

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G193	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/17/2013
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 13711 BENNETTSVILLE RD MEMPHIS, IN 47143		
(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	
{W 000}	<p>INITIAL COMMENTS</p> <p>The visit was for a post certification revisit (PCR) to the recertification and state licensure survey completed on 10/29/13.</p> <p>The visit was in conjunction with the investigation of complaint #IN00140380.</p> <p>Dates of Survey: December 10, 11 and 17, 2013.</p> <p>Facility Number: 000723 Provider Number: 15G193 AIM Number: 100234760</p> <p>Surveyor: Jo Anna Scott, QIDP.</p> <p>Res Care Community Alternatives SE IN was found to be in compliance with 42 CFR Part 483 Subpart I and 460 IAC 9 in regard to the PCR for the recertification and state licensure survey.</p> <p>Quality review completed December 20, 2013 by Dotty Walton, QIDP.</p>	{W 000}			
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.