STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G624	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WABASH CENTER INC	3983 DRUZ AVE LAFAYETTE, IN 47909

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W0000	This visit was for an annual fundamental recertification and state licensure survey. Dates of Survey: January 14, 15, 16, 17, and 18, 2013 Facility number: 001186 Provider number: 15G624 AIM number: 100235370 Surveyor: Tracy Brumbaugh, Medical Surveyor III These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/28/13 by Ruth Shackelford, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W0227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #4) to ensure a goal was in place to address excessive use of soap. Findings include: On 1-15-13 from 4:20 p.m. until 6:20 p.m. an observation at the home of client #4 was conducted. The House Manager gave client #4 a medication cup with liquid soap in it for his evening shower. Client #4 took the medication cup of soap and went into the bathroom to shower. On 1-15-13 at 4:25 p.m. an interview with the House Manager indicated client #4 was given a medication cup of soap because he would use the whole bottle and waste it if given an entire bottle. The House Manager indicated client #4 used too much soap in the shower so they kept it in the medication closet. On 1-16-13 at 11:15 a.m. a record review for client #4 was conducted. The Individualized Support Plan dated	W0227	A goal for client #4 to use appropriate amounts of soap has been created.Staff have been trained on implementation of the new goal.The QMRP will review goal data monthly to ensure its implementation.	02/17/2013

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	12-13-12 did not indicate he had a goal to assist him with using the appropriate amount of soap when showering. On 1-18-13 at 11:45 a.m. an interview with the Senior Quality Assurance Coordinator indicated client #4 did not have a goal to assist him with using the appropriate amount of soap for bathing. 9-3-4(a)			

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W0249	483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients (clients #1 and #2) to ensure active treatment was provided per client #2's Individualized Support Plan (ISP) and a medication goal was implemented per client #1's ISP. Findings include: 1. On 1-15-13 from 4:20 p.m. until 6:20 p.m. an observation at the home of client #2 was conducted. At 4:25 p.m. client #2 walked around his home and held plastic monkeys in his hands At 4:45 p.m. client #2 walked around his home. At 5:00 p.m. client #2 walked around his home. At 5:15 p.m. client #2 walked around his home. At 5:30 p.m. client #2 washed his hands. At 5:45 p.m. client #2 ate his supper then placed his plate on the counter. At 6:00 p.m. client #2 ate from his plate he placed on the counter. At 6:15 p.m. client #2 walked around and held plastic monkeys. From 4:20 p.m. until 6:20 p.m. client #2 walked around	W0249	Staff will be re-trained on providing continuous active treatment to each client. Staff have been re-trained on client #1's goal to punch out her medications from the bubble packs.The QMRP will train on Active Treatment at each monthly staff meeting.The QMRP will observe staff in the home at least one time per week to ensure staff are engaging clients in active treatment. After one month, the information from each visit will be reviewed to determin if visits can be reduced. If visits can be reduced, the QMRP will do biweekly visits. The information from the biweekly visits will be reviewed after one month to determin if the visits can be reduced to monthly. Monthly visits will be ongoing.	02/17/2013

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	his house from room to room holding plastic monkeys. The House Manager and direct care staff (DCS) #5 and #6 did not implement client #2's ISP goals/objectives. On 1-16-13 at 10:30 a.m. a record review for client #2 was conducted. The Individualized Support Plan dated 1-27-12 indicated client #2 had the following goals/objectives: put toothpaste on his toothbrush, floss his teeth, wash his upper body, wash his hands after using the restroom, shave correctly, wipe after using the restroom, prepare a simple snack, safely carry $.60 for a soda, access the community, punch out his medications, put his clothes in the washer, set the table, tap on staff's shoulder to get their attention, sign the word more, stay at the designated area for an evacuation drill, use the safety bars when getting in and out of the tub, exercise, and attend dental appointments. On 1-18-13 at 11:45 a.m. an interview with the Senior Quality Assurance Coordinator (SQAC) indicated client #2 should have been prompted to work on goals and chores per his ISP. 2. On 1-16-13 from 7:00 a.m. until 7:08 a.m. client #1 was administered the following medications: Risperidone for			

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	schizoaffective disorder, multi-vitamin for nutrition, carbamazepine for seizures, and buspirone for depression. The House Manager punched out client #1's medications for her. On 1-16-13 at 9:00 a.m. a record review for client #1 was conducted. The ISP dated 6-29-12 indicated client #1 had a goal/objective to punch out her medications from the bubble pack. On 1-18-13 at 11:45 a.m. an interview with the SQAC indicated client #1 should have punched out her own medications per her ISP. 9-3-4(a)			

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W0369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #2) to ensure his nose spray was administered without error. Findings include: On 1-16-13 from 7:10 a.m. until 7:20 a.m. client #2 was administered the following medications: Bisoprolol for tachycardia, cetirizine for allergies, lorazepam for impulse control, and fluticasone for allergies. The House Manager administered 1 squirt of fluticasone into each of client #2's nostrils. On 1-16-13 at 7:21 a.m. a record review for client #2 was conducted. The Medication Administration Record dated 1-13 and the label on the fluticasone indicated client #2 was to be administered 2 squirts into each nostril. On 1-16-13 at 10:30 a.m. a record review for client #2 was conducted. The Physicians Orders dated 1-13 indicated client #2 was to be administered 2 squirts of Fluticasone one time daily.	W0369	The House Manager has been re-trained on Wabash Center's Medication Administration policy.The QMRP will train on Wabash Center's Medication Administration policy at each monthly staff meeting.The QMRP will observe a medication pass at least weelky to ensure policy is being implemented according to policy. After a month, the QMRP will review information gathered during the weekly medication pass observation to determine if weekly observations need to continue or if the freguency of the observations can be reduced. If it is determined that the observations can be reduced, the QMRP will do bi-weekly observations for a period of one month. If at the end of that month the observations can be reduced, montly observations will be started and will be ongoing.	02/17/2013

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	On 1-18-13 at 11:45 a.m. an interview with the Senior Quality Assurance Coordinator indicated client #2 should have received 2 squirts of his Fluticasone per his MAR and Physicians Orders. 9-3-6(a)			

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W0381	483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security. Based on observation and interview, the facility failed for 2 of 4 sampled clients (clients #3 and #4) to ensure controlled substances were double locked. Findings include: On 1-16-13 from 6:15 a.m. until 8:00 a.m. an observation at the home of clients #3 and #4 was conducted. The medication cabinet was unlocked with clients #3 and #4's locked medication boxes inside of the unlocked cabinet. Client #8 opened the medication cabinet and put socks away in it for client #2. Client #3 was administered his Diazepam for seizures by the House Manager. Client #3's Diazepam was single locked in his medication box. Client #4 was administered his Lorazepam for behavior by the House Manager. Client #4's Lorazepam was single locked in his medication box. On 1-16-13 at 9:20 a.m. a review of the facility's Medical Procedures policy dated 3-30-09 indicated medications were to be locked when not in use. On 1-16-13 at 6:30 a.m. an interview with direct care staff (DCS) #5 indicated the	W0381	Staff have been re-trained on storing medications under proper conditions of security, including how to ensure controlled substances are double-locked and that client access to the medication cabinet is restricted.The QMRP will train on medication storage security at each monthly staff meeting. Each week when the QMRP is visiting the home, he/she will check the medications to ensure that all controlled substances are double-locked. During the monthly house audit, the auditor will ensure that the medications are locked appropriately.	02/17/2013

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	medication cabinet was unlocked and clients #3 and #4's medications were inside the unlocked cabinet in their individualized locked boxes. On 1-16-13 at 6:39 a.m. an interview with client #8 indicated they kept the medication cabinet unlocked so client #2's socks could be put away and so lunch items could be retrieved for their lunches. On 1-18-13 at 11:45 a.m. an interview with the Senior Quality Assurance Coordinator indicated client #3's Diazepam and client #4's Lorazepam were controlled substances and they should be double locked. 9-3-6(a)			

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W0440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) to ensure an evacuation drill was conducted on the midnight shift during the fourth quarter. Findings include: On 1-14-13 at 12:30 p.m. a review of the facility's evacuation drills for clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. The evacuation drill for the 4th quarter (October, November, and December 2012) indicated there was no midnight drill (11 p.m. through 7:00 a.m.) completed for clients #1, #2, #3, #4, #5, #6, #7, and #8. On 1-18-13 at 11:45 a.m. an interview with the Senior Quality Assurance Coordinator (SQAC) indicated there was no evacuation drill for the 4th quarter on the midnight shift. The SQAC indicated there was an evacuation schedule in place but the staff ran the drill at the wrong time. 9-3-7(a)	W0440	The QMRP has created a drill schedule to be followed by staff. Upon completion of a drill, the Community Living Manager (CLM) will copy the drill form and submit the copy to the QMRP. The QMRP will track and monitor drills to ensure they are completed as scheduled. If a drill is found to be missing, the QMRP will direct CLM to complete the missing drill at the next available opportunity and provide the required documentation to the QMRP.	02/17/2013

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W0488	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and #4) to ensure all clients had the opportunity to participate in grocery shopping. Findings include: On 1-16-13 at 9:00 a.m. a record review for client #1 was conducted. The Qualified Mental Retardation Professional's (QMRP) monthly review dated 11-12, 7-12, and 4-12 did not indicate client #1 had participated in buying the groceries for her home. On 1-16-13 at 10:30 a.m. a record review for client #2 was conducted. The QMRP'S monthly review dated 11-12, 7-12, and 4-12 did not indicate client #2 had participated in buying groceries for his home. On 1-16-13 at 11:30 a.m. a record review for client #3 was conducted. The QMRP'S monthly review dated 11-12, 7-12, and 4-12, did not indicate client #3 had participated in buying groceries for his home.	W0488	Wabash Center will provide staff with credit cards to ensure clients can actively participate in grocery shopping for their home.Staff will be required to enter on a purchase form which client participated in grocery shopping on each trip to the store. The QMRP will review each purchase form to ensure a client was present for each grocery shopping trip.	02/17/2013

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	On 1-16-13 at 11:15 a.m. a record review for client #4 was conducted. The QMRP'S monthly review dated 11-12, 7-12, and 4-12, did not indicate client #4 had participated in buying groceries for his home. On 1-15-13 at 4:45 p.m. an interview with client #1 indicated she did not go to the grocery store to buy groceries for the house but she would like to. On 1-15-13 at 5:00 p.m. an interview with client #4 indicated the House Manager went to the grocery store to buy milk and food. Client #4 indicated he would like to go to the grocery store with the House Manager. On 1-18-13 at 11:45 a.m. an interview with the Senior Quality Assurance Coordinator indicated clients #1, #2, #3, and #4 should be going to the grocery store with the House Manager to purchase groceries for their home. The SQAC indicated the facility was working on a way to make the credit card available so clients #1, #2, #3, and #4 could participate in grocery shopping for their home and not just have staff purchasing the groceries. 9-3-8(a)			

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