

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G162	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/31/2012
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NAME OF PROVIDER OR SUPPLIER HOUSTON GROUP HOMES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1009 W MARKET ST CRAWFORDSVILLE, IN 47933
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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
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey dates: May 30 and 31, 2012.</p> <p>Facility number: 000697 Provider number: 15G162 AIMS number: 100234560</p> <p>Surveyor: Brenda Nunan, RN, CDDN, Public Health Nurse Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 6/7/12 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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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed to ensure an annual physical was completed for 4 of 4 sampled clients (clients #1, #3, #5, and #6).</p> <p>Findings include:</p> <p>Client #6's record was reviewed on 05/30/2012 at 4:00 p.m. There was no documentation in the client's record to indicate a physical evaluation had been completed during the past year.</p> <p>Client #5's record was reviewed on 05/31/2012 at 7:35 a.m.. There was no documentation in the client's record to indicate a physical evaluation had been completed during the past year.</p> <p>Client #1's record was reviewed on 05/31/2012 at 9:27 a.m. There was no documentation in the client's record to indicate a physical evaluation had been completed during the past year.</p> <p>Client #3's record was reviewed on 05/31/2012 at 10:10 a.m. There was no documentation in the client's record to indicate a physical evaluation had been</p>	W0323	<p>The facility Executive Director had a conversation with the Residential Supervisor and with the Director of Nursing on May 31, 2012. The purpose of the meeting was to correct deficiency tag number W-323 cited during the Indiana State Department of Health annual re-certification survey completed on May 31, 2012. W-323 The facility Director met with the Director of Nursing and the Residential Supervisor regarding yearly physical. In February 2012 the Residential Supervisor scheduled physical examinations for the first week of June due to conflicts with the physicians schedule. The Director instructed the Residential Supervisor that the physical was to be done annually from the date of the last physical. If the Residential Supervisor ran into scheduling problems she was to get in touch with the Director of Nursing and or the Director to assist her in coming up with alternatives to the physicals being out dated. The Director of Nursing was instructed to keep the due date of the annual physical on her nursing notes until the new annual physical was completed. This will give us quality control with the Nurse,</p>	06/07/2012			

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	<p>completed during the past year.</p> <p>During an interview on 05/31/2012 at 10:00 a.m., the Residential Manager indicated annual physicals had not been completed for clients #1, #3, #5, and #6.</p> <p>9-3-6(a)</p>		<p>QMRP and the Director looking at the nursing notes. Clients' #1, #3, #5 & #6 physicals were completed on 6/4/12, 6/5/12, 6/4/12 & 6/4/12 respectively. (See Attachment A.) The Director of Nursing and the Director will ensure that the annual physicals are done in a timely manner. Completion Date: June 7, 2012</p>		