

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G624	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/16/2012
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NAME OF PROVIDER OR SUPPLIER  WABASH CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3983 DRUZ AVE LAFAYETTE, IN 47909
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 13, 14, 15, and 16, 2012</p> <p>Facility number: 001186 Provider number: 15G624 AIM number: 100235370</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed 2/27/12 by Ruth Shackelford, 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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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #1) to ensure he was free of verbal abuse per the facility's policy.</p> <p>Findings include:</p> <p>On 2-13-12 at 11:30 a.m. a review of the facility's Bureau of Developmental Disability Services (BDDS) reports was conducted. The review indicated the following:</p> <p>-A BDDS report for client #1 dated 1-12-12 indicated direct care staff (DCS) #25 spoke to client #1 in a loud tone while he was getting ready for work. The investigation dated 1-12-12 indicated the facility nurse stated DCS #25 "growled" at client #1 to get out of the kitchen. DCS #25 indicated he had to speak to client #1 so he wouldn't "hover over" him. The investigation indicated DCS #26 indicated DCS #25 had "yelled" at client #1 to get out of the kitchen and DCS #25 was "rude and mean" to client #1.</p> <p>On 2-13-12 at 11:45 a.m. a review of the facility's Abuse/Neglect policy dated 9-09</p>	W0149	All staff will be retrained on Wabash Center's policy of abuse/neglect/exploitation. The QMRP will review this policy at each monthly staff meeting. DCS #25 is no longer a group home staff member.	03/17/2012	

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	<p>indicated all consumers would be free of abuse, neglect, and mistreatment.</p> <p>On 2-15-12 at 12:00 p.m. an interview with the Medical Coordinator indicated DCS #25 did not follow their abuse/neglect policy when he yelled at client #1 and DCS #25 did not work in the home any longer.</p> <p>9-3-2(a)</p>				

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed for 5 of 7 clients (clients #1, #2, #3, #5, and #7) who lived in the home, to ensure incidents of client to client aggression were thoroughly investigated for 9 of 40 Bureau of Developmental Disability Services (BDDS) reports.</p> <p>Findings include:</p> <p>On 2-13-12 at 11:30 a.m. a review of the facility's BDDS reports was conducted. The review indicated the following client to client aggression incidents had no investigations to review.</p> <p>-A BDDS report dated 2-28-11 for client #2 indicated he hit client #1 with a closed fist on his right cheek. No injury was noted.</p> <p>-A BDDS report dated 4-3-11 for client #2 indicated he bit client #1 on his right shoulder. There were no marks on client #1 at the time of the report.</p> <p>-A BDDS report dated 6-7-11 for client #2 indicated he hit client #5 on his left shoulder then grabbed him and shook him. No injury was noted.</p> <p>-A BDDS report dated 1-13-12 for client</p>	W0154	<p>The IDT will meet at least weekly and discuss all incidents of client to client aggression that occurred since the last meeting. The IDT will review each incident and determine what measures are necessary to address each incident and what steps can/will be taken to prevent similar incidents from occurring in the future. The QMRP will ensure that any new preventative measures agreed upon are added to the appropriate client's BSP and that all staff receive necessary, additional training.</p>	03/17/2012			

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	<p>#2 indicated he hit client #3 in the middle of the back two times. Client #3 had no injuries noted.</p> <p>-A BDDS report dated 5-26-11 for client #5 indicated he was hit by client #3 with an open hand in the back. No injury was noted.</p> <p>-A BDDS report dated 4-6-11 for client #7 indicated she was hit by client #3 "several times." Client #7 reported she was fine and not injured.</p> <p>On 2-15-12 at 12:00 p.m. an interview with the Medical Coordinator indicated there were no investigations to review for the BDDS reports with incidents of client to client aggression.</p> <p>9-3-2(a)</p>				

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W0336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>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.</p> <p>Based on record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and #4) to ensure nursing quarterlies were completed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Client #1's records were reviewed on 2-14-12 at 11:30 a.m. Client #1's record did not contain evidence of a need for a medical care plan. The record review indicated the quarterly nursing assessments had not been completed for the month of March 2011. Quarterly assessments dated 12-27-11, 9-29-11 and 6-8-11 were available for review.</li> <li>Client #2's records were reviewed on 2-14-12 at 10:30 a.m. Client #2's record did not contain evidence of a need for a medical care plan. The record review indicated the quarterly nursing assessments had not been completed for the month of March 2011. Quarterly assessments dated 12-27-11, 9-29-11 and 6-8-11 were available for review.</li> <li>Client #3's records were reviewed on</li> </ol>	W0336	<p>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.</p>	03/17/2012

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	<p>2-14-12 at 12:10 p.m. Client #3's record did not contain evidence of a need for a medical care plan. The record review indicated the quarterly nursing assessments had not been completed for the month of March 2011. Quarterly assessments dated 12-27-11, 9-29-11 and 6-8-11 were available for review.</p> <p>4. Client #4's records were reviewed on 2-14-12 at 12:25 p.m. Client #4's record did not contain evidence of a need for a medical care plan. The record indicated the quarterly nursing assessments had not been completed for the month of March 2011. Quarterly assessments dated 12-27-11, 9-29-11 and 6-8-11 were available for review.</p> <p>On 2-15-12 at 12:00 p.m. an interview with the Medical Coordinator was conducted. She indicated there were no quarterly nursing assessments for the month of March.</p> <p>9-3-6(a)</p>				

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W0365	<p>483.460(j)(4) DRUG REGIMEN REVIEW An individual medication administration record must be maintained for each client. Based on observation, record review, and interview, the facility failed for 4 of 4 clients (clients #1, #3, #4 and #6) observed during medication administration, to ensure the medication administration record (MAR) was signed after the medication was administered.</p> <p>Findings include:</p> <p>On 2-14-12 from 6:15 a.m. until 8:10 a.m. an observation at the home of clients #1, #3, #4, and #6 was conducted. A medication administration for clients #1, #3, #4 and #6 began at 6:35 a.m. and ended at 8:10 a.m. During this medication administration for clients #1, #3, #4 and #6, direct care staff (DCS) #8 initialed the MAR before the medication had been administered. Client #1 was administered: Lorazepam for impulse control, Cetirizine HCL for allergies, Bisoprolol, Ipratropium Bromide for nasal and Fluticasone for allergies. Client #3 was administered: Azelastine for allergies, Fluticasone Propionate for nasal, Pexamethasone for ears, Biotene for dry mouth, Loratadine for allergies, Lorazepam for behaviors, Mucinex D for allergies, Multivitamin for nutrition,</p>	W0365	Direct care staff #8 was re-trained on Medication Administration procedures. The QMRP will review Medication Administration procedures in each monthly staff meeting.	03/17/2012			

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	<p>Tricor for high cholesterol, Zyprexa for behaviors. Client #4 was administered: Clozapine for schizophrenia, Daily Vite for nutrition, Lamotrigine for seizures, Levetiracetam for seizures, Lexapro for obsessive compulsive disorder, Omeprazole for barrett's esophagus, Tamsulosin for prostatic hypertrophy, and Zyprexa Zydis for schizophrenia. Client #6 was administered: Levothyroxine for hypothyroidism, Mucinex ER for chronic sinusitis, and Vitamin D for osteopenia.</p> <p>On 2-14-12 at 11:30 a.m. a record review of the facility's Medical Procedures (MP) dated 1-12 indicated medications were to be charted "immediately after the medication had been swallowed."</p> <p>On 2-15-12 at 12:00 p.m. an interview with the Medical Coordinator indicated the MAR should not be initialed until after the medication is administered.</p> <p>9-3-6(a)</p>						

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>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 3 of 4 clients (clients #1, #3, and #4) who were observed during medication administration to ensure 1) medications were not touched with bare hands, 2) and gloves were worn when nose sprays were administered.</p> <p>Findings include:</p> <p>On 2-14-12 from 6:15 a.m. until 8:10 a.m. an observation at the home of clients #1, #3, and #4 was conducted. At 7:15 a.m. client #1 was administered his oral medications by direct care staff (DCS) #8. DCS #8 then administered client #1 his nose sprays (Fluticasone 50 mcgs and Ipratropium Bromide 0.03 %) without gloves or washing her hands. Client #1's nose bled while his nose sprays were administered. At 7:25 a.m. DCS #8 administered client #3 his medications. DCS #8 dropped client #3's Tricor 145 mg (milligram) on the MAR (Medication Administration Record) and picked it up with her bare hand and placed in the medication cup. At 7:47 a.m. DCS #8 dropped client #4's Clozapine 100 mg tablet on the MAR then picked it up with her bare hand and placed it in the</p>	W0455	All staff will be retrained on Wabash Center's program for infection control. The QMRP will review this topic at each monthly staff meeting.	03/17/2012

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	<p>medication cup.</p> <p>On 2-15-12 at 12:00 p.m. an interview with the Medical Coordinator (MC) indicated staff should not touch the medication with their bare hands and gloves should be worn when nose sprays were administered.</p> <p>9-3-7(a)</p>				