

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G602	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2021
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NAME OF PROVIDER OR SUPPLIER ABILITIES SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 850 MAPLELEAF DR FRANKFORT, IN 46041
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W 0000 Bldg. 00	<p>This visit was for a post-certification revisit (PCR) to the investigation of complaints #IN00346601 and #IN00344811 completed on 2/10/21.</p> <p>Complaint #IN00346601: Corrected.</p> <p>Complaint #IN00344811: Corrected.</p> <p>Dates of Survey: March 24, 25, 26 and 29, 2021.</p> <p>Facility Number: 001116 Provider Number: 15G602 AIMS Number: 100245620</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/7/21.</p>	W 0000		
W 0153 Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on observation, record review and interview for 1 of 2 allegations of abuse, neglect, mistreatment and unknown injuries reviewed, the facility failed to immediately report an injury of unknown origin to the administrator.</p> <p>Findings include:</p> <p>An observation was conducted at the group home</p>	W 0153	In response to W0153, Facility failed to complete a BDDS report of unknown origin. On 3-25-21, the nurse was informed that she should have done further investigation into the incident and reported it to other administrators. The nurse will do further investigation when an injury	03/30/2021

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>on 3/24/21 from 6:54 AM through 8:05 AM. Client A was observed throughout the observation period. At 7:52 AM client A showed the surveyor her upper front tooth which was chipped. The bottom third of the tooth was missing. Client A stated, "I fell in the bathroom at Day Program."</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/24/21 at 10:40 AM. There was no documentation of a BDDS report regarding a chipped tooth/injury to client A.</p> <p>Client A's record was reviewed on 3/24/21 at 11:42 AM. An agency form, not dated, indicated, "... [Client A] Dental... Start (date) 3/29/21 8:15 AM End (date) 3/29/21 9:15 AM Categories: specialist appointments-Broken tooth."</p> <p>Client A was interviewed on 3/24/21 at 10:30 AM. Client A was asked when she chipped/broke her tooth. Client A stated, "I know it was last week." Client A was asked where the injury occurred. Client A stated, "Yes it was here in the bathroom." Client A was asked what had happened. Client A stated, "I don't know, I'm blanking."</p> <p>DSS (Day Service Staff) #1 was interviewed on 3/24/21 at 10:01 AM. DSS #1 was asked if it was reported client A had a broken tooth. DSS #2 stated, "[Client A] came to me with a chipped tooth." DSS #1 was asked if client A had stated how she chipped her tooth. DSS #1 stated, "She did not." DSS #1 was asked if she asked client A how she had chipped her tooth. DSS #1 stated, "I did not."</p> <p>Nurse #1 was interviewed on 3/24/21 at 12:12</p>		occurs and complete a BDDS report if she is unable to determine how the incident happened. The nurse, QIDP and directors will oversee that all incidents that require a BDDS report is completed within the 24 hour time frame.	

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	<p>PM. Nurse #1 was asked if staff reported to her client A had a broken tooth. Nurse #1 stated, "They did and I assessed her at that time." Nurse #1 was asked if client A had told her how she chipped her tooth. Nurse #1 stated, "Nope, she said she doesn't know."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/24/21 at 12:45 PM. QIDP #1 indicated the agency did not have documentation of a BDDS report regarding an injury of unknown origin to client A. QIDP #1 indicated the agency should have reported the chipped tooth/injury to client A.</p> <p>9-3-2(a)</p>				