

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/14/2012
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NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953
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W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: August 6, 7, 8, 9, 10, 13, and 14, 2012</p> <p>Facility Number: 000795 Provider Number: 15G275 AIM Number: 100234970</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality Review was completed on 8/16/12 by Tim Shebel, 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 for 1 of 4 sampled clients (client #1) by not obtaining a vision and hearing screening at her annual physical.</p> <p>Findings include:</p> <p>Review on 8/10/12 at 2:40 PM of client #1's records was conducted. Client #1's annual physical dated 10/7/11 did not include a vision and hearing screening. Client #1's records did not include a hearing exam and her last vision exam was 12/3/10.</p> <p>Interview on 8/13/12 at 1:13 PM with the facility nurse indicated client #1's primary care physician could not locate where client #1's hearing and vision had been screened at the physical.</p> <p>9-3-6(a)</p>	W0323	<p><u>CORRECTION</u></p> <p>Client 1 did not receive a vision and hearing screening at her annual physical. Next annual physical is not scheduled until October. An appointment has been scheduled for 8/31/12 for the vision and hearing screening to be completed.</p> <p><u>PREVENTION</u></p> <p>Annual vision and hearing screening has been added to the appointment tracking form. These dates will be entered separately from the annual physical to ensure that they have been completed.</p> <p><u>Monitoring</u></p> <p>The appointment tracking form will be reviewed at quarterly reviews to ensure that all screenings are up to date.</p>	08/31/2012	

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W0488	<p>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.</p> <p>Based on observation and interview, the facility failed for 1 of 4 sampled clients (client #3) and 1 additional client (client #5) by not allowing them to be as independent as possible in serving themselves the breakfast meal.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/7/12 from 6:00 AM to 8:30 AM. Staff #1 made scrambled eggs and served a portion of them to client #3. Staff #1 asked client #3 if she wanted more eggs. Client #3 stated "more." Staff #1 served client #3 more eggs onto her plate. Staff #1 poured client #3's cereal into her bowl for her. Staff #1 asked client #5 what he wanted to eat. Staff #1 got a packet of instant oatmeal, poured it into a bowl, added water to it and stirred it up for client #5. Staff #1 put client #5's oatmeal in the microwave for him and cooked it. Staff #1 took client #5's bowl of oatmeal out of the microwave and placed it in front of client #5 at the table. Staff #1 then poured milk into client #5's bowl over the oatmeal. Staff #1 stirred the oatmeal and milk together for client #5. After client #3 came back to the table</p>	W0488	<p><u>CORRECTION</u> All staff will receive training on Custodial Care by 8/31/12. This training will be to ensure that all staff are aware every client should be prompted and encouraged to do as much for themselves as possible.</p> <p><u>PREVENTION</u> A minimum of 2 meals each week will be monitored by the Residential Manger, Residential Nurse or the Director of Group Homes/QMRP.</p> <p><u>MONITORING</u> A minimum of 2 meals each week will be monitored by the Residential Manger, Residential Nurse or the Director of Group Homes/QMRP. These observations will be done for 3 months and the observation form kept on file at Carey Services. At the end of the 3 month period the Residential Manger, Residential Nurse and the Director of Group Homes/QMRP will meet to determine if further scheduled observations are necessary.</p> <p>-</p>	08/31/2012			

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	<p>after taking her meds (medications), staff #1 asked her if she wanted her eggs warmed up. Staff #1 put client #3's plate of eggs in the microwave for her and warmed them up and then placed the plate back on the table in front of client #3. Client #3 got her own cereal and poured milk over it herself. Client #5 got out a container of Ovaltine drink mix. Staff #1 poured client #5's milk for him. Staff #1 also measured out the Ovaltine for client #5, put two tablespoons in the milk and stirred it up. Staff #1 did not prompt clients #3 and #5 to serve themselves, did not offer hand over hand assistance if needed, and did not prompt or assist the clients to use the microwave. Staff #1 did not prompt client #5 to measure out his Ovaltine, pour the milk into his cup, or to stir it.</p> <p>Interview on 8/7/12 at 7:10 AM with staff #2 was conducted. Staff #2 indicated clients #3 and #5 require some help but they can serve themselves their food and drinks, at least with hand over hand assistance.</p> <p>Interview on 8/8/12 at 4:23 PM with the house manager was conducted. The house manager indicated both clients #3 and #5 can get their own food but needed training with using the microwave. The house manager indicated client #5 could</p>			

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	make his own Olvatine with, at least, hand over hand assistance. 9-3-7(a)				