

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G528	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/02/2015
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NAME OF PROVIDER OR SUPPLIER HOUSTON GROUP HOMES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 MID JAMESTOWN RD LEBANON, IN 46052
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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
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: September 28, 30 and October 1, 2, 2015</p> <p>Facility Number: 001042 Aims Number: 100245270 Provider Number: 15G528</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/7/15.</p>	W 0000		
W 0154 Bldg. 00	<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 record review and interview, the facility failed to thoroughly investigate 1 of 1 incident reviewed for allegations of abuse/neglect (#2).</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 9/28/15 at 3:20p.m. A reportable incident report, dated 9/9/15,</p>	W 0154	1275 Middle Jamestown Road Lebanon, IN 46052 W-154 On October 13, Julia Wicks, Director of Houston GroupHomes, Inc. met with Denna Simpson, Residential Supervisor, Cedar Pointe one offHouston Group Homes to discuss the ISDH citation for W-154. The Director went over the Components of aThorough Investigation presented by Steve Corya, ISDH.	10/15/2015

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>indicated client #2 had eloped from the group home and had gone to a neighbor's house. The police were called by the neighbor, and facility staff returned client #2 to the group home. The facility's 9/9/15 investigation did not have documented staff interviews.</p> <p>Staff #1 was interviewed on 9/28/15 at 3:29p.m. Staff #1 indicated there were no documented staff interviews for the 9/9/15 client #2 elopement investigation.</p> <p>Staff #2 was interviewed on 9/28/15 at 4:53p.m. Staff #2 indicated they had completed the 9/9/15 elopement investigation and there were no documented staff interviews.</p> <p>9-3-2(a)</p>		<p>It was discussed in length about investigations and who should be interviewed. In the elopement of the client one staff made the report we felt that was his statement of what happened and therefore we failed to re-interview the staff, we also failed to interview the staff that had been on duty before the incident happened. Ms. Simpson was instructed to interview all staff involved with the incident, those staff that were in the midst of the incident, those before and after to ensure that a thorough investigation is occurring. (see Attachment A) A copy of the Reporting Allegations of Mistreatment of an individual was given to Ms. Simpson for review. (see Attachment B) The Director will ensure that there are two management staff involved in any investigation and interview process. The Director will thoroughly go over the investigation and all interviews for the incident</p> <p>CompletionDate 10/15/15</p>		