STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G483	A. BUILDING 00 B. WING	12/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPEWELL CENTER INC	2605 LINDBERG RD ANDERSON, IN46012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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 fundamental recertification and state licensure survey. Dates of survey: November 30 and December 1, 2, 2011 Surveyor: Kathy Craig, Medical Surveyor III Facility Number: 000997 Provider Number: 15G483 AIMS Number: 100249410 These deficiencies also reflect state findings under 460 IAC 9. Quality Review completed 12/8/11 by Ruth Shackelford, Medical Surveyor III.	W0000		
W0323	The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #1) to ensure a hearing screening was obtained annually. Findings include:	W0323	To assure compliance with W323, personal physcian for client #1 contacted personal physcian to inquire if the hearing screening had been completed during the physical on 6-8-11. Physcian nurse reported that the notes from that visit indicated that	12/20/2011

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

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	Review on 12/1/11 at 9:35 AM of client #1's records was conducted. The annual physical appointment form dated 6/8/11 indicated his hearing was not checked. There was no other records in his file showing he had his hearing checked. Interview on 12/1/11 at 9:40 AM with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated there was no hearing screening in client #1's file. 9-3-6(a)		yes the hearing screening had been completed but results evidently had been left off the physical form. Physcian has now completed the hearing screening portion on the physical form and initialed to verify results. (Attachment A)Person Responsible: Facility nurseTo assure future compliance with W323 for all residents, facility nurse to revise physical form to include cover letter to all personal physicians to bring attention to both the hearing and vision screening portions of the physical form to assure completion. Facility nurse to review all completed physical forms to verify all sections have been completed.Person Responsible: Facility nurse	
W0455	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 to ensure a sanitary medication administration for 1 additional client (client #8) by giving him his medication (meds) after 3 of the 9 meds dropped on the floor. Findings include: During the medication pass on 12/1/11 at	W0455	To assure compliance with W455, staff # 1 was re-trained on specific procedures to be followed for dropped meds to ensure a sanitary medication administration.Person Responsible: facility nurseTo assure ongoing compliance with W455, facility will increase supervison of medication administration, facility nurse and QMRP will now observe at least 1 medication administration per	12/20/2011

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	6:17 AM, the house manager was passing meds to client #8. The house manager dropped 3 of 9 meds that were to be given to client #8. After the house manager picked up the 3 meds off the floor, she put them in the med cup and gave them to client #8. Client #8 then swallowed his meds. Interview on 12/1/11 with the facility nurse at 10:20 AM was conducted. The nurse indicated if meds are dropped on the floor, they are to be put in a brown envelope with client's name and date and staff are to call the nurse. Interview on 12/2/11 with the house manager at 9:50 AM was conducted. The house manager indicated they were to contact the nurse and put the dropped meds in an envelope and write the date, time, and initials of the client and bring in the envelope to the nurse to destroy. The house manager indicated she knew what to do when client #8's meds were dropped on the floor but failed to do it due to being nervous. 9-3-7(a)		month. Observations will be recorded on either the QMRP Active Treatment Review Sheets or the Nursing House Visit Checklist. Completed observations will be submitted to community services director to assure compliance. (Attachments B and C)Person responsible: Community Services Director	

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W9999	State Findings: This Community Residential Facilities for Persons with Developmental Disabilities Rule was not met: 460 IAC 9-3-3 Facility Staffing (e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest X-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. Based on record review and interview, the facility failed for 1 of 3 staff persons reviewed (staff #1) by not ensuring staff #1's tuberculosis (TB) test had been read at least annually. Findings include: Review on 12/1/11 at 9:50 AM of staff #1's personnel records indicated staff #1 took a TB test on 9/30/10 but there had not been one done since then. Staff #1's hire date to the group home was 7/21/11 and to the agency was September, 2010.	W9999	To assure immediate compliance with W9999, staff #1 has now received an updated mantoux skin test. (Attachment D)Person Responsible: Facility nurseTo assure ongoing compliance with W999, facility nurse has developed form to be completed for any staff transferring to the group home department from other divisions within the organization. Similar to the currently used new hire checklist, this form titled "Residential Staff Health Orientation" will assist in assuring all required items are completed prior to working in any home. (Attachment E) Person Responsible: Facility nurse	12/12/2011

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	Interview on 12/1/11 at 10:05 AM with the QMRP (Qualified Mental Retardation Professional) was conducted. She indicated there was no TB test for staff #1 since the September, 2010 date. 9-3-3(e)			