

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G106	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/19/2012
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN			STREET ADDRESS, CITY, STATE, ZIP CODE 4122 TRIPLE CROWN NEWBURGH, IN 47630		
(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	
W0000	<p>Paper compliance was completed 1/19/12 for the Fundamental Certification and State Licensure survey completed 11/23/11.</p> <p>Facility Number: 000643 Provider Number: 15G106 AIMS Number: 100234140</p> <p>Surveyor: Steve Corya, Surveyor Supervisor</p> <p>Tags Corrected: W104 Not Corrected: W198</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G106		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/19/2012	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN				STREET ADDRESS, CITY, STATE, ZIP CODE 4122 TRIPLE CROWN NEWBURGH, IN 47630			
(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
W0198	<p>Clients who are admitted by the facility must be in need of and receiving active treatment services.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure the client was in need of active treatment services.</p> <p>Findings include:</p> <p>During the 11/16/11 observation period between 5:45 AM and 7:05 AM, at the group home, client #2 did not require training in regards to active treatment. Client #2 was setting the table for breakfast independently. Client #2 was neatly dressed and groomed for the day. Client #2 spoke clearly using complete sentences and did not require any redirection and/or instruction from staff. Client #2 packed his lunch of a sandwich, a bag of chips, a banana, and a bottle of water. At 6:15 AM client #2 went to take his medication. Client #2 indicated he took one medication for his vitamin. Client #2 stated his medication and its side effects with prompts from staff. At 6:35 AM client #2 washed all of the utensils in the sink independently and then wiped down all of the counter tops in the kitchen area. At 7:00 AM client #2 looked at the clock and stated "It is 7 o'clock, we had better go."</p> <p>During the observation period, at the facility owned day program on 11/16/11 from 9:50 AM to 11:00 AM, client #2 sat at a table with two other peers and independently worked on a three page worksheet about Mexico. Client #2 completed all three worksheets independently and made a 100 percent on each page.</p> <p>Interview with day program staff #1 on 11/16/11 at 10:50 AM indicated he worked regularly in the room where client #2 was. Day program staff #1</p>			W0198	<p>W198 – Clients who are admitted by the facility must be in need of and receiving active treatment services.</p> <p>In order to correct the deficiency with W198:</p> <ul style="list-style-type: none"> <li>- The facility will be working aggressively with the local BDDS department to find more appropriate alternative placement for both client #2.</li> <li>- A meeting was held on 2/1/12, in which placement options were discussed for client #2 Teri James (Local BDDS Coordinator).</li> </ul> <p>Persons Responsible: Operations Manager, Program Coordinator</p> <p>Completion Date: Currently Undetermined (Pending Appropriate BDDS Placement)</p>		02/07/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G106	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/19/2012
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN			STREET ADDRESS, CITY, STATE, ZIP CODE 4122 TRIPLE CROWN NEWBURGH, IN 47630		
(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	
	<p>indicated client #2 can independently set up the room for lunch, set up the Wii video game system, put away clothes, and complete his skills without help from staff. Day program staff #1 stated client #2 is "very self reliant and has very good personal hygiene."</p> <p>During the 11/17/11 observation period between 3:30 PM and 5:05 PM, at the group home, client #2 did not need and/or require continuous aggressive active treatment training. At 3:45 PM client #2 independently lined all of the baking sheets with aluminum foil. Client #2 indicated he would be cooking chicken filets for dinner. Client #2 independently read the instructions for cooking the chicken and biscuits in the oven. At 4:05 PM client #2 independently read the menu and went to the cabinet and got out two cans of green beans. Client #2 independently used a can opener and opened the can of green beans and placed them in a pan on the stove. At 4:30 PM client #2 went and retrieved the silverware from the cabinet. At 4:30 PM client #2 received a phone call and talked on the phone while setting out the silverware for each place setting. At 4:40 PM client #2 announced to his housemates it was time to eat dinner and to make sure "everyone washes their hands." At 5:05 PM client #2 cleaned up his plate and silverware, rinsed them in sink, and loaded the dishwasher independently.</p> <p>Interview with client #2 on 11/16/11 at 10:25 AM indicated client #2 wanted to move. Client #2 indicated he had good pedestrian safety skills and knew how to get around the town. Client #2 indicated he knew what to do in case of an emergency, could cook, clean his room, was independent in bathing, grooming, toothbrushing and knew what medications to take and when to take them.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G106	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/19/2012
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN			STREET ADDRESS, CITY, STATE, ZIP CODE 4122 TRIPLE CROWN NEWBURGH, IN 47630		
(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	
	<p>Client #2's record was reviewed on 11/18/11 at 12:37 PM. Client #2's 9/5/11 Individual Program Plan (IPP) indicated client #2's diagnoses included, but were not limited to, Psychotic disorder, persuasive developmental disorder and borderline intellectual functioning.</p> <p>Client #2's 7/22/11 CFA (Comprehensive Functional Assessment) indicated client #2 was independently able to: use a table knife for cutting or spreading, eat in public, order a complete meal, drinks without spilling-holding glass in one hand. Client #2's 7/22/11 CFA indicated client #2 was independent in toileting, washing hands/face with soap and water with no prompting, prepare and complete bathing unaided, applies toothpaste and brushes teeth with up and down motion. Client #2's 7/22/11 CFA indicated client #2 was independent in caring for clothing, wipes/cleans shoes when needed, uses laundromat/washer/dryer without assistance, completely dresses self unaided, completely undresses self unaided and puts on shoes without assistance. Client #2's 7/22/11 CFA indicated client #2 was independent in going a few blocks from facility/several blocks from home without getting lost, rides safely in private cars, can cross the street by self and shows awareness of possible dangers (i.e. avoids deep water in pools, uses handrails, does not accept rides from stranger, uses seatbelt). Client #2's 7/22/11 CFA indicated client #2 was independent in using a telephone directory, make telephone call from private telephone, answer telephone appropriately and takes telephone messages. Client #2's 7/22/11 CFA indicated client #2 was independently able to eat moderately, looks after personal health, deals with simple injuries, knows how/where to obtain a doctor's/dentist's help, knows about welfare facilities in the community, knows own address and asks whether an unfamiliar object is safe to touch or consume.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G106	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/19/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 4122 TRIPLE CROWN NEWBURGH, IN 47630
--	--

(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
--------------------	--	---------------	---	----------------------

	<p>Client #2's 7/22/11 CFA indicated client #2 had no difficulty seeing, no difficulty hearing and no difficulty with body balance. Client #2's 7/22/11 CFA indicated client #2 was independently able to stand on tip toes for 10 seconds if asked, walk alone, walk up/down stairs alone, walk down stairs alternating feet, runs without falling often, hop, skips and jump, catch a ball, throw a ball overhanded, lift cup/glass, grasp with thumb/finger, has effective use of right arm, left arm, right leg and left leg. Client #2's 7/22/11 CFA indicated client #2 was independently able to take care of own money, maintain account with assistance, fill out a deposit and withdrawal slip, save money for a particular purpose, budget meals and spend money with some planning. Client #2's 7/22/11 CFA indicated client #2 was independently able to go to several shops and specify different items, buy own clothing, carry appropriate ID and endorse a check. Client #2's 7/22/11 CFA indicated client #2 was independently able to write understandable and complete letters or stories, nods head/smiles to express happiness, indicates hunger, indicates want by pointing or vocal noises, imitates sounds of objects or animals, expresses pleasure/anger by vocal noises, sometimes uses complex sentences containing "because" or "but," talk about action when describing pictures, reads books suitable for children 9 years old, understands complex instructions involving a decision, uses phrases such as "please" and "thank you," be sociable during meal time, talks to others about sports, family, or activities, responds when talked to, reads books/newspapers/ magazines for enjoyment and repeats a story with little or no difficulty. Client #2's 7/22/11 CFA indicated client #2 was independently able to do simple addition and subtraction, tell time, understand time intervals, associate time on a clock with various actions, name the days of the week, refer correctly to</p>			
--	---	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G106	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/19/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 4122 TRIPLE CROWN NEWBURGH, IN 47630
--	--

(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
--------------------	--	---------------	---	----------------------

	<p>"morning" and "night," and understand differences between day-week, minute-hour, month-year. Client #2's 7/22/11 CFA indicated client #2 was independently able to clean living area well with prompting, wash clothing, dry clothing, fold clothing, iron clothing when appropriate, use washer/dryer correctly, place all eating utensils, as well as napkins, salt, pepper, sugar, in places learned, use microwave correctly to prepare a meal, clear table of breakable dishes/glassware, wash dishes well, makes need neatly, help with household chores, does household tasks routinely, can load/use dishwasher correctly and use small electric kitchen appliances correctly. Client #2's 7/22/11 CFA indicated client #2 was independently able to perform a job requiring use of tools or machinery, avoid accidents to self and others, look after tools, equipment, supplies, work steadily and productively and is neat and accurate. Client #2's 7/22/11 CFA indicated client #2 was independently able to identify body parts, remain dressed at appropriate times, identify anatomical sexual differences between male and female, afford others personal space, greet others in a socially acceptable manner, understand puberty and body changes, use birth control, identify emotions associated with sexual behavior, identify any problem/concerns with his own sexuality, express interest in learning more about social/sexual relationships, show respect for others feelings even if different from their own, say "no" to unwanted sex, understand when others say "no" and call for help when bothered. Client #2's 7/22/11 CFA indicated client #2 was independently able to participate in friendships, significant relationships, holding hands, kissing, dating, hugging, birth control and intercourse. Client #2's 7/22/11 CFA indicated client #2 was independently able to use a clock to tell the time and report to the medication area, clear area off for medication, remove medication from storage</p>			
--	---	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G106		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/19/2012	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN				STREET ADDRESS, CITY, STATE, ZIP CODE 4122 TRIPLE CROWN NEWBURGH, IN 47630			
(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			
	<p>area, match medication to medication administration book, identify medication by name, container and color, state what medication is for and is capable of stating risks associated with the use of the medication.</p> <p>Client #2's 9/5/11 Individual Program Plan (IPP) indicated he had the following training objectives:</p> <ul style="list-style-type: none"> <li>-Independently administer his medications</li> <li>-Independently clean room prior to leaving for day program</li> <li>-Independently make all self purchases</li> <li>-Independently brush teeth two times daily</li> <li>-Independently complete his own laundry</li> <li>-Independently participate in a community integration program</li> </ul> <p>Interview with the Operation Manager (OM) on 11/18/11 at 4:00 AM indicated client #2 wanted to move out of the group home. The OM indicated client #2 was able to cook independently including reading and following directions, measuring items and use a stove, microwave, and other kitchen appliances. The OM indicated client #2 was able to independently clean up after himself and is able to independently sweep, mop, dust and vacuum. The OM indicated client #2 is able to use a washer and dryer independently. The OM indicated client #2 is aware if he has enough money to purchase an item. The OM indicated client #2 is able to do basic first aid and knows when it is appropriate to call for help. The OM indicated client #2 was his own guardian and could live in a less restrictive environment.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G106	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/19/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 4122 TRIPLE CROWN NEWBURGH, IN 47630
--	--

(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
	<p>Interview with Administrative staff #1 on 11/18/11 at 10:00 AM indicated client #2 was above the functioning level of the other consumers in the home. Administrative staff #1 indicated client #2 would be better in a less restrictive environment because he did not require continuous active treatment.</p> <p>9-3-4(a)</p>			