

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G431	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/20/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 525 S SKYVIEW DR JASPER, IN 47546
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: June 12, 13, 15 and 20, 2012</p> <p>Facility Number: 000945 Provider Number: 15G431 AIM Number: 100235210</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 6/28/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record and interview for 3 of 3 sampled clients (clients #1, #2 and #3), the facility failed to ensure a current physical examination which included an evaluation of vision and hearing was conducted annually.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 6/13/12 at 2:38 PM. The record indicated the most recent annual physical examination was conducted on 4/29/11, the mos recent hearing evaluation was conducted on 10/8/09 and the most recent vision evaluation was conducted on 9/10/10.</p> <p>The record review for client #2 was conducted on 6/13/12 at 2:00 PM. The latest physical examination was conducted on 5/10/11, the hearing evaluation was conducted on 3/11/11 and the vision evaluation was conducted on 11/10/10.</p> <p>The record review for client #3 was conducted on 6/13/12 at 1:15 PM. The physical examination included in the</p>			W0323	<p>W 323: The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Corrective Action: (Specific) Physical examinations which include vision and hearing evaluations have been scheduled for clients #1, #2 and #3. The nurse will be retrained. on ensuring that annual physical exams of each client that at a minimum include evaluation of vision and hearing are obtained annually.</p> <p>How others will be identified: (Systemic) The Program Coordinator will be retrained that annual physical examinations of each client will be obtained that include at a minimum an evaluation of vision and hearing.</p> <p>Measures to be put in place: Physical examinations which include vision and hearing evaluations have been scheduled for clients #1, #2 and #3. The nurse will be retrained. on ensuring that annual physical</p>		07/10/2012

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	<p>record was conducted on 1/26/11 and the hearing evaluation was conducted on 3/9/10.</p> <p>Staff #4, Licensed Practical Nurse (LPN), was interviewed on 6/15/12 at 10:15 AM. Staff #4, LPN, indicated the physicals had not been conducted annually. Staff #4, LPN indicated the vision and hearing evaluations would be done with the annual physical examination.</p> <p>9-3-6(a)</p>		<p>exams of each client that at a minimum include evaluation of vision and hearing are obtained annually.</p> <p>Monitoring of Corrective Action: The Operations Manager for Supervised Group Living will review each annual to ensure an annual physical examination of each client has been obtained or scheduled that at a minimum include an evaluation of vision and hearing.</p> <p>Completion Date: 7/10/12</p>		

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W0327	<p>483.460(a)(3)(iv) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</p> <p>Based on record review and interview for 3 of 3 sampled clients (clients #1, #2, and #3), the facility failed to ensure repetitive tuberculosis (Mantoux) tests or tuberculosis screenings had been conducted annually.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 6/13/12 at 2:38 PM. The record indicated Client #1 had a tuberculosis (Mantoux) test on 4/18/11 and read on 4/20/11. There was no other record of a tuberculosis test being done.</p> <p>The record review for client #2 was conducted on 6/13/12 at 2:00 PM. The last tuberculosis (Mantoux) test conducted on client #2 was on 5/10/11 and read on 5/13/11.</p> <p>The record review for client #3 was conducted on 6/13/12 at 1:15 PM. The record indicated client #3 had received a tuberculosis (Mantoux) on 1/26/11 and</p>	W0327	<p>W 327: The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</p> <p>Corrective Action: (Specific) Physical examinations which include tuberculosis control, appropriate to the facility's population have been scheduled or obtained for clients #1, #2 and #3. The nurse will be retrained on ensuring that annual physical exams of each client that at a minimum include tuberculosis control are obtained annually.</p> <p>How others will be identified: (Systemic) The Program Coordinator and the Nurse will be retrained that annual physical</p>	07/10/2012			

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	<p>read on 1/28/11.</p> <p>Interview with staff #4, LPN (Licensed Practical Nurse) was conducted on 6/15/12 at 10:15 AM. Staff #4, LPN, indicated the tuberculosis tests should be done with the annual physical exams. Staff #4, LPN, indicated the annual physical examinations had not been conducted.</p> <p>9-3-6(a)</p>		<p>examinations of each client will be obtained that include at a minimum include tuberculosis control, appropriate to the facility's population and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</p> <p>Measures to be put in place: Physical examinations which include tuberculosis control, appropriate to the facility's population have been scheduled or obtained for clients #1, #2 and #3. The nurse will be retrained on ensuring that annual physical exams of each client that at a minimum include tuberculosis control are obtained annually</p> <p>Monitoring of Corrective Action: The Operations Manager for Supervised Group Living will review each annual to ensure an annual physical examination of each client has been obtained or scheduled that at a minimum include tuberculosis control, appropriate to the facility's population and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics,</p>		

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