STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G602	A. BUILDING 00 B. WING	11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ABILITIES SERVICES INC	850 MAPLELEAF DR FRANKFORT, IN 46041

(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. This visit included the investigation of complaint #IN00386935. Complaint #IN00386935: Substantiated, no deficiencies related to the allegation(s) are cited. Survey Dates: 11/14/22, 11/15/22 and 11/16/22. Facility Number: 001116 Provider Number: 15G602 AIMS Number: 100245620 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/29/22.	W 0000		
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility's nursing services failed to ensure client A's skin integrity needs were actively monitored. Findings include: Staff #1 and staff #3 were interviewed on 11/15/22 at 8:00 AM. Staff #1 indicated client A had red discolored marks on her inner thighs. Staff #1 indicated the discolored areas were on client A's inner thighs where the skin on her legs touched each other. Staff #3 indicated client A should have daily skin checks completed after her	W 0331	In response to W0331, the facility failed to ensure skin integrity needs were actively monitored. The nurse has implemented a skin monitoring shower review sheet. This sheet is in the MAR for staff to complete daily. Staff will continue to report issue through the pronto process as well. The nurse will be responsible for checking and tracking the skin sheet weekly. The Director will follow up with the nurse on pronto concerns.	12/06/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kim Johnson	QIDP/Asst. Director	12/06/2022

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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	showers. Staff #3 indicated client A's skin checks should be documented in client A's MAR (Medication Administration Record). Client A's MAR was reviewed on 11/15/22 at 7:58 AM. Client A's MAR cover sheet was undated and indicated, "Skin checks to be completed after shower daily. Do an IR (Incident Report) for any bruising, blister, redness, skin tears, excessive dryness, boils or any abnormal changes." Client A's MAR did not indicate documentation of daily skin checks. Client A's record was reviewed on 11/15/22 at 11:16 AM. Client A's record did not indicate documentation of skin monitoring. Client A's High Risk plan dated 3/11/21 indicated, "Staff will check during bathing for skin issues and/or open areas. Notify nurse of any skin issues noted." QIDP (Qualified Intellectual Disability Professional) was interviewed on 11/15/22 at 12:24 PM. QIDP indicated she was not aware of skin discoloration regarding client A's thighs. QIDP indicated client A should have daily skin checks completed and documented on her MAR or in the CareTracker (electronic client record). QIDP indicated documentation of daily skin checks regarding client A was not available for review. RN (Registered Nurse) was interviewed on 11/15/22 at 12:53 PM. RN indicated she was not aware client A had red discolored areas on her thighs. RN indicated client A did not have a skin integrity risk plan. RN stated staff "just know to report any new areas." RN indicated skin checks were not documented. 9-3-6(a)			

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W 0368 Bldg. 00	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. Based on record review and interview for 1 of 3 sampled clients (C), plus 3 additional clients (D, F and G), the facility failed to ensure clients C, D, F and G's medications were administered without error. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 11/14/22 at 1:36 PM. The review indicated the following: 1. BDDS report dated 10/19/22 indicated, "Upon investigation of the bubble packs it was determined that there was more than one error: 1.) Olanzapine 5 mg (milligrams) (mood) due at 7:00 PM daily- [client C] did not get the pill on 10/17/22.... 2.) Benztropine Mesylate 1 mg (side effects) (1/2 tablet)- 2 pills were given on 10/17/22... [client C] was supposed to get only 1. 3.) Benztropine Mesylate 1 mg (1/2 tablet)- 2 pills were given on 10/16/22... [client C] was supposed to get only 1." -BDDS report dated 10/10/22 indicated, "On 10/9/22 at 4:00 PM [client C] was supposed to receive Benztropine Mesylate 1 mg (1/2 tablet) but did not receive it until 7:00 PM med pass. At the same time [client C] received Benztropine Mesylate 1 mg (1/2 tablet) at 4:00 PM and then again at 7:00 PM. He was only supposed to receive the 1 tab at 4:00 PM." Client C's MAR (Medication Administration	W 0368	In response to W0368, the facility failed to ensure consumers medications were administered without error. On 11-1-22 staff was terminated from the agency for medication errors. The agency policy is to provide more training via med core, 6 rights, 3 checks and random checks. After a third medication error, the staff is terminated. The nurse, QIDP, and director will continue to do random medication checks. The DSP's will continue to check for medication errors and report the errors during their shifts.	11/17/2022

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	Record) was reviewed on 11/15/22 at 11:50 AM. Client C's 11/2022 MAR dated 10/29/22 indicated client C should have had the following physician ordered medications: -Olanzapine 5 mg at 7:00 PM daily -Benztropine Mesylate 1 mg (1/2 tablet) daily at 4:00 PM. 2. BDDS report dated 6/5/22 indicated, "On 6/4/22 at 7:00 AM med pass [client D] was given Latuda (mood) but not given Lithium (bipolar disorder). Latuda is not supposed to be given until 4:00 PM and Lithium was supposed to be given at 7:00 AM." -BDDS report dated 5/16/22 indicated, "On May 14, 2022 at 7:00 AM med pass, [client D] was given her medications by staff... and she popped out and took 2 Latuda 120 mg (milligrams) tablets. She was only supposed to take 1. She was also not supposed to take this medication until 4:00 PM. Staff failed to supervise and ensure that [client D] took the correct amount of medication at the correct time." Client D's MAR was reviewed on 11/15/22 at 11:30 AM. Client D's 11/2022 MAR dated 10/29/22 indicated client D should have had the following physician ordered medications: -Latuda 120 mg tablet, one tablet daily at 4:00 PM. -Lithium Carbonate ER (extended release) 300 mg, take 2 tablets daily at 7:00 AM and 7:00 PM. 3. BDDS report dated 8/17/22 indicated, "On 8/17/22 at 7:45 PM... [client F] did not receive his 4:00 PM medication Clonidine HCL 0.1 mg (blood pressure) ...."			

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	Client F's MAR was reviewed on 11/15/22 at 11:40 AM. Client F's MAR dated 10/24/22 indicated client F should receive Clonidine HCL 0.1 mg tablet daily at 4:00 PM. 4. BDDS report dated 8/17/22 indicated, "It was discovered this morning that [client G] did not get her 9:00 PM, Aripiprazole 10 mg (anti-psychotic) on 8/9/22, 8/12/22, 8/13/22, 8/14/22, 8/15/22 and 8/16/22 because the staff forgot." Client G's MAR was reviewed on 11/15/22 at 11:45 AM. Client G's MAR dated 10/24/22 indicated client G had an order to receive Aripiprazole 10 mg daily at 9:00 PM. RN (Registered Nurse) was interviewed on 11/15/22 at 12:53 PM. RN indicated clients C, D, F and G's medications should be administered as ordered by the physician. 9-3-6(a)			
W 0455 Bldg. 00	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G), the facility failed to implement their Covid-19 protocol for infection control regarding clients A, B, C, D, E, F and G. Findings include: QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 11/14/22 at 12:10 PM. QIDP indicated clients A and G were	W 0455	In response to W0455, the facility failed to follow the Covid-19 protocol. Staff was remined that they are to complete the Covid screening process when visitors arrive to the home. In the event that a roommate is Covid positive and the other roommate is negative, the facility will relocate the positive consumer to another room in the home if	12/06/2022

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	Covid-19 positive. QIDP indicated the agency had suspended day service attendance and implemented quarantine protocol at the group home due to Covid-19 positive cases in the group home and at other facility owned/operated group homes. QIDP indicated the agency had a Covid-19 policy and staff at the group home should complete a screening symptom questionnaire, take their temperatures, sanitize their hands and wear face masks for themselves and visitors at the home. QIDP indicated clients A and G were being asked to stay inside of their bedrooms. QIDP indicated clients B, C, D, E and F were being encouraged to stay in their bedrooms or utilize face masks when in the common areas of the home. QIDP indicated staff were preparing meals and administering medications to clients A, B, C, D, E, F and G from the hallway while the clients remained inside of their bedrooms. Observations were conducted at the group home on 11/14/22 from 3:50 PM through 5:20 PM. The survey team was not screened for Covid-19 symptoms upon entering the home. The survey team's temperatures were not requested and the team was not encouraged to sanitize their hands prior to entering the home. The survey team was provided with face masks. Throughout the observation period clients A and D were quarantined together inside of their bedroom. Observations were conducted at the group home on 11/15/22 from 6:55 AM through 8:30 AM. The survey team was not screened for Covid-19 symptoms upon entering the home. The survey team's temperatures were not requested and the team was not encouraged to sanitize their hands prior to entering the home. The survey team was provided with face masks. Throughout the observation period clients A and D were		available. If not the positive consumer will be relocated to the office in the medical room during the isolation period with staff. Staff was retrained on hand sanitating during medication administration. Staff was educated that changing your gloves, washing your hand, or using hand sanitizer between each consumer prevents cross contamination. The nurse, QIDP, and Director will oversee that staff is following proper procedures during site checks at the home.	

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	quarantined together inside of their bedroom. Client G was in a single room and was encouraged to remain in her room. Clients B, C, E, F and G were in their bedrooms. At 7:00 AM, staff #1 utilized gloves/PPE (personal protective equipment) while administering client D's oral medications. At 7:14 AM, staff #1 utilized hand sanitizer while wearing the same gloves she had worn while administering client D's medications. Staff #1 did not change her gloves before preparing and administering client A's oral medications. Staff #1 did not encourage clients A, G, F, B and E to sanitize or wash their hands during their medication administration. Staff #1 was interviewed on 11/14/22 at 4:00 PM. Staff #1 indicated clients A, B, C, D, E, F and G were quarantining and staying in their rooms. Staff #1 indicated medications and meals were being brought by staff to the clients in the hallway. Staff #1 indicated clients A and G were Covid-19 positive. Staff #1 indicated clients A and D were roommates and not separated during quarantine. Staff #1 indicated Covid-19 screening had not been completed with surveyors when entering the home. QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 11/15/22 at 12:24 PM. QIDP indicated client D was in the same room with client A. QIDP indicated there was not a room available for client D to be separated from her roommate client A during Covid-19 quarantine. QIDP indicated staff should not sanitize their gloves between administration of clients' medications. RN (Registered Nurse) was interviewed on 11/15/22 at 12:53 PM. RN indicated staff should change gloves or re-wash their hands in between clients when completing medication			

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	administration. RN stated sanitization of gloves was "not best practice" for infection control during the administration of medication. The facility's Covid-19 Policy dated 11/15/21 was reviewed on 11/14/22 at 2:00 PM. The Covid-19 policy indicated the following: -"Screening is to be completed in privacy and by using proper social distancing. At this same time a COVID questionnaire will need to be completed that shows all the positive results. Questionnaire will ask but not (be) limited to: have you been exposed to someone with Covid-19? Have you had a fever, dry cough or trouble breathing, chills, sore throat, fatigue, muscle aches, headache, loss of taste or smell, nausea, diarrhea and/or chest congestion the last 3 days? If someone would refuse to allow staff to complete the screening they will be turned away immediately without the ability to gain access to our facility. Clean masks will need to be present with each person and documented upon entry." -"All visitors must sign in and out and have a temp check before proceeding." 9-3-7(a)			