STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G096	A. BUILDING 00 B. WING	01/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES SW IN	2745 WINDEMERE DR EVANSVILLE, IN 47725

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W0000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: 1/8, 1/9, 1/10 and 1/17/13 Facility Number: 000635 Provider Number: 15G096 AIMS Number: 100234020 Surveyor: Paula Chika, Medical Surveyor III-Team Leader These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/22/13 by Ruth Shackelford, 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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W0130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation and interview for 2 of 4 sampled clients (#3 and #4), the facility failed to ensure the clients' privacy when bathing and dressing. Findings include: During the 1/9/13 observation period between 4:55 AM and 7:00 AM, at the group home, staff #2 was assisting client #4 to shower with the door open. Client #4 was naked in the shower with the door open at 4:55 AM. Once client #4 finished her shower, staff #2 and client #4 returned to client #4's bedroom to dress. Staff #2 assisted client #4 to dress with the door open. Client #3, who was client #4's roommate, dressed with the door open while staff #2 was in the bedroom with both clients. Staff #2 did not close the door and/or encourage clients #3 and #4 to close the door to protect their privacy. Interview with administrative staff #3 on 1/9/13 at 4:55 AM indicated there was only one staff in the home so the door was kept open so staff #2 could hear what was going on in the group home.	W0130	**W130: Protection of Clients Rights** - Staff will be retrained on client rights; including clients right to privacy related to bathing and dressing. - Staff will be retrained on Client #3 & #4's Individual Support Plan. - Program Coordinator and Operations Manager will be retrained clients rights to privacy and ensuring that client's rights are not being violated in the home. - The Program Coordinator will complete home visits on a weekly basis to ensure that client's rights are not being violated specifically related to privacy. - The Operation Manager will complete home visits on a monthly basis to ensure that client's rights are not being violated specifically related to privacy. **Persons Responsible:** Program Coordinator, Operations Manager	02/16/2013

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	Interview with administrative staff #2 on 1/10/13 at 11:20 AM stated the facility staff should have "closed or cracked the bathroom door." Administrative staff #2 indicated the facility staff should have closed the clients' bedroom door to protect the clients privacy. 9-3-2(a)			

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W0137	483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Based on observation, interview and record review for 1 of 4 sampled clients (#3), the facility failed to allow the client to keep/maintain possession of her hearing aid as the facility locked the client's hearing aid in a medication closet. Findings include: During the 1/9/13 observation period between 4:55 AM and 7:00 AM, at the group home, administrative staff #3 retrieved client #3's hearing aid container from a locked medication closet and handed the hearing aids to the client to place in both ears. Client #3's record was reviewed on 1/9/13 at 3:10 PM. Client #3's 11/2/12 Individual Support Plan (ISP) indicated client #3 had an objective to wear her hearing aid and correctly store her hearing aid when not in use. Client #3's 11/2/12 ISP and/or objective did not indicate the client's hearing aids were to be locked. Client #3's 11/2/12 ISP indicated client #3 was her own guardian. The ISP did not indicate client #3 gave written informed	W0137	**W137: Protection of Clients Rights** - Staff will be retrained on client rights including restrictions on personal property. - Program Coordinator and Operations Manager will be retrained on ensuring that client rights are not being violated in the home. - An IDT will be completed on Client #3 in regards to locking her hearing aids when not in use. - Human Rights Committee will review restriction of hearing aids. - If the Human Rights Committee approves, the Individual Support Plan will be updated to include restriction and goal will be put into place to address this area for Client #3. - The Program Coordinator will complete home visits on a weekly basis to ensure that client's rights are not being violated specifically related to personal possessions and that ISP's are appropriate including HRC approval related to client restrictions for all clients in the home. - The Operation Manager will complete home visits on a	02/16/2013

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	consent to lock her hearing aids. The ISP also did not indicate the facility's Human Rights Committee reviewed and/or approved the restriction of locking the client's hearing aids. Interview with administrative staff #2 on 1/10/13 at 11:20 AM indicated he thought client #3's hearing aids were being locked in the medication closet as the client would lose her hearing aids. Administrative staff #2 indicated client #3's ISP did not indicate the client's hearing aids should be locked. Administrative staff #3 indicated the facility did not obtain written informed consent to lock the client's hearing aids, and/or have the facility's Human Rights Committee review the rights restriction. 9-3-2(a)		monthly basis to ensure that client's rights are not being violated specifically related to personal possessions and that ISP's are appropriate including HRC approval related to client restrictions for all clients in the home. **Persons Responsible:** Program Coordinator, Operations Manager	

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W0210	483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview for 1 of 4 sampled clients (#2), the client's interdisciplinary team (IDT) failed to re-assess the client's mobility skills in regard to falls. Findings include: The facility's reportable incident reports and/or internal incident reports were reviewed on 1/8/13 at 12:45 PM. The reportable incident reports and/or internal incident reports indicated the following: -7/19/12 "At 10:03 am on 07/19/12 [client #2] fell on the ground. The nurse and QMRP (Qualified Mental Retardation Professional) checked to make sure that [client #2] was okay. [Client #2] informed them that her back was hurting from the fall. 911 was called, and [client #2] was taken to the ER (emergency room) to be evaluated...." A 7/27/12 follow-up report indicated a fall prevention plan was being put in place for client #2. -8/13/12 "[Client #2] tripped over her	W0210	**W210: Individual Program Plan** - A Physical Therapy Evaluation was completed for Client #2 on January 17, 2013. Recommendations are to continue exercises in the home. - An IDT has been completed to discuss recommendations for Client #2 related to PT Evaluation. - Operations Manager and Program Coordinator will be retrained on addressing falls with the team (IDT Meeting) to ensure that appropriate preventatives and steps are put in place to limit the potential for continued falls. - Nurse will be retrained on requesting Physical Therapy Evaluation if the IDT indicates a pattern of falls. - The Program Coordinator will complete home visits on a weekly basis to ensure that all client's plans are appropriate for their needs. - The Operation Manager will complete home visits on a monthly basis to ensure that all client's plans are appropriate for their needs. - The Nurse will complete monthly visits to the home to ensure that all clients' plans are	02/16/2013

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	shoelace and fell receiving an abrasion to her left knee. [Client #2] has a fall prevention plan that remains appropriate. Staff will continue to monitor as a precautionary measure." -10/5/12 "[Client #2] tripped over a chair at [name of workshop]. [Client #2] was assessed by the nurse. She has a scrape on her right knee. Scrape was cleaned and antibiotic ointment and band aid were applied...[Client #2] does have a fall prevention plan in place and it does remain appropriate." A 10/16/12 follow-up report indicated client #2 was "counseled to watch her surroundings." -10/22/12 "[Client #2] tripped over her shoes in her bedroom and fell resulting in an open area on her right knee. [Client #2] is safe. She has a fall prevention plan in place and it remains appropriate at this time...." The facility's 10/22/12 internal incident report indicated "Staff went to get resident for 8pm med pass. Resident was sitting on her bedroom floor, staff asked resident what happened & (and) resident explained she tripped over shoes. The scab on her right knee was re-opened from the fall. Resident also explained that her back was hurting...."		appropriate for their medical needs. **Persons Responsible:** Program Coordinator, Operations Manager, Home Nurse	

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	Client #2's record was reviewed on 1/9/13 at 12:36 PM. Client #2's 11/3/12 Individual Support Plan (ISP) indicated client #2 was at risk for falls. The 11/3/12 ISP indicated client #2 had a High Risk Plan for falls. Client #2's record indicated the client had a physical therapy (PT) evaluation on 7/16/12. The PT evaluation indicated the client had been seen by PT to increase the client's mobility in her spine and hips. The 7/16/12 PT evaluation indicated client #2 no longer needed PT. Client #2's record and/or 11/3/12 ISP did not indicate the client's IDT had client #2's mobility re-assessed due to the client's falls. Interview with administrative staff #2 on 1/10/13 at 11:20 AM indicated client #2 was at risk for falls. Administrative staff #2 indicated client #2 was last seen by PT on 7/16/12. Administrative staff #2 indicated client #2's mobility had not been re-assessed in regard to the client's falls. 9-3-4(a)			

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W0264	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE 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. Based on observation, interview and record review for 1 of 4 sampled clients (#3), the facility failed to have its Human Rights Committee (HRC) review and/or approve the locking of a client's hearing aids. Findings include: During the 1/9/13 observation period between 4:55 AM and 7:00 AM, at the group home, administrative staff #3 retrieved client #3's hearing aid container from a locked medication closet and handed the hearing aids to the client to place in both ears. Client #3's record was reviewed on 1/9/13 at 3:10 PM. Client #3's 11/2/12 Individual Support Plan (ISP) indicated client #3 had an objective to wear her hearing aid and correctly store her hearing aid when not in use. Client #3's 11/2/12 ISP and/or objective did not indicate the client's hearing aids were to be locked.	W0264	**W264: Program Monitoring and Change** - Staff will be retrained on client rights including restrictions on personal property. - Program Coordinator and Operations Manager will be retrained on ensuring that client rights are not being violated in the home. - Program Coordinator and Operations Manager will be retrained on gaining approval from the IDT, guardian and/or individual, and Human Rights Committee on any rights restrictions prior to implementation. - An IDT will be completed on Client #3 in regards to locking her hearing aids when not in use. - Human Rights Committee will review restriction of hearing aids. - If the Human Rights Committee approves, the Individual Support Plan will be updated to include restriction and goal will be put into place to address this area for Client #3.	02/16/2013

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	Client #3's 11/2/12 ISP did not indicate the facility's Human Rights Committee reviewed and/or approved the restriction of locking the client's hearing aids. Interview with administrative staff #2 on 1/10/13 at 11:20 AM indicated he thought client #3's hearing aids were being locked in the medication closet as the client would lose her hearing aids. Administrative staff #3 indicated the facility did not have its Human Rights Committee review the rights restriction. 9-3-4(a)		- The Program Coordinator will complete home visits on a weekly basis to ensure that client's rights are not being violated specifically related to personal possessions and that ISP's are appropriate including HRC approval related to client restrictions for all clients in the home. - The Operation Manager will complete home visits on a monthly basis to ensure that client's rights are not being violated specifically related to personal possessions and that ISP's are appropriate including HRC approval related to client restrictions for all clients in the home. **Persons Responsible:** Program Coordinator, Operations Manager	

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W0484	483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to provide butter knives to assist with cutting food. Findings include: During the 1/8/13 observation period between 4:00 PM and 6:10 PM, at the group home, facility staff did not encourage and/or prompt client #3 to place butter knives on the table. Clients #1, #2, #3 and #4 placed a hamburger, lettuce, tomatoes and/or onions on a hamburger bun to eat for dinner. At 5:43 PM, client #4 had difficulty picking up her whole hamburger to eat. Staff #3 asked client #4 if she wanted her hamburger cut in half. Client #4 shook her head yes. Staff #3 picked up client #4's fork and attempted to have the client cut the hamburger with lettuce, tomatoes and onions, in half, with a fork. Client #4 let go of the fork, and staff #3 proceeded to cut the hamburger with a fork. Client #2 then asked staff for assistance to cut her hamburger. The staff assisted client #2 to cut her hamburger which included	W0484	**W484: Dining Areas and Service** - Staff will be retrained on client rights including restrictions related to knives in the home. - Staff will ensure that the clients have access to knives during meal times and to monitor use for safety of clients - Program Coordinator and Operations Manager will be retrained on client rights in regards to knife restriction and allowing client's access during mealtimes with proper supervision. - The Program Coordinator will complete home visits on a weekly basis to ensure that client's rights are not being violated specific to being allowed access to knives at meal time while supervised. - The Operation Manager will complete home visits on a monthly basis to ensure that client's rights are not being violated specific to being allowed access to knives at meal time while supervised. **Persons Responsible**: Program Coordinator, Operations Manager	02/16/2013

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	the bun, hamburger, tomatoes, onions and lettuce, with a fork. At one point, client #4 placed too much of her hamburger into her mouth. Facility staff used client #4's fork to cut the client's hamburger into quarters for the client to eat. Clients #1, #2, #3 and #4 also used their fork and/or spoon to spread mustard and/or ketchup on their sandwich while facility staff #3 obtained a butter knife to spread mayonnaise on their sandwich. Staff did not offer and/or encourage the clients to get and/or use a butter knife when needed. Client #2's record was reviewed on 1/9/13 at 12:36 PM. Client #2's 11/3/12 Individual Support Plan (ISP) did not indicate the client should not have access to butter knives. Client #1's record was reviewed on 1/9/12 at 1:16 PM. Client #1's 11/2/12 ISP did not indicate the client should not have access to butter knives. Client #4's record was reviewed on 1/10/13 at 2:26 PM. Client #4's 11/10/12 ISP did not indicate the client should not have access to butter knives. Client #3's record was reviewed on 1/9/13 at 3:10 PM. Client #3's 11/2/12 ISP did not indicate client #3 should not have access to butter knives.			

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	Interview with administrative staff #4 on 1/10/13 at 11:20 AM indicated butter knives should have been offered/placed on the tables at meals. 9-3-8(a)			