

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G207	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/20/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 915 JOHANNES CT EVANSVILLE, IN 47725
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: January 15, 16 and 20, 2015.</p> <p>Provider Number: 15G207 Aims Number: 100243180 Facility Number: 000735</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 23, 2015 by Dotty Walton, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review, the facility failed for 2 of 2 allegations of client neglect reviewed, to implement policy and procedures to prevent neglect (failure to provide identified services) of client #2 which resulted in client injury and to ensure the facility completed all investigations of alleged neglect within 5 working days.</p>	W000149	<p>W149- -The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. -In order to correct the deficiency with W149: -The facility has a policy regarding abuse and neglect that remains accurate and appropriate. -All staff will be retrained on client #2s ISP, BSP, and HRP -The Clinical</p>	02/16/2015

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>Record review of the facility's incident reports was done on 1/15/15 at 3:27p.m. and on 1/20/15 at 8:12a.m.</p> <p>1) A 1/11/15 reportable incident report indicated client #2 had fallen while returning to her bed after getting up to use the restroom. The report indicated client #2 had been assisted by staff #5 on 1/11/15. Staff #5 had assisted client #2 out of her bed and went with her to the restroom and assisted client #2 back to her bed. The report indicated client #2 had tripped on a padded mat that was located on the floor next to her bed. The report indicated client #2 fell and hit her head on her bedrail and received a laceration to her forehead. Client #2 was taken to the emergency room and received 13 sutures and returned home. The report indicated staff #5 had failed to follow client #2's program plan. The investigation report indicated staff #5 had not assisted client #2 with putting on her helmet and her gait belt before going to the restroom. The report also indicated staff #5 had failed to push the padded mat under the bed when client #2 was out of her bed.</p>		<p>Supervisor will retrain the Residential Manager regarding this policy and procedure. The Residential Manager will retrain the Direct Care Staff regarding this policy and procedure. - The Clinical Supervisor will retrain the Residential Manager on job responsibilities. -The Residential Manager will retrain the Direct Care Staff on job responsibilities. -The Residential Manager will monitor through daily observations in the group home to ensure policy and procedure is being followed appropriately. -The QIDP will monitor through weekly observations in the group home to ensure policy and procedure is being followed appropriately. -The Clinical Supervisor will monitor through monthly observations in the group home to ensure policy and procedure is being followed appropriately. -Residential Manager will monitor through weekly home audits to ensure policy and procedure is being followed appropriately. Persons Responsible: Residential Manager, QIDP, Clinical Supervisor, and Executive Director.</p>				

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	<p>2) A 1/6/15 incident report indicated client #2 had fallen in the shower while she was assisted by a facility staff. The report indicated client #2 was falling forward and staff attempted to help client #2 to sit on the shower chair. The report indicated the shower chair leg gave out and the client was assisted to the floor. The report indicated client #2 had a 2 inch red mark on the middle of her back. The facility investigation had been opened on 1/7/15. There was no documentation the investigation had been completed.</p> <p>Record review for client #2 was done on 1/20/15 at 9:44a.m. Client #2 had an 8/6/14 "High Risk Plan" for falls that was in place on 1/11/15. The plan indicated client #2 would be provided a clutter free environment. The plan indicated staff were to assist client #2 "with ambulation per holding onto her gait belt and walker. Staff will assist in wearing of her helmet." The report indicated staff will use a cushioned floor mat to be placed beside bed when client #2 was in her bed "and at all other times it will be moved under bed." There was documentation on 12/30/14 of all staff training on the use of client #2's floor mat. The training indicated the mat was to be put under her bed when she gets up.</p>			

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	<p>The facility's policy and procedures were reviewed on 1/20/15 at 10a.m. The facility's 10/8/12 policy and procedure "Abuse/Neglect/Exploitation Death Incident Reporting and Investigation" indicated any act of abuse/neglect/exploitation is strictly prohibited and will not be tolerated. The policy indicated "Definition of Neglect: Includes placing an individual in a situation that may endanger the persons life or health." The policy indicated the facility Quality Assurance employee will complete a thorough investigation within 5 working days for allegations of neglect..</p> <p>Professional staff #1 was interviewed on 1/20/15 at 10:34a.m. Staff #1 indicated staff #5 had failed to provide client #2 with her identified service needs for assistance to use the restroom on 1/11/15. Staff #1 indicated staff #5 had failed to assist/ensure client #2 had put on her helmet and gait belt before going to the restroom. Staff #1 indicated staff #5 had failed to ensure the floor mat had been pushed under client #2's bed when client #2 was out of her bed. Staff #1 also indicated the 1/7/15 investigation had not been completed within 5 working days.</p> <p>9-3-2(a)</p>			

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W000156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview, the facility failed for 1 of 2 reportable incident investigations reviewed (client #2), to ensure reportable incident investigation results were reported to the administrator within five working days.</p> <p>Findings include:</p> <p>Record review of the facility's incident reports was done on 1/20/15 at 8:12a.m. A 1/6/15 incident report indicated client #2 had fallen in the shower while she was assisted by facility staff. The report indicated client #2 was falling forward and staff attempted to help client #2 to sit on the shower chair. The report indicated the shower chair leg gave out and the client was assisted to the floor. The report indicated client #2 had a 2 inch red mark on the middle of her back. The facility investigation had been opened on 1/7/15. There was no documentation the investigation had been completed.</p>	W000156	<p>W156</p> <p>-The results of all investigations must be reported to the administrator or designated representative or other officials in accordance with State law within five working days of the incidents.</p> <p>-The QIDP will be retrained on ensuring that all allegations of abuse, neglect, or mistreatments of clients are investigated and submitted to the Executive Director within 5 business days from the date the allegation was made.</p> <p>-The Executive Director shall ensure through review of incidents to assure proper documentation and review occurs within five business days. Any issues shall be dealt with through ResCare policy and procedure.</p> <p>Persons Responsible: QIDP and Executive Director</p>	02/16/2015

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	<p>Professional staff #1 was interviewed on 1/20/15 at 10:34a.m. Staff #1 indicated the alleged neglect (fall, due to broken shower chair) investigation for client #2 had begun on 1/7/15 and had not been completed as of 1/20/15. Staff #1 indicated the investigation interviews were not completed and the facility had failed to complete the investigation in 5 working days.</p> <p>9-3-2(a)</p>				