

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G628	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 2 FREEMAN ST ROSSVILLE, IN 46065
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W0000	<p>This visit was for a post certification revisit (PCR) to the PCR completed 12/16/2011 to complaint #IN00097766 investigation completed on November 1, 2011.</p> <p>Complaint #IN00097766 - Not Corrected.</p> <p>Survey Dates: February 1, 2, 3, and 6, 2012.</p> <p>Facility Number: 001194 Provider Number: 15G628 AIM Number: 100245710</p> <p>Surveyor: Brenda Nunan, RN, CDDN, PHNS III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/14/12 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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W0323	<p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed to ensure an annual physical, that included a hearing evaluation, was completed for 1 of 4 sampled clients (client A).</p> <p>Findings include:</p> <p>Client A's record was reviewed on 02/02/2012 at 10:00 a.m. There was no documentation in the client's record to indicate a hearing evaluation had been completed during the past year.</p> <p>During an interview on 02/02/2012 at 11:25 a.m., the House Manager indicated she was aware the hearing evaluation had not been completed for client A.</p> <p>During an interview on 02/02/2012 at 11:30 a.m., LPN #1 indicated she was aware client A had not had an annual hearing evaluation.</p> <p>This deficiency was cited on 11/01/11 and 12/16/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>	W0323	All Rossville consumers have had their annual appointments completed.	02/24/2012	

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	9-3-6(a)				

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W0331	<p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, interview, and record review, the facility failed to ensure nursing services developed dining risk plans when needed and failed to ensure facility staff were trained to meet the dietary needs for 1 of 3 sampled clients (client B).</p> <p>Findings include:</p> <p>During observations on 02/01/2012 at 5:45 p.m., client B received one scoop of salad, two fish fillets, one scoop of scalloped potatoes, one roll without margarine, one brownie square, and drank root beer from a two liter bottle that was 3/4 full.</p>	W0331	<p>The menu and dining plans have been revised by ASI's dietary services provider to show all information required (i.e. portion sizes, special diets, calorie needs, etc.).With these changes, the correct information can be found on the two documents. However, ASI is also looking into an alternate dietary services provider who can provide the information in the requested format. The agency nurse will be training GH staff on these changes and how to correctly implement the plans/menus. These will be reviewed at the monthly trainings with staff as well.</p>	02/24/2012			

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	<p>The menu, dated, "Winter 2011," was reviewed on 02/01/2012 at 4:20 p.m. The menu indicated, "...Baked Fish Fillet, Seven Layer Salad, Dinner Roll, Margarine, Chocolate Brownie, Beverage of Choice, Cheesy Scalloped Potatoes...."</p> <p>The menu did not include portion sizes to ensure client B received the number of recommended calories per day. During an interview on 02/01/2012 at 4:20 p.m., DSP (Direct Support Professional) #2 identified the menu as current.</p> <p>Client B's record was reviewed on 02/02/2012 at 10:30 a.m.</p> <p>A Care Plan, dated 11/21/2011, indicated, "...1. Consumer is on a low fat/low cholesterol diet. 2. Consumer is NOT to fast any longer than 8 hours...."</p> <p>A "General Medical Examination," dated 01/25/2012, indicated, "...low fat, low cholesterol diet...."</p> <p>A medical appointment form, titled, "Biochemical Genetics Clinic Visit Record," dated 01/04/2012, indicated, "...2000 calories/day = 44 grams/day fat over 3 meals, 3 snacks...2 servings skim milk...."</p> <p>A "Nutritional Services Progress Note,"</p>			
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	<p>dated 05/15/2011, indicated, "...Diet-Low fat, 4-6 ounces of yogurt q (every) day, 16 ounces of Gatorade with sport activity, 16 ounces of Gatorade for work and at group home. Supplement: Boost 1 can q a.m....."</p> <p>During an interview on 02/01/2012 at 12:30 p.m., QDDP (Qualified Developmental Disabilities Professional) indicated the facility did not implement dining plans unless the client used adaptive equipment or required special instructions for eating. The QDDP indicated it was a nursing responsibility to ensure staff were trained on the diet.</p> <p>During an interview on 02/01/2012 at 4:10 p.m., DSP #1 stated client B was, "on a certain calorie diet." The DSP indicated she did not know the specific number of calories per meal or per day. She stated, "I think the diet is in the DSP book but I'm not sure." DSP #1 indicated she usually worked the overnight shift.</p> <p>During an interview on 02/01/2012 at 4:15 p.m., DSP #2 indicated client B was on a 2000 calorie diet.</p> <p>During an interview on 02/01/2012 at 5:00 p.m., the House Manager indicated the diets are listed on the MARS (Medication Administration Record). She</p>						

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	<p>indicated staff would not know the clients' diet orders unless the MAR was referenced.</p> <p>During an interview on 02/02/2012 at 11:30 a.m., the facility LPN stated, "The dietician is running behind in getting me a spreadsheet with all the different diets." She indicated there was not a dining plan to inform staff of client B's specific dietary requirements or restrictions. She indicated the diet orders were inconsistent amongst medical documents.</p> <p>This deficiency was cited on 11/01/11 and 12/16/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>				

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W0336	<p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview, the facility failed to ensure quarterly nursing assessments for 3 of 3 sampled clients (clients A, B, and C).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Client A's record was reviewed on 02/02/2012 at 10:00 a.m. The record indicated quarterly nursing assessments were completed on 08/04/2010 and 10/30/2011. The record did not include documentation to indicate a quarterly assessment was completed on 01/2012. Client B's record was reviewed on 02/02/2012 at 10:30 a.m. The record indicated quarterly nursing assessments were completed on 08/04/2010 and 10/30/2011. The record did not include documentation to indicate a quarterly assessment was completed on 01/2012. Client C's record was reviewed on 02/02/2012 at 11:00 a.m. The record indicated quarterly nursing assessments were completed on 08/04/2010 and 10/30/2011. The record did not include documentation to indicate a quarterly assessment was completed on 01/2012. 	W0336	The ASI Nurse has completed all quarterly assessments and will do so on the appropriate intervals. The Director of Community Living will meet with the nurse on a bi-monthly basis to ensure on-going compliance. ASI is in the process of hiring a second nurse to divide the load of the group homes so that all nursing requirements are maintained.	02/24/2012			

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W9999	<p>During an interview on 02/02/2012 at 11:30 a.m., the facility LPN indicated she had completed quarterly nursing assessments in January 2012 but did not have documentation of the assessments.</p> <p>This deficiency was cited on 11/01/11 and corrected on 12/16/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>	W9999	I think this is a glitch in the system?	02/24/2012	