

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G736	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2014
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NAME OF PROVIDER OR SUPPLIER ABILITIES SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 S EARL AVE LAFAYETTE, IN 47905
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W000000	<p>This visit was for the post certification revisit to the investigation of complaint #IN00157853 conducted on November 7, 2014.</p> <p>This visit was done in conjunction to the annual recertification and state licensure survey.</p> <p>COMPLAINT #IN00157853: Not corrected.</p> <p>Dates of Survey: December 2, 3, 5, 8, 15 and 16, 2014.</p> <p>Facility number: 005592 Provider number: 15G736 AIM number: 200859310</p> <p>Surveyor: Christine Colon, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 5, 2015 by Dotty Walton, QIDP.</p>	W000000		

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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W000149	<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. Based on record review and interview for 2 of 3 sampled clients (clients A and C), the facility neglected to implement written policy and procedures to prevent alleged abuse/neglect in regard to conducting thorough investigations in regard to injuries of unknown origin, allegations of abuse and a missing medication.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports, Internal Reports (IR) and investigation records was conducted on 12/2/14 at 12:30 P.M.. Review of the records indicated:</p> <p>-Investigation record dated 1/2/14 involving client A indicated: "[Staff #20] texted the Director of Programming and said that she should talk to [Staff #21] because she had a bad attitude when she came to work on 1/2/14 and that she saw her push [client A] in the head." Further review of the record failed to indicate all staff who worked at the group home were interviewed and failed to indicate all clients who reside at the group were</p>	W000149	<p>In response to W149, the facility neglected to implement written policy and procedures to prevent alleged abuse/neglect in regard to 1.supervision of clients, 2. allegedphysical and verbal abuse by staff, 3. conducting thorough investigations and implementing client C's watchfuleye protocol. All staff has been retrained on watchful eye protocol, and supervision of clients especially related to consumer to consumer aggression. In response to investigations, any time an Incident Report is written,the DSP must call the Programming Coordinator, QIDP, and Nurse to report theincident. This begins the notification process for them in case a BDDS report is required or an investigation must be initiated. These individuals are on-call 24-7. The Incident Report is then electronically scanned to these same persons so that the paperwork process follows their actions. The IR's are sent to the PD at the same time they are scanned to the others and the PD is notified by text of all IR's. The safety committee is following up weekly on any BDDS reportable injuries. All IR's that require investigation are noted by PD assistant and marked to be reviewed in 5 days to ensure all</p>	01/15/2015
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	<p>interviewed in regard to this allegation of abuse.</p> <p>-Investigation record dated 1/31/14 involving client C indicated: "Missing one Nadolol in 5 P.M. pack. Date of missing pill unknown." Further review of the record failed to indicate all staff who worked at the group home were interviewed in regard to the missing medication.</p> <p>-IR dated 3/24/14 involving client A indicated: "While shower (sic) [client A], staff noticed scrapes and bruises over [client A]'s back and a bruise on each arm. When (staff) questioned [client A] as to what occurred to cause the injuries and he stated that he was afraid. When asked why he's afraid he stated that [Facility owned day program client] did it and that he is scared of [Facility owned day program client]." Further review of the report failed to indicate the facility conducted a thorough investigation in regard to the allegation of abuse.</p> <p>-BDDS report dated 3/24/14 involving client A indicate: "QDDP (Qualified Developmental Disabilities Professional) received a message that [client A] has three bruises on his arms. One on his upper right arm and 2 on his right forearm. Staff was not sure where these</p>		<p>investigations are completed. Director of Administration will also review all investigations. Additionally, as a part of our state recertification process we are implementing a section on investigations for middle management and up. If it is an investigation of unknown injury or consumer to consumer abuse, the QIDP and Nurse conduct the investigation. ASI has up-dated the report format of this document to ensure it is more complete. If the allegation involves staff abuse, the Director is notified and she/he initiates the investigation. Staff are immediately suspended in these instances. The policy, procedure, and form for investigating allegations of abuse/neglect/exploitation have been up-dated to address the timeliness and thoroughness of the investigation. When a Director initiates an investigation, she will email the Executive Director with the staff's name and brief description of the allegation. When the investigation is complete, a second email will be send to the ED for him to ensure it is completed in a timely manner. This also ensures that he has been informed and is up-to-date on any allegations. In addition, the Quality Assurance Committee is tracking all staff investigations as an outcome to profile how many are being done each month and to ensure that they are conducted within the 5</p>		

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	<p>bruises came from." Review of the report failed to indicate an investigation was conducted in regard to the injuries of unknown origin.</p> <p>-BDDS report dated 3/26/14 involving client A indicated: "WHile (sic) getting [client A] dressed this morning staff noticed three bruises on his right knee (brownish-Purple), a bruise on his right elbow and his left hand all brownish purple. Staff asked [client A] where he got them and he replied he didn't know. QDDP (Qualified Developmental Disabilities Professional) asked [client A] where he got them and he said the one on his hand from his wheelchair. He said he didn't know about his knee and elbow. QDDP will do an investigation to determine where the bruises came from." Review of the record failed to indicate an investigation was conducted in regard to the injuries of unknown origin.</p> <p>A review of the facility's abuse and neglect policy dated 12/12 was conducted on 12/4/14 at 7:30 P.M.. Review of the policy indicated:</p> <p>"Abilities Services, Inc. Abuse, Neglect, and Exploitation" dated 12/12 indicated: "It is the policy of Abilities Services, Inc. to protect and advocate for the protection and safety of all consumers in accordance</p>		<p>days. The Executive Director is on this committee. In regard to allegations of unknown injury or consumer to consumer abuse, the investigating QIDP will send an email to the ED upon the initiation of an investigation as well as at the conclusion of the investigation so that he is able to monitor the timeliness of these events.</p>				

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	with all applicable federal, state, and local laws. Abilities Services also sets forth procedures for staff to report all incidents or suspected incidents of abuse, neglect, exploitation, and violation of rights in accordance with all applicable rules, regulation, and laws. All staff of Abilities Services, Inc, are MANDATORY REPORTERS of observed or suspected abuse, neglect, and exploitation. Definitions: Verbal Abuse: Any yelling, cursing, screaming, threatening, language directed toward any consumer. Physical Abuse: Any hitting, slapping, kicking, biting, throwing at or attempting to do so, toward a consumer, emotional anguish....Neglect: Any action that places or potentially places a consumer in a position/situation that results in injury. It is also defined as the intentional withholding of the basic necessities of life....Abilities Services, Inc, prohibits the abuse, neglect, exploitation, and mistreatment of an individual, and violation of an individual's rights, to include but is not limited to the following: corporal punishment....It is a priority to notify immediately if actual or suspected Abuse, Neglect, or Exploitation occurs...Resident Elopement: a cognitively impaired resident who was found outside the facility and whose whereabouts had been unknown."			

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W000154	<p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 12/5/14 at 3:20 P.M.. The QIDP indicated staff should follow the facility's abuse/neglect policy. When asked if the facility's policy was implemented in regards to the mentioned BDDS reports and investigations, the QIDP indicated the policy was not implemented. The QIDP indicated all incidents of abuse and neglect are to be thoroughly investigated.</p> <p>This federal tag relates to Complaint #IN00157853.</p> <p>This deficiency was cited on 11/7/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all</p>						

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	<p>alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 3 sampled clients (clients A and C), the facility failed to provide written evidence investigations were conducted in regard to injuries of unknown origin, allegations of abuse and a missing medication.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports, Internal Reports (IR) and investigation records was conducted on 12/2/14 at 12:30 P.M.. Review of the records indicated:</p> <p>-Investigation record dated 1/2/14 involving client A indicated: "[Staff #20] texted the Director of Programming and said that she should talk to [Staff #21] because she had a bad attitude when she came to work on 1/2/14 and that she saw her push [client A] in the head." Further review of the record failed to indicate all staff who worked at the group home were interviewed and failed to indicate all clients who reside at the group were interviewed in regard to this allegation of abuse.</p> <p>-Investigation record dated 1/31/14</p>	W000154	<p>In regard to ensuring the facility implemented its written policy and procedures to prevent abuse/neglect/exploitation, and to conduct thorough investigations of abuse/neglect, The system failed in the instances cited in this W for a few reasons:</p> <p>1. Confusion as to exact incidents needing investigated in consumer to consumer abuse and injuries of unknown origin 2. Thorough review of investigation once completed. To address these issues, ASI has revamped its Incident Reporting process for all Group Homes. Any time an Incident Report is written, the DSP must call the Director, Programming Coordinator, QIDP, and Nurse to report the incident. This begins the notification process for them in case a BDDS report is required or an investigation must be initiated. These individuals are on-call 24-7. The Incident Report is then electronically scanned to these same persons so that the paperwork process follows their actions. There is no opportunity for delay in an investigation process with this notification system. If it is an investigation of unknown injury or consumer to consumer abuse, the QIDP and Nurse conduct the investigation. ASI has up-dated the guidelines for investigations, to ensure</p>	01/15/2015

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	<p>involving client C indicated: "Missing one Nadolol in 5 P.M. pack. Date of missing pill unknown." Further review of the record failed to indicate all staff who worked at the group home were interviewed in regard to the missing medication.</p> <p>-IR dated 3/24/14 involving client A indicated: "While shower (sic) [client A], staff noticed scrapes and bruises over [client A]'s back and a bruise on each arm. When (staff) questioned [client A] as to what occurred to cause the injuries and he stated that he was afraid. When asked why he's afraid he stated that [Facility owned day program client] did it and that he is scared of [Facility owned day program client]." Further review of the report failed to indicate the facility conducted an investigation in regard to the allegation of abuse.</p> <p>-BDDS report dated 3/24/14 involving client A indicate: "QDDP (Qualified Developmental Disabilities Professional) received a message that [client A] has three bruises on his arms. One on his upper right arm and 2 on his right forearm. Staff was not sure where these bruises came from." Review of the report failed to indicate a thorough investigation was conducted in regard to the injuries of unknown origin.</p>		<p>investigations are completed. If the allegation involves staff abuse, the Director is notified and she/he initiates the investigation. Staff are immediately suspended in these instances. The policy, procedure, and form for investigating allegations of abuse/neglect/exploitation have been up-dated to address the timeliness and thoroughness of the investigation. When a Director initiates an investigation, she will email the Executive Director with the staff's name and brief description of the allegation. When the investigation is complete, a second email will be send to the ED for him to ensure it is completed in a timely manner. This also ensures that he has been informed and is up-to-date on any allegations. In addition, the Quality Assurance Committee is tracking all staff investigations as an outcome to profile how many are being done each month and to ensure that they are conducted within the 5 days. The Executive Director is on this committee. In regard to allegations of unknown injury or consumer to consumer abuse, the investigating QIDP will send an email to the ED upon the initiation of an investigation as well as at the conclusion of the investigation so that he is able to monitor the timeliness of these events.</p>				

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	<p>-BDDS report dated 3/26/14 involving client A indicated: "WHile (sic) getting [client A] dressed this morning staff noticed three bruises on his right knee (brownish-Purple), a bruise on his right elbow and his left hand all brownish purple. Staff asked [client A] where he got them and he replied he didn't know. QDDP (Qualified Developmental Disabilities Professional) asked [client A] where he got them and he said the one on his hand from his wheelchair. He said he didn't know about his knee and elbow. QDDP will do an investigation to determine where the bruises came from." Review of the record failed to indicate an investigation was conducted in regard to the injuries of unknown origin.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 12/5/14 at 3:20 P.M.. The QIDP indicated thorough investigations should be conducted for injuries of unknown origin and allegations of abuse. The QIDP indicated all clients and all staff at the group home were not interviewed in regard to the injuries of unknown origin and abuse.</p> <p>This federal tag relates to Complaint #IN00157853.</p>			
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W000189	<p>This deficiency was cited on 11/7/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on record review and interview, the facility failed for 3 of 3 sampled clients and 3 additional clients (clients A, B, C, D, E and F), to ensure staff were sufficiently trained to 1. assure competence in proper administration of medications as ordered, 2. following client C's "G-Tube High Risk Plan." and 3. following client F's line of sight protocol.</p> <p>Findings include:</p>	W000189	In response to w189, the facility failed to ensure staff were sufficiently trained to 1. assure competence in proper administration of medications as ordered, 2. following client A's "G-Tube High Risk Plan." and 3. following client C's line of sight protocol. All training files have been reviewed. All specific consumer training is completed upon hire, as changes are made, and annually. Staff has been retrained as part of the poc. The nurse, QIDP, and PC are on a weekly scheduled rotation to observe staff in the group home	01/15/2015

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	<p>1. A morning observation was conducted at the group home on 12/2/14 from 6:15 A.M. until 8:15 A.M.. At 6:30 A.M., Direct Support Professional (DSP) #2 began administering client F's prescribed medications. At 6:35 A.M., a review of the medication packet, Physician's Order and Medication Administration Record (MAR) dated 12/1/14 indicated DSP #2 administered "Abilify (schizophrenia) 15 mg (milligram) tablet, 1 tablet at 8:00 A.M....Folic Acid 1 mg (supplement), 1 tablet at 8:00 A.M....Loratadine 10 mg tablet (allergies), 1 tablet at 8:00 A.M....Propranolol 20 mg (high blood pressure), 1 tablet at 8:00 A.M." Client F's medications were not administered at 8:00 A.M. as ordered.</p> <p>At 6:40 A.M., DSP #2 began administering client B's prescribed medications. At 6:45 A.M., review of the medication packet, Physician's Order and Medication Administration Record (MAR) dated 12/1/14 indicated DSP #2 administered "Folic Acid 1 mg (supplement), 1 tablet at 8:00 A.M....Intuniv 2 mg (low blood pressure), 1 tablet at 8:00 A.M....Intuniv 4 mg, 1 tablet at 8:00 A.M." Client B's medications were not administered at 8:00 A.M. as ordered.</p> <p>At 6:50 A.M., DSP #2 began</p>		<p>setting following plans and medication passes. Any issues noted will be reviewed in weekly safety meetings. All training files are maintained by the records coordinator and notices are sent for anyone missing a training and there is a specific time period to complete the training before they are removed from the work schedule.</p>				

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	<p>administering client A's prescribed medications. At 6:55 A.M., review of the medication packet, Physician's Order and Medication Administration Record (MAR) dated 12/1/14 indicated DSP #2 administered "Divalproex ER (extended release) (seizures) 250 mg, 1 tablet at 8:00 A.M....Furosemide 20 mg (fluid retention), 1 tablet at 8:00 A.M., Levothyroxine 25 mcg (micrograms) (hypothyroidism), 1 tablet at 8:00 A.M....Risperidone 2 mg (bipolar), 1 tablet at 8:00 A.M.." Client A's medications were not administered at 8:00 A.M. as ordered.</p> <p>At 7:04 A.M., DSP #2 began administering client D's prescribed medications. At 7:08 A.M., review of the medication packet, Physician's Order and Medication Administration Record (MAR) dated 12/1/14 indicated DSP #2 administered "Calcium and Vitamin D 500 mg/400 mg (supplement), 1 tablet at 8:00 A.M.." Client D's medications were not administered at 8:00 A.M. as ordered.</p> <p>At 7:18 A.M., DSP #2 began administering client C's prescribed medications. At 7:22 A.M., review of the medication packet, Physician's Order and Medication Administration Record (MAR) dated 12/1/14 indicated DSP #2 administered "Ranitidine 150 mg</p>						

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	<p>(Gastroesophageal reflux disease), 1 tablet at 8:00 A.M....Tizanidine 4 mg (muscle spasms), 1 tablet at 8:00 A.M....Carbamazepine 20 mg (bipolar), 1 tablet at 8:00 A.M....Citalopram 20 mg (antidepressant), 1 tablet at 8:00 A.M., Invega 6 mg (schizophrenia), 1 tablet at 8:00 A.M., Levetiracetam 1000 mg (seizures), 1 tablet at 8:00 A.M., Losartan 100 mg (hypertension), 1 tablet at 8:00 A.M.." Client C's medications were not administered at 8:00 A.M. as ordered.</p> <p>A review of the facility's "Medication Administration System" Dated 12/12 was conducted on 12/4/14 at 7:30 P.M. and indicated:</p> <p>"Purpose: To ensure medications (administration, destruction, errors) are handled in a safe, appropriate manner...To ensure the medical well being of the individuals served are met with the highest level of service possible, Abilities Services, Inc. employees are trained annually and capable of handling a variety of medication situations...The individual administering the medication will initial completion of each dose given on the MAR and the bubble pack after the medication has been administered as trained."</p> <p>An interview with the Qualified</p>						

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	<p>Intellectual Disabilities Professional (QIDP) was conducted on 12/5/14 at 3:20 P.M.. The QIDP indicated staff are trained on the facility's medication administration upon hire and then annually. The QIDP indicated staff should pass medications as ordered by the physician and further indicated staff should follow the policy at all times. The QIDP indicated medications should be administered within 30 minutes before or 30 minutes after the prescribed time. The QIDP indicated staff should have checked the label three times prior to dispensing the medications to prevent medication errors. The QIDP further indicated the agency's nurse retrain staff after medication errors occur.</p> <p>2. A morning observation was conducted at the group home on 12/2/14 between 6:15 A.M. and 8:15 A.M.. At 7:57 A.M., DSP #2 began administering client C's medications and feeding client C via his G tube (feeding tube) as he laid in his bed. DSP #2 did not line the black line on the button attached to client C and the black line on the tube together. DSP #2 did not pull on the tube lightly and there was no stomach acid in the tubing. DSP #2 did not disconnect and start over.</p> <p>A review of client C's record was conducted on 12/5/14 at 12:16 P.M.. A</p>			

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	<p>review of client C's 'G-tube High Risk Plan" dated 8/7/13 indicated: "[Client C] has a Mickey-tube that his medications are crushed and administered through as well as his daily nutrient/formula. [Client C] does not consumer (sic) anything through his mouth. He does not receive any feeding while at Day Services but staff does administer his formula when he has respite. The following are the instructions to administer formula through his g-Mickey tube:</p> <p>[Client C] is to be laying down.</p> <ol style="list-style-type: none"> 1. Connect the plunger to the tube before attaching to [client C]. 2. Line up black (line) on the button attached to [client C] and the tube. 3. Turn clockwise 1/2 to 3/4 of the way around. 4. Pull on tube lightly to ensure it is in. You will see stomach acid in tubing if done correctly. If the stomach acid is not seen the staff needs to disconnect tube and start at step 2 again. 5. Put the correct number of ounces in the syringe. Once the formula is almost gone add the predetermined amount of water. 6. Turn to match black lines up on button and tube then remove." <p>An interview with the Qualified</p>			

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	<p>Intellectual Disabilities Professional (QIDP) was conducted on 12/5/14 at 3:20 P.M.. The QIDP indicated staff should follow client C's G-tube protocol at all times. The QIDP further indicated all staff who work at the group home had been trained by the agency's nurse on client C's G-tube protocol.</p> <p>3. A review of the facility's records was conducted at the facility owned day program on 12/5/14 at 10:30 A.M.. At 1:30 P.M., client F entered into the office where this surveyor reviewed records, and closed the door behind him. Client F walked around the room and sat in the office for 15 minutes with no staff supervision. At 1:48 P.M., facility owned day program staff entered into the office and prompted client F to the day program area.</p> <p>A review of client F's record was conducted on 12/5/14 at 1:45 P.M.. Review of his Behavior Support Plan dated 9/17/13 indicated: "Changes made: Updated plan and addition of Watchful Eye Protocol with increased restrictions due to recent incidents of elopement... Watchful Eye Protocol: Due to an increase in recent, successful elopement behaviors, [Facility name] has placed [client F] on a more restrictive Watchful Eye Protocol. [Client F] should</p>			

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	<p>be in staff's LINE OF SIGHT AT ALL TIMES. The only exception to this is when [client F] is in the bathroom or bedroom; staff should ensure that he is in one of these locations initially and then do 2-3 minute checks to ensure he has remained in that location. Staff should be in the common area to ensure that he has not slipped out of the bathroom or bedroom and out the main doors of the home or habilitation program. This protocol remains in place during sleeping hours as well. In addition, when [client F] is in the backyard, staff should be outside with him to ensure that he has not left the area through the fence."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 12/5/14 at 3:20 P.M.. The QIDP indicated staff should follow client F's line of sight protocol at all times. The QIDP further indicated all staff working at the group home have been trained on F's protocol.</p> <p>This federal tag relates to Complaint #IN00157853.</p> <p>This deficiency was cited on 11/7/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			

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W000368	<p>9-3-3(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview, the facility failed to assure drugs administered to 2 of 3 sampled clients (clients A and C) were administered in compliance with the physician's orders.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports, Internal Reports (IR) and investigation records was conducted on 12/2/14 at 12:30 P.M.. Review of the records indicated:</p> <p>-BDDS report dated 1/12/14 involving client A indicated: "[Client A] went home for the night with his father. He returned home on Sunday afternoon and did not receive his 12 P.M. dose of Depakote (seizures/bipolar). The importance of all medications being</p>	W000368	In response to W368, the agency failed to assure medications administered were in compliance with the physician's orders, the facility nurse has reviewed all client's MAR to ensure instructions are clear and that any issues with administration are identified and the doctor contacted For future issues, the newly contracted pharmacy will note any potential issues with administration of medications during quarterly reviews On a monthly basis, the MAR will also be reviewed by the contracted RN as a additional check to the agency Nurse Any noted issues will be documented in nursing notes and handled accordingly Random monthly med evaluations are conducted to decrease med errors Additionally, ASI has policy for med errors that includes retraining and disciplinary action Upon consumers being gone, ASI nurse will review meds	01/15/2015

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	<p>given and at the proper time was explained the (sic) [client A]'s father. [Facility] will explain the importance of all medications to [client A]'s father each time he takes him out of the house during a time that medications are to be given."</p> <p>-Investigation record dated 1/31/14 involving client C indicated: "Missing one Nadolol (high blood pressure) in 5 P.M. pack. Date of missing pill unknown."</p> <p>An interview with the facility's nurse was conducted on 12/5/14 at 1:30 P.M.. The nurse indicated client A did not receive his prescribed medication. The nurse indicated client A should have received his medication as ordered. The nurse further indicated the facility should have ensured client A's medications were available for administration at the prescribed time. The nurse indicated the facility could not determine when the medication became missing.</p> <p>This federal tag relates to Complaint #IN00157853.</p> <p>This deficiency was cited on 11/7/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		with the family before leaving ASI nurse will review meds with the family before leaving The agency nurse is also conducting weekly med pass evals at the group home All med errors are reviewed weekly in safety committee				

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W000436	<p>9-3-6(a)</p> <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, for 1 of 3 sampled clients and 2 additional clients who used adaptive aids and devices (clients C, D and E), the facility failed to encourage and teach the use of their eyeglasses, water shoes and leg braces.</p> <p>Findings include:</p> <p>1. A morning observation was conducted at the group home on 12/2/14 from 6:15 A.M. until 8:15 A.M.. During the entire observation, client #5 sat in his wheelchair. Client E did not wear his eyeglasses. Direct Support Professional</p>	W000436	In response to W436, the facility failed to encourage and teach the use of wearing eyeglasses. Consumer protocol for wearing eyeglasses has been updated and staff has been retrained. Additionally, the Nurse, QIDP and PC will ensure at weekly site checks that protocol is being followed. There was confusion for staff between training and guardian instruction. This has been resolved. In response the shower shoes, staff failed to follow protocol Staff have been retrained In regard to leg braces, staff encourage consumer and consumer refuses This will be documented and a plan for continual prompts will be	01/15/2015			

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	<p>(DSP) #1, #2, #3 and #4 did not prompt client E to wear his eyeglasses. At 6:25 A.M., client D was escorted into the bathroom barefooted. DSP #4 undressed client D and escorted her into the shower barefooted and began showering client D. On the wall located next to the bathroom door above the light switch was a orange and black sign which indicated: "[Client D] is to wear the water shoes in the shower. She is to have them on prior to going into the restroom. Take them off to wash her feet and put them right back on her. This is to prevent falls." Client D did not, was not prompted and was not assisted in wearing water shoes to prevent her from falling during showering.</p> <p>An interview with the facility nurse was conducted on 12/2/14 at 2:30 P.M.. The nurse indicated client A should wear water shoes at all times while in the bathroom and while showering to prevent her from falling, due to her unsteady gait. The nurse indicated DSP #4 should have ensured client D had shower shoes when entering the bathroom and while in the shower.</p> <p>A facility owned day program observation was conducted on 12/2/14 between 1:20 P.M. and 2:30 P.M.. During the entire observation, client C sat</p>		implemented				

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	<p>in his wheelchair. Client C did not wear his eyeglasses. DSP #5 and #6 did not prompt client C to wear his eyeglasses.</p> <p>An evening observation was conducted at the group home on 12/3/14 between 5:30 P.M. and 6:20 P.M.. During the entire observation, client E did not wear his eyeglasses. DSP #4, #7, #8 and #9 did not prompt client E to wear his eyeglasses.</p> <p>A review of client E's record was conducted on 12/3/14 at 3:30 P.M.. A review of client E's Individual Support Plan (ISP) dated 6/24/2014 indicated: "[Client E] wears glasses during the day. He has astigmatism. He is not able to clean them himself, he requires someone to clean them. He needs to have them placed on him but, he can take them off by himself."</p> <p>2. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IR) and investigations was conducted on 12/5/14 at 11:30 A.M.. Review of the reports indicated:</p> <p>"Abuse, neglect, Exploitation Investigation Form...Date of Investigation begins: 1/30/14...Name of Alleged Victim: [Client C]...Program/Service</p>			
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	<p>Location: Day Service program (facility owned)...[Client C] alleged that [Qualified Intellectual Disabilities Professional (QIDP)] yelled at him at hab (day program)...[Client C] was not wearing his leg brace. [QIDP] prompted him to do so....I [QIDP] walked into hab and saw [client C] did not have his leg brace on. I asked why he did not have his brace on; he stated 'it was broken.' I asked what was wrong with his (sic) and he said 'it couldn't unlock or lock.' I stated that [Staff #25] called his PT (Physical Therapist) and [Orthopedic Company] and it was not broken and that he should be wearing it. I told him it was important that he wears it to help his leg. I stated that he needed to be wearing it everyday...." Further review of the record indicated the group home staff did not ensure client C wore his leg brace.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 12/5/14 at 3:20 P.M.. The QIDP indicated staff should be teaching clients to wear their adaptive equipment at all times. The QIDP further indicated staff should have prompted client E to wear his eyeglasses and ensured client C had his leg braces on.</p> <p>This federal tag relates to Complaint #IN00157853.</p>						

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W009999	<p>This deficiency was cited on 11/7/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>1. 460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is:</p>	W009999	In response to W9999, the facility failed to report a med error to BDDS in a timely manner, the facility has reviewed records for any late filings All BDDS will be reviewed by the Programming Director to ensure that filings take place in the required amount of time All staff filing BDDS reports have been re-notified that the reporting guidelines A plan for absences and time off will be established to cover filings in case of a nurse or QIDP being out	01/15/2015

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	<p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 3 of 7 staff (staff #13, #14 and #15) personnel files reviewed, the facility failed to ensure three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's administrative records were reviewed on 12/3/14 at 4:00 P.M.. Review of the personnel files for staff #13, #14 and #15 indicated three references were not obtained. The personnel files indicated only two references were obtained for staff #13, no references were obtained for staff #14 and only two references were obtained</p>						

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	<p>for staff #15.</p> <p>An interview with the Human Resource Director (HRD) was conducted on 12/3/14 at 4:15 P.M.. The HRD indicated the facility's policy is that each employee should have three references, completed prior to employment with the facility. The HRD further indicated staff #13, #14 and #15 did not have 3 references in their personnel record prior to employment.</p> <p>This federal tag relates to Complaint #IN00157853.</p> <p>This deficiency was cited on 11/7/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(c)(3)</p>						