

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953
--	--

(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
W000000	<p>This visit was for the post certification revisit (PCR) to the investigation of complaint #IN00152862 completed on 8/15/2014 which resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00152862: Not Corrected.</p> <p>Dates of Survey: 9/25, 9/26, and 9/29/2014.</p> <p>Provider Number: 15G275 AIM Number: 100234970 Facility Number: 000795</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/8/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review, and</p>	W000104	W104 Governing Body	10/29/2014

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953
--	--

(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
	<p>interview, for 3 of 3 sampled clients (clients A, B, and C) and 3 additional clients (clients D, E, and F), the governing body failed to exercise operating direction over the facility to ensure the agency's administrative staff identified an allegation of abuse, neglect, and/or mistreatment, failed to complete monitoring of the agency's plan of correction, failed to implement their policy and procedure to protect clients A, B, C, D, E, and F from the potential of abuse, neglect, and/or mistreatment by not immediately reporting and thoroughly investigating all allegations of abuse, neglect, and/or mistreatment.</p> <p>Findings include:</p> <p>Please refer to W149. The governing body failed to ensure the facility implemented the agency's policy and procedure to prohibit abuse, neglect, mistreatment by not immediately reporting to BDDS (Bureau of Developmental Disabilities Services) in accordance with State Law. The governing body failed to conduct a thorough investigation of an allegation of staff abuse, neglect, and/or mistreatment for 1 of 1 allegation of abuse, neglect, and/or mistreatment for 6 of 6 clients (clients A, B, C, D, E, and F).</p>		<p>This item outlines that the governing body failed to exercise operating direction over the facility to ensure the agency's administrative staff identified an allegation of abuse, neglect, and/or mistreatment, failed to complete monitoring of the agency's plan of correction, failed to implement their policy and procedure to protect clients A, B, C, D, E, and F from the potential of abuse, neglect, and/or mistreatment by not immediately reporting and thoroughly investigating all allegations of abuse, neglect, and/or mistreatment.</p> <p>The plan of correction for these findings is as follows:</p> <p>Correction:</p> <p>The CEO will complete training with the Director of Group Homes/QDDP and the Corporate Compliance Officer/Interim COO regarding proper identification, thorough investigation, and timely reporting of all allegations of abuse, neglect, and/or mistreatment, and to complete the monitoring requirements of all plans of correction.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953		
(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	
	<p>Please refer to W153. The governing body failed to ensure the facility immediately reported to BDDS (Bureau of Developmental Disabilities Services) in accordance with State Law client C's allegation of staff abuse, neglect, and/or mistreatment for 1 of 1 allegation of abuse, neglect, and/or mistreatment for 6 of 6 clients (clients A, B, C, D, E, and F).</p> <p>Please refer to W154. The governing body failed to ensure the facility completed a thorough investigation of an allegation of staff abuse, neglect, and/or mistreatment for 1 of 1 allegation of abuse, neglect, and/or mistreatment for 6 of 6 clients (clients A, B, C, D, E, and F).</p> <p>Please refer to W159. The governing body failed to ensure the Qualified Intellectual Disabilities Professional (QIDP) integrated, coordinated, and monitored the agency's plan of correction for client A, B, C, D, E, and F's Individual Support Plans (ISPs) monthly summaries, failed to provide oversight to ensure allegations of abuse, neglect, and/or mistreatment were reported in accordance with State Law, and to thoroughly investigate allegations to ensure clients A, B, C, D, E, and F were not subjected to abuse, neglect, and/or mistreatment for 3 of 3 sampled clients (clients A, B, and C) and 3 additional</p>		<p>A meeting was conducted on Wednesday 10/8/14 with the CEO, CCO/Interim COO, Director of Group Homes/QDDP, Nursing staff, Workshop Production Manager, and ICC's to review the expectations related to thorough and timely ANE investigations and reporting.</p> <p>Steve Corya will be conducting training on Investigations on 10/27/14. Administrative and Management personnel from all program areas will be in attendance.</p> <p>Monitoring:</p> <p>The CCO will report all allegations of ANE to the CEO and will maintain a log including the summary of each resulting investigation and the final outcome.</p> <p>The CEO or his designee will conduct random reviews of allegations, interviews and action taken to ensure that:</p> <ul style="list-style-type: none"> Agency administrative staff have properly identified allegations of abuse, neglect, 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
W000149	<p>clients (clients D, E, and F).</p> <p>This deficiency was cited on 8/15/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00152862.</p> <p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview, for 1 of 1 allegation of abuse, neglect, and/or mistreatment for 6 of 6 clients (clients A, B, C, D, E, and F), the facility neglected to identify an allegation and to ensure implementation of the agency's policy and procedure for abuse, neglect, mistreatment to immediately report to BDDS (Bureau of Developmental Disabilities Services) in accordance with State Law and to complete a thorough investigation for an allegation of staff abuse, neglect, and/or mistreatment.</p>	W000149	<p>and/or mistreatment</p> <ul style="list-style-type: none"> All agency staff have reported allegations of ANE in accordance with the agency's guidelines for timeliness A complete and thorough investigation has been conducted for all allegations of ANE <p>All corrective actions related to tag W104 will be implemented on or before 10/29/2014</p> <p>W149 Staff Treatment of Clients</p> <p>This item outlines that the agency failed to identify an allegation and to ensure implementation of the agency's policy and procedure for abuse, neglect, mistreatment to immediately report to BDDS(Bureau of Developmental Disabilities Services) in accordance with State Law and to complete a thorough investigation for an allegation of staff abuse,</p>	10/29/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953		
(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	
	<p>Findings include:</p> <p>On 9/25/14 from 4:00pm until 5:25pm, observation and interviews were completed at the group home with clients A, B, C, D, E, and F and Group Home Staff (GHS) #1, GHS #2, GHS #3, and the Group Home Manager (GHM). At 5:00pm, client C asked to speak with the surveyor. At 5:00pm, client C stated "What are they going to do about that woman (Workshop Staff (WKS) #1)? She is mean to me and takes my work away from me." When asked how WKS #1 was "mean to [client C]," client C stated "she takes my work and gives it to other people at workshop. [WKS #1] bosses me around loudly. You can ask him and then pointed to [client D]." Client D stated "Yes, [WKS #1] talks loud to [client C] and took his work away, then gave it (the work) to other people" at the workshop to finish. Client D stated "I saw it." When asked if anyone interviewed him or talked with client D about the incident, client D stated "No, I have talked to you about it now." Client C stated he told "anyone who would listen" about the incident with</p>		<p>neglect, and/or mistreatment. The plan of correction for these findings is as follows:</p> <p>Correction:</p> <p>The CEO will complete training with the Director of Group Homes/QDDP and the Corporate Compliance Officer/Interim COO regarding proper identification, thorough investigation, and timely reporting of all allegations of abuse, neglect, and/or mistreatment, and to complete the monitoring requirements of all plans of correction.</p> <p>A meeting was conducted on Wednesday 10/8/14 with the CEO, CCO/Interim COO, Director of Group Homes/QDDP, Nursing staff, Workshop Production Manager, and ICC's to review the expectations related to thorough and timely ANE investigations and reporting.</p> <p>Steve Corya will be conducting training on Investigations on 10/27/14. Administrative and Management personnel from all program areas will be in attendance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>WKS #1. Client C stated he was "day dreaming" which was one of (client C's) targeted behaviors and WKS #1 took his work away from him.</p> <p>On 9/25/14 at 5:20pm, an interview with the QIDP was conducted. The QIDP indicated she was aware of client C's allegation, no BDDS report was filed, and indicated she did not identify it as an allegation. The QIDP stated "I thought it was inappropriate interaction, not abuse, neglect, or mistreatment." When asked if the agency investigated client C's allegation, the QIDP stated "I'm sure we wrote up something. We talked to [WKS #1] about it." The QIDP indicated she would look for information regarding client C's allegation.</p> <p>On 9/25/14 at 1:15pm, the facility's BDDS reports and investigations were requested for review from the QIDP (Qualified Intellectual Disabilities Professional) and the Corporate Compliance Officer (CCO). Both staff provided one BDDS report for client B for review and investigations. At 1:15pm, the QIDP indicated no other</p>		<p>Monitoring:</p> <p>The CCO will report all allegations of ANE to the CEO and will maintain a log including the summary of each resulting investigation and the final outcome.</p> <p>The CEO or his designee will conduct random reviews of allegations, interviews and action taken to ensure that:</p> <ul style="list-style-type: none"> · Agency administrative staff have properly identified allegations of abuse, neglect, and/or mistreatment · All agency staff have reported allegations of ANE in accordance with the agency's guidelines for timeliness · A complete and thorough investigation has been conducted for all allegations of ANE <p>All corrective actions related to tag W149 will be implemented on or before 10/29/2014</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>BDDS reports, Incident reports, and investigations were completed since 8/15/14. At 3:40pm, the QIDP indicated no further BDDS reports and no investigations were completed since 8/15/14.</p> <p>On 9/26/14 at 11:00am, the QIDP provided an additional BDDS report for client C.</p> <p>-A 9/26/14 BDDS report for an incident on 9/10/14 at 3:05pm, indicated on "9/10/14 at 3:05pm, [client C] reported to [the CCO and QIDP] that his workshop supervisor had yelled at him when he was leaving the workshop. [Client C] was asked what the supervisor had said and he indicated that she had yelled at him because he had his headphones (sic). [Client C] was asked to state what the workshop procedure for wearing headphones at the workshop or in day services. [Client C] indicated that he was not sure what it was. [The QIDP] informed [client C] that for his safety and the safety of all consumers and staff in the workshop and in the day program that they are allowed to listen to music while sitting at workstation (sic) or at a table in</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953
--	--

(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
	<p>the multipurpose area, but that the headphones and music must be taken off when up moving about so that the person is able to hear supervisors or others, able to hear fork lift, and other pieces of machinery. [Client C] then indicated he was also upset because the supervisor had told him to get back to work when he was working. [Client C] was asked what he was doing when the supervisor told him this and [client C] indicated that he was looking around at others and thinking about things. [Client C] was asked if he was doing work when he was looking around. [Client C] indicated that he was working but after having him describes (sic) his actions he was standing there with a piece of work material in his hands not working. [Client C] was informed that it is the job responsibility of the workshop supervisors to make sure that he is working and staying on task. If he is standing around staring off then he is not working and that the supervisor has the responsibility to redirect him back to work. [Client C] complained that the supervisor took his paid work away from him and gave it to another consumer. [Client C] was asked if he was working</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953		
(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	
	<p>and he indicated that he was working at the time and that she gave the work to another consumer because he wasn't working. [Client C] was asked by the [CCO] if the supervisor was being abusive to him. [Client C] indicated no but that he don't (sic) like when she tells him what to do. [Client C] was...informed that it is the responsibility of the supervisor to tell him what to do when he is not working or not staying on task. (WKS #1) Supervisor was interviewed, she indicated that she did have a job that needed to be completed and that because [client C] was working at a slow pace she did take part of the work materials for another consumer to work on but did not take all the work materials that [client C] still had work that he needed to complete...Not Substantiated."</p> <p>On 9/26/14 at 11:00am, the QIDP provided an undated single sheet of paper and indicated it was the agency's completed investigation into client C's incident. The undated typed paper summarized the same information as documented on client C's 9/26/14 BDDS</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953
--	--

(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
	<p>report for an incident on 9/10/14. No documented witness statements, formal investigative notes, monitoring or observations, and dates with times of persons interviewed were available for review.</p> <p>On 9/29/14 at 9:15am, an interview was conducted with the QIDP and the CEO/President (Chief Executive Officer/President) of the agency. The QIDP stated client C "was complaining. It was not an allegation, [client C] was expressing his feelings." When asked how the agency determines if an allegation was the client complaining or an abuse, neglect, and/or mistreatment allegation, the QIDP and CEO did not respond. When asked if the agency thoroughly investigated and reported all allegations to ensure their policy and procedure to protect clients from the potential of abuse, neglect, and/or mistreatment situations was implemented, the CEO stated "it's interpretation" on whether client C's 9/10/14 situation was an "allegation" of abuse, neglect, and/or mistreatment "or just [client C] expressing himself." The</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953		
(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	
	<p>CEO indicated the agency followed the BDDS reporting policy and procedure for abuse, neglect, and mistreatment reporting and to complete a thorough investigation. The CEO/President stated "all" allegations of abuse, neglect, and/or mistreatment should be reported to the administrator, to BDDS in accordance with State Law, and investigated.</p> <p>On 9/26/14 at 1:50pm, a review of the facility's 6/15/11 "Abuse, Neglect, and Exploitation" policy indicated, "It is the policy of Carey Services to respect the rights of consumers served and protect them from possible abusive treatment, negligence, or exploitation on the part of staff, volunteers, or other consumers. Abusive treatment and/or negligence of responsibilities with respect to the welfare and safety of consumers are incompatible with the purpose of the agency....Definition: Neglect: includes, but is not limited to, failure to provide appropriate supervision, care, training, a safe/clean/sanitary environment, food, medical care, medical supplies and equipment (as indicated in the ISP (Individual Support Plan))."</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953
--	--

(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
	<p>On 9/26/14 at 1:50pm, a review of the facility's 10/22/12 "PROCEDURES FOR REPORTING ABUSE AND NEGLECT AND OTHER REPORTABLE OR UNUSUAL INCIDENTS" indicated "As required by law, it is the responsibility of each person to report suspected instances of abuse, neglect, and exploitation...responsibilities in reporting such incidents to authorities as well as to agency administrators immediately upon learning of the suspected abuse/neglect/exploitation. Agency staff and volunteers must immediately report incidents to the President/CEO, Human Resources Manager, or designee, who will assign responsibility for investigation and follow-up. The Corporate Compliance Officer will be notified of the allegation and may or may not be asked to assist with the investigation. A. <u>REPORTABLE INCIDENTS</u>: Carey Services shall meet all the conditions specified in any applicable article of 460 IAC. Carey Services shall report the following circumstances to DDRS/BDDS/DA (Department of Aging) no later than 24 hours after the occurrence of the reportable incident...The following incidents are considered reportable to the appropriate entity as outlined in section B: 1. Any alleged, suspected, or actual abuse, neglect or exploitation of a</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953		
(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	
	<p>consumer...."</p> <p>On 9/26/14 at 1:50pm, a review of the BDDS 6/11/2002 policy and procedure for "Incident Reporting" indicated "...Reportable incidents to the Bureau of Developmental Disabilities Services are any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual...Standards: A. Services and supports shall provide necessary safeguards to protect the health, safety, and welfare of individuals. B. Anyone with knowledge of an issue or concern that effects the individual's potential health and safety may submit a BDDS Incident Report form...Reportable Incidents...1) Incident of suspected abuse or neglect of an adult or child who is residing in a community residential setting...a) Physical, sexual, verbal, or mental abuse...ii) sexual-includes all allegations of rape, sexual misconduct, or sexual exploitation...b) Neglect-includes failure to provide appropriate care, food, medical care, or supervision. 2) Exploitation...b) any other type of exploitation, including but not limited to sexual exploitation...14) Inadequate staff support resulting in or having the potential to result in significant harm or injury to an individual or death of an individual. This includes inadequate</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953
--	--

(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
W000153	<p>supervision by staff, even when staffing levels are appropriate...."</p> <p>This deficiency was cited on 8/15/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00152862.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on observation, record review, and interview, for 1 of 1 allegation of abuse, neglect, and/or mistreatment for 6 of 6 clients (clients A, B, C, D, E, and F), the facility failed to immediately report to BDDS (Bureau of Developmental Disabilities Services) in accordance with State Law client C's allegation of staff abuse, neglect, and/or mistreatment.</p> <p>Findings include:</p> <p>On 9/25/14 from 4:00pm until 5:25pm, observation and interviews were</p>	W000153	<p>W153 Staff Treatment of Clients</p> <p>This item outlines that the facility failed to immediately report allegations of ANE. The plan of correction for these findings is as follows:</p> <p>Correction:</p> <p>The CEO will complete training with the Director of Group Homes/QDDP and the Corporate Compliance Officer/Interim COO</p>	10/29/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>completed at the group home with clients A, B, C, D, E, and F and Group Home Staff (GHS) #1, GHS #2, GHS #3, and the Group Home Manager (GHM). At 5:00pm, client C asked to speak with the surveyor. At 5:00pm, client C stated "What are they going to do about that woman (Workshop Staff (WKS) #1)? She is mean to me and takes my work away from me." When asked how WKS #1 was "mean to [client C]," client C stated "she takes my work and gives it to other people at workshop. [WKS #1] bosses me around loudly. You can ask him and then pointed to [client D]." Client D stated "Yes, [WKS #1] talks loud to [client C] and took his work away, then gave it (the work) to other people" at the workshop to finish. Client D stated "I saw it." When asked if anyone interviewed him or talked with client D about the incident, client D stated "No, I have talked to you about it now." Client C stated he told "anyone who would listen" about the incident with WKS #1. Client C stated he was "day dreaming" which was one of (client C's) targeted behaviors and WKS #1 took his work away from him.</p>		<p>regarding proper identification, thorough investigation, and timely reporting of all allegations of abuse, neglect, and/or mistreatment, and to complete the monitoring requirements of all plans of correction.</p> <p>A meeting was conducted on Wednesday 10/8/14 with the CEO, CCO/Interim COO, Director of Group Homes/QDDP, Nursing staff, Workshop Production Manager, and ICC's to review the expectations related to thorough and timely ANE investigations and reporting.</p> <p>Steve Corya will be conducting training on Investigations on 10/27/14. Administrative and Management personnel from all program areas will be in attendance.</p> <p>Monitoring:</p> <p>The CCO will report all allegations of ANE to the CEO and will maintain a log including the summary of each resulting investigation and the final outcome.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>On 9/25/14 at 5:20pm, an interview with the QIDP was conducted. The QIDP stated she was aware of client C's allegation, no BDDS report was filed, and stated "I thought it was inappropriate interaction, not abuse, neglect, or mistreatment." The QIDP stated "I'm sure we wrote up something. We talked to [WKS #1] about it." The QIDP indicated she would look for information regarding client C's allegation.</p> <p>On 9/25/14 at 1:15pm, the facility's BDDS reports and investigations were requested for review from the QIDP (Qualified Intellectual Disabilities Professional) and the Corporate Compliance Officer (CCO). Both staff provided one BDDS report for client B for review. At 1:15pm, the QIDP indicated no other BDDS reports or Incident reports were completed since 8/15/14. At 3:40pm, the QIDP indicated no further BDDS reports were completed since 8/15/14.</p> <p>On 9/26/14 at 11:00am, the QIDP provided an additional BDDS report for</p>		<p>The CEO or his designee will conduct random reviews of allegations, interviews and action taken to ensure that:</p> <ul style="list-style-type: none"> · Agency administrative staff have properly identified allegations of abuse, neglect, and/or mistreatment · All agency staff have reported allegations of ANE in accordance with the agency's guidelines for timeliness · A complete and thorough investigation has been conducted for all allegations of ANE <p>All corrective actions related to tag W153 will be implemented on or before 10/29/2014</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>client C.</p> <p>-A 9/26/14 BDDS report for an incident on 9/10/14 at 3:05pm, indicated on "9/10/14 at 3:05pm, [client C] reported to [the CCO and QIDP] that his workshop supervisor had yelled at him when he was leaving the workshop. [Client C] was asked what the supervisor had said and he indicated that she had yelled at him because he had his headphones (sic). [Client C] was asked to state what the workshop procedure for wearing headphones at the workshop or in day services. [Client C] indicated that he was not sure what it was. [The QIDP] informed [client C] that for his safety and the safety of all consumers and staff in the workshop and in the day program that they are allowed to listen to music while sitting at workstation (sic) or at a table in the multipurpose area, but that the headphones and music must be taken off when up moving about so that the person is able to hear supervisors or others, able to hear fork lift, and other pieces of machinery. [Client C] then indicated he was also upset because the supervisor had told him to get back to work when he was working. [Client C] was asked what he</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>was doing when the supervisor told him this and [client C] indicated that he was looking around at others and thinking about things. [Client C] was asked if he was doing work when he was looking around. [Client C] indicated that he was working but after having him describes (sic) his actions he was standing there with a piece of work material in his hands not working. [Client C] was informed that it is the job responsibility of the workshop supervisors to make sure that he is working and staying on task. If he is standing around staring off then he is not working and that the supervisor has the responsibility to redirect him back to work. [Client C] complained that the supervisor took his paid work away from him and gave it to another consumer. [Client C] was asked if he was working and he indicated that he was working at the time and that she gave the work to another consumer because he wasn't working. [Client C] was asked by the [CCO] if the supervisor was being abusive to him. [Client C] indicated no but that he don't (sic) like when she tells him what to do. [Client C] was...informed that it is the responsibility</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953
--	--

(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
	<p>of the supervisor to tell him what to do when he is not working or not staying on task. (WKS #1) Supervisor was interviewed, she indicated that she did have a job that needed to be completed and that because [client C] was working at a slow pace she did take part of the work materials for another consumer to work on but did not take all the work materials that [client C] still had work that he needed to complete...Not Substantiated."</p> <p>On 9/29/14 at 9:15am, an interview was conducted with the QIDP and the CEO/President (Chief Executive Officer/President) of the agency. The QIDP stated client C "was complaining. It was not an allegation, [client C] was expressing his feelings." When asked how the agency determines if an allegation is the client complaining or an allegation of abuse, neglect, and/or mistreatment allegation, the QIDP and CEO did not respond. When asked if the agency reported all allegations to ensure their policy and procedure to protect clients from the potential of abuse, neglect, and/or mistreatment situations</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
W000154	<p>was implemented, the CEO stated "it's interpretation" on whether client C's 9/10/14 situation was an "allegation" of abuse, neglect, and/or mistreatment "or just [client C] expressing himself." The CEO indicated the agency followed the BDDS reporting policy and procedure for abuse, neglect, and mistreatment for reporting. The CEO/President stated "all" allegations of abuse, neglect, and/or mistreatment should be reported to the administrator and to BDDS in accordance with State Law.</p> <p>This deficiency was cited on 8/15/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00152862.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on observation, record review, and interview, for 1 of 1 allegation of abuse, neglect, and/or mistreatment for 6 of 6 clients (clients A, B, C, D, E, and F), the</p>	W000154	<p>W154 Staff Treatment of Clients</p> <p>This item outlines that the facility</p>	10/29/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>facility failed to complete a thorough investigation of an allegation of staff abuse, neglect, and/or mistreatment.</p> <p>Findings include:</p> <p>On 9/25/14 from 4:00pm until 5:25pm, observation and interviews were completed at the group home with clients A, B, C, D, E, and F and Group Home Staff (GHS) #1, GHS #2, GHS #3, and the Group Home Manager (GHM). At 5:00pm, client C asked to speak with the surveyor. At 5:00pm, client C stated "What are they going to do about that woman (Workshop Staff (WKS) #1)? She is mean to me and takes my work away from me." When asked how WKS #1 was "mean to [client C]," client C stated "she takes my work and gives it to other people at workshop. [WKS #1] bosses me around loudly. You can ask him and then pointed to [client D]." Client D stated "Yes, [WKS #1] talks loud to [client C] and took his work away, then gave it (the work) to other people" at the workshop to finish. Client D stated "I saw it." When asked if anyone interviewed him or talked with client D about the incident, client D</p>		<p>failed to provide evidence that all allegations of violations are thoroughly investigated. The plan of correction for these findings is as follows:</p> <p>Correction:</p> <p>The CEO will complete training with the Director of Group Homes/QDDP and the Corporate Compliance Officer/Interim COO regarding proper identification, thorough investigation, and timely reporting of all allegations of abuse, neglect, and/or mistreatment, and to complete the monitoring requirements of all plans of correction.</p> <p>A meeting was conducted on Wednesday 10/8/14 with the CEO, CCO/Interim COO, Director of Group Homes/QDDP, Nursing staff, Workshop Production Manager, and ICC's to review the expectations related to thorough and timely ANE investigations and reporting.</p> <p>Steve Corya will be conducting training on Investigations on 10/27/14. Administrative and Management personnel from all</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>stated "No, I have talked to you about it now." Client C stated he told "anyone who would listen" about the incident with WKS #1. Client C stated he was "day dreaming" which was one of (client C's) targeted behaviors and WKS #1 took his work away from him.</p> <p>On 9/25/14 at 5:20pm, an interview with the QIDP was conducted. The QIDP stated she was aware of client C's allegation and "I thought it was inappropriate interaction, not abuse, neglect, or mistreatment." When asked if the agency investigated client C's allegation, the QIDP stated "I'm sure we wrote up something. We talked to [WKS #1] about it." The QIDP indicated she would look for information regarding client C's allegation.</p> <p>On 9/25/14 at 1:15pm, the facility's BDDS reports and investigations were requested for review from the QIDP (Qualified Intellectual Disabilities Professional) and the Corporate Compliance Officer (CCO). Both staff provided one BDDS report for client B for review and investigations. At</p>		<p>program areas will be in attendance.</p> <p>Monitoring:</p> <p>The CCO will report all allegations of ANE to the CEO and will maintain a log including the summary of each resulting investigation and the final outcome.</p> <p>The CEO or his designee will conduct random reviews of allegations, interviews and action taken to ensure that:</p> <ul style="list-style-type: none"> · Agency administrative staff have properly identified allegations of abuse, neglect, and/or mistreatment · All agency staff have reported allegations of ANE in accordance with the agency's guidelines for timeliness · A complete and thorough investigation has been conducted for all allegations of ANE <p>All corrective actions related to tag W154 will be implemented on or before 10/29/2014</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>1:15pm, the QIDP indicated no other BDDS reports, Incident reports, and no investigations were completed since 8/15/14. At 3:40pm, the QIDP indicated no further BDDS reports and no investigations were completed since 8/15/14.</p> <p>On 9/26/14 at 11:00am, the QIDP provided an additional BDDS report for client C.</p> <p>-A 9/26/14 BDDS report for an incident on 9/10/14 at 3:05pm, indicated on "9/10/14 at 3:05pm, [client C] reported to [the CCO and QIDP] that his workshop supervisor had yelled at him when he was leaving the workshop. [Client C] was asked what the supervisor had said and he indicated that she had yelled at him because he had his headphones (sic). [Client C] was asked to state what the workshop procedure for wearing headphones at the workshop or in day services. [Client C] indicated that he was not sure what it was. [The QIDP] informed [client C] that for his safety and the safety of all consumers and staff in the workshop and in the day program that they are allowed to listen to music while</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	sitting at workstation (sic) or at a table in the multipurpose area, but that the headphones and music must be taken off when up moving about so that the person is able to hear supervisors or others, able to hear fork lift, and other pieces of machinery. [Client C] then indicated he was also upset because the supervisor had told him to get back to work when he was working. [Client C] was asked what he was doing when the supervisor told him this and [client C] indicated that he was looking around at others and thinking about things. [Client C] was asked if he was doing work when he was looking around. [Client C] indicated that he was working but after having him describes (sic) his actions he was standing there with a piece of work material in his hands not working. [Client C] was informed that it is the job responsibility of the workshop supervisors to make sure that he is working and staying on task. If he is standing around staring off then he is not working and that the supervisor has the responsibility to redirect him back to work. [Client C] complained that the supervisor took his paid work away from him and gave it to another consumer.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>[Client C] was asked if he was working and he indicated that he was working at the time and that she gave the work to another consumer because he wasn't working. [Client C] was asked by the [CCO] if the supervisor was being abusive to him. [Client C] indicated no but that he don't (sic) like when she tells him what to do. [Client C] was...informed that it is the responsibility of the supervisor to tell him what to do when he is not working or not staying on task. (WKS #1) Supervisor was interviewed, she indicated that she did have a job that needed to be completed and that because [client C] was working at a slow pace she did take part of the work materials for another consumer to work on but did not take all the work materials that [client C] still had work that he needed to complete...Not Substantiated."</p> <p>On 9/26/14 at 11:00am, the QIDP provided an undated single sheet of paper and indicated it was the agency's completed investigation into client C's incident. The undated typed paper summarized the same information as</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953
--	--

(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
	<p>documented on client C's 9/26/14 BDDS report for an incident on 9/10/14. No documented witness statements, formal investigative notes, monitoring or observations, and dates with times of persons interviewed were available for review.</p> <p>On 9/29/14 at 9:15am, an interview was conducted with the QIDP and the CEO/President (Chief Executive Officer/President) of the agency. The QIDP stated client C "was complaining. It was not an allegation, [client C] was expressing his feelings." When asked how the agency determines if an allegation is the client complaining or an allegation of abuse, neglect, and/or mistreatment, the QIDP and CEO did not respond. When asked if the agency thoroughly investigated and reported all allegations to ensure their policy and procedure to protect clients from the potential of abuse, neglect, and/or mistreatment situations was implemented, the CEO stated "it's interpretation" on whether client C's 9/10/14 situation was an "allegation" of abuse, neglect, and/or mistreatment "or</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953
--	--

(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
W000159	<p>just [client C] expressing himself." The CEO indicated the agency followed the BDDS reporting policy and procedure for abuse, neglect, and mistreatment reporting and to complete a thorough investigation. The CEO/President stated "all" allegations of abuse, neglect, and/or mistreatment should be reported to the administrator, to BDDS in accordance with State Law, and investigated.</p> <p>This deficiency was cited on 8/15/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00152862.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review, and interview, for 3 of 3 sampled clients (clients A, B, and C) and 3 additional clients (clients D, E, and F), the Qualified Intellectual Disabilities Professional (QIDP) failed to integrate, coordinate, and monitor the agency's plan of</p>	W000159	<p>W159 Qualified Mental Retardation Professional</p> <p>This item outlines that the facility failed to ensure that Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental</p>	10/29/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>correction for client A, B, C, D, E, and F's active treatment plans, failed to ensure monitoring of Individual Support Plan (ISP) monthly summaries, and failed to provide oversight to ensure allegations of abuse, neglect, and/or mistreatment were reported in accordance with State Law, and to thoroughly investigate allegations to ensure clients A, B, C, D, E, and F were not subjected to abuse, neglect, and/or mistreatment.</p> <p>Findings include:</p> <p>On 9/25/14 from 4:00pm until 5:25pm, observation and interviews were completed at the group home with clients A, B, C, D, E, and F and Group Home Staff (GHS) #1, GHS #2, GHS #3, and the Group Home Manager (GHM). At 5:00pm, client C asked to speak with the surveyor. At 5:00pm, client C stated "What are they going to do about that woman (Workshop Staff (WKS) #1)? She is mean to me and takes my work away from me." When asked how WKS #1 was "mean to [client C]," client C stated "she takes my work and gives it to other people at workshop. [WKS #1] bosses me around loudly. You can ask him and then pointed to [client D]."</p>		<p>retardation professional.</p> <p>Correction:</p> <p>The QDDP will integrate, coordinate and monitor agency's plan of correction for consumers active treatment plans, monitor ISP monthly summaries and provide oversight to ensure allegations of abuse, neglect and/or mistreatment are reported in accordance with State law and will ensure a thorough investigation of allegations of ANE towards consumers is completed to ensure consumers are not subjected to abuse neglect and/or mistreatment.</p> <p>The QDDP will visit consumers at varying program sites 1x monthly.</p> <p>The QDDP will conduct a site visit within 7 days following any ANE allegation to ensure corrective action has been taken to protect consumers from ongoing abuse, neglect and/or mistreatment.</p> <p>The Residential Manager will complete monthly summaries on</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953
--	--

(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
	<p>Client D stated "Yes, [WKS #1] talks loud to [client C] and took his work away, then gave it (the work) to other people" at the workshop to finish. Client D stated "I saw it." When asked if anyone interviewed him or talked with client D about the incident, client D stated "No, I have talked to you about it now." Client C stated he told "anyone who would listen" about the incident with WKS #1. Client C stated he was "day dreaming" which was one of (client C's) targeted behaviors and WKS #1 took his work away from him.</p> <p>On 9/25/14 at 5:20pm, an interview with the QIDP was conducted. The QIDP indicated she was aware of client C's allegation, no BDDS report was filed, and stated "I thought it was inappropriate interaction, not abuse, neglect, or mistreatment." When asked if the agency investigated client C's allegation, the QIDP stated "I'm sure we wrote up something. We talked to [WKS #1] about it." The QIDP indicated she would look for information regarding client C's allegation.</p>		<p>the consumer's goals/objectives and submit the report to the QDDP by the 10th of each month so that the QDDP can review all monthly goal summaries for consumers by the 15th of each month to ensure that all goals/objectives are appropriate for each consumer's active treatment and ISP.</p> <p>The QDDP will review all monthly goal summaries for consumers by the 15th of each month to ensure that all goals/objectives are appropriate for each consumer's active treatment and ISP. Any changes in goals and objectives or ISP will be revised by the Residential Manager and/or the QDDP.</p> <p>A designated person will be assigned in the extended absence of the QDDP so that the functions of the QDDP are being followed.</p> <p>Monitoring:</p> <p>The CPO will review with the QDDP monthly to ensure that monthly visits are occurring at varying program sites, that monthlies summaries are being reviewed, monitored by the QDDP and any program changes are made by the Residential Manager and/or QDDP.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>On 9/25/14 at 1:15pm, the facility's BDDS reports and investigations were requested for review from the QIDP (Qualified Intellectual Disabilities Professional) and the Corporate Compliance Officer (CCO). Both staff provided one BDDS report for client B for review and no investigations. At 1:15pm, the QIDP indicated no other BDDS reports, Incident reports, and investigations were completed since 8/15/14. At 3:40pm, the QIDP indicated no further BDDS reports and investigations were completed since 8/15/14. The QIDP indicated she and the Corporate Compliance Officer completed reporting and investigations of incidents.</p> <p>On 9/25/14 at 2:00pm, the QIDP stated she was off work from "about 7/09/14 through 8/11/14" and the House Manager (HM) "who is not a QIDP completed the monthly summaries" for clients A, B, C, D, E, and F. The QIDP stated there "were no signatures" on the completed monthly summaries which the house manager completed. The QIDP stated "I wasn't here to complete them." The QIDP stated she as the QIDP "had not</p>		<p>All corrective actions related to tag W159 will be implemented on or before 10/29/2014</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>visited the group home with clients present" since the 8/15/14 exit date of survey. The QIDP stated the agency currently had a nurse "filling in" until the agency hired a nurse and "no nurse monitoring for the plan of correction" had been completed. The QIDP indicated the HM was monitoring the group home for compliance. The QIDP provided two HM monitoring "Observation Summary" reports on 9/17/14 and 9/15/14.</p> <p>On 9/26/14 at 11:00am, the QIDP provided a 9/25/14 QIDP monitoring "Observation Summary" report from 4:30pm until 5:30pm, completed by the QIDP. The QIDP indicated she came to the home because the surveyor was present in the home at the time of the observation.</p> <p>On 9/26/14 at 11:00am, the QIDP provided an additional BDDS report for client C.</p> <p>-A 9/26/14 BDDS report for an incident on 9/10/14 at 3:05pm, indicated on "9/10/14 at 3:05pm, [client C] reported to [the CCO and QIDP] that his workshop supervisor had yelled at him when he was</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953
--	--

(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
	<p>leaving the workshop. [Client C] was asked what the supervisor had said and he indicated that she had yelled at him because he had his headphones (sic). [Client C] was asked to state what the workshop procedure for wearing headphones at the workshop or in day services. [Client C] indicated that he was not sure what it was. [The QIDP] informed [client C] that for his safety and the safety of all consumers and staff in the workshop and in the day program that they are allowed to listen to music while sitting at workstation (sic) or at a table in the multipurpose area, but that the headphones and music must be taken off when up moving about so that the person is able to hear supervisors or others, able to hear fork lift, and other pieces of machinery. [Client C] then indicated he was also upset because the supervisor had told him to get back to work when he was working. [Client C] was asked what he was doing when the supervisor told him this and [client C] indicated that he was looking around at others and thinking about things. [Client C] was asked if he was doing work when he was looking around. [Client C] indicated that he was</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>working but after having him describes (sic) his actions he was standing there with a piece of work material in his hands not working. [Client C] was informed that it is the job responsibility of the workshop supervisors to make sure that he is working and staying on task. If he is standing around staring off then he is not working and that the supervisor has the responsibility to redirect him back to work. [Client C] complained that the supervisor took his paid work away from him and gave it to another consumer. [Client C] was asked if he was working and he indicated that he was working at the time and that she gave the work to another consumer because he wasn't working. [Client C] was asked by the [CCO] if the supervisor was being abusive to him. [Client C] indicated no but that he don't (sic) like when she tells him what to do. [Client C] was...informed that it is the responsibility of the supervisor to tell him what to do when he is not working or not staying on task. (WKS #1) Supervisor was interviewed, she indicated that she did have a job that needed to be completed and that because [client C] was working</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953		
(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	
	<p>at a slow pace she did take part of the work materials for another consumer to work on but did not take all the work materials that [client C] still had work that he needed to complete...Not Substantiated."</p> <p>On 9/26/14 at 11:00am, the QIDP provided an undated single sheet of paper and indicated it was the agency's completed investigation into client C's incident. The undated typed paper summarized the same information as documented on client C's 9/26/14 BDDS report for an incident on 9/10/14. No documented witness statements, formal investigative notes, documented monitoring or observations, and dates with times of persons interviewed were available for review.</p> <p>On 9/29/14 at 9:15am, an interview was conducted with the QIDP and the CEO/President (Chief Executive Officer/President) of the agency. The QIDP stated client C "was complaining. It was not an allegation, [client C] was expressing his feelings." When asked how the agency determines if an</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/29/2014	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(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			
	<p>allegation is the client complaining or an abuse, neglect, and/or mistreatment allegation, the QIDP and CEO did not respond. When asked if the agency thoroughly investigated and reported all allegations to ensure their policy and procedure to protect clients from the potential of abuse, neglect, and/or mistreatment situations was implemented, the CEO stated "it's interpretation" on whether client C's 9/10/14 situation was an "allegation" of abuse, neglect, and/or mistreatment "or just [client C] expressing himself."</p> <p>9-3-3(a)</p>						