

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G456	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/15/2013
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NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--EL CAMIN	STREET ADDRESS, CITY, STATE, ZIP CODE 4912 EL CAMINO CT INDIANAPOLIS, IN 46221
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W0000	<p>This visit was for the fundamental recertification and state licensure survey.</p> <p>Survey Dates: February 11, 12, 13 and 15, 2013</p> <p>Facility Number: 000970 Aim Number: 100239760 Provider Number: 15G456</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 21, 2013 by Dotty Walton, 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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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT 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.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 3 sampled clients (#2, #3) with adaptive equipment, to provide clients #2 and #3 with training for their refusal to wear prescribed (full time wear) eyeglasses.</p> <p>Findings include:</p> <p>Observations were done at the group home on 2/11/13 from 3:02p.m. to 5:34p.m. and 2/12/13 from 6:47a.m. to 8:12a.m. Clients #2 and #3 did not wear nor were they observed to be prompted to wear eyeglasses during the observations.</p> <p>Record review of client #2 was done on 2/12/13 at 8:09a.m. Client #2's 8/23/12 eye exam indicated client #2 had prescribed eyeglasses, "full time." Client #2 had a 10/1/12 individual support plan (ISP). Client #2's ISP did not have documentation of a training program in place to address client #2's refusal to wear prescribed eyeglasses.</p> <p>Record review of client #3 was done on</p>	W0436	<p>W436 – 483.470(g)(2) Space and Equipment 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 communication aids, braces, and other devices identified by the interdisciplinary team as needed by the client. 1. An addendum was written on 2/20/13 and added to client #2 and #3's Individual Support Plan to help train them on how to ensure they wear their glasses and why it is important to do so as prescribed by the doctor. Staff in the home will receive documented training on how to ensure client #2 and #3 learn how to properly wear their glasses on a daily bases and to prompt them to wear them if they are not doing so. 2. An addendum, if needed will be added to any client's Individual Support Plan who has a prescription to wear glasses or any other devices and refuses to do so and ensure that a formal training objective is in place regarding wearing their glasses as prescribed by the doctor. Staff</p>	03/17/2013			

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	<p>2/12/13 at 8:40a.m. Client #3's 3/20/12 eye exam indicated client #3 had prescribed eyeglasses, "full time glasses! very high RX (prescription) for hyperopia and astigmatism." Client #3 had a 6/18/12 ISP. Client #3's ISP did not have documentation of a training program in place to address client #3's refusal to wear prescribed eyeglasses.</p> <p>Interview on 2/12/13 at 10:02a.m. of professional staff #1 indicated clients #2 and #3 had eyeglasses. Staff #1 indicated clients #2 and #3 often refused to wear their eyeglasses. Staff #1 found client #2's eyeglasses in his bedroom at 10a.m. on 2/12/13 and client #2 was at school (without eyeglasses). Staff #1 indicated clients #2 and #3 did not have training programs in place to address their refusal of prescribed full time wear eyeglasses.</p> <p>9-3-7(a)</p>		<p>will receive documented training on the appropriate way to monitor, support and document these objectives, if the need for them arises. 3. Goal tracking sheets will be developed and monitored by the Residential Manager regularly for each client to teach clients how to use and make informed choices about wearing their prescription glasses. The Residential Manager will review goal books weekly to ensure that data is being recorded on a daily basis for each client. The QDDPD will review data each month to determine if the client is meeting the criteria objective. Every client's Individual Support Plan will be reviewed regularly and updated at least annually. If there is a need for a formal self-help skill in the area of wearing prescription glasses, it will be added to the client's Individual Support Plan. 4. Every client's Individual Support Plan will be reviewed regularly and updated at least annually. If there is a need for a formal self-help skill in the area of wearing prescription glasses, it will be added to the client's Individual Support Plan. The QDDPD will monitor each Individual Support Plan regularly to identify potential client needs. The Residential Manager will review goal books weekly to ensure that data is being recorded on the use and care of devices for each client in the</p>		

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			home. 5. Date of systemic completion: March 17, 2013	