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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G167 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 11/03/2017 |
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| NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN | STREET ADDRESS, CITY, STATE, ZIP CODE 749 SOUTH BEARS BEND ROAD FRENCH LICK, IN 47432 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCY (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 0000 Bldg. 00 | <p>This visit was for a PCR (Post Certification Revisit) to a full annual recertification and state licensure survey which resulted in an Immediate Jeopardy completed on 10/3/17.</p> <p>Dates of Survey: 11/2/17 and 11/3/17.</p> <p>Facility Number: 000701 Provider Number: 15G167 AIMS Number: 100248800</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/13/17.</p> | W 0000 | | |
| W 0104 Bldg. 00 | <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), plus 3 additional clients (#4, #5 and #6), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the home was maintained in a sanitary condition.</p> | W 0104 | <p>W104: The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective Action: (Specific): The hallway bathroom cabinet has been replaced. The Site Supervisor will be re-trained on the timely completion of maintenance</p> | 12/03/2017 |

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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| | <p>Findings include:</p> <p>Observations were conducted at the group home on 11/2/17 from 6:45 AM through 8:00 AM. Clients #1, #2, #3, #4, #5 and #6 were observed in the home throughout the observation period. At 7:15 AM the home's hallway bathroom (right side) was observed. The hallway bathroom had a strong smell of urine. The side of the bathroom cabinet had been covered with a wooden splash guard.</p> <p>Staff #1 was interviewed on 11/2/17 at 7:35 AM. Staff #1 indicated the hallway bathroom smelled like urine. Staff #1 indicated the bathroom was clean but the urine had soaked into the wood grain on the cabinet. Staff #1 indicated sometimes the smell of urine was more prominent. Staff #1 indicated he thought the cabinet needed to be removed. Staff #1 indicated the facility had placed a piece of wood over the cabinet. Staff #1 indicated this did not help with the odor.</p> <p>Assistant Executive Director (AED) #1 was interviewed on 11/2/17 at 3:30 PM. AED #1 indicated maintenance had placed a board on the side of the bathroom cabinet to repel urine. AED #1 indicated she would</p> | | <p>requests for items that need repaired in the home.</p> <p>How others will be identified: (Systemic): The maintenance coordinator will visit the home at least monthly and complete an environmental inspection checklist and turn it into the Program Manager each month. If any areas are noted as needing repair the maintenance coordinator will schedule the repairs immediately.</p> <p>Measures to be put in place: The hallway bathroom cabinet has been replaced. The Site Supervisor will be re-trained on the timely completion of maintenance requests for items that need repaired in the home.</p> <p>Monitoring of Corrective Action: The maintenance coordinator will visit the home at least monthly and complete an environmental inspection checklist and turn it into the Program Manager each month. If any areas are noted as needing repair the maintenance coordinator will schedule the repairs immediately.</p> <p>Completion date: 12.03.17</p> | |

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

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| | <p>have maintenance inspect the cabinet to see if it needed to be removed completely.</p> <p>This deficiency was cited on 10/3/17. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p> | | | | |