

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G411		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  02/15/2012	
NAME OF PROVIDER OR SUPPLIER  MOAIC				STREET ADDRESS, CITY, STATE, ZIP CODE 7933 E CHANDLER AVE TERRE HAUTE, IN 47803			
(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	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: February 6, 7, 8, 14, 15, 2012</p> <p>Facility Number: 000925 Aim Number: 100244480 Provider Number: 15G411</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 2/23/12 by Tim Shebel, Medical Surveyor III.</p>	W0000					

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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W0159	<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.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (2) to ensure the qualified mental retardation professional (QMRP) monitored client #2's continued need for involved guardianship assistance.</p> <p>Findings include:</p> <p>Record review for client #2 was done on 2/8/12 at 7:48a.m. Client #2's 9/12/11 individual habilitation plan (IHP) indicated client #2 was in need of having guardian support. The IHP indicated "looking to see what can be done to better support client #2 with guardianship." The IHP indicated the facility was looking at getting client #2's sister involved. There was no further documentation regarding the guardianship needs for client #2.</p> <p>Staff #1 (QMRP/Coordinator) was interviewed on 2/14/12 at 2:35p.m.. Staff #1 indicated client #2 was in need of guardian assistance. Staff #1 indicated client #2's mother was no longer involved, not returning program information sent to her and last had contact with her on 6/11. Staff #1 indicated there was no documentation of guardian needs follow up since the 9/12/11 IHP. 9-3-3(a)</p>	W0159	In response to the deficiency cited by the State Surveyor, this provider has contacted client #2's biological mother to see if she wants to be the legal guardian. A registered letter was sent to her on 3/2/2012. If she does not respond in 2 weeks, another letter will be send to her. If she fails to respond to the second and final letter, Adult Protective Services will be contacted and the process of securing a legal gurdian will be started. Once APS is involved, the process takes a few months to have guardianship in place.	03/02/2012			

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W0455	<p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) and 4 non-sampled clients (#5, #6, #7, #8) to ensure the clients washed their hands before a meal.</p> <p>Findings include:</p> <p>An observation was done at the group home on 2/6/12 from 4:40p.m. to 6:12p.m. Clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed to eat supper at 5:22p.m. without washing their hands (were not prompted by staff) prior to eating.</p> <p>Staff #1 was interviewed on 2/6/12 at 5:37p.m. Staff #1 indicated clients #1, #2, #3, #4, #5 #6 and #7 did not wash hands before eating supper. Staff #1 indicated the clients should be prompted to wash their hands before meals.</p> <p>9-3-7(a)</p>	W0455	In response to the evidence cited by the State Surveyor, all staff that work at this particular facility have been re-trained on infection control. To ensure that this deficiency does not recur, house manager and QMRP will be monitoring this situation through regular house visits.	02/17/2012	