

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G528	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/25/2014
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NAME OF PROVIDER OR SUPPLIER HOUSTON GROUP HOMES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 MID JAMESTOWN RD LEBANON, IN 46052
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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
W000000	<p>This visit was for the annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: 9/24/14 and 9/25/14</p> <p>Facility Number: 001042 Provider Number: 15G528 AIM Number: 100245270</p> <p>Surveyor: Keith Briner, QIDP</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review completed 10/3/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#2 and #4), the facility's HRC (Human Rights Committee) failed to obtain the written informed consent of clients #2 and #4's guardians regarding the use of</p>	W000263	The facility Executive Director had a conversation with the Residential Supervisor. The purpose of the conversation was to discuss the plan to correct deficiency tag number W-263 cited during the Indiana State Department of Health	10/14/2014

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>psychotropic medications used for behavior management.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 9/25/14 at 2:30 PM. Client #2's ISP (Individual Support Plan) dated 6/28/14 indicated client #2 had a legal guardian. Client #2's BSP (Behavior Support Plan) dated 8/19/14 indicated client #2 received Quetiapine 100 milligrams (depression) and Sertraline 100 milligrams (depression) daily. Client #2's record did not indicate documentation of written informed consent from client #2's guardian regarding the use of psychotropic medications for behavior management.</p> <p>2. Client #4's record was reviewed on 9/25/14 at 3:25 PM. Client #4's ISP dated 1/29/14 indicated client #4 had a legal guardian. Client #4's BSP dated 2/14/14 indicated client #4 received Paxil 10 milligrams (anxiety) daily. Client #4's record did not indicate documentation of written informed consent from client #4's guardian regarding the use of psychotropic medications for behavior management.</p> <p>AS (Administrative Staff) #1 was interviewed on 9/25/14 at 3:30 PM. AS</p>		<p>annual recertificationsurvey completed on September 25, 2014. It was not clear on the form that informed consent was given by the client/Guardian. TheExecutive Director revised the form so that it was clear that the person givingconsent is aware of the risks, benefits, alternatives, right to refuse andconsequences were explained to the Client/Guardian and that their informedconsent was given. (see attachment A) TheExecutive Director sent out an e-mail to all management staff and the HumanRights Committee Members to ensure that written consent is present prior toimplementation of any restrictive program. (see attachment B). Completion Date: 10/14/14</p>				

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	#1 indicated there was not additional documentation available to review regarding the written informed consent from the clients' guardians for clients #2 and #4's use of psychotropic medications used for behavior management. 9-3-4(a)				