

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  03/13/2013
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 a post certification revisit (PCR) to a pre-determined full recertification and state licensure survey completed on January 7, 2013.</p> <p>Dates of survey: March 11, 12 and 13, 2013</p> <p>Facility number: 005592 Provider number: 15G736 AIM number: 200859310</p> <p>Surveyor: Amber Bloss, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 20, 2013 by Dotty Walton, Medical Surveyor III.</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.</p> <p>Based on interview and record review, the facility failed to develop an abuse policy to prevent, identify, and report sexual abuse and involuntary seclusion which had the potential to affect all 6 clients residing in the home.</p> <p>Findings include:</p> <p>The facility policy for Abuse, Neglect, and Exploitation (dated 12/12) was received on 3/13/13 at 10:46 AM and was current according to the Director of Programming. The policy defined Verbal Abuse, Physical Abuse, Emotional Abuse, Neglect, Exploitation, Humiliation, and Retaliation but lacked a definition on Sexual Abuse or Involuntary Seclusion.</p> <p>During an interview on 3/13/13 at 12:35 PM, the Director of Programming indicated the facility policy on abuse had been revised in 12/2012 and the definitions of Sexual Abuse and Involuntary Confinement had been mistakenly omitted.</p> <p>9-3-2(a)</p>	W000149	In response to W149, the agency recently revised all policies in preparation for CARF in 2013. The items missing in the abuse/neglect/exploitation policy that were cited in this tag were in the old version were inadvertently not transferred to the up-dated version. This has already been corrected.	04/05/2013			

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review, the facility failed to thoroughly investigate allegations of abuse for 1 of 1 report reviewed for allegations of abuse/bruises of unknown origin. (Client #3)</p> <p>On 3/12/13 at 11:39 AM, the Bureau of Developmental Disabilities Services (BDDS) reports from 2/6/13 to 3/12/13 were reviewed. A BDDS report dated 2/25/13 indicated staff had located bruises of unknown origin on Client #3 on 2/23/13 during a shower. Client #3 was found to have bruises on his left and right thighs. Staff reported Client #3 indicated he had fallen and indicated Client #3 stated "don't hurt me" when staff was examining him. Staff reported Client #3 didn't want to talk about it and he looked down with his voice quieting. Staff reported this incident immediately to the Qualified Developmental Disability Profession (QDDP) and the QDDP notified the facility LPN. The BDDS report indicated "QDDP had staff document everything for the rest of the weekend. The reason this is filed late is due to the fact that the QDDP and PC [Program Coordinator] wanted to talk with [Client #3] on Monday morning to find out what happened." The BDDS report indicated the QDDP and PC spoke with Client #3 the following Monday and he indicated he had urinated on a couch during a home visit and his mom was mad at him which caused bruises while she changed him.</p> <p>During an interview on 3/12/13 at 12:59 PM, the QDDP on 3/12/13 at 12:59 PM, indicated an investigation was started when staff reported</p>	W000154	In regard to W154, the Director of Programming has clarified the role of the QDDP and Programming Coordinator in investigations of consumer-consumer abuse allegations and injuries of unknown origin. All Direct Care Staff have been trained to call QDDP for all internal Incident Reports (which includes the situations outlined above). Not only does this keep her informed of situations at the Group Home but also makes her aware of any BDDS reports that would need to be filed. Tho is ensures all BDDS are filed within 24 hours of notification. In addition, each week day, the Tippecanoe County ASI office receptionist scans all Earl GH Incident Reports to the QDDP, Nurse, and Programming Coordinator to ensure they are all aware of what thas occurred. All three of these positions carry smart phones which contain their email. In instances that require further investigation, the QDDP is responsible for completing consumer-consumer abuse and injuries of unknown origin. The QDDP maintains these investigations and findings in the client-specific files as well as an investigation binder. The QDDP brings the investigation binder to	04/05/2013	

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	<p>finding bruises on Client #3. The QDDP indicated Client #3 has a routine skin check before and after a home visit as there are concerns about a pattern of bruises upon return from visits at home. The QDDP indicated she called and interviewed staff and attempted to contact the family. The QDDP indicated Client #3 is an emancipated adult and they cannot prohibit him when he chooses to visit home. The QDDP indicated there is no documentation the bruises and allegation of abuse by Client #3 was investigated. The QDDP indicated the bruises were discovered 2/23/13 but she didn't interview Client #3 until 2/25/13 because Client #3 indicated to staff he did not want to talk about it.</p> <p>The facility policy on "Investigation Protocol" (dated 12/11) indicated the investigation of abuse must include interviews with all relevant staff and consumers of alleged mistreatment. The policy indicated interviews can "involve taking notes of interviews and having the interviewee review and sign the notes or write their own statement." The policy further indicated the investigation packet with "all relevant information (including a timeline) will be organized by the Director along with a summary of findings and a recommendation of action."</p> <p>On 3/13/13 at 11:35 AM, an interview with the Director of Programming indicated all allegations of abuse should be investigated timely and thoroughly as indicated in the facility policy.</p> <p>No further documentation regarding the investigation of the alleged abuse of Client #3 was provided.</p> <p>9-3-2(a)</p>		the bi-monthly Human Rights Committee for review. The Director of Programming oversees the HRC meetings and supervises the QDDP. It is her responsibility to monitor compliance with the above.		

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W000156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on interview and record review, the facility failed to implement their policy to investigate allegations timely by failing to have results of an investigation within five working days of the incident for 1 of 1 reports reviewed for allegations of abuse/bruises of unknown origin (Client #3).</p> <p>Findings include:</p> <p>On 3/12/13 at 11:39 AM, the Bureau of Developmental Disabilities (BDDS) reports from 2/6/13 to 3/12/13 were reviewed. A BDDS report dated 2/25/13 indicated staff had located bruises of unknown origin on Client #3 on 2/23/13 during a shower. Client #3 was found to have bruises on his left and right thighs. Staff reported Client #3 indicated he had fallen and indicated Client #3 stated "don't hurt me" when staff was examining him. Staff reported Client #3 didn't want to talk about it and he looked down with his voice quieting. Staff reported this incident immediately to the Qualified Developmental Disability Profession</p>	W000156	In regard to W156, the Director of Programming has clarified the role of the QDDP and Programming Coordinator in investigations of consumer-consumer abuse allegations and injuries of unknown origin. All Direct Care Staff have been trained to call QDDP for all internal Incident Reports (which includes the situations outlined above). Not only does this keep her informed of situations at the Group Home but also makes her aware of any BDDS reports that would need to be filed. Tho is ensures all BDDS are filed within 24 hours of notification. In addition, each week day, the Tippecanoe County ASI office receptionist scans all Earl GH Incident Reports to the QDDP, Nurse, and Programming Coordinator to ensure they are all aware of what thas occurred. All three of these positions carry smart phones which contain their email. In instances that require further investigation, the QDDP is responsible for completing consumer-consumer abuse and injuries of unknown origin. The QDDP maintains these investigations and findings in the client-specific files as well as an	04/06/2013			

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	<p>(QDDP) and the QDDP notified the facility LPN. The BDDS report indicated "QDDP had staff document everything for the rest of the weekend. The reason this is filed late is due to the fact that the QDDP and PC [Program Coordinator] wanted to talk with [Client #3] on Monday morning to find out what happened." The BDDS report indicated the QDDP and PC spoke with Client #3 the following Monday and he indicated he had urinated on a couch during a home visit and his mom was mad at him which caused bruises while she changed him.</p> <p>Interview with the QDDP on 3/12/13 at 12:59 PM, indicated an investigation was started when staff reported finding bruises on Client #3. The QDDP indicated Client #3 has a routine skin check before and after a home visit as there are concerns about potential abuse at home. The QDDP indicated she called and interviewed staff and attempted to contact the family. The QDDP indicated Client #3 is an emancipated adult and they cannot prohibit him when he chooses to visit home. The QDDP indicated there is no documentation the bruises and allegation of abuse by Client #3 was investigated.</p> <p>The facility "Procedures for the Investigation of Abuse, Neglect, and</p>		<p>investigation binder. The QDDP brings the investigation binder to the bi-monthly Human Rights Committee for review. The Director of Programming oversees the HRC meetings and supe</p>		

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	<p>Exploitation" (dated 12/12) was received on 3/13/13 at 10:46 AM and verified as current by the Director of Programming. The policy indicated a written investigation report which "includes, but it not limited to, description of events, persons interviewed, opinions of result, recommendations to prevent similar incidents in the future, will be followed within five (5) working days..."</p> <p>On 3/13/13 at 11:35 AM, an interview with the Director of Programming indicated all allegations of abuse should be investigated timely and thoroughly with results reported as indicated in the facility policy.</p> <p>No further documentation of an investigation or summary/report of an investigation was provided by the facility.</p> <p>9-3-2(a)</p>						

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W000368	<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.</p> <p>Based on record review and interview, the facility failed for 1 of 6 clients (Client #5) to ensure medications were administered per the physician's orders.</p> <p>Findings include:</p> <p>On 3/12/13 at 11:32 AM a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports from 2/6/13 to 3/12/13 was conducted. The BDDS reports indicated the following:</p> <p>- A BDDS report for Client #5 with an incident date of 3/5/13 and a submit date of 3/5/13 indicated staff did not take Client #5's medication with them to a doctors appointment and therefore, he missed his noon medications of Gabapentin</p>	W000368	In response to W368, ASI has created a nursing assistant position to assist the nurse with her responsibilities. With her being able to take some of the paperwork and administrative responsibilities away from the nurse, the nurse will be scheduled to spend more time in the GH and day services during med pass times. The goal of this is to provide more hands-on training and supervision of staff. The Director of Programming oversees the nurse and her schedule to ensure this is happening.	04/05/2013	

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	<p>400mg and Cephalexin 500mg.</p> <p>- A BDDS report for Client #5 with an incident date of of 2/20/13, 2/21/13, 2/22/13, 2/23/13, 2/24/13, and 2/25/13 with a submit date of 2/28/13 indicated Client #5 had received 17.5mg of Abilify on those dates instead of the prescribed 7.5mg of Abilify. The BDDS report indicated Client #5 was immediately checked and "was noted to be very tired." Client #5's on-call physician was notified and ordered Client #5's Abilify be held on 2/25/13, 2/26/13, and 2/27/13. The physician also ordered Client #5's Klonopin be held on 2/26/13 and 2/17/13. The BDDS report indicated the physician indicated Client #5 "will be tired for a few days until the meds get out of his system.." as a result of the medication administration error.</p> <p>This deficiency was cited on 1/7/13. The facility failed to implement a systematic plan of corrections to prevent recurrence.</p> <p>9-3-6(a)</p>				

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W009999		W009999	In regard to W9999, the Director of Programming has clarified the role of the QDDP and Programming Coordinator in investigations of consumer-consumer abuse allegations and injuries of unknown origin. All Direct Care Staff have been trained to call QDDP for all internal Incident Reports (which includes the situations outlined above). Not only does this keep her informed of situations at the Group Home but also makes her aware of any BDDS reports that would need to be filed. Tho is ensures all BDDS are filed within 24 hours of notification. In addition, each week day, the Tippecanoe County ASI office receptionist scans all Earl GH Incident Reports to the QDDP, Nurse, and Programming Coordinator to ensure they are all aware of what has occurred. All three of these positions carry smart phones which contain their email. In instances that require further investigation, the QDDP is responsible for completing consumer-consumer abuse and injuries of unknown origin. The QDDP maintains these investigations and findings in the client-specific files as well as an investigation binder. The QDDP brings the investigation binder to the bi-monthly Human Rights Committee for review. The Director of Programming	04/05/2013	

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	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rules were not met.</p> <p>460 IAC 9-3-1 Governing body Sec. 1. (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division. (5) Suspected or alleged abuse, neglect, or exploitation of a resident which shall also be reported in accordance with IC 12-10-3 to the adult protective services or with IC 31-6-11...to the child protective services.</p> <p>This State Rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 8 of 19 reportable incident reports reviewed involving 5 clients out of 6 clients living in the facility (Clients #1, #2, #3, #5, and #6) to submit reports to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours (skin breakdown related to a decubitus ulcer, medications missed, wrong dosages, wrong medications given, and bruises).</p>		oversees the HRC meetings and supe				

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	<p>Findings include:</p> <p>The facility's reportable incidents to BDDS reports from 2/6/13 to 3/12/13 were reviewed on 3/12/13 at 11:35 AM. The review indicated the following:</p> <ul style="list-style-type: none"> <li>- A BDDS report for Client #1 with an incident date of 2/15/13 and a submit date of 2/22/13 indicated staff noticed a documentation omission for her vitamin.</li> <li>- A BDDS report for Client #1 with an incident dates of 2/17/13 and 2/18/13 and a submit date of 2/22/13 indicated staff forgot to document the medication administration of Client #1's colace.</li> <li>- A BDDS report for Client #2 with an incident date of 3/1/13 and a submit date of 3/4/13 indicated Client #2's Medication Administration Record (MAR) lacked documentation of Client #2 receiving her Clindamycin Neutrogena at 8 PM.</li> <li>- A BDDS report for Client #2 with an incident date of 2/19/13 and a submit date of 2/22/13 indicated none of Client #2's AM medications were documented as administered.</li> <li>- A BDDS report for Client #6 with an incident date of 3/1/13 and a submit date</li> </ul>						

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	<p>of 3/4/13 indicated Client #6's MAR lacked documentation of Trinexyphen, Omeprazole, Abilify, Invega, and folic acid having been given.</p> <p>- A BDDS report for Client #5 with an incident dates of of 2/20/13, 2/21/13, 2/22/13, 2/23/13, 2/24/13, and 2/25/13 with a submit date of 2/28/13 indicated Client #5 had received 17.5mg of Abilify on those dates instead of the prescribed 7.5mg of Abilify.</p> <p>-A BDDS report for Client #3 with an incident date of 2/23/13 and a submit date of 2/25/13 indicated staff located bruises of unknown origin which were not reported timely .</p> <p>-A BDDS report for Client #3 with an incident date of 3/6/13 and a submit date of 3/8/13 indicated Client #3 had a pressure ulcer on his toe.</p> <p>This deficiency was cited on 1/7/13. The facility failed to implement a systematic plan of correction to prevent recurrence.</p> <p>9-3-1(b)(5)</p>						

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