

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G123	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/06/2016
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NAME OF PROVIDER OR SUPPLIER  HOUSTON GROUP HOMES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 714 PENN DR CRAWFORDSVILLE, IN 47933
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000  Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: May 4, 5 and 6, 2016.</p> <p>Facility Number: 000660 Aims Number: 100234190 Provider Number: 15G123</p> <p>This federal deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed 5/13/2016 by #09182.</p>	W 0000		
W 0252  Bldg. 00	<p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview, the facility failed for 2 of 4 sampled clients (#2, #4), to document training data per their individual support plans (ISPs) identified criteria.</p> <p>Findings include:</p> <p>Record review of client #2 was done on 5/5/16 at 11:28a.m. Client #2's 3/16/16</p>	W 0252	<p>Deficiency ID: W_000 Completion Date: 5/20/2016 7: p.m. Plan of Correction Text: Deficiency ID: W-252 Completion Date: 5/20/2016 7:00 p.m. Plan of Correction Text: 714 Penn Drive Crawfordsville, Indiana 47933 W-252 On May 6, 2016, Lana Renick, Director of Houston GroupHomes, Inc. met with Chris Long, Residential Supervisor of Penn Hall and DebGilliland,</p>	05/25/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>ISP indicated client #2 had a money training program to ask for staff assistance before offering the cashier money. The training was to be run 1 time per week. Client #2 had no documented money training program data from 3/16/16 to present, 5/5/16.</p> <p>Record review of client #4 was done on 5/5/16 at 12:00p.m. Client #4's 3/16/16 ISP indicated client #4 had the following training programs: understanding a calendar, to be run 2 times per week; identify and retrieve ingredients for a recipe, to be run 1 time per week; and make money (bills) combinations to equal \$10.00, to be run 2 times per week. Client #4 had no documented training program data from 3/16/16 to present, 5/5/16, for these training programs.</p> <p>Staff #2 was interviewed on 5/5/16 at 12:28p.m. Staff #2 indicated clients #2 and #4's training programs should have been completed and documented (by staff) per the identified criteria.</p> <p>9-3-4(a)</p>		<p>QIDP, to discuss the ISDH citation for W-252. Documentation was reviewed and staff and clients were interviewed. Upon further review, it was concluded that staff required additional training to implement client's objectives as outlined by our Task Analysis (see attachment A). An all staff in-service (see attachment B) was held on May 16, 2016 to retrain the staff on implementing active treatment objectives and methods and materials to collect data. On May 19, 2016, Lana Renick met with Chris Long to discuss the results of the all staff in-service. It was determined that Penn Hall staff fully understands the expectation of their duties in relation to W-252.</p>		