

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G723		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/02/2012	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143			
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W0000	<p>This visit was for a post certification revisit (PCR) to the investigation of complaint #IN00113997 completed on 8/30/12.</p> <p>Complaint #IN00113997: Not corrected.</p> <p>Dates of Survey: October 1 and 2, 2012.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 004615 AIM Number: 200528230 Provider Number: 15G723</p> <p>The following deficiencies reflect findings in accordance with 460 IAC 9. Quality Review completed 10/5/12 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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W0189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure staff who supervised client A had been trained on his most recent behavior program.</p> <p>Findings include:</p> <p>Facility training records and client A's Behavior Support Plan/BSP dated 8/20/12 were reviewed on 10/01/12 at 1:00 PM. The records indicated client A's most recent BSP was dated 8/20/12, but there was no evidence staff #13 had been trained regarding this particular BSP. The BSP indicated client A required one to one staffing during waking hours (6:00 AM to 9:00 PM) due to his behaviors of "bolting," (leaving a designated area without permission), skin picking, and food foraging.</p> <p>Interview with staff #12 on 10/01/12 at 3:15 PM indicated staff #13 had acted as client A's one to one staff at the workshop on 10/01/12.</p> <p>Interview was conducted with workshop</p>	W0189	<p><b>Corrective Action:(Specific).</b> Client A moved from the facility on 10/6/2012 and is no longer attending workshop. Program coordinator will ensure that all staff, including workshop staff are trained on all client's BSP and other client specific program plans and have copies of said plans.</p> <p><b>How others will be identified: (Systemic)</b> All staff including workshop staff will be trained annually and as needed on each client's BSP and other client specific program plans.</p> <p><b>Measures to be put in place:</b> Client A moved from the facility on 10/6/2012. Program coordinator will ensure that all staff, including workshop staff are trained on all client's BSP and other client specific program plans and have copies of said plans.</p> <p><b>Monitoring of Corrective Action:</b> The Operations Manager and Program Coordinator will ensure all staff including workshop staff have been trained annually and as needed on each client's BSP and other client</p>	11/01/2012			

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	<p>supervisory staff #14 on 10/02/12 at 11:00 AM. The interview indicated staff #13 was the one to one staff assigned on 10/01/12 with client A and the workshop did not have his most recent 8/20/12 BSP available for review.</p> <p>This federal tag relates to complaint #IN00113997.</p> <p>9-3-3(a)</p>		specific program plans.		

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W0193	<p><b>483.430(e)(3)</b> <b>STAFF TRAINING PROGRAM</b> Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure staff who supervised client A documented his behaviors.</p> <p>Findings include:</p> <p>Review of staffing schedules on 10/01/12 at 5:40 PM indicated staff #10 was assigned to work with client A during the day shift from 8:00 AM to 4:00 PM on 9/30/12.</p> <p>Review of client A's record on 10/02/12 at 9:00 AM indicated a Skin Assessment Sheet, Progress notes and ABC/Antecedent-Behavior-Consequence Behavior data tracking sheets for 9/30/12. The review indicated client A had a Behavior Support Plan dated 8/20/12 which indicated skin picking was a behavior to be tracked and documented. The 9/30/12 Skin Assessment Sheet, filled out by staff #10, indicated client A had a new site (open wound) he had picked on his right pointer finger. Staff #10 had not filled out the dayshift Progress Notes or the ABC behavior data tracking sheet for 9/30/12.</p>	W0193	<p><b>Corrective Action:(Specific).</b> Client A moved from the facility on 10/6/2012 and is no longer attending workshop. Program coordinator will ensure that all staff, including workshop staff are trained on all client's BSP and the tracking data forms.</p> <p><b>How others will be identified: (Systemic)</b> All staff including workshop staff will be trained annually and as needed on each client's BSP and the tracking data forms. <b>Measures to be put in place:</b> Client A moved from the facility on 10/6/2012. Program coordinator will ensure that all staff, including workshop staff are trained on all client's BSP and the tracking data forms.</p> <p><b>Monitoring of Corrective Action:</b> The Operations Manager and Program Coordinator will ensure all staff including workshop staff have been trained annually and as needed on each client's BSP and each client's data tracking forms.</p>	11/01/2012	

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	<p>Interview with staff #1 on 10/2/12 at 10:00 AM indicated staff #10 should have filled out the day shift data tracking for client A.</p> <p>This federal tag relates to complaint #IN00113997.</p> <p>This deficiency was cited on 8/30/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p>				

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W0252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure staff assigned to client A documented data regarding his behaviors.</p> <p>Findings include:</p> <p>Review of staffing schedules on 10/01/12 at 5:40 PM indicated staff #10 was assigned to work with client A during the day shift from 8:00 AM to 4:00 PM on 9/30/12.</p> <p>Review of client A's record on 10/02/12 at 9:00 AM indicated a Skin Assessment Sheet, Progress notes and ABC/Antecedent-Behavior-Consequence Behavior data tracking sheets for 9/30/12. The 9/30/12 Skin Assessment Sheet, filled out by staff #10, indicated client A had a new site (open wound) he had picked on his right pointer finger. Staff #10 had not filled out the Progress Notes or the ABC behavior data tracking sheet for 9/30/12. The review indicated client A had a Behavior Support Plan dated 8/20/12 which indicated skin picking was a behavior to be tracked and documented.</p> <p>Interview with staff #1 on 10/2/12 at</p>	W0252	<p><b>Corrective Action:</b> <b>(Specific).</b> Client A moved from the facility on 10/6/2012 and is no longer attending workshop. Program coordinator will ensure that all staff, are trained on all client's BSP and other client specific program plans and how to document data on each clients individual data tracking forms.</p> <p><b>How others will be identified:</b> <b>(Systemic)</b> All staff will be trained annually and as needed on each client's BSP and other client specific program plans and how to document data on each clients individual data tracking forms.</p> <p><b>Measures to be put in place:</b> Client A moved from the facility on 10/6/2012. Program coordinator will ensure that all staff, including workshop staff are trained on all client's BSP and other client specific program plans and how to document data on each clients individual data tracking forms.</p> <p><b>Monitoring of Corrective Action:</b> The Program Coordinator will complete, at least monthly, documentation audits to ensure that data is being</p>	11/01/2012			

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	<p>10:00 AM indicated staff #10 should have filled out the day shift data tracking for client A.</p> <p>This federal tag relates to complaint #IN00113997.</p> <p>This deficiency was cited on 8/30/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>		<p>recorded correctly on each client's individual data tracking forms.</p>		