STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G581	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREY SERVICES INC	1703 LAUREL DR MARION, IN 46953

(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 recertification and state licensure survey. Survey Dates: August 7, 8, 9, 10, 13, and 14, 2012 Facility Number: 001095 Provider Number: 15G581 AIM Number: 100245560 Surveyor: Kathy Craig, Medical Surveyor III These deficiencies also reflect state findings under 460 IAC 9. Quality Review was completed on 8/16/12 by Tim Shebel, 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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W0227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #4) by not incorporating into client #4's toothbrushing goal to specifically brush along the gumline following a dental recommendation. Findings include: Review on 8/13/12 at 7:45 PM of client #4's records was conducted. Client #4's most current dental exam (examination) dated 4/18/12 indicated client #4's oral hygiene was "poor" on this date and recommendated for staff to be "more vigorous" with brushing along client #4's gumline. It indicated client #4's "gingival tissues" had "bleeding with brushing." Review on 8/9/12 at 9:00 PM of client #4's ISP (Individual Support Plan) dated 10/13/11 indicated client #4 had a toothbrushing goal to brush three times daily with staff supervision using an electric spin brush. There was no revision after the 4/18/12 exam to the toothbrushing goal to include brushing along client #4's gumline.	W0227	CORRECTION Client 4 has had a tooth brushing goal added to her ISP to include the dentist recommendation of brushing along the gum line. PREVENTION All appointment forms will continue to be emailed to the residential management distribution list. The Residential Manager caring for that client will incorporate needed recommendations into the ISP. MONITORING The Director of Group Homes/QMRP, Residential Manager and Residential Nurse will review with the IDT at the quarterly reviews to ensure that all recommendations have been incorporated into the ISP.	08/23/2012

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	Interview on 8/14/12 at 2:35 PM with the house manager was conducted. The house manager indicated there had not been a revision incorporated to client #4's toothbrushing goal after the 4/18/12 dental appointment. 9-3-4(a)			

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W0352	483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #2) by not ensuring client #2 had a dental exam (examination) at least annually. Findings include: Review on 8/9/12 at 8:00 PM of client #2's records was conducted. There was no record of when client #2's last dental exam had been conducted. Interview on 8/14/12 at 2:25 PM with the house manager was conducted. The house manager indicated there was no dental exam in client #2's records. The house manager indicated a dental appointment was made for client #2 for 8/15/12. 9-3-6(a)	W0352	CORRECTION Client 2 had a gum check completed 8/23/12. PREVENTION Staff will receive additional training on scheduling the next exam before leaving appointment if possible. Residential Nurse will maintain an appointment tracking form and review with IDT at quarterly meeting of upcoming appointments that need to be scheduled. Monitoring Appt tracking form will be reviewed at quarterly meetings to ensure that client medical is in compliance.	08/23/2012