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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G098 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>01/16/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>COMMUNITY ALTERNATIVES SW IN | STREET ADDRESS, CITY, STATE, ZIP CODE<br>10707 BERNADETTE DR<br>EVANSVILLE, IN 47725 |
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| (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 |
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| W000000            | <p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: January 12, 13, 14, 15 and 16, 2015</p> <p>Provider Number: 15G098<br/>Aims Number: 100234000<br/>Facility Number: 000637</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 22, 2015 by Dotty Walton, QIDP.</p> | W000000       |                                                                                                                                                                                                       |                      |
| W000154            | <p>483.420(d)(3)<br/>STAFF TREATMENT OF CLIENTS<br/>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed for 1 of 12 incidents of alleged client mistreatment, neglect or abuse and injuries of unknown origin, (client #7), reviewed to ensure all injuries of an unknown origin were thoroughly</p>                                    | W000154       | -The Executive Director shall assure through review of incidents to assure proper documentation and review occurs within 5 days. Any issues shall be dealt with through ResCare policy and procedure. | 02/13/2015           |

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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G098 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____                         |  | X3) DATE SURVEY COMPLETED<br><br>01/16/2015 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>COMMUNITY ALTERNATIVES SW IN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br>10707 BERNADETTE DR<br>EVANSVILLE, IN 47725 |  |                                             |  |
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|                                                                  | <p>investigated.</p> <p>Findings include:</p> <p>Record review of the facility's incident reports was done on 1/12/15 at 1:44p.m. The review included the following incident for client #7:</p> <p>An incident report and investigation on 11/14/14 indicated client #7 was found with a bruise on her right shin. The investigation report indicated the bruise was of unknown origin and did not identify the cause of the bruise.</p> <p>Documented interview of client #7 was done on 11/15/14. Client #7 indicated she had fallen while taking the trash out. There was no documented follow-up to client #7's report of her fall. There was no documentation in the investigation of any recent injuries to client #7.</p> <p>Record review of client #7 was done on 1/15/15 at 11:32a.m. A nursing note on 10/31/14 indicated client #7 had hit her right shin on the stairs entering the group home. There was no documentation of a fall while taking the trash out (client #7). The record indicated client #7, since 2/14, had been using a gait belt with staff assistance when ambulating.</p> <p>Professional staff #1 was interviewed on</p> |                                                                 | <p>-Specifically for all clients at the Bernadette group home and all clients residing at our facility, the process is now in place that as soon as notification of a significant incident is received an email shall be sent as proof of immediate notification, follow up through face to face communication or via phone will occur as back up to assure documentation is received and Executive Director is notified.</p> <p>-For all clients residing at the Bernadette group home, as well as, all clients at the facility, a complete review of all incidents within the past 6 months to assure proof of Executive Director notification is kept in the investigative file, as well as, sign off within 5 days of incident by ED or the designee has occurred. Any issues found will be immediately conveyed to the ED to assure compliance with this standard.</p> <p>-QIDP will be retrained on completing all investigations within 5 days of initiation date and ensuring to present to the Executive Director</p> <p>Persons Responsible: Executive Director, Clinical Supervisor, and QIDP</p> |                                                                                      |  |                                             |  |

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|                    | <p>1/15/15 at 11:40a.m. Staff #1 indicated the 11/14 investigation for client #7's injury of unknown origin did not indicate the cause of the bruise to her right shin. Staff #1 indicated client #7, since 2/14, was to ambulate with a gait belt and staff assistance. Staff #1 indicated there were no follow-up questions or investigation in regards to client #7's report of a fall while taking out the trash. Also, staff #1 indicated there was no documentation the investigation of the injury of unknown origin had included an incident, reported on a 10/31/14 nursing note, where client #7 had hit her right shin on the group home entry stairs. Staff #1 indicated the facility failed to have a thorough investigation of the 11/14/14 (client #7) incident of injury of unknown origin. Staff #1 indicated the facility should have investigated and documented follow-up information to client #7's self reported fall which she had indicated during her interview. Staff #1 indicated all recent injuries for client #7 should have been reviewed (including nursing notes) during the investigation to assist with determining the cause of the injury of unknown origin.</p> <p>9-3-2(a)</p> |               |                                                                                                                 |                      |

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| W000156                                                          | <p>483.420(d)(4)<br/>STAFF TREATMENT OF CLIENTS<br/>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.<br/>Based on record review and interview, the facility failed for 1 of 12 reportable incident investigations reviewed (client #5) 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 reportable incident reports was done on 1/12/15 at 1:44p.m. The facility incident reports indicated client #5 had a 10/7/14 alleged staff mistreatment incident report (possible missing funds) and the investigation was initiated on 10/7/14. The allegation alleged client #5 had possible missing funds entrusted to the facility in the amount of \$19.99. The documentation indicated the investigation findings/summary had been reported to the facility administrator on 10/16/14.</p> <p>Professional staff #1 was interviewed on 1/15/15 at 10:20a.m. Staff #1 indicated the alleged mistreatment investigation for</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>-QIDPs and Clinical Supervisors 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> | 02/13/2015           |                                             |

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| W000157            | <p>client #5 had begun on 10/7/14 and had been completed and submitted to the administrator on 10/16/14. Staff #1 indicated the investigation interviews were not completed until 10/16/14 and the facility failed to complete the investigation in 5 working days.</p> <p>9-3-2(a)</p> <p>483.420(d)(4)<br/>STAFF TREATMENT OF CLIENTS<br/>If the alleged violation is verified, appropriate corrective action must be taken.<br/>Based on record review and interview, the facility failed for 1 of 12 investigations of alleged mistreatment and neglect/abuse reviewed (client #5), to ensure appropriate identified corrective action was taken.</p> <p>Findings include:</p> <p>Record review of the facility reportable incident reports was done on 1/12/15 at 1:44p.m. An incident report on 10/7/14 indicated client #5 had an alleged staff mistreatment incident (possible missing funds) and the investigation was initiated on 10/7/14. The allegation alleged client #5 had possible missing funds that had been entrusted to the facility in the</p> | W000157       | <p>W157</p> <p>-If the alleged violation is verified appropriate corrective action must be taken.</p> <p>-The facility has a policy on abuse and neglect that remains appropriate.</p> <p>-The staff will be properly trained on abuse and neglect at least annually regarding the abuse &amp; neglect policy to assure ongoing understanding and compliance.</p> <p>-The Residential Manager will assure that staff participate in training at least annually regarding the abuse &amp; neglect policy to assure ongoing understanding and compliance.</p> | 02/13/2015           |

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|                                                                  | <p>amount of \$19.99. The documentation indicated the investigation findings/summary had recommended all staff be retrained ("inserviced") on client money kept in the home.</p> <p>Professional staff #1 was interviewed on 1/15/15 at 10:20a.m. Staff #1 indicated the facility's corrective action identified for the 10/7/14 incident, had included retraining facility staff on clients funds kept in the group home. Staff #1 indicated as of 1/15/15, there was no documentation the facility staff had been retrained on this identified corrective action.</p> <p>9-3-2(a)</p> |                                                                 | <p>-The QIDP will assure that staff participate in training at least annually regarding the abuse &amp; neglect policy to assure ongoing understanding and compliance.</p> <p>- The Clinical Supervisor will assure that staff participates in training at least annually regarding the abuse &amp; neglect policy to assure ongoing understanding and compliance.</p> <p>-The Executive Director will assure that staff participate in training at least annually regarding the abuse &amp; neglect policy to assure ongoing understanding and compliance.</p> <p>- Persons Responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, &amp; Executive Director</p> |                      |                                             |