15, the knives were retrieved from a locked tool box prior to dinner. During client #6's record review on 1/28/15 at 1:10 PM, a facility form entitled "Modification of Rights" dated 1/23/15 indicated client #6's restrictions include: "Movement - requires 24/7 staffing to ensure health and safety - Client will be monitored 24/7, Money - Protection of client monies, unable to properly manage money - Client's money will be locked in a safe, Privacy - Body observation data collection sheet - Client will be checked weekly for any areas, Behavior Support Plan (BSP) -If client behaves inappropriately - Client will have a plan developed that addresses client's behaviors, Medication - Protection of client medication, unable to properly manage own medication - Client's medication will be locked in a cabinet, Advanced Your Safe (AYSIS), I'm Safe - Group Home - client has behaviors that require staff to intervene using AYSIS - Staff will intervene using AYSIS as instructed in client's BSP at the Group		retrained on ISP processwhich includes obtaining written approval from the client, parent or legalguardian which remains appropriate. -The QIDP Manager will be retrained on ISP process whichincludes obtaining written approval from the client, parent or legal guardianwhich remains appropriate. -The Clinical Supervisor Manager will be retrained on ISPprocess which includes obtaining written approval from the client, parent orlegal guardian which remains appropriate. -Residential Manager will be retrained on Jobresponsibilities with emphasis of obtaining written guardian prior tosubmitting to the Human Rights Committee for approval. -The QIDP will be retrained on Job responsibilities withemphasis of obtaining written guardian prior to submitting to the Human RightsCommittee for approval. -The Clinical Supervisor will be retrained on Jobresponsibilities with emphasis of obtaining written guardian prior tosubmitting to the Human Rights Committee for approval. -A complete review of all clients residing in the facilityshall be conducted to assure that written informed consent is obtained prior toimplementation of clients' plans. Anyissues will be addressed with the Residential Manager, QIDP, and	

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	Home." The Modification of Rights/Restrictions page did not indicate client #6's access to sharps should be restricted. Record review also indicated client #6 is his own guardian. Client #6's BSP dated 8/1/14 did not address his Self Injurious Behaviors. Client #6's BSP did not indicate sharps should be locked up. Interview with the Clinical Supervisor took place on 1/29/15 at 9:35 AM. She stated the "sharps are locked up because of Self-Injurious Behaviors of [client #6]." She also stated "[client #6] does not have a sharps restriction indicated in his current BSP and it should." 9-3-4(a)		ClinicalSupervisor for resolution and signature. -Specifically for Client #6, an IDT shall meet to review theISP, BSP, restrictions and behavior control medication. Written informed consent shall be obtainedfrom the client and family/guardian to assure compliance prior to Human RightsCommittee approval. -Staff responsible for proper implementation shall betrained regarding Client #6's plan and any changes as a result of the IDTmeeting. -Residential Manager shall monitor through weekly review andas needed to ensure that all ISP's are reviewed prior to implementation and allnecessary approvals are obtained. -QIDP shall monitor through monthly review and as needed toensure that all ISP's are reviewed prior to implementation and all necessaryapprovals are obtained. -Clinical Supervisor shall monitor through monthly reviewand as needed to ensure that all ISP's are reviewed prior to implementation andall necessary approvals are obtained. Persons Responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, and ExecutiveDirector.	
W000264	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and			

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	make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. Based on record review, observation, and interview for 1 of 3 additional clients (client #6), the facility's Human Rights Committee (HRC) failed to review and approve locking of sharps in a locked tool box in the Group Home. Findings include: During observation at the Group Home between 4:00 PM and 6:15 PM on 1/27/15, the knives were retrieved from a locked tool box prior to dinner. During client #6's record review on 1/28/15 at 1:10 PM, a facility form entitled "Modification of Rights" dated 1/23/15 indicated client #6's Restrictions include: "Movement - requires 24/7 staffing to ensure health and safety - Client will be monitored 24/7, Money - Protection of client monies, unable to properly manage money - Client's money will be locked in a safe, Privacy - Body observation data collection sheet - Client will be checked weekly for any areas, Behavior Support Plan (BSP) -If client	W000264	**W264** -The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. -The facility has a policy regarding approval of restrictions which includes obtaining written approval from the client, parent, or legal guardian which remains appropriate. -Staff responsible for assuring this policy is followed shall be trained regarding this policy. -The facility has a policy regarding Residential Manager's responsibilities which has been reviewed and remains appropriate. -A complete review of all clients	03/01/2015

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	behaves inappropriately - Client will have a plan developed that addresses client's behaviors, Medication - Protection of client medication, unable to properly manage own medication - Client's medication will be locked in a cabinet, Advanced Your Safe (AYSIS), I'm Safe - Group Home - client has behaviors that require staff to intervene using AYSIS - Staff will intervene using AYSIS as instructed in client's BSP at the Group Home." The Modification of Rights/Restrictions page did not indicate client #6's access to sharps should be restricted. Client #6's BSP dated 8/1/14 did not indicate he had self injurious behaviors nor did it address the need to lock the sharps in the home. The record did not indicate the facility's practice of locking up the sharps had been reviewed by the HRC. During interview with the Clinical Supervisor on 1/29/15 at 9:35 AM, she stated "the locking of the sharps in the group home, due to [client #6's] Self Injurious Behaviors, had not been reviewed and/or approved by the Human Rights Committee." 9-3-4(a)		residing in the facility shall be conducted to assure that written informed consent and proof of such is current and in each client's file. Any issues will be addressed with the Residential Manager for resolution and signature. -The Human Rights Committee shall require that approval from the legal representative or guardian be obtained before any approvals on restrictions are approved by the committee. -Specifically for Client #6 the interdisciplinary team shall meet to review the ISP and restrictions written informed consent shall be obtained from the client and family/guardian to assure compliance. Proof of such can be located on file in clients chart. -Staff responsible for proper implementation shall be trained regarding Client #6's plan and any changes as a result of the IDT meeting. -Residential Manager shall monitor through requirement that all ISP's must be reviewed prior to implementation to assure all approvals are obtained. -QIDP shall monitor through requirement that all ISP's must be reviewed prior to implementation to assure all approvals are obtained.	

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			-Clinical Supervisor shall monitor through requirement that all ISP's must be reviewed prior to implementation to assure all approvals are obtained. Persons Responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, and Executive Director	
W000289	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on observation, record review, and interview for 1 of 3 additional clients (client #6), the facility failed to incorporate the restriction of locking up the sharps in the Group Home to manage inappropriate behavior into the client's	W000289	W289 -The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in	03/01/2015

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COMMUNITY ALTERNATIVES SW IN	1566 BONNIEVIEW DR EVANSVILLE, IN 47715

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	Behavior Support Plan (BSP). Findings include: During dinner observation at the group home on 1/27/15 between 4:00 PM and 6:15 PM, a locked tool box was unlocked to retrieve knives for the dinner meal for clients #2 and #4. Client #6's record review was completed on 1/28/15 at 1:10 PM. A facility form entitled "Modification of Rights" dated 1/23/15 indicated client #6's Restrictions include: "Movement - requires 24/7 staffing to ensure health and safety - Client will be monitored 24/7, Money - Protection of client monies, unable to properly manage money - Client's money will be locked in a safe, Privacy - Body observation data collection sheet - Client will be checked weekly for any areas, Behavior Support Plan (BSP) -If client behaves inappropriately - Client will have a plan developed that addresses client's behaviors, Medication - Protection of client medication, unable to properly manage own medication - Client's medication will be locked in a cabinet, Advanced Your Safe (AYSIS), I'm Safe - Group Home - client has behaviors that require staff to intervene using AYSIS - Staff will intervene using AYSIS as instructed in client's BSP at the Group		accordance with 483.440 © (4) and (5) of this subpart. -Client #6 will have a formal BSP written to address their sharps restrictions, due to them exhibiting the behavior of threats of self-harm. Human Rights committee approval along with guardian approval will be obtained prior to implementation of plans. -Staff will be retrained on any updates made to client #6's plan. -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. -Residential Manager shall monitor through weekly review and as needed to ensure that all BSP's are reviewed prior to implementation and all necessary approval are obtained. -QIDP shall monitor through monthly review and as needed to ensure that all BSP's are reviewed prior to implementation and all necessary approval are obtained. -Clinical Supervisor shall monitor through monthly review and as needed to ensure that all BSP's	

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 01/30/2015

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	Home." The Modification of Rights/Restrictions page did not indicate client #6's access to sharps should be restricted. Review of the client's BSP dated 8/1/14 indicated the BSP did not include the restriction of locked sharps. Client #6's BSP did not indicate the client had self injurious behaviors. During interview with the clinical supervisor on 1/29/15 at 9:35 AM, she stated "the sharps in the group home were locked up due to [client #6's] self injurious behavior." 9-3-5(a)		are reviewed prior to implementation and all necessary approval are obtained. Persons Responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, and Executive Director	

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W000312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 3 sampled clients (client #1) who took a behavior control medication, the facility failed to ensure the medication was part of the client's Behavioral Support Plan (BSP) which also included a plan of reduction. Findings include: Review of client #1's record was completed on 1/28/15 at 11:10 AM. Client #1's 1/23/15 Individual Support Plan (ISP) indicated client #1's diagnosis included, but was not limited to, Intermittent Explosive Disorder. Client #1's physician's orders dated 1/1/2015 to 1/31/2015 indicated client #1 received the behavior control medication, Trazodone, at bedtime for sleep. The ISP failed to include the behavior control medication in a plan which included withdrawal criteria. Interview with the Clinical Supervisor on 1/28/15 at 1:30 PM indicated client #1 did not have this current behavior control	W000312	**W312** Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. - An IDT will be completed with Client #1 to discuss any updates to their Individuals Support Plan, Behavioral Support Plan in regards to Anxiety and the use of behavioral medications. - An IDT will be completed with all individuals living in the home to ensure that appropriate reduction plans are in place for	03/01/2015

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	medication addressed in his ISP nor was there a plan of reduction for the medication. 9-3-5(a)		all behavioral medications. -The Human Rights Committee will review any restrictions to Client #1's plan -The QIDP will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication -The Clinical Supervisor will be retrained on Behavior Support Plans including all psychotropic medication and a reduction plan for each medication -Residential Manager will oversee through daily visits in the home to assure programs and objectives are implemented appropriately -QIDP will oversee through monthly visits in the home to assure programs and objectives are implemented appropriately.	

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			-Clinical Supervisor will oversee through monthly visits in the home to assure programs and objectives are implemented appropriately Persons Responsible: Residential Manager, QIDP, Clinical Supervisor, and Executive Director	