

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G616		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/20/2012	
NAME OF PROVIDER OR SUPPLIER WABASH CENTER INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3964 ABRAHAM CT LAFAYETTE, IN 47905			
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 17, 18, 19, and 20, 2012</p> <p>Facility number: 001205 Provider number: 15G616 AIM number: 100235350</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 2/2/12 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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W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise operating direction in a manner that resulted in the facility being well maintained for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) who lived in the home.</p> <p>Findings include:</p> <p>On 1-17-12 from 3:30 p.m. until 6:45 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7, was conducted. At 3:30 p.m. the blinds in client #1's bedroom had 7 broken slats, client #6 had blinds which had broken slats and client #3 had blinds with broken slats in her bedroom. In the living room of clients #1, #2, #3, #4, #5, #6, and #7, there were 8 black, dime size stains and one 6 inch by 6 inch stain on the carpet.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator (CLC) indicated the blinds and the carpet were in need of repair and there were no work orders available to review.</p> <p>9-3-1(a)</p>	W0104	Each set of blinds with broken slats has been replaced. The QMRP will ensure that new flooring is installed in the home. The QMRP will conduct a Monthly House Audit to ensure that the house is well maintained. The QMRP will ensure that a Maintenance Request Order is submitted to correct any deficiencies noted in the monthly audit.	02/19/2012			

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W0125	<p>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.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #2) by not ensuring representation of a legally sanctioned representative to assist in making informed health or financial decisions.</p> <p>Findings include:</p> <p>On 1-17-12 from 3:30 p.m. until 6:45 p.m. an observation at the home of client #2 was conducted. At 5:10 p.m. client #2 could not identify a quarter or a dime and he carried a plastic gun in his pocket.</p> <p>Client #2's records were reviewed on 1-18-12 at 9:50 a.m. Client #2's Behavior Management Plan dated 12-1-11 indicated he had targeted behaviors of temper outbursts and self injurious behaviors. Client #2's Individual Support Plan (ISP) dated 11-10-11 indicated he was emancipated, did not have a legally sanctioned representative and had a diagnosis including, but not limited to: Profound Mental Retardation. Client #2's Comprehensive Functional Assessment (CFA) dated 1-16-12 indicated client #2</p>			W0125	<p>Wabash Center will ensure client #2 is appointed a legally sanctioned representative. The IDT will determine whether there are any other clients in the home in need of a legal representative and take appropriate action as necessary.</p>		02/19/2012

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	<p>required 24 hour supervision and was "totally dependent of staff" to manage his own finances. The CFA indicated client #2 required assistance with maintaining personal hygiene, eating/feeding, dressing, shaving, medication administration, and with all medical appointments. The CFA indicated client #2 was unable to manage his health needs including the use of medication and financial needs independently.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator (CLC) was conducted. The CLC indicated client #2 did not have a legal representative and needed assistance with making decisions regarding his health and finances.</p> <p>9-3-2(a)</p>						

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W0149	<p>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, the facility failed for 6 of 7 clients (clients #1, #3, #4, #5, #6, and #7) who lived in the home, and for 27 of 27 Bureau of Developmental Disability Services (BDDS) reports with an allegation of abuse/neglect or client to client aggression to ensure the facility's abuse/neglect policy was implemented.</p> <p>Findings include:</p> <p>1. On 1-17-12 at 11:05 a.m. a record review of the facility's BDDS reports was conducted. The review indicated the following:</p> <p>A BDDS report dated 3-26-11 for client #6 indicated she was "pushed" and her arm was "yanked" by direct care staff #20. A follow up BDDS report dated 4-7-11 indicated direct care staff #20 was retrained on agency Crisis Physical Intervention (CPI) and monitored by the Qualified Mental Retardation Professional when she first went back into the home.</p> <p>-A BDDS report dated 9-21-11 for clients #3 and #7 indicated they were left unsupervised in the group home van</p>	W0149	The IDT will meet to create new procedures for investigating all incidents of client to client aggression. 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.	02/19/2012			

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	<p>while direct care staff (DCS) #21 escorted another client into the workshop. An investigation dated 9-21-11 indicated DCS #21 had left clients #3 and #7 in the van while she went into the building. A follow up BDDS report dated 9-28-11 indicated DCS #21 was suspended, received a written warning, and was retrained on the abuse/neglect policy.</p> <p>-A BDDS report dated 6-10-11 for client #7 indicated an allegation against direct care staff #20 was made for hitting client #7 in the back.</p> <p>-A BDDS report dated 8-11-11 for client #5 indicated she had bruising on her right hand and the markings of a fork, along the hairline. DCS #22 was suspended due to being the only staff working during the injuries. A follow up BDDS report dated 8-24-11 indicated it could not be determined how the injuries happened. DCS #22 was taken out of the home and given a clerical position to serve out the remainder of his 2 week notice.</p> <p>2. On 1-17-12 at 11:05 a.m. a record review of the facility's BDDS reports was conducted. The review indicated the following:</p> <p>-A BDDS report dated 7-23-11 for client #1 indicated she was bitten by her</p>				

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	<p>housemate client #3. Client #1 was taken to the Emergency Room for a tetanus shot.</p> <p>-A BDDS report dated 7-23-11 for client #5 indicated she grabbed client #6's arm. Client #6 was not injured.</p> <p>-A BDDS report dated 7-29-11 for client #5 indicated she grabbed client #3's hair.</p> <p>-A BDDS report dated 8-28-11 for client #5 indicated she scratched her housemate.</p> <p>-A BDDS report dated 12-5-11 for client #5 indicated she was bitten by client #3. A bruise on client #5's thigh was noted.</p> <p>-A BDDS report dated 12-31-11 for client #5 indicated she grabbed client #6 by the neck and scratched her.</p> <p>-A BDDS report dated 12-20-11 for client #5 indicated she scratched client #6. Three scratches were noted on client #6's collar bone.</p> <p>-A BDDS report dated 12-15-11 for client #7 indicated she hit client #5 in the back of the head. Client #5 had no injuries noted.</p> <p>-A BDDS report dated 4-7-11 for client #4 indicated she pinched her housemate on the leg.</p> <p>-A BDDS report dated 3-18-11 for client #4 indicated she pulled her housemates hair.</p> <p>-A BDDS report dated 7-17-11 for client</p>						

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	<p>#4 indicated she pinched her housemate on the arm.</p> <p>-A BDDS report dated 8-7-11 for client #4 indicated she pinched 2 of her housemates.</p> <p>-A BDDS report dated 10-13-11 for client #4 indicated she hit client #6 on the head because client #6 grabbed her arm.</p> <p>-A BDDS report dated 3-9-11 for client #6 indicated she was scratched by client #5.</p> <p>-A BDDS report dated 4-12-11 for client 6 indicated she grabbed client #4's arm. No injuries for client #4 were noted.</p> <p>-A BDDS report dated 6-3-11 for client #6 indicated she was bitten on her shoulder by a housemate. Client #6 went to the Emergency Room for a Tetanus shot.</p> <p>-A BDDS report dated 7-1-11 for client #6 indicated she grabbed client #7's arm. No injuries were noted for client #7.</p> <p>-A BDDS report dated 7-9-11 for client #6 indicated she grabbed client #3 by the arm.</p> <p>-A BDDS report dated 8-4-11 for client #6 indicated her hair was pulled by client #5.</p> <p>-A BDDS report dated 11-14-11 for client #6 indicated her hair was pulled by client #5. No injuries for client #6 were noted.</p> <p>-A BDDS report dated 8-3-11 for client</p>				

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	<p>#3 indicated she had bitten a peer.</p> <p>-A BDDS report dated 8-17-11 for client #3 indicated she bit her housemate on her arm.</p> <p>-A BDDS report dated 12-12-11 for client #3 indicated she bit client #1. Client #1 has bruising from the bite.</p> <p>On 1-17-12 at 11:30 a.m. a review of the facility's abuse/neglect policy dated 9-09 indicated all consumers would be "free of abuse, neglect, or exploitation by others."</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator indicated the facility's abuse/neglect policy should be implemented at all times and DCS #20 was no longer employed with the facility.</p> <p>9-3-2(a)</p>				

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W0154	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed for 6 of 7 clients (clients #1, #3, #4, #5, #6, and #7) to ensure incidents of client to client aggression were thoroughly investigated.</p> <p>Findings include:</p> <p>On 1-17-12 at 11:05 a.m. a record review of the facility's Bureau of Developmental Disability Services (BDDS) reports was conducted. The review indicated the following reportable incidents had no investigations available for review:</p> <p>-A BDDS report dated 7-23-11 for client #1 indicated she was bitten by her housemate client #3. Client #1 was taken to the Emergency Room for a tetanus shot.</p> <p>-A BDDS report dated 7-23-11 for client #5 indicated she grabbed client #6's arm. Client #6 was not injured.</p> <p>-A BDDS report dated 7-29-11 for client #5 indicated she grabbed client #3's hair.</p> <p>-A BDDS report dated 8-28-11 for client #5 indicated she scratched her housemate.</p> <p>-A BDDS report dated 12-5-11 for client #5 indicated she was bitten by client #3. A bruise on client #5's thigh was noted.</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>	02/19/2012			

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	<p>-A BDDS report dated 12-31-11 for client #5 indicated she grabbed client #6 by the neck and scratched her.</p> <p>-A BDDS report dated 12-20-11 for client #5 indicated she scratched client #6. Three scratches were noted on client #6's collar bone.</p> <p>-A BDDS report dated 12-15-11 for client #7 indicated she hit client #5 in the back of the head. Client #5 had no injuries noted.</p> <p>-A BDDS report dated 4-7-11 for client #4 indicated she pinched her housemate on the leg.</p> <p>-A BDDS report dated 3-18-11 for client #4 indicated she pulled her housemates hair.</p> <p>-A BDDS report dated 7-17-11 for client #4 indicated she pinched her housemate on the arm.</p> <p>-A BDDS report dated 8-7-11 for client #4 indicated she pinched 2 of her housemates.</p> <p>-A BDDS report dated 10-13-11 for client #4 indicated she hit client #6 on the head because client #6 grabbed her arm.</p> <p>-A BDDS report dated 3-9-11 for client #6 indicated she was scratched by client #5.</p> <p>-A BDDS report dated 4-12-11 for client 6 indicated she grabbed client #4's arm.</p>			

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	<p>No injuries for client #4 were noted.</p> <p>-A BDDS report dated 6-3-11 for client #6 indicated she was bitten on her shoulder by a housemate. Client #6 went to the Emergency Room for a Tetanus shot.</p> <p>-A BDDS report dated 7-1-11 for client #6 indicated she grabbed client #7's arm. No injuries were noted for client #7.</p> <p>-A BDDS report dated 7-9-11 for client #6 indicated she grabbed client #3 by the arm.</p> <p>-A BDDS report dated 8-4-11 for client #6 indicated her hair was pulled by client #5.</p> <p>-A BDDS report dated 11-14-11 for client #6 indicated her hair was pulled by client #5. No injuries for client #6 were noted.</p> <p>-A BDDS report dated 8-3-11 for client #3 indicated she had bitten a peer.</p> <p>-A BDDS report dated 8-17-11 for client #3 indicated she bit her housemate on her arm.</p> <p>-A BDDS report dated 12-12-11 for client #3 indicated she bit client #1. Client #1 has bruising from the bite.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator indicated there were no investigations available to review. She also indicated investigations should be completed for incidents of client to client aggression.</p>				

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W0157	<p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed for 6 of 7 clients (clients #1, #3, #4, #5, #6, and #7) to ensure sufficient corrective action was taken after incidents of client to client aggression.</p> <p>Findings include:</p> <p>On 1-17-12 at 11:05 a.m. a record review of the facility's Bureau of Developmental Disability Services (BDDS) reports was conducted. The review indicated the following reportable incidents of client to client aggression:</p> <p>-A BDDS report dated 7-23-11 for client #1 indicated she was bitten by her housemate client #3. Client #1 was taken to the Emergency Room for a tetanus shot.</p> <p>-A BDDS report dated 7-23-11 for client #5 indicated she grabbed client #6's arm. Client #6 was not injured.</p> <p>-A BDDS report dated 7-29-11 for client #5 indicated she grabbed client #3's hair.</p> <p>-A BDDS report dated 8-28-11 for client #5 indicated she scratched her housemate.</p> <p>-A BDDS report dated 12-5-11 for client #5 indicated she was bitten by client #3. A bruise on client #5's thigh was noted.</p> <p>-A BDDS report dated 12-31-11 for client</p>	W0157	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. Client #3's BSP has been revised to include instructions for staff to implement one-on-one staffing when Client #3 is in common areas of the home. Client #4's BSP has been revised to address Client #4's history of aggression toward her housemates when in the agency van and at meal times. Client #5's and Client #6's BSPs will be revised to include a provision which calls for staff to physically position themselves between both Clients #5 and #6 and their housemates when they display signs of agitation.	02/19/2012			

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	<p>#5 indicated she grabbed client #6 by the neck and scratched her.</p> <p>-A BDDS report dated 12-20-11 for client #5 indicated she scratched client #6. Three scratches were noted on client #6's collar bone.</p> <p>-A BDDS report dated 12-15-11 for client #7 indicated she hit client #5 in the back of the head. Client #5 had no injuries noted.</p> <p>-A BDDS report dated 4-7-11 for client #4 indicated she pinched her housemate on the leg.</p> <p>-A BDDS report dated 3-18-11 for client #4 indicated she pulled her housemates hair.</p> <p>-A BDDS report dated 7-17-11 for client #4 indicated she pinched her housemate on the arm.</p> <p>-A BDDS report dated 8-7-11 for client #4 indicated she pinched 2 of her housemates.</p> <p>-A BDDS report dated 10-13-11 for client #4 indicated she hit client #6 on the head because client #6 grabbed her arm.</p> <p>-A BDDS report dated 3-9-11 for client #6 indicated she was scratched by client #5.</p> <p>-A BDDS report dated 4-12-11 for client 6 indicated she grabbed client #4's arm. No injuries for client #4 were noted.</p>			

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	<p>-A BDDS report dated 6-3-11 for client #6 indicated she was bitten on her shoulder by a housemate. Client #6 went to the Emergency Room for a Tetanus shot.</p> <p>-A BDDS report dated 7-1-11 for client #6 indicated she grabbed client #7's arm. No injuries were noted for client #7.</p> <p>-A BDDS report dated 7-9-11 for client #6 indicated she grabbed client #3 by the arm.</p> <p>-A BDDS report dated 8-4-11 for client #6 indicated her hair was pulled by client #5.</p> <p>-A BDDS report dated 11-14-11 for client #6 indicated her hair was pulled by client #5. No injuries for client #6 were noted.</p> <p>-A BDDS report dated 8-3-11 for client #3 indicated she had bitten a peer.</p> <p>-A BDDS report dated 8-17-11 for client #3 indicated she bit her housemate on her arm.</p> <p>-A BDDS report dated 12-12-11 for client #3 indicated she bit client #1. Client #1 has bruising from the bite.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator indicated they had made changes to reduce client to client aggression but some client to client aggression was still happening.</p>						

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W0249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 3 of 4 sampled clients (clients #2, #3, and #4) to ensure communication goals and money goals were implemented per the clients' Individualized Support Plans (ISP).</p> <p>Findings include:</p> <p>On 1-17-12 from 3:30 p.m. until 6:45 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7, was conducted. During this observation period client #2 was observed to watch TV, do his laundry, and eat his supper. Client #3 was observed to go for a walk, get a drink, watch TV, and eat her supper. Clients #2 and #3 were not observed to use sign language or use communication books.</p> <p>On 1-18-12 from 6:45 a.m. until 8:05 a.m. an observation at the home of clients #2, #3, and #4 was conducted. During this observation period client #2 was observed to take his medications and eat. Client #3 was observed to eat her breakfast and take</p>	W0249	All staff will be re-trained on implementation of client goals. The CLM will be responsible for reviewing client goals at least weekly to ensure their implementation by staff. The QMRP will review goals monthly to ensure their implementation. If a goal is discovered by the CLM or QMRP to not be implemented as written, they will provide staff with re-training for correction.	02/19/2012			

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	<p>her medications. Clients #2 and #3 were not observed to use sign language or their communication books.</p> <p>On 1-18-12 at 9:50 a.m. a record review for client #2 was conducted. The ISP dated 11-10-11 indicated client #2 had a communication goal to use sign language and his communication book.</p> <p>On 1-18-12 at 11:30 a.m. a record review for client #3 was conducted. The ISP dated 10-28-11 indicated client #3 had a communication goal to use her communication book.</p> <p>On 1-18-12 at 12:00 p.m. a record review for client #4 was conducted. The ISP dated 12-14-11 indicated client #4 had a money goal to hand cashier money 2 times per week. Client #4 only went 2 times in the month of 9-11, none in 10-11, 1 time in 11-11 and 2 times in 12-11.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator (CLC) indicated communication goals and money goals for clients #2, #3, and #4 should be implemented per their ISPs.</p> <p>9-3-4(a)</p>			
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W0261	<p>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.</p> <p>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.</p> <p>Findings include:</p> <p>On 1-19-12 at 10:00 a.m. a review of the facility's HRC minutes from 1-10-12, 4-19-11, 7-12-11 and 10-18-11 was conducted for clients #1, #2 #3 and #4. The HRC roster indicated the facility failed to include guardians, persons with no controlling interest, a qualified person to change inappropriate client behaviors, or a client representative.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator (CLC) was conducted. The CLC indicated the HRC meetings should have the appropriate members to attend the meetings. The CLC indicated a client member was on the panel but had only come to one meeting in the past year.</p>	W0261	The HRC roster has been expanded to include the required representatives. 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.	02/19/2012			

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W0268	<p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients (clients #4, #5 and #6) who lived in the home, to promote their dignity by ensuring clients wore clothing which fit well and was well maintained, closed the bathroom door, provided assistance with grooming and to provide age appropriate television.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility owned day program on 1-17-12 from 1:00 p.m. until 2:50 p.m. At 1:15 p.m. client #6 went into the restroom. The door to the restroom was propped open for all to hear client #6 in the restroom. At 1:25 p.m. client #3 walked toward the restroom when her pants fell down below her brief. Client #3 went into the restroom stall with the bathroom door propped open. At 1:30 p.m. client #2 went into the restroom stall with the restroom door still propped open.</p> <p>Observations were conducted at the group home on 1-17-12 from 3:30 p.m. until 6:45 p.m. and on 1-18-12 from 6:45 a.m. until 8:05 a.m.</p>			W0268	<p>All staff have been re-trained on promoting client dignity. The QMRP will review client dignity each month in monthly staff meetings. Day program staff will be trained to ensure the restroom door is closed while clients are in the restroom. A goal addressing client #6's personal hygiene has been created and is being implemented in the home. Client #3 has been provided with appropriate fitting pants. Client #2 has been provided with new shoes. All staff have been re-trained on ensuring appropriate movies and television programming is on in the common area of the home.</p>		02/19/2012

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	<p>On 1-17-12 and 1-18-12 client #6 was observed during the entire observation times to have dark brown mustache hairs on her upper lip.</p> <p>On 1-17-12 client #3 was observed to wear pants which were too large for her, client #2 wore tennis shoes which were dirty with the shoelaces knotted to one side of the shoe, and client #5 wore a jacket which was too small with her brief showing.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator indicated the bathroom door should be closed when clients were going into it, and clients should wear appropriate clothing and be well groomed.</p> <p>2. On 1-17-12 from 3:30 p.m. until 6:43 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7 was conducted. At 3:45 p.m. Sesame Street was on the television in the living room. Direct care staff (DCS) #2 offered client #6 a choice of DVD's to choose from. The choices she was given were Dora the Explorer, Cat in the Hat, and 4 Sesame Street DVD's. At 4:45 p.m. DCS #6 prompted client #3 to watch the Cat in the Hat DVD along with clients #5 and #6. Client #2 was prompted by DCS #3 to go</p>						

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	<p>to the living room and watch the Cat in the Hat. At 5:45 p.m. Barney was on the living room television for clients #1, #2, #3, #4, #5, #6, and #7 to watch.</p> <p>On 1-18-12 from 6:45 a.m. until 8:05 a.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7, was conducted. At 6:50 a.m. DCS #8 put in a Barney DVD on the living room television. At 7:45 a.m. DCS #8 put the living room television on PBS (Public Broadcasting Station). A dog cartoon was on for clients #1, #2, #3, #4, #5, #6, and #7 to watch.</p> <p>On 1-17-12 at 11:00 a.m. a review of the client roster dated 1-17-12 indicated clients #1, #2, #3, #4, #5, #6, and #7 were all over 18 years of age.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator indicated clients should be offered age appropriate movies and television shows on their living room television.</p> <p>9-3-5(a)</p>				

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W0304	<p>Restraints must be designed and used so as not to cause physical injury to the client.</p> <p>Based on record review and interview, the facility failed for 1 of 7 clients (client #5) who lived in the home, and for 1 of 1 Bureau of Developmental Disability Services (BDDS) report with an injury during a restraint, to ensure client #5 did not receive bruises while being escorted to her room.</p> <p>Findings include:</p> <p>On 1-17-12 at 11:05 a.m. a record review of the facility's BDDS reports was conducted. The review indicated the following:</p> <p>-A BDDS report dated 3-26-11 indicated client #5 had 2 bruises on the back of her upper left arm. (The report did not indicate the size of the bruises.)The report indicated the bruises came from 3 staff members transporting her to her bedroom due to a behavior. A follow up BDDS report dated 4-1-11 indicated physical guidance and agency approved crisis intervention techniques were an approved part of client #5's plan.</p> <p>On 1-18-12 at 12:15 p.m. a record review for client #5 was conducted. Her Individualized Support Plan dated 8-24-11 indicated she had a formal</p>	W0304	All staff will be re-trained on Wabash Center's policy regarding abuse/neglect/exploitation. The QMRP will review this policy with staff at each monthly staff meeting. An investigation by the IDT determined that Client #5 was injured during the team transport because Client #5 was thrashing and resisting staff during the transport. Client #5's BSP will be revised to state that staff will not physically hold or escort Client #5 unless her safety or others' safety is believed to be in immediate jeopardy.	02/19/2012			

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	<p>behavior plan which included the use of physical restraints.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator indicated client #5 received bruises from staff using approved agency techniques.</p> <p>9-3-5(a)</p>			
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W0312	<p>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.</p> <p>Based on record review and interview, the facility failed for 2 of 4 sampled clients (clients #3 and #4) who were on psychiatric/behavior medications (meds) by not ensuring client #3 and #4's Behavior Support Plans (BSP) included the medication in the plan and included a titration plan for the medication.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 1-18-12 at 11:30 a.m. Client #3's Physician Orders dated 01-2012 indicated client #3 was on the following medication:</p> <ol style="list-style-type: none"> 1. Abilify 2 mg (milligrams); give one tablet by mouth once times daily. 2. Lorazepam 0.5 mg; give one tablet by mouth once daily. <p>Client #3's 9-26-11 BSP did not include the use of psychiatric medications for client #3. The BSP did not include a titration plan for reduction or elimination of the medications.</p> <p>Client #4's record was reviewed on 1-18-12 at 12:00 p.m. Client #4's Physician Orders dated 1-2012 indicated</p>	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 as they are revised/updated, the QMRP will ensure that the medications and titration plan is present in the plan.	02/19/2012			

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	<p>client #4 was on the following medication:</p> <ol style="list-style-type: none"> 1. Paroxetine HCL10 mg; give one tablet by mouth two times a day for depression. 2. Lorazepam 1 mg; give 1 tablet by mouth two times a day for anxiety. <p>Client #4's 1-25-11 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.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator (CLC) was conducted. The CLC indicated clients #3 and #4's BSPs did not include the use of psychotropic medications or titration plans in their BSPs.</p> <p>9-3-5(a)</p>						

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W0365	<p>An individual medication administration record must be maintained for each client.</p> <p>Based on observation, record review, and interview, the facility failed for 3 of 3 clients (clients #2, #3, and #4) observed during a medication administration, to ensure the medication administration record (MAR) was signed after the medication was administered.</p> <p>Findings include:</p> <p>On 1-18-12 from 6:45 a.m. until 8:05 a.m. an observation at the home of clients #2, #3, and #4 was conducted. A medication administration for clients #2, #3, and #4 began at 6:55 a.m. and ended at 7:40 a.m. During this medication administration for clients #2, #3, and #4, direct care staff (DCS) #10 initialed the MAR before the medication had been administered. Client #2 was administered: Mineral Cream, Vaseline gel, Certavite, Deep Sea Spray, Gemfibrozil, Lisinopril, and Ranitidine. Client #3 was administered: Fish oil, Depakote, Abilify, Norvasc, Clonidine, Docusate Sodium, Pepcid, Synthroid, Lopressor, and Phoslo. Client #4 was administered Docusate, Clemastine Fumarate, Polyethylene Glycol, Lorazepam, Flonase, Atenolol, Paroxetine HCL, Multivitamin, Oyster Shell, and Dilantin.</p>	W0365	Direct care staff #10 was re-trained on Medication Administration procedures and received disciplinary action for initialing the MARs before administering medications. The QMRP will review Medication Administration procedures in each monthly staff meeting.	02/19/2012			

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	<p>On 1-17-12 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 1-19-12 at 10:30 a.m. an interview with the Community Living 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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W0448	<p>The facility must investigate all problems with evacuation drills, including accidents.</p> <p>Based on interview and record review, the facility failed for 1 of 7 clients (client #5) who resided in the group home by not investigating her refusals to participate in evacuation drills and having combative behaviors during evacuation drills.</p> <p>Findings include:</p> <p>On 1-17-12 at 12:30 p.m. a record review of the facility's evacuation drills for the period of 1-11 through 1-12 was conducted. Client #5 refused or had aggressive behaviors during the following fire drills: 1-19-11 at 12:30 a.m., 3-9-11 at 7:30 a.m., 3-9-11 at 5:00 p.m., 3-11-11 at 7:20 p.m., 3-24-11 at 6:55 p.m., 4-10-11 at 7:15 p.m., 5-3-11 at 6:10 a.m., 5-23-11 at 6:00 a.m., 6-12-11 at 10:00 a.m., 7-7-11 at 6:25 a.m., and 8-4-11 at 5:30 a.m.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator (CLC) was conducted. The CLC indicated client #5 had refused to participate in drills and had physical aggression during fire drills. The CLC indicated there were no investigations to review to determine the cause of the refusals/behaviors.</p>	W0448	The IDT will meet to address client #5's refusals to participate in evacuation drills as well as their behaviors during evacuation drills. Client #5's BSP will be revised to include any changes implemented by the IDT. The QMRP will review all documentation of safety drills after they have been completed to ensure any client behaviors/refusals of participation during the drills are addressed by the IDT.	02/19/2012			

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W0455	<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 8 of 8 clients who resided in the home (clients #1, #2, #3, #4, #5, #6, and #7) by not ensuring they:</p> <p>1) washed their hands before eating snack and supper, 2) for client #5 before setting the plates on the table, 3) and for client #5 to use an appropriate item to wipe her mouth.</p> <p>Findings include:</p> <p>On 1-17-12 from 1:00 p.m. until 2:50 p.m. an observation was conducted at the facility owned day program/workshop. At 1:15 p.m. client #6 was observed to eat her snack without prompts from direct care staff #12 or #13 to wash her hands between work and snack. At 1:25 p.m. clients #2 and #3 ate their snack with no prompts from DCS #12 or #13 to encourage handwashing between work and snack.</p> <p>On 1-17-12 from 3:30 p.m. until 6:45 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7 was conducted. At 4:00 p.m. client #5 placed the plates on the table without washing her hands. At 4:45 p.m. direct care staff (DCS) #6 wiped saliva from client #5's</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.	02/19/2012
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	<p>chin onto DCS #6's sleeve then DCS #6 wiped her sleeve onto her pants. At 6:00 p.m. clients #1, #2, #3, #4, #5, #6, and #7 came to the supper table without washing their hands. Clients #1, #2, #3, #4, #5, #6, and #7 ate their supper.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator (CLC) indicated clients should wash their hands before eating and setting the table. The CLC also indicated staff should not use their sleeve to assist with wiping off a client's mouth.</p> <p>9-3-7(a)</p>			
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W0484	<p>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation, record review, and interview, the facility failed for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) to ensure plates and cups to meet the clients' needs were used at meal times.</p> <p>Findings include:</p> <p>1. On 1-17-12 from 3:30 p.m. until 6:45 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7, was conducted. At 6:15 p.m. clients #1, #2, #3, #4, #5, #6, and #7 were all observed to use 3 compartment divided plates.</p> <p>On 1-18-12 from 6:45 a.m. until 8:05 a.m. an observation at the home of clients #2, #3, and #4 was conducted. Clients #2, #3, and #4 were observed to use 3 compartment divided plates.</p> <p>On 1-18-12 at 10:30 a.m. a record review for client #1 was conducted. The ISP dated 1-20-11 did not indicate client #1 had a need for a divided plate.</p> <p>On 1-18-12 at 9:50 a.m. a record review for client #2 was conducted. The ISP dated 11-10-11 did not indicate client #2 had a need for a divided plate.</p>	W0484	The QMRP will ensure that all compartment divided plates are removed from the home as no client currently has a need for that type of plate. All staff were re-trained regarding usage of appropriate plates and cups to meet clients' needs. Effective immediately, approval for purchase of divided plates will not be approved without an order from a client's physician or therapist. Wabash Center has provided new adaptive flow cups to each client who is currently in need of them. The CLM will notify the QMRP when clients are in need of new adaptive flow cups.	02/19/2012			

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	<p>On 1-18-12 at 11:30 a.m. a record review for client #3 was conducted. The ISP dated 10-28-11 did not indicate client #3 had a need for a divided plate.</p> <p>On 1-18-12 at 12:00 p.m. a record review for client #4 was conducted. The ISP dated 12-14-11 did not indicate client #4 had a need for a divided plate.</p> <p>On 1-18-12 at 12:45 a record review for client #6 was conducted. The ISP dated 1-20-11 did not indicate client #6 had a need for a divided plate.</p> <p>On 1-18-12 at 12:15 p.m. a record review for client #5 was conducted. The ISP dated 8-24-11 did not indicate client #5 needed a divided plate.</p> <p>On 1-18-12 at 12:30 p.m. a record review for client #7 was conducted. The ISP dated 4-29-11 did not indicate client #7 needed a divided plate.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator (CLC) indicated clients #1, #2, #3, #4, #5, #6, and #7 should not have used the divided plates that were for a consumer who was no longer living in the home.</p> <p>2. On 1-17-12 from 3:30 p.m. until 6:45 p.m. an observation at the home of clients</p>			
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	<p>#2, #5, and #6 was conducted. At 4:15 p.m. clients #2, #5, and #6 had adaptive flow cups placed at their place setting. The mouth pieces of the cups were worn, with white discolored chew marks, and small cuts. At 6:15 p.m. clients #2, #5, and #6, were observed to drink from the adaptive cups with worn mouth pieces.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the CLC indicated the adaptive cups should not be worn and chewed for clients #2, #5, and #6.</p> <p>9-3-8(a)</p>				

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W0488	<p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed for 7 of 7 clients living in the home (clients #1, #2, #3, #4, #5, #6, and #7) by not ensuring clients assisted with meal preparation and had the opportunity to participate in grocery shopping.</p> <p>Findings include:</p> <p>1. On 1-17-12 at 1:25 p.m. direct care staff #13 brought client #2 his apple sauce and his cup of water to his table for him. Client #2 did not assist in preparing his snack at the facility owned day program.</p> <p>On 1-18-12 from 6:45 a.m. until 8:05 a.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7 was conducted. At 6:45 a.m. direct care staff (DCS) #11 opened a package of meat and placed it in a skillet. DCS #11 stirred the juice, flipped the french toast, got a fork from the drawer and turned the meat over in the skillet. At 6:50 a.m. DCS #11 took the french toast from the skillet, added more meat into the skillet as clients #1 and #6 stood in the kitchen and watched and client #4 sat in a recliner looking out the window. At 7:05 a.m. DCS #11 added cinnamon to the milk mixture on the</p>	W0488	All staff will be re-trained on providing all clients with active treatment, including grocery shopping, meal preparation, and meal times. The QMRP will train on active treatment at each monthly staff meeting. The CLM will be re-trained on Wabash Center group home policy that all grocery shopping must be done with the participation of clients and may not be done during day program hours.	02/19/2012			

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	<p>counter.</p> <p>Observations were conducted at the group home on 1-17-12 from 3:30 p.m. until 6:45 p.m. At 6:00 p.m. direct care staff (DCS) #1 placed the milk and the juice on the table for clients #1, #2, #3, #4, #5, #6, and #7. DCS #2 placed the ground chicken, beets, corn, and pureed broccoli on the table. DCS #2 placed plate guards on the plates for clients #4, #5, and #6. DCS #1 brought chicken to the table. DCS #4 placed the chicken on client #5's plate for her. DCS #2 placed chicken on client #4's plate for her. DCS #2 placed pureed chicken on clients #2 and #6's plate. DCS #1 placed broccoli on client #4's plate for her. DCS #2 placed broccoli on clients #2 and #6's plates for them. At 6:15 p.m. DCS #6 poured client #4's juice for her. DCS #2 placed cottage cheese on clients #2, #4, #5, and #6's plates for them. DCS #1 poured juice into client #2's cup for him. DCS #2 cut up client #3's chicken for her. DCS #1 made a salad for clients #1, #3, and #7. DCS #4 poured the salad dressing on client #3's salad for her. DCS #4 poured more juice for client #4. DCS #6 placed a roll on client #5's plate for her. DCS #4 placed a roll on client #4's plate for her. DCS #2 placed beets, corn and chicken on client #3's plate for her. Clients #1, #2, #3, #4, #5, #6 and #7 were observed to eat</p>			
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	<p>independently.</p> <p>On 1-18-12 at 10:30 a.m. a record review for client #1 was conducted. The Comprehensive Functional Assessment (CFA) dated 1-12 indicated client #1 could assist with meal preparation.</p> <p>On 1-18-12 at 9:50 a.m. a record review for client #2 was conducted. The CFA dated 1-16-12 indicated client #2 was capable of assisting with making his own plate and assisting with meal preparation.</p> <p>On 1-18-12 at 11:30 a.m. a record review for client #3 was conducted. The CFA dated 1-16-12 indicated client #3 was capable of assisting in making her own plate and with meal preparation.</p> <p>On 1-18-12 at 12:00 p.m. a record review for client #4 was conducted. The CFA dated 1-12 indicated client #4 was capable of assisting with making her plate and with meal preparation.</p> <p>On 1-18-12 at 12:45 a record review for client #6 was conducted. The CFA dated 11-12 indicated client #6 was capable of assisting with making her plate and with meal preparation.</p> <p>On 1-18-12 at 12:15 p.m. a record review for client #5 was conducted. The CFA</p>			
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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
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	<p>dated 1-12 indicated she was capable of making her own plate and with meal preparation with assistance.</p> <p>On 1-18-12 at 12:30 p.m. a record review for client #7 was conducted. The CFA dated 1-12 indicated client #7 could fix her own plate and assist with meal preparation with assistance.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator indicated clients should be fixing their own plates with assistance and assisting with meal preparation.</p> <p>2. On 1-18-12 at 10:30 a.m. a record review for client #1 was conducted. The Qualified Mental Retardation Professional's (QMRP) monthly review dated 9-11, 6-11 and 12-11 did not indicate client #1 had participated in buying the groceries for her home.</p> <p>On 1-18-12 at 9:50 a.m. a record review for client #2 was conducted. The QMRP's monthly review dated 6-11, 9-11, and 12-11 did not indicate client #2 had participated in buying groceries for his home.</p> <p>On 1-18-12 at 11:30 a.m. a record review for client #3 was conducted. The QMRP's monthly review dated 6-11,</p>			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G616		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/20/2012	
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	<p>9-11, and 12-11 did not indicate client #3 had participated in buying groceries for her home.</p> <p>On 1-18-12 at 12:00 p.m. a record review for client #4 was conducted. The QMRP's monthly review dated 6-11, 9-11, and 12-11 did not indicate client #4 had participated in buying groceries for her home.</p> <p>On 1-18-12 at 12:15 p.m. a record review for client #5 was conducted. The QMRP's monthly review dated 6-11, 9-11, and 12-11 did not indicate client #5 had participated in buying groceries for his home.</p> <p>On 1-18-12 at 12:45 p.m. a record review for client #6 was conducted. The QMRP's monthly review dated 6-11, 9-11, and 12-11 did not indicate client #6 had participated in buying groceries for her home.</p> <p>On 1-18-12 at 12:30 p.m. a record review for client #7 was conducted. The QMRP's monthly review dated 6-11, 9-11, and 12-11 did not indicate client #7 had participated in buying groceries for her home.</p> <p>On 1-17-12 at 5:45 p.m. an interview with direct care staff (DCS) #1 indicated the</p>						

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	<p>the house manager and the house lead staff did the grocery shopping for the home during the day when the clients were at work.</p> <p>On 1-17-12 at 5:45 p.m. an interview with client #1 indicated she did not go to the grocery store to purchase groceries for the house but would like to go.</p> <p>On 1-19-12 at 10:30 a.m. an interview with the Community Living Coordinator indicated clients #1, #2, #3, #4, #5, #6, and #7 were all capable of participating in grocery shopping for their home.</p> <p>9-3-8(a)</p>				