

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G420		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/03/2012	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN				STREET ADDRESS, CITY, STATE, ZIP CODE 2806 LANGSTON DR EVANSVILLE, IN 47725			
(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>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 12/27, 12/28, 12/29, 12/30/11 and 1/3/12</p> <p>Facility Number: 000934 Provider Number: 15G420 AIM Number: 100244600</p> <p>Surveyor: Jenny Ridaao, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 1/19/12 by Ruth Shackelford, 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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W0140	<p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on interview and record review for 1 of 4 sampled clients' (#2) finances reviewed, the facility failed to assure a full and complete accounting of the client's funds.</p> <p>Findings include:</p> <p>Client #2's finances were reviewed on 12/30/11 at 11:35 AM. Client #2's cash on hand at the group home indicated the client had \$60.40. Client #2's Cash Ledger sheet dated 12/20/11 indicated client #2 should have \$59.40.</p> <p>Interview with the Operations Manager on 12/30/11 at 11:45 AM stated "No money has been taken out and no money has been put back in. He should have \$59.40, but we have \$60.40. We will start an investigation."</p> <p>9-3-2(a)</p>			W0140	<p>The Program Coordinator (PC) failed to document that she was given \$1.00 from client #2. The \$1.00 came from money that had been been previously chained out to him. The PC failed to update client #2's financial records causing client #2 to have \$1.00 more then what was recorded on his ledger. The ledger indicated \$59.40, but the client had \$60.40 in his account. The PC will be retrained on client finances & finance documentation by the Operations Manager.</p>		02/08/2012