

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G624	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/04/2011
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NAME OF PROVIDER OR SUPPLIER WABASH CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3983 DRUZ AVE LAFAYETTE, IN47909
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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
W0000	<p>This visit was for the investigation of complaint #IN00096602.</p> <p>COMPLAINT #IN00096602: SUBSTANTIATED, Federal and state deficiency related to the allegation(s) is cited at W149.</p> <p>Dates of Survey: October 3, and 4, 2011</p> <p>Facility number: 001186 Provider number: 15G624 AIM number: 100235370</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III/QMRP</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 10/13/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0149	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.			

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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	<p>Based on record review and interview for 1 of 8 clients (client H) who lived in the group home, the facility neglected to implement their and Abuse/Neglect Policy.</p> <p>Findings include:</p> <p>On 10-4-11 at 11:30 a.m. a Bureau of Developmental Disability Services (BDDS) initial report dated 8-31-11 for client H was reviewed. The BDDS report indicated client H reported in a counseling session that a DCS (Direct Care Staff) had thrown a cup at him. DCS #1 was suspended pending an investigation.</p> <p>On 10-4-11 at 11:30 a.m. the internal investigation dated 8-30-11 was reviewed. The investigation indicated DCS #1 had hit client H's door and yelled through the door to mimic what client H was doing on the other side of the door.</p> <p>On 10-4-11 at 12:00 p.m. the completed investigation (dated 9-6-11) was reviewed. The completed investigation signed by the Qualified Mental Retardation Professional indicated a cup was not thrown but DCS #1 had "provoked" client H instead of calming him. The completed investigation indicated DCS #1 would be retrained on appropriate behavior and role modeling,</p>	W0149	Wabash Center will review its Abuse/Neglect policy and make revisions as deemed necessary. The QMRP will train all staff on the Abuse/Neglect policy, including any revisions made to it.	11/03/2011	

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	<p>consumer rights and successfully complete crisis prevention intervention (CPI).</p> <p>On 10-4-11 at 12:35p.m. the Abuse/Neglect/Exploitation/Mistreatment of an Individual's Rights Investigation Procedure revised 9-14-09 was reviewed. The Abuse/Neglect Policy indicated individuals will be free from abuse, neglect or exploitation by others.</p> <p>An interview with the QMRP on 10-4-11 at 1:00 p.m. indicated DCS #1 failed to follow the Abuse/Neglect Policy. The QMRP stated DCS #1 "instigated him (client H) instead of calming him down."</p> <p>This federal tag relates to complaint #IN00096602.</p> <p>9-3-2(a)</p>				