

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G483	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/24/2015
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NAME OF PROVIDER OR SUPPLIER HOPEWELL CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 211 MILLSTREAM ROAD ANDERSON, IN 46011
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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
W 000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: April 22, 23 and 24, 2015.</p> <p>Facility Number: 000997 AIMS Number: 100249410 Provider Number: 15G483</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9.</p>	W 000		
W 440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based upon record review and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2 and #3), and for 3 additional clients (clients #4, #5 and #6) to conduct quarterly evacuation drills for the overnight shift.</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 4/22/15 at 4:00 PM. The</p>	W 440	To assure future compliance with W440 for all clients, facility will implement use of new emergency drill tracking forms. Tracking form A (attached) will be used by house manager to be a "at a glance" checklist to assure that the required drills have been completed each quarter. Tracking form B (attached) will be used by house manager as a calender to assign a specific staff to run the appropriate drill on a specific shift on the 15th day of each	05/11/2015

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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	<p>review indicated the facility had failed to conduct evacuation drills for clients #1, #2, #3, #4, #5 and #6 for the overnight shift from 6/28/14 until 12/20/14.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/23/15 at 2:45 PM and indicated there were no drills completed on the overnight shift.</p> <p>9-3-7(a)</p>		<p>month. House manager to submit completed drill report forms and tracking form A to QIDP at the end of each quarter for review. QIDP to provide training to house manager on implementation of new tracking forms on 4-11-15. Training sheet attached as CPersons Responsible: House Manger and QIDP</p>		