STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G588	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WABASH CENTER INC	3949 ELECTRA CT LAFAYETTE, IN 47905

(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	This visit was for a pre-determined full recertification and state licensure survey. Dates of Survey: January 14, 15, 16, 17, and 18, 2013. Facility number: 001102 Provider number: 15G588 AIM number: 100235320 Surveyor: Tracy Brumbaugh, Medical Surveyor III The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/28/13 by Ruth Shackelford, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W0104	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 interview, the governing body failed to exercise general direction in a manner that resulted in the facility being well maintained for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the group home. Findings include: On 1-14-13 from 3:30 p.m. until 5:45 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. The living room carpet had 5 black stains which measured 2 feet by 1 foot and 1 foot by 1 foot for the 5 stains. The ceiling vents in clients #1 and #3's bedrooms were covered in dust. Client #4 had two 1 inch by 1 inch holes and a 2 inch by 2 inch area around the holes which had peeled paint on the bedroom walls. On 1-18-13 at 12:00 p.m. a review of the facility's maintenance requisitions dated 12-12 was conducted. The requisitions did not indicate the above items had been addressed. On 1-18-13 at 12:15 p.m. an interview	W0104	Wabash Center will replace the carpeting in the home. Wabash Center will repair the holes in Client #4's bedroom wall. The ceiling vents have been dusted and cleaned.The monthly House Audit forms will be modified to include "Flooring" and "Housekeeping" as categories of inspection. The QMRP will be responsible for reviewing the monthly House Audits and following up to ensure resolution of all issues noted on the Audits.	02/17/2013

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	with the Senior Quality Assurance Coordinator indicated the maintenance concerns needed to be addressed and should be completed in a timely manner. 9-3-1(a)			

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W0331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review, and interview, the facility nursing services failed for 1 of 4 sampled clients (client #1) to ensure her Medication Administration Record (MAR) and the label on her medication had the same directions. Findings include: On 1-15-13 from 7:35 a.m. to 7:50 a.m. client #1 was observed during her medication administration. The House Manager administered 1 squirt of Patanase for allergies into each of client #1's nostrils. On 1-15-13 at 7:50 a.m. the Medication Administration Record (MAR) dated 1-13 was reviewed. The MAR indicated client #1 was to receive 1 squirt into each nostril and the label on the Patanase indicated client #1 was to be administered 2 squirts into each nostril. On 1-18-13 at 12:15 p.m. a review of client #1's physician's orders (PO) dated 1-13 indicated client #1 was to receive 1 squirt of Patanase into each nostril. On 1-15-13 at 7:50 a.m. an interview with	W0331	The Wabash Center nurse has been re-trained on Medical Procedures Policy to ensure any inconsistencies between the MAR and the medication card labels are discovered and corrected prior to being present in the home.Staff have been re-trained on what steps to take when the MAR contains instructions different from those on the medication cards.The QMRP or SQAC will conduct random monthly audits to ensure that all medication labels match the MAR.	02/17/2013

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	the House Manager indicated the MAR and the label for client #1's Patanase did not match and the nurse told him to follow the MAR, not the label on the medication. On 1-16-13 at 9:20 a.m. a review of the facility's Medical Procedures Policy dated 3-09 indicated the client's pharmacy label and MAR should be checked 3 times to ensure all special instructions (i.e. take with food) were implemented and they both contained the same directions. On 1-18-13 at 12:15 p.m. an interview with the Senior Quality Assurance Coordinator indicated the label, the POs and the MAR should match so there is no confusion during the medication administration. 9-3-6(a)			

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W0455	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the home, to ensure proper handwashing was implemented during meal preparation and eating times. Findings include: On 1-14-13 from 3:30 p.m. until 5:45 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. Client #1 dropped saliva from her mouth to the table, while she was talking. Client #1 wiped the saliva from the table with her hand. Client #1 set the table. Client #1 did not wipe off the table or wash her hands before setting the table. Clients #1, #2, #3, #4, #5, #6, #7, and #8 came to the table for supper with no handwashing before they began their supper meal. Client #6 blew her nose in a napkin then lay the napkin on the table and continued eating. The House Manager and direct care staff (DCS) #1 did not encourage clients #1, #2, #3, #4, #5, #6, #7, and #8 to wash their hands before setting the table, eating their supper, or after blowing their nose.	W0455	Staff have been re-trained on proper handwashing during meal preparation and eating times.The QMRP will train on Infection Control Procedures at each monthly staff meeting.A Coordinator will conduct an unscheduled monthly visit during meal preparation and eating times to ensure proper practice of handwashing.	02/17/2013

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	On 1-18-13 at 12:15 p.m. an interview with the Senior Quality Assurance Coordinator indicated handwashing should be completed before setting the table, eating, and after wiping your nose to prevent germs from spreading. 9-3-7(a)			

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W0460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review, and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the home, to ensure milk was offered per the menu. Findings include: On 1-14-13 from 3:30 p.m. until 5:45 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. A pitcher of water and a pitcher of kool-aid were on the table. Milk was not offered for the supper meal. On 1-14-13 at 5:00 p.m. a review of the facility's menu dated week 4 indicated macaroni and cheese, ham, corn, cottage cheese, broccoli and milk should be offered for the supper meal. On 1-15-13 at 9:30 a.m. a record review for client #4 was conducted. The dietary review dated 7-10-12 indicated to encourage client #4 to have milk with her meals. On 1-18-13 at 12:15 p.m. an interview with the Senior Quality Assurance Coordinator indicated client #4 would not	W0460	Staff have been re-trained to follow the menu as written.Staff have been re-trained on Client #4's Dining Plan.The QMRP will train staff on following menus at each monthly staff meeting.A Coordinator will conduct an unscheduled visit at least weekly to ensure staff are following the menu as written. After one month of weekly visits, the QMRP will re-evaluate and determine if weekly visits should be continued or whether the visits can be reduced to monthly visits.	02/17/2013

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	ask for milk with her meal and milk should be offered for all clients per the menu. 9-3-8(a)			

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W0488	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review, and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and #4) to ensure they assisted with preparing their breakfast consistent with their developmental level. Findings include: On 1-15-13 from 6:15 a.m. until 8:10 a.m. an observation at the home of clients #1, #2, #3, and #4 was conducted. Direct care staff (DCS) #2 placed the napkins and silverware on the table. DCS #2 took a pitcher out and 2 cans of juice concentrate. DCS #2 placed the cans of juice concentrate under water, opened the cans of juice, and poured them in the pitcher. DCS #2 added water to the cans and poured the water into the pitcher. DCS #2 put the cans in the trash. DCS #2 placed the juice in the refrigerator. DCS #2 placed a cup and plate at each place setting on the table. DCS #2 poured a bag of cereal into a tupperware container. DCS #2 placed two containers of cereal on the table. DCS #2 placed a measuring cup on the table. DCS #3 took the bagels and cream cheese out of the refrigerator. DCS #2 placed a small plate and bowl at	W0488	Staff have been re-trained on Active Treatment for clients during meal preparation and eating times.The QMRP will train on Active Treatment for clients during meal preparation and eating times at each monthly staff meeting. The QMRP will visit the home and conduct observations at least weekly to ensure Active Treatment is being implemented by staff to each client. After one month of weekly visits, the QMRP will re-evaluate and determine if weekly visits should be continued or whether the visits can be reduced to monthly visits.	02/17/2013

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	each place setting. DCS #2 placed 4 bagel halves in the toaster. DCS #2 placed a opened bag of animal crackers into a ziploc baggie. DCS #2 spread cream cheese on the 4 bagel halves. Clients #1, #2, #3, and #4 did not assist in preparing their breakfast meal. On 1-15-13 at 8:30 a.m. a record review for client #1 was conducted. The Comprehensive Functional Assessment dated 12-7-12 indicated client #1 could assist with meal preparation with assistance. On 1-15-13 at 11:30 a.m. a record review for client #2 was conducted. The Comprehensive Functional Assessment dated 12-7-12 indicated client #2 could assist with meal preparation with assistance. On 1-15-13 at 10:30 a.m. a record review for client #3 was conducted. The Comprehensive Functional Assessment dated 12-7-12 indicated client #3 could assist with meal preparation with assistance. On 1-15-13 at 9:30 a.m. a record review for client #4 was conducted. The Comprehensive Functional Assessment dated 12-7-12 indicated client #4 could assist with meal preparation with			

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	assistance. On 1-18-13 at 12:15 p.m. an interview with the Senior Quality Assurance Coordinator (SQAC) indicated clients #1, #2, #3, and #4 should all be assisting with meal preparation. The SQAC indicated clients #1, #2, #3, and #4 were all able of assisting with the breakfast preparation. 9-3-8(a)			