STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G107	A. BUILDING 00 B. WING	12/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CAREY SERVICES INC	615 E NORTH ST HARTFORD CITY, IN 47348

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000 Bldg. 00	This visit was for a pre-determined full recertification and state licensure survey. Survey Dates: December 26, 27 and 30, 2024. Facility Number: 000644 Provider Number: 15G107 AIMS Number: 100234170 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/8/25.	W 0000		
W 0323 Bldg. 00	483.460(a)(3)(i) PHYSICIAN SERVICES Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure clients #1, #2 and #3 had current hearing evaluations. Findings include: 1. On 12/27/24 at 10:32 AM client #1's record was reviewed. There was no documentation of a hearing evaluation for client #1. 2. On 12/27/24 at 9:53 AM client #2's record was reviewed. There was no documentation of a hearing evaluation for client #2. 3. On 12/27/24 at 10:15 AM client #3's record was reviewed. There was no documentation of a hearing evaluation for client #3. An interview was conducted on 12/27/24 at 11:50	W 0323	The Health Office Assistant (HOA) will designate 2 hours every Monday to go through the previous weeks appointments and ensure they are fully completed. If the documentation is incomplete, the HOA will contact the appropriate physician's office to request updated paperwork. The Community Living Nurse, supervisor to the HOA, will review the spreadsheet every week for 3 months to ensure compliance in paperwork. Client # 1 - evaluation scheduled for 3/25/2025 Client # 2 - evaluation scheduled for 2/11/2025 Client # 3 - evaluation scheduled	01/20/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rachel Loft	Senior Director of Residential Services & Qua	01/20/2025

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	AM with Senior Director of Disability and Quality Compliance (SDQC). The SDQC indicated clients should receive hearing evaluations every year with their physical. 9-3-6(a)		for 1/28/2025	
W 0327 Bldg. 00	483.460(a)(3)(iv) PHYSICIAN SERVICES Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure clients #1, #2 and #3 had their annual TB (tuberculosis) test. Findings include: 1. A record review was conducted of client #1's record on 12/27/24 at 10:32 AM. An undated Vaccine Administration Record for client #1 indicated her last TB test was on 10/17/2023. 2. A record review was conducted of client #2's record on 12/27/24 at 9:53 AM. An Appointment Form dated 10/17/23 indicated client #2's last TB test was in October of 2023. 3. A record review was conducted of client #3's record on 12/27/24 at 10:15 AM There was no documentation of a TB test for client #3. An interview was conducted on 12/27/24 at 11:50 AM with Senior Director of Disability and Quality Compliance (SDQC). The SDQC indicated clients should receive TB test annually. 9-3-6(a)	W 0327	The Health Office Assistant (HOA) will designate 2 hours every Monday to go through the previous weeks appointments and ensure they are fully completed. If the documentation is incomplete, the HOA will contact the appropriate physician's office to request updated paperwork. The Community Living Nurse, supervisor to the HOA, will review the spreadsheet every week for 3 months to ensure compliance in paperwork.	01/20/2025
W 0352	483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC			

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Bldg. 00	SERVICE Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3 received her annual oral cancer screening. Findings include: A review was conducted of client #3's record on 12/27/24 at 10:15 AM. The record indicated client #3 was edentulous. There was no documentation of an oral cancer screening. An interview was conducted on 12/27/24 at 11:50 AM with Senior Director of Disability and Quality Compliance (SDQC). The SDQC indicated clients should receive a yearly dental exam. 9-3-6(a)	W 0352	The Health Office Assistant (HOA) will designate 2 hours every Monday to go through the previous weeks appointments and ensure they are fully completed. If the documentation is incomplete, the HOA will contact the appropriate physician's office to request updated paperwork. The Community Living Nurse, supervisor to the HOA will review the spreadsheet every week for 3 months to ensure compliance in paperwork.	01/20/2025
W 0440 Bldg. 00	483.470(i)(1) EVACUATION DRILLS Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the facility failed to conduct quarterly evacuation drills for each shift of personnel. Findings include: The facility's evacuation drills were reviewed on 12/27/24 at 9:46 AM. The review did not include documentation of evacuation drills being conducted in Quarter 2 (April, May, June) of 2024 on the day shift (8:00 AM-4:00 PM); Quarter 3 (July, August, September) of 2024 on the overnight shift (10:00 PM -8:00 AM); or Quarter 4 (October, November, December) of 2024 on the day shift (8:00AM-4:00 PM) or the evening shift	W 0440	The eMPower Academy Coordinator, who assists in facilitating the Safety Committee, has begun sending out an email to all applicable managers regarding the drills that are due and which shift they are to be completed. This was implemented in December 2024. A drill schedule will be posted to show each month with a specific time for each drill to ensure each shift is completing a fire drill. Mandatory retraining on the importance of completing drills for each shift will be completed by the	01/20/2025

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	(4:00 PM- 10:00 PM). This affected clients #1, #2, #3, #4, #5 and #6. An interview was conducted on 12/27/24 at 11:50 AM with Senior Director of Disability and Quality Compliance (SDQC). The SDQC indicated evacuation drills should be conducted once per shift per quarter. 9-3-7(a)		Senior Director of Residential Services and Quality Compliance no later than 1/20/2025. The Community Living Manager will complete a monthly checklist of all needed documentation to ensure drills are being submitted to the eMPower Academy Coordinator as required. They will assure compliance by completing a monthly checklist of needed documentation.	