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 01/13/2012

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 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 an extended recertification and state licensure survey. Dates of Survey: January 9, 10, 11, 12 and 13, 2012. Facility number: 001102 Provider number: 15G588 AIM number: 100235320 Surveyor: Claudia Ramirez, RN, Public Health Nurse Surveyor III/QMRP The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/23/12 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	The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the governing body failed to exercise operating direction over the facility to ensure 2 of 4 sample clients (clients #1 and #3) did not pay for their own personal hygiene items and medical items. Findings include: On 01/09/12 at 5:55 PM a record review for client #3's January 2012 finances was completed. The financial review indicated client #3 had paid for the following: feminine hygiene pads in the amount of $7.52. On 01/10/12 at 11:00 AM a record review for client #3's finances was completed. The financial review indicated client #3 had paid for the following: feminine hygiene pads and soap on 11/25/11 in the amount of $4.94; feminine hygiene pads in the amount of $1.97 on 12/15/11; soap on 10/09/11 in the amount of $3.79 and hairspray on 10/18/11 in the amount of $1.00 for a total of $19.22. On 01/10/12 at 11:15 AM a record review for client #1's finances was completed. The financial review indicated client #1 had paid for the following: denture	W0104	A review of all client finances will be conducted by the Assistant Coordinator. Any client who is found to have purchased personal hygiene items will be reimbursed by Wabash Center. The Community Living Manager (CLM) will be re-trained on reviewing client finances to ensure that clients who choose to purchase their own personal hygiene items are reimbursed. All staff will be trained regarding which personal hygiene items Wabash Center is required to purchase for clients. Effective 2/1/12 all client finances will be reviewed monthly first by the CLM and submitted to the Assistant Coordinator for further review. Wabash Center will esnure Client #1 is provided with an advocate to assist in making informed health and/or financial decisions. The IDT will review all client records to determine if any other client is in need of a representative to assist in making informed decisions.All staff will be re-trained on Wabash Center's policy regarding clients' personal finances procedures. Client #4 will be reimbursed by Wabash Center for the error found in her personal financial records. All clients' personal financial records will be reviewed by the CLM to ensure accuracy in accounting.The IDT will meet to address Client #8's refusals to	02/12/2012

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	cleaner on 12/07/11 in the amount of $2.78. On 01/10/12 at 1:45 PM the Qualified Mental Retardation Professional (QMRP) indicated clients #1 and #3 paid for their own personal hygiene items and had not been reimbursed by the facility for these items. Please refer to W159. The governing body failed to monitor the QMRP to ensure client #1 had representation of a legally sanctioned representative to assist in making informed health or financial decisions, an accurate accounting system was maintained for client #4's individual personal funds accounts, client #8's refusal to vacate was addressed, client #2's Individual Support Plan (ISP) described specific interventions for staff to implement to address client #2's physical aggression at workshop, client #4 and #8's ISPs, (BSPs) Behavior Support Plans and seizure management plans were at the group home for staff to review, client #4, #6 and #7's dignity was promoted by ensuring clients wear clothing that fits well, wore make-up appropriately and provided assistance with grooming, client #1, #2, #3 and #4's BSPs included the medication in the plan and included a titration plan for the medication, client #4's gait belt and		participate in safety drills. Client #8's BSP will be revised once the IDT has determined which changes must be made to address the refusals. The QMRP will review all documentation of safety drills after they have been completed to ensure that any client refusals of participation are addressed. Client #2's BSP will be revised to include specific interventions staff must take to address Client #2's physical aggression at the workshop. All staff will be retrained on the changes to the BSP. All Client BSPs will be reviewed by the IDT to ensure that all contain specific instructions for staff to follow regarding targeted behaviors. Client #4's and Client #8's ISPs, BSPs, and Consumer Specifics have been entered into their personal records at the group home for staff to review. All client records will be reviewed by the CLM to ensure that all records contain each clients' ISPs, BSPs, and Consumer Specifics. The CLM will be responsible for notifying the QMRP of any missing documentation. The QMRP will conduct monthly audits of client records to ensure all necessary records are present in the home.The QMRP has created goals to address Clients' #4,6, and 7s personal hygiene and personal care. Staff will be trained on the new goals and re-trained on active treatment and client dignity. All client BSPs will	

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	walker were used when ambulating, clients #1, #2, #3, #4, #5, #6, #7 and #8, evacuation drills were conducted at least every 90 days on the night shift, client #8 investigating her problem of refusing to participate in evacuation drills and clients #5, #7 and #8 prepared their food as independently as possible. Please refer to W318. The governing body failed to exercise general policy and operating direction over the facility to provide adequate health care monitoring and nursing services for 4 of 4 sample clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8). 9-3-1(a)		be revised by the Behavior Specialist to include each client's medications as well as a titration plan for each client's medications. The Behavior Specialist will be responsible for ensuring that all changes/updates to each BSP contains the medications in the plan as well as a titration plan for those medications. Before approving the BSPs after they are changed/updated, the QMRP will ensure that the medications are present in the plan along with the titration plans. All staff will be retrained regarding Client #4's Consumer Specifics, which include instructions for usage of a gait belt and walker when Client #4 is ambulating. Client #4 will be re-evaluated by her physical therapist to determine whether the existing order for use of the gait belt and walker are still necessary. Staff will be trained regarding any changes made by the physical therapist. The QMRP will select one client's Consumer Specifics to review with staff during each monthly staff meeting. The QMRP will create a safety drill schedule that includes a safety drill for each shift at least every 90 days. The QMRP will review the safety drill schedule monthly and ensure that the documentation of the scheduled safety drills is on record. All staff will be re-trained on active treatment and its application during meal preparation and meal times. The QMRP will retrain all	

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			staff on active treatment during monthly staff meetings.	

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W0125	The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #1) by not ensuring representation of a legally sanctioned representative to assist in making informed health or financial decisions. Findings include: Client #1's records were reviewed on 01/10/12 at 11:15 AM. Client #1's Physician Orders dated 01/2012 included the medication Aricept for Dementia. Client #1's Individual Support Plan (ISP) dated 08/09/11 indicated she was emancipated, did not have a legally sanctioned representative and had diagnoses including, but not limited to: Mental Retardation, Psychosis, Depression, Hypertension, Chronic Interstitial Lung Disease and Mild Cardiomegley (enlarged heart). Client #1's Comprehensive Functional Assessment (CFA) dated 01/2011 indicated client #1 required 24 hour supervision and was not able to independently manage her own finances. The CFA indicated client #1 required	W0125	Wabash Center will ensure Client #1 is provided with a legally sanctioned representative to assist in making informed health and/or financial decisions. The IDT will review all client records to determine if any other client is in need of a legally sanctioned representative to assist in making informed decisions.	02/12/2012

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	assistance with maintaining personal skills of daily living, required physical therapy exercises for her health daily and needed physical assistance to identify money values, to have awareness of the value of money, and to make small purchases. The CFA indicated client #1 was unable to manage her health needs including the use of medication and financial needs independently. On 01/11/12 at 3:05 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated client #1 did not have a legal representative and was not able to fully make informed decisions on her own, regarding health or finances. 9-3-2(a)			

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W0140	The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, for 1 of 4 sample clients (client #4) for whom the facility managed their personal funds accounts, the facility failed to maintain an accurate accounting system for each client's individual personal funds accounts. Findings include: Client #4's records were reviewed on 01/10/12 at 3:00 PM. Client #4's ISP (Individual Support Plan) dated 12/16/11 indicated client #4 was not able to independently handle her money and required assistance. On 01/09/12 at 5:50 PM client #4's personal funds accounts were reviewed with the House Manager (HM). Client #4's current petty cash balance indicated client #4 had a balance of $2.99. A money count with the HM indicated client #4 had $2.98. Client #4's petty cash funds were off a total of $0.01. The HM indicated client #4's funds did not balance. 9-3-2(a)	W0140	All staff will be re-trained on Wabash Center's policy regarding clients' personal finances procedures. Client #4 will be reimbursed by Wabash Center for the error found in their personal financial records. All clients' personal finances records will be reviewed by the CLM to ensure accuracy in accounting. The Assistant Coordinator will audit each client's personal finances monthly to ensure accuracy. The Internal Auditor will review clients' personal finances quarterly (and each client's personal finances at least annually) to ensure accuracy in accounting. Wabash Center will reimburse any client whose finances are found to be inaccurate by the CLM, Assistant Coordinator or Internal Auditor.	02/12/2012

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W0159	Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the QMRP (Qualified Mental Retardation Professional) failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8) to ensure: client #1 had representation of a legally sanctioned representative to assist in making informed health or financial decisions, an accurate accounting system was maintained for client #4's individual personal funds accounts, client #8's refusal to vacate was addressed, client #2's Individual Support Plan (ISP) described specific interventions for staff to implement to address client #2's physical aggression at workshop, client #2 and #8's ISPs, (BSPs) Behavior Support Plans and seizure management plans were at the group home for staff to review, client #4, #6 and #7's dignity was promoted by ensuring clients wear clothing that fits well, wore make-up appropriately and provided assistance with grooming, client #1, #2, #3 and #4's BSP included the medication in the plan and included a titration plan for the medication, client #4's gait belt and walker were used when ambulating, clients #1, #2, #3, #4, #5, #6, #7 and #8,	W0159	Wabash Center will ensure Client #1 is provided with a legally sanctioned representative to assist in making informed health and/or financial decisions. The IDT will review all client records to determine if any other client is in need of a legally sanctioned representative to assist in making informed decisions.All staff will be re-trained on Wabash Center's policy regarding clients' personal finances procedures. Wabash Center will esnure Client #1 is provided with an advocate to assist in making informed health and/or financial decisions. The IDT will review all client records to determine if any other client is in need of a representative to assist in making informed decisions.The IDT will meet to address Client #8's refusals to participate in safety drills. Client #8's BSP will be revised once the IDT has determined which changes must be made to address the refusals. The QMRP will review all documentation of safety drills after they have been completed to ensure that any client refusals of participation are addressed. Client #2's BSP will be revised to include specific interventions staff must take to address Client #2's physical aggression at the workshop. All staff will be retrained on the	02/12/2012

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	evacuation drills were conducted at least every 90 days on the night shift, client #8 investigating her problem of refusing to participate in evacuation drills and clients #5, #7 and #8 prepared their food as independently as possible. Findings include: Please refer to W125. The QMRP failed for 1 of 4 sampled clients (client #1) by not ensuring representation of a legally sanctioned representative to assist in making informed health or financial decisions. Please refer to W140. The QMRP failed to maintain an accurate accounting system for each client's (client #4) individual personal funds accounts. Please refer to W227. The QMRP failed for 1 of 1 client (client #8) who lived in the group home and refused to vacate the home during a fire drill, to address the client's identified refusal to vacate. Please refer to W240. The QMRP failed for 1 of 4 sampled clients (client #2), to ensure client #2's Individual Support Plan (ISP) described specific interventions for staff to implement to address client #2's physical aggression at workshop.		changes to the BSP. All Client BSPs will be reviewed by the IDT to ensure that all contain specific instructions for staff to follow regarding targeted behaviors.Client #4's and Client #8's ISPs, BSPs, and Consumer Specifics have been entered into their personal records at the group home for staff to review. All client records will be reviewed by the CLM to ensure that all records contain each clients' ISPs, BSPs, and Consumer Specifics. The CLM will be responsible for notifying the QMRP of any missing documentation. The QMRP will conduct monthly audits of client records to ensure all necessary records are present in the home.The QMRP has created goals to address Clients' #4, 6, and 7s personal hygiene and personal care. Staff will be trained on the new goals and re-trained on active treatment and client dignity. The QMRP will re-train staff on active treatment, goal implementation, and client dignity in each monthly staff meeting. All client BSPs will be revised by the Behavior Specialist to include each client's medications as well as a titration plan for each client's medications. The Behavior Specialist will be responsible for ensuring that all changes/updates to each BSP contains the medications in the plan as well as a titration plan for those medications. Before approving the BSPs after they are	

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	Please refer to W248. The QMRP failed for 1 of 4 sampled clients (client #2) and 1 additional client (client #8) by not ensuring their current ISPs (Individual Support Plan), (BSPs) Behavior Support Plans and seizure management plans were at the group home for staff to review. Please refer to W268. The QMRP failed for 1 of 4 sampled clients (client #4) and 2 additional clients (clients #6 and #7) who live in the group home, to promote their dignity by ensuring clients wear clothing that fits well, wore make-up appropriately and provided assistance with grooming. Please refer to W312. The QMRP failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) who were on psychiatric/behavior medications (meds) by not ensuring client #1, #2, #3 and #4's Behavior Support Plan (BSP) included the medication in the plan and included a titration plan for the medication. Please refer to W436. The QMRP failed for 1 of 4 clients (client #4) that wore a gait belt and used a walker, to ensure client #4 used these devices when ambulating. Please refer to W440. The QMRP failed for 8 of 8 clients (clients #1, #2, #3, #4,		changed/updated, the QMRP will ensure that the medications are present in the plan along with the titration plans. All staff will be retrained regarding Client #4's Consumer Specifics, which include instructions for usage of a gait belt and walker when Client #4 is ambulating. Client #4 will be re-evaluated by her physical therapist to determine whether the existing order for use of the gait belt and walker are still necessary. Staff will be trained regarding any changes made by the physical therapist. The QMRP will select one client's Consumer Specifics to review with staff during each monthly staff meeting. The QMRP will create a safety drill schedule that includes a safety drill for each shift at least every 90 days. The QMRP will review the safety drill schedule monthly and ensure that the documentation of the scheduled safety drills is on record. All staff will be re-trained on active treatment and its application during meal preparation and meal times. The QMRP will re-train all staff on active treatment during monthly staff meetings.	

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	#5, #6, #7 and #8) who resided in the home, by not ensuring an evacuation drill was conducted at least every 90 days on the night shift. Please refer to W448. The QMRP failed for 1 of 8 clients (client #8) who resided in the group home by not investigating her problem of refusing to participate in evacuation drills. Please refer to W488. The QMRP failed for for 3 of 3 clients living in the group home (clients #5, #7 and #8) by not ensuring the client prepared their food as independently as possible. 9-3-3(a)			

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W0227	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 for 1 of 1 client (client #8) who lived in the group home, the facility failed to address the client's identified refusals to vacate during evacuation drills in the client's ISP (Individual Support Plan). Findings include: Client #8's records were reviewed on 01/10/12 at 4:00 PM. Client #8's Individual Support Plan (ISP) dated 10/31/11 contained a BSP (Behavior Support Plan) dated 09/27/11. The ISP and BSP did not contain a plan to address the client's refusals to vacate during a fire drill. On 01/10/12 at 4:10 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated the ISP did not contain a goal and/or the BSP did not contain specific instructions to tell staff what they should do to address the refusals. 9-3-4(a)	W0227	The IDT will meet to address Client #8's refusals to participate in safety drills. Client #8's BSP will be revised once the IDT has determined which changes must be made to address the refusals. The QMRP will review all documentation of safety drills after they have been completed to ensure that any client refusals of participation are addressed.	02/12/2012

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

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W0240	The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 4 sampled clients (client #2), the facility failed to ensure client #2's Individual Support Plan (ISP) described specific interventions for staff to implement to address client #2's physical aggression at workshop. Findings include: On 01/09/12 at 11:44 AM a record review of the BDDS (Bureau of Developmental Disabilities Services) reports from 01/09/11 to 01/08/12 was completed and included the following incidents: A BDDS report submitted 06/07/11 for an incident dated 06/07/11 at 09:05 AM indicated client #2 had hit client #3 at workshop (no injury). The report indicated client #2 was suspended from work. A BDDS report submitted 07/07/11 for an incident dated 07/07/11 at 1:30 PM indicated client #2 had hit client #4 at workshop (no injury). The report indicated client #2 was not suspended from work.	W0240	Client #2's BSP will be revised to include specific interventions staff must take to address Client #2's physical aggression at the workshop. All staff will be retrained on the changes to the BSP. All Client BSPs will be reviewed by the IDT to ensure that all contain specific instructions for staff to follow regarding targeted behaviors.	02/12/2012

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	A BDDS report submitted 07/29/11 for an incident dated 07/29/11 at 1:50 PM indicated client #2 had hit client #4 at workshop. The report indicated client #2 was not suspended from work. Client #2's records were reviewed on 01/10/12 at 1:45 PM. Client #2's Individual Support Plan (ISP) was dated 09/09/11 and contained a Behavior Support Plan (BSP) dated 03/10/11. The BSP indicated, "If the assault occurred in the workshop setting, the workshop Case Coordinator and CLC (unknown abbreviation) or supervisor on-call will determine if [client #2] will be suspended from the workshop for the assault." On 01/10/12 at 4:10 PM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated client #2's BSP did not contain specific instructions for staff on what to do when she assaulted someone at the workshop. The QMRP further indicated the wording "will determine" was vague and the BSP needed to be specific for staff and also so the client would know what specifically would happen if she assaulted someone at the workshop. 9-3-4(a)			

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W0248	A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #2) and 1 additional client (client #8) by not ensuring their current ISPs (Individual Support Plan), (BSPs) Behavior Support Plans and seizure management plans were at the group home for staff to review. Findings include: A record review on 01/09/12 at 7:10 AM, of client #1, #2, #3, and #4's records at the group home was conducted. A record review of client #8's seizure management plan was also conducted. The records contained client #2's ISP dated 09/08/10 and BSP dated 08/17/10. There was not a seizure management plan for client #8. Client #2's records were reviewed on 01/10/12 at 1:45 PM. Client #2's record indicated the current ISP was dated 09/09/11. The record also indicated the current BSP was dated 03/10/11. Client #8's records were reviewed on 01/10/12 at 3:40 PM. Client #8's record indicated she had a seizure management	W0248	Client #4's and Client #8's ISPs, BSPs, and Consumer Specifics have been entered into their personal records at the group home for staff to review. All client records will be reviewed by the CLM to ensure that all records contain each clients' ISPs, BSPs, and Consumer Specifics. The CLM will be responsible for notifying the QMRP of any missing documentation. The QMRP will conduct monthly audits of client records to ensure all necessary records are present in the home.	02/12/2012

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	plan dated 12/06/11. An interview was conducted on 01/10/12 at 7:20 AM, with the House Manager (HM). She indicated the records that were in the clients' binders were the only records staff were using. 9-3-4(a)			

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W0261	The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility. Based on record review and interview, the facility failed to ensure the Human Rights Committee (HRC) had the appropriate members for 4 of 4 sampled clients (clients #1, #2, #3 and #4) who lived in the group home. Findings include: On 01/09/12 at 3:10 PM a review of the facility's HRC minutes from 01/18/11, 04/19/11, 07/12/11 and 10/18/11 were reviewed for clients #1, #2, #3 and #4. The HRC roster indicated the facility had failed to include parents, guardians, or a client representative. On 01/09/12 4:05 PM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated the HRC meetings usually consisted of the agency board, the agency staff and sometimes a community representative, but did not include parents, guardians and rarely a client.	W0261	The HRC roster has been expanded to include a parent, guardian, and a client representative. If an HRC representative is unable to attend HRC meetings regularly (will miss more than one meeting per year), the QMRP will ensure that a replacement is found for that representative.	02/12/2012

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	9-3-4(a)			

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W0268	These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed for 1 of 4 sampled clients (client #4) and 2 additional clients (clients #6 and #7) who live in the group home, to promote their dignity by ensuring clients wear clothing that fits well, wore make-up appropriately and provided assistance with grooming. Findings include: Observations were conducted at the group home on 01/09/12 from 4:27 PM until 6:00 PM and on 01/10/12 from 7:00 AM until 8:30 AM. On 01/09/12 and 01/10/12 client #4 was observed during the entire observation times to have several chin hairs approximately one inch long. On 01/09/12 and 01/10/12 client #6 was observed to wear orange/red eye shadow on the upper eye area. On 01/10/12 at 10:20 AM an interview was conducted with client #6. She indicated she loved wearing make-up and she applied it herself. She indicated no one had ever taught her or showed her	W0268	The QMRP has created goals to address Clients' #4, 6, and 7s personal hygiene and personal care. Staff will be trained on the new goals and re-trained on active treatment and client dignity. The QMRP will re-train staff on active treatment, goal implementation, and client dignity in each monthly staff meeting.	02/12/2012

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	how to apply make-up or what colors to wear. On 01/10/12 at 7:52 AM staff #5 returned with client #7 from her lab draw. Client #7's pink top had a large scoop neck and it hung off her left shoulder exposing her bra strap. Staff #1, #4 and #5 did not prompt her to pull her shirt over the bra strap nor did they assist her to cover her bra strap. Her shirt remained over her shoulder when the observation ended at 8:30 AM. On 01/12/12 at 11:00 AM an interview with the Medical Coordinator (MC) was conducted. The MC indicated clients should be dressed appropriately, wear clothing that fit properly and groomed appropriately. 9-3-5(a)			

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W0312	Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) who were on psychiatric/behavior medications (meds) by not ensuring clients #1, #2, #3 and #4's Behavior Support Plan (BSP) included the medication in the plan and included a titration plan for the medication. Findings include: Client #1's records were reviewed on 01/10/12 at 11:15 AM. Client #1's Physician Orders dated 01/2012 indicated client #1 was on the following psychiatric medications: 1. Aricept 5 mg (milligram); give 1 tablet by mouth at bedtime (for dementia; 2. Zoloft 100 mg; give 1 tablet by mouth once daily for depression. Client #1's 07/25/11 BSP did not include the psychiatric medications for client #1. The BSP did not include a titration plan for reduction or elimination of the medications. Client #2's record was reviewed on 01/10/12 at 1:45 PM. Client #2's	W0312	All client BSPs will be revised by the Behavior Specialist to include each client's medications as well as a titration plan for each client's medications. The Behavior Specialist will be responsible for ensuring that all changes/updates to each BSP contains the medications in the plan as well as a titration plan for those medications. Before approving the BSPs after they are changed/updated, the QMRP will ensure that the medications are present in the plan along with the titration plans.	02/12/2012

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	Physician Orders dated 01/2012 indicated client #2 was on the following medication: 1. Abilify 5 mg; give one tablet by mouth every evening for adjustment disorder; 2. Valium 5 mg; give 1 tablet by mouth three times daily for adjustment disorder. Client #2's 03/10/11 BSP did not include the psychiatric medications for client #2. The BSP did not include a titration plan for reduction or elimination of the medications. Client #3's record was reviewed on 01/10/12 at 2:13 PM. Client #3's Physician Orders dated 01/2012 indicated client #3 was on the following medication: 1. Xanax 1 mg; give one tablet by mouth three times daily for anxiety; 2. Zoloft 100 mg; give one tablet by mouth once daily for anxiety. Client #3's 03/31/11 BSP did not include the psychiatric medications for client #3. The BSP did not include a titration plan for reduction or elimination of the medications. Client #4's record was reviewed on 01/10/12 at 3:00 PM. Client #4's Physician Orders dated 01/2012 indicated client #4 was on the following medication: 1. Paxil 40 mg; give one tablet by mouth			

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	every morning for depression; 2. Risperdal 1 mg; give 1 tablet by mouth every morning for psychosis; 3. Risperdal 2 mg; give 1 tablet by mouth at bedtime for psychosis. Client #4's 12/02/11 BSP did not include the psychiatric medications for client #4. The BSP did not include a titration plan for reduction or elimination of the medications. On 01/12/12 at 11:00 AM, an interview with the Medical Coordinator (MC) was completed. The MC indicated client #1, #2, #3 and #4's BSPs did not contain the medications or any reference to them and there were no further documents available for review. 9-3-5(a)			

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W0315	Drugs used for control of inappropriate behavior must be monitored closely for desired responses and adverse consequences by facility staff. Based on record review and interview for 4 of 4 sampled clients (clients #1, 2, #3 and #4) on behavioral medications, the facility failed to ensure the clients were monitored for medication side effects. Findings include: Client #1's record was reviewed on 01/10/12 at 11:15 AM. Client #1's Physician Orders dated 01/2012 indicated client #1 was on the following medications: 1. Aricept 5 mg (milligram); give 1 tablet by mouth at bedtime (for dementia ; 2. Zoloft 100 mg; give 1 tablet by mouth once daily for depression. Client #1's record did not contain documentation of assessment, or monitoring for side effects for these medications. Client #2's record was reviewed on 01/10/12 at 1:45 PM. Client #2's Physician Orders dated 01/2012 indicated client #2 was on the following medication: 1. Abilify 5 mg; give one tablet by mouth every evening for adjustment disorder; 2. Valium 5 mg; give 1 tablet by mouth	W0315	A Side Effects Recording Form (SERF) has been added to each consumer's working chart. This form will be completed at least monthly by each CLM. The Coordinator will ensure that this form has been completed and turned in at least monthly for each consumer. The CLM has been trained on the use of this form, including when it is due to be turned in. The manager has been trained to notify the nurse if there are any changes in a consumer's baseline or if they have any new problems or concerns.	02/12/2012

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	three times daily for adjustment disorder. Client #2's record did not contain documentation of assessment, or monitoring for side effects for this medication. Client #3's record was reviewed on 01/10/12 at 2:13 PM. Client #3's Physician Orders dated 01/2012 indicated client #3 was on the following medication: 1. Xanax 1 mg; give one tablet by mouth three times daily for anxiety; 2. Zoloft 100 mg; give one tablet by mouth once daily for anxiety. Client #3's record did not contain documentation of assessment, or monitoring for side effects for this medication. Client #4's record was reviewed on 01/10/12 at 3:00 PM. Client #4's Physician Orders dated 01/2012 indicated client #4 was on the following medication: 1. Paxil 40 mg; give one tablet by mouth every morning for depression; 2. Risperdal 1 mg; give 1 tablet by mouth every morning for psychosis; 3. Risperdal 2 mg; give 1 tablet by mouth at bedtime for psychosis. Client #4's record did not contain documentation of assessment, or monitoring for side effects for this			

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	medication. On 01/12/12 at 11:00 AM, an interview with the Medical Coordinator (MC) was completed. The MC indicated there were no further documents for review regarding side effects monitoring for clients #1, #2, #3 or #4. 9-3-5(a)			

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W0318	The facility must ensure that specific health care services requirements are met. Based on record review and interview, the Condition of Participation, Health Care Services, is not met as the facility failed to provide adequate health care monitoring and nursing services for 4 of 4 sample clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8). Findings include: Please refer to W315. The facility's nursing service failed for for 4 of 4 sampled clients (clients #1, 2, #3 and #4) on behavioral medications, the facility failed to ensure the clients were monitored for medication side effects. Please refer to W323. The facility's nursing service failed for 3 of 4 sampled clients (clients #2, #3 and #4) to have annual physical and hearing screening examinations. Please refer to W331. The facility's nursing service failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and four additional clients (clients #5, #6, #7 and #8) by not ensuring the nurse monitored medical and nursing needs and medications.	W0318	A Side Effects Recording Form (SERF) has been added to each consumer's working chart. This form will be completed at least monthly by each CLM. The Coordinator will ensure that this form has been completed and turned in at least monthly for each consumer. The CLM has been trained on the use of this form, including when it is due to be turned in. The manager has been trained to notify the nurse if there are any changes in a consumer's baseline or if they have any new problems or concerns. All clients whom have not had an annual physical within the last year have been scheduled for a physical with their physician at the next available opening. Wabash Center has implemented a new tracking system to ensure that physicals are scheduled to occur before their most recent physical expires. Managers have been trained that they may not call and reschedule a physical for any reason. The Medical Coordinator and the nurse will ensure that the tracking form is reviewed monthly to ensure that all physicals are scheduled and completed.The nurse will review all MAR at least monthly to ensure that all orders are being implemented correctly and will ensure that existing orders are continued from month-to-month.Wabash Center's nurse will be retrained	02/12/2012

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 01/13/2012

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	Please refer to W336. The facility's nursing service failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) with medical conditions not requiring a medical care plan, to have quarterly nursing assessments completed in a timely fashion. 9-3-6(a)		on quarterly assessments, including when they must be completed and what information they must contain. After completing the assessments, the nurse will have the assessments scanned into the computer before filing the original copy to ensure that there is an electronic copy should something happen to the original.	

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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 3 of 4 sampled clients (clients #2, #3 and #4) to have annual physical and hearing screening examinations. Findings include: Client #2's records were reviewed on 01/10/12 at 1:45 PM. Client #2's record did not contain any documentation of an annual physical examination. Client #3's records were reviewed on 01/10/12 at 2:13 PM. Client #3's record did not contain any documentation of an annual physical or hearing screening examinations. Client #4's records were reviewed on 01/10/12 at 3:00 PM. Client #4's record did not contain any documentation of an annual physical examination. On 01/12/12 at 11:00 AM an interview with the Medical Coordinator (MC) was conducted. The MC indicated clients #2, #3 and #4 did not have current physical or hearing examinations because the group home had been without a nurse to monitor	W0323	All clients whom have not had an annual physical within the last year have been scheduled for a physical with their physician at the next available opening. Wabash Center has implemented a new tracking system to ensure that physicals are scheduled to occur before their most recent physical expires. Managers have been trained that they may not call and reschedule a physical for any reason. The Medical Coordinator and the nurse will ensure that the tracking form is reviewed monthly to ensure that all physicals are scheduled and completed.	02/12/2012

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	the clients' medical needs. She indicated there were no further documents for review. 9-3-6(a)			

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W0331	The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and four additional clients (clients #5, #6, #7 and #8) by not ensuring the nurse monitored medical and nursing needs and medications. Findings include: 1. On 01/09/12 at 3:00 PM a record review of the facility internal incident/accident reports was conducted. Eleven reports involving clients #1, #4, #6 and #8, between 08/31/11 to 11/02/11 were not signed by the nurse and the reports contained no nursing notations regarding the incidents. The incidents include the following: 08/14/11: client #8 - refused 8:00 AM medications 08/14/11: client #8 - refused 12:00 PM medications 08/14/11: client #8 - refused 5:00 PM medications 08/29/11: client #4 - fell in her bedroom and hit her head 09/11/11: client #8 - refused 8:00 AM medications 09/11/11: client #8 - refused 12:00 PM medications	W0331	Wabash Center has provided the nurse with a job description that includes specific details regarding her duties.The nurse will review and sign all Health Incident Reports (HIRs) and ensure the proper follow-up is done as necessary. The Office Manager (OM) will ensure that all HIRs have been signed by the nurse before electronic entering and filing. Any HIRs found unsigned by the nurse will be set aside by the OM for nurse review.The nurse will participate in all quarterly pharmacy reviews and will ensure that all recommendations (both past and future) made by the pharmicist are implemented. The Medical Coordinator will review all recommendations made by the pharmacist and ensure that each recommendation has been implemented by the nurse.The nurse will ensure that all nursing quarterlies are completed as scheduled and that any necessary follow-ups with a client's physician are completed and that all physician's orders related to follow-up appointments are implemented as necessary. The nurse will ensure that all staff members are trained regarding any new physician's orders. The nurse will ensure that all physician's orders existing in the current month's MAR continue into the following	02/12/2012

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	09/12/11: client #8 - refused 5:00 PM and 9:00 PM medications 09/15/11: client #1 - small cut on the back of her left shoulder 10/17/11: client #1 - redness and swelling on her crotch 10/25/11: client #6 - red/warm to touch leg 11/02/11: client #1 - vomited 1/2 cup of fluid/phlegm 2. On 01/10/12 at 10:00 AM a record review of the quarterly pharmacy reviews was conducted. The pharmacy recommendations related to adding a diagnosis related to medications and correcting misspellings on physician orders for clients #2, #6 and #8 when compared to the November and December 2011 and the January 2012 physician's orders, had not been completed to date. The pharmacist's recommendations were as follows: Client #4: "Add the words (trolamine salicylate 10% cream) to the end of directions for Arthricream order." Client #6: "Loratidine - need specific symptoms added to directions so staff knows when it is appropriate to give: for example, if needed FOR ITCHY EYES or if needed for RUNNY NOSE, etc. (see indication specific to this patient); No second time indicated for bid on clonazepam; Albuterol [Ventolin] inhaler		month's MAR and make all changes required as necessary. All nursing quarterlies will be electronically entered into a Wabash Center database to ensure their existence should the original be misplaced.The QMRP will ensure that the nurse is notified of all scheduled annual ISP meetings and that the nurse has provided input into each client's annual ISP before each ISP is completed/updated. Waba sh Center will revise the HIRs to provide staff with specific instructions regarding when and under which medical circumstances involving a client they must contact the nurse for further instructions. Staff will be trained on all changes made to the HIRs.	

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	--Patient is not using this and pharmacy is sending routinely anyway -- Please DC; Diagnosis listed twice: Left Hip Replacement 1/06**AND**S/P Left Hip replacement 1/06; no diagnosis for chronic omeprazole order. Acceptable diagnosis for omeprazole: Gastroesophageal reflux disorder, erosive esophagitis, gastric ulcer, duodenal ulcer, hypersecretory conditions, and ulcer prophylaxis with NSAID treatment. Please assess if this patient needs this as a chronic med." Client #2: "Need indication included for Baby Oil in ears: (for example, "to soften ear wax" at end of directions); Indication for Patanol would be "allergic rhinitis" (per diagnosis list), instead of "for allergies"; Patient has orders for Hydrocortisone cream for face and wrist; Eucerin/Minerin cream; and also zinc oxide for buttocks. When and where is diphenhydramine cream to be used?" Client #8: "Under plan of treatment, correct word "breats" to "breasts"; Add "for urge incontinence: to oxybutynin order; Sertaline order states "for depression" - depression not listed in diagnosis summary. Check to see if this is indication for this order please." 3. Observations were conducted at the group home on 01/09/12 from 4:27 PM until 6:00 PM and on 01/10/12 from 7:00			

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	AM until 8:30 AM. Client #1 coughed several times during both observation periods. Client #1's records were reviewed on 01/10/12 at 11:15 AM. Client #1's ISP (Individual Support Plan) dated 08/09/11 did not contain a nurses signature and the last annual medical ISP report was dated 08/04/10. Client #1's record review indicated client #1 lacked the following examinations in the past year: a follow-up appointment with the psychiatrist on 10/05/11 and nursing quarterlies prior to 09/2011. Client #1's record indicated she had been hospitalized 10/04/10 - 10/10/11 with pneumonia. Upon being discharged from the hospital client #1 was to receive oxygen in the home while ambulating. Client #1's record did not contain any documentation her condition was being monitored by the nurse after discharge. An order dated 11/11/11 indicated client #1 was to receive oxygen at night and her oxygen level was to be greater than 90%. The MAR (medication administration record) dated November 2011 contained only the oxygen at night and no indication the levels were checked. The December 2011 and January 2012 MAR contained only the oxygen at night order and no indication the levels were checked. A nursing quarterly dated 12/29/11 indicated client #1's lungs upon examination were			

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	described as: "coarse lung sound bilaterally exp (expiratory) wheezes." The quarterly assessment did not contain a temperature reading to indicate if she had a fever. Client #1's record did not contain any documents to indicate her cough was being monitored, if she had a fever or her oxygen levels to indicate they were kept above 90%. The record did not contain any documents to indicate she had been seen by the Dr for her cough and wheezing. Client #2's records were reviewed on 01/10/12 at 1:45 PM. Client #2's ISP dated 09/09/11 did not contain a nurse's signature and the last annual medical ISP report was dated 09/08/10. Client #2's record review indicated client #2 lacked the following examinations in the past year: a physical examination and nursing quarterlies prior to 09/2011. Client #3's records were reviewed on 01/10/12 at 2:13 PM. Client #3's record review indicated client #3 lacked the following examinations in the past year: physical examination, hearing screening and nursing quarterlies prior to 09/2011. Client #4's records were reviewed on 01/10/12 at 3:00 PM. Client #4's ISP dated 12/16/11 did not contain a nurse's signature and the last annual medical ISP			

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	report was dated 12/08/10. Client #4's record review indicated client #4 lacked the following examinations in the past year: a physical examination and nursing quarterlies prior to 09/2011. Client #6's records were reviewed on 01/10/12 at 3:40 PM. Client #6's record review indicated client #6 lacked nursing quarterlies prior to 09/2011 and a bone density test due in 2011. A Health Incident Report dated 10/25/11 at 2:00 PM indicated client #6 complained of a problem with her leg and asked the workshop staff to look at her leg. The report indicated, "Her right leg was very red and warm to the touch. House manager was informed. An appointment was made for [client #6] to see her doctor tomorrow." The form did not contain the nurse's signature or any nursing notes. A BDDS (Bureau of Developmental Disabilities Services) report submitted 10/28/11 for an incident on 10/27/11 at 5:30 PM indicated the following: "[Client #6] was taken to the ER from an appointment with her primary doctor after he examined her leg and determined that she had Cellulite. [Client #6] was admitted to the hospital and is currently being treated with an antibiotic." Client #6's 01/10/11 - 01/10/12 chronological medical visit report indicated client #6 was discharged from the hospital on			

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	10/30/11. Client #6's record did not contain any documentation her condition was being monitored by the nurse after discharge. On 01/12/12 at 11:00 AM an interview with the Medical Coordinator (MC) was conducted. The MC indicated there was not a group home nurse for a period of time and the current RN (registered nurse) had been hired for part-time on 10/13/11, she did not have a job description and her duties were unclear. She indicated the incident/accident reports had not been reviewed by a medical person. She also indicated client #1 had no nursing orders in place to monitor her condition to determine if she had a fever or if her oxygen levels stayed above 90%, client #1's MARs did not contain both orders for her oxygen and client #1 had not seen the psychiatrist as ordered on 10/05/11 and had not seen him to date. She further indicated client #6's leg was not examined on 10/25/11 by a nurse or medical professional, the client went home from workshop, was seen by her Dr the next day and immediately admitted to the hospital for treatment of the cellulitis. The MC indicated client #1, #2, #3 and #4's medical appointments were behind, there were no nursing quarterlies for review prior to 09/2011, and clients #1 and #6 had not been monitored by a nurse			

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	after hospital discharges. She also indicated a nurse had not been at the ISP meetings and no annual medical report was submitted for clients #1, #2 and #4. 9-3-6(a)			

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W0336	Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) with medical conditions not requiring a medical care plan, to have quarterly nursing assessments completed in a timely fashion. Findings include: 1. Client #1's records were reviewed on 01/10/12 at 11:15 AM. Client #1's record did not contain evidence of a need for a medical care plan. The record review failed to indicate the quarterly nursing assessments had been completed prior to 09/2011. 2. Client #2's records were reviewed on 01/10/12 at 1:45 PM. Client #2's record did not contain evidence of a need for a medical care plan. The record review failed to indicate the quarterly nursing assessments had been completed prior to 09/2011. 3. Client #3's records were reviewed on 01/10/12 at 2:13 PM. Client #3's record did not contain evidence of a need for a	W0336	Wabash Center's nurse will be retrained on quarterly assessments, including when they must be completed and what information they must contain. After completing the assessments, the nurse will have the assessments scanned into the computer before filing the original copy to ensure that there is an electronic copy should something happen to the original.	02/12/2012

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	medical care plan. The record review failed to indicate the quarterly nursing assessments had been completed prior to 09/2011. On 01/12/12 at 11:00 AM an interview with the Medical Coordinator (MC) was conducted. The MC indicated there were no quarterly nursing assessments for prior to 09/2011. 9-3-6(a)			

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W0369	The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview for 2 of 17 medication doses administered at the 5:00 PM medication administration, the facility failed to ensure staff administered clients' medications (clients #1 and #6), as ordered without error. Findings include: 1. On 01/09/12 from 4:44 PM until 4:56 PM staff #1 was observed to prepare and administer client #6's medications to her. Client #6's medication included the medication Metformin Tab 500 mg (milligram); give one tablet by mouth twice daily with food. Dx (diagnosis): Diabetes Mellitus. Client #6 took the medication at 4:56 PM without food and ate supper at 5:48 PM. Client #6's January 2012 Medication Administration Record (MAR) which contained the physician's orders was reviewed on 01/09/12 at 5:30 PM. The MAR indicated the order for the medication: "Metformin Tab 500 mg (milligram); give one tablet by mouth twice daily with food. Dx (diagnosis): Diabetes Mellitus."	W0369	Staff will be retrained on correctly implementing physician's orders, including what it means if an order instructs that a medication be administered with food. Staff will ensure that any medication that is to be administered with food is given with a glass of milk or with some food item if the client will not be eating immediately after the medication is taken. The CLM will monitor staff passing medications at least monthly to ensure that all orders are being implemented correctly. If necessary, staff retraining will be provided by the CLM or the nurse.	02/12/2012

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	2. On 01/09/12 from 5:01 PM until 5:05 PM staff #1 was observed to prepare and administer client #1's medications to her. Client #1's medication included the medication Lovastatin Tab 40 mg; give one tablet by mouth once daily with dinner for hypercholesterolemia. Client #1 took the medication at 5:05 PM without food and ate supper at 5:48 PM. Client #1's January 2012 Medication Administration Record (MAR) which contained the physician's orders was reviewed on 01/09/12 at 5:30 PM. The MAR indicated the order for the medication: "Lovastatin Tab 40 mg; give one tablet by mouth once daily with dinner for hypercholesterolemia." On 01/12/12 at 11:00 AM an interview with the Medical Coordinator (MC) was conducted. The MC indicated staff #1 should have followed clients #1 and #6's physician orders to give the medications with food. 9-3-6(a)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G588		01/13/2012

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

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W0436	The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.			
	Based on observation, interview and record review for 1 of 4 clients (client #4) who wore a gait belt and used a walker, the facility failed to ensure client #4 used these devices when ambulating. Findings include: Observations were conducted at the group home on 01/09/12 from 4:27 PM until 6:00 PM. During the observation client #4 was observed to have a gait belt around her waist and use a non-roller walker. Staff #1, #2 and #3 who were on duty did not use her gait belt and assist with her ambulation. Observations were conducted at the group home on 01/10/12 from 7:00 AM until 8:30 AM. During the observation client #4 was observed to have a gait belt around her waist and use a non-roller walker. Staff #1, #4 and #5 who were on duty did not use her gait belt and assist with her ambulation. Client #4's records were reviewed on 01/10/12 at 3:00 PM. Client #1's record	W0436	Staff will be retrained to always follow orders given by a medical professional and that if they believe a consumer's medical condition has changed they must contact the nurse so that the appropriate appointment(s) can be made to ensure appropriate client care. Client #4 has an appointment scheduled with their physical therapist to review current orders and to make any necessary changes to her plan. Staff will be trained on any new orders deriving from that appointment before being allowed to work with Client #4.	02/12/2012

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	contained a note from the PT (Physical Therapist) dated 05/11/11. The PT indicated client #4 needed a gait belt and standard walker and needed supervision when walking with walker. Client #4's ISP (Individual Support Plan) dated 12/16/11 contained a Fall Risk Plan which indicated client #1 was at risk for falls. On 01/12/12 at 11:00 AM an interview with the Medical Coordinator (MC) was conducted. The MC indicated client #4's record had no further PT recommendation since the 05/11/11 recommendation and it indicated the gait belt should have been used. 9-3-7(a)			

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W0440	The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) who resided in the home, by not ensuring an evacuation drill was conducted at least every 90 days on the night shift. Findings include: On 01/09/12 at 1:40 PM, record reviews were completed of the facility's evacuation drills for the period of 01/05/11 through 01/08/12. The review of the evacuation drill records included evacuation drills which were conducted for personnel and clients #1, #2, #3, #4, #5, #6, #7 and #8. A night shift drill was conducted on 02/10/11 and there were no documented night drills until 06/12/11. On 01/10/12 at 11:00 AM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated there were no additional documents for review. 9-3-7(a)	W0440	Staff will be retrained on the safety drill schedule. Staff will be trained that there must be a drill completed for each shift at least once every 90 days. The coordinator will review safety drill documentation at least monthly to ensure that the scheduled safety drills have been completed and are no more than 90 days apart for each shift.	02/12/2012

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W0448	The facility must investigate all problems with evacuation drills, including accidents. Based on interview and record review the facility failed for 1 of 8 clients (client #8) who resided in the group home by not investigating her problem of refusing to participate in evacuation drills. Findings include: On 01/09/12 at 1:40 PM, record reviews were completed of the facility's evacuation drills for the period of 01/05/11 through 01/08/12. There were 36 drills conducted during that time period. Client #8 was present in the home on all 36 drills and refused to participate in 28 of the drills. Client #8 refused to participate in the following drills: 01/01/11, 01/19/11, 02/10/11, 02/18/11, 02/20/11, 03/07/11, 04/10/11, 05/09/11, 05/13/11, 05/21/11, 06/05/11, 06/12/11, 06/21/11, 07/02/11, 07/14/11, 08/04/11, 08/15/11, 08/18/11, 08/25/11, 09/03/11, 09/16/11, 09/17/11, 10/11/11, 11/04/11, 11/05/11, 12/07/11, 12/08/11 and 12/14/11. On 01/10/12 at 11:00 AM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated client #8 refused to participate in fire drills.	W0448	Staff will be retrained regarding what steps they must take in the event that a client refuses to participate in a scheduled safety drill. If a client refuses to participate in a safety drill, the drill must be repeated later in the day or the following day. The coordinator will review each safety drill's documentation (once submitted) to ensure that if a client refused to participate that the drill is repeated.	02/12/2012

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	9-3-7(a)			

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W0488	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 3 of 3 clients living in the group home (clients #5, #7 and #8) by not ensuring the clients prepared their food as independently as possible. Findings include: Observations were conducted at the group home on 01/09/12 from 4:27 PM until 6:00 PM. At 5:35 PM staff #2 put a pork chop on client #5, #7 and #8's plates. He obtained a pair of scissors and cut the meat into pieces without the assistance of clients #5, #7 or #8. Staff #2 also poured client #5, #7 and #8's pink juice without their assistance. Clients #5, #7 and #8 were observed to eat and independently. Client #5's records were reviewed on 01/10/12 at 10:30 AM. Client #1's Comprehensive Functional Assessment (CFA) dated 01/2011 indicated client #1 was able to assist with cutting the meat and pouring the drink. Client #7's records were reviewed on 01/10/12 at 10:35 AM. Client #7's CFA	W0488	All staff will be re-trained on active treatment and its proper application during meal preparation and meal times. The QMRP will retrain all staff on active treatment during monthly staff meetings.	02/12/2012

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	dated 01/2011 indicated client #7 was able to assist with cutting the meat and pouring the drink. Client #8's records were reviewed on 01/10/12 at 4:00 PM. Client #8's CFA dated 01/2011 indicated client #8 was able to assist with cutting the meat and pouring the drink. On 01/10/12 at 4:05 PM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated staff should have assisted clients #5, #7 and #8 to prepare their own food as independently as they could. 9-3-8(a)			