

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G602	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/06/2012
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NAME OF PROVIDER OR SUPPLIER ABILITIES SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 850 MAPLELEAF DR FRANKFORT, IN 46041
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W0000	<p>This visit was for investigation of complaint #IN00102180.</p> <p>This visit was in conjunction with a PCR (Post Certification Revisit) to the PCR to the recertification and state licensure survey.</p> <p>Complaint #IN00102180: Substantiated, federal/state deficiency related to the allegation is cited at W249.</p> <p>Dates of Survey: January 31, February 1, 2, 3, and 6, 2012.</p> <p>Facility Number: 001116 Provider Number: 15G602 AIM number: 100245620</p> <p>Surveyor: Brenda Nunan, RN, CDDN, PHNS III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 2/13/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
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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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W0249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on record review and interview, the facility failed to ensure strategies were implemented as written in the Individual Support Plan (ISP) to reduce maladaptive behaviors for 1 of 4 sampled clients (client A).</p> <p>Findings include:</p> <p>An Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services (BDDS) incident report, dated 01/07/2012 at 3:10 p.m. was reviewed on 01/31/2012 at 1:28 p.m. The report indicated client A displayed behaviors of cursing, yelling, and hitting housemates and staff on 01/07/2012. The BDDS report indicated, "...To prevent [client A] from getting close to her or the other consumers, [DSP (Direct Support Professional) #3] put a glider rocking chair into [client A's] path and continued to move it into his path to keep him back as he continued to charge and cuss at [DSP #3]...[Facility] trainer ...asked staff what [client A's] BSP (Behavioral Support Plan) protocol was</p>	W0249	In regard to the incident cited in W249, the plans were in place for this consumer's protection and staff had been trained to follow them. However, based on her own discretion, the staff chose not to follow the plan as outlined. The agency followed its policy for allegations of abuse/neglect/exploitation and suspended the staff pending investigation. Subsequent disciplinary action and retraining were done. The staff involved in this incident is no longer employed at ASI.	02/24/2012			

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	<p>in regards to combative behavior and was told that he was to go to his room and remain until calm...Plan to Resolve... [DSP #3] suspended pending investigation...Staff to follow [client A's] BSP of isolating the behavior to his safe area and using CPI (Crisis Prevention Intervention) to block his hits...."</p> <p>Client A's record was reviewed on 01/31/2012 at 3:35 p.m. The Behavior Support Plan (BSP), dated 07/09/2011, indicated target behaviors of emotional outbursts and physical aggression. Strategies for reducing maladaptive behaviors included, but were not limited to, "...Redirect everyone away from [client A] and one staff work with [client A]. Encourage him to use self-calming strategies such as breathing deeply to calm himself, counting to 10 slowly, listening to music, etc....If [client A] becomes aggressive, clear the environment of people and items that would be unsafe. Redirect [client A] to a safe place away from others where he can calm down...If he does not remove himself, redirect him to a quiet and safe area such as his bedroom...be prepared to use your CPI (Crisis Prevention Intervention-a nonviolent crisis intervention used to provide "Care, Welfare, Safety and Security"of everyone involved in a crisis situation) to block and</p>						

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	<p>redirect him back to the safe area...."</p> <p>Facility training records were reviewed on 01/31/2012 at 4:27 p.m. The records indicated DSP #3 had current CPI training. The records indicated DSP #3 received training on client A's BSP on 01/07/2012.</p> <p>The facility investigation report, dated 01/08/2012, was reviewed on 01/31/2012 at 6:00 p.m. The report indicated, "...Staff instructed by [House Manager] on importance of following BSP...and the importance of not using objects to block a consumer...."</p> <p>During an interview on 01/31/2012 at 4:00 p.m., the House Manager indicated DSP #3 did not follow the BSP for reducing client A's maladaptive behaviors. She indicated the DSP was suspending during the investigation and retrained on the BSP prior to returning to work.</p> <p>During an interview on 02/03/2012 at 11:50 a.m., the Residential Director indicated DSP #3 did not follow the BSP for reducing client A's maladaptive behaviors. She indicated DSP #3 was suspended during the investigation and was retrained to the BSP prior on returning to work.</p>						

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9-3-4(a)	This federal tag relates to complaint #IN00102180.			