STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G736	A. BUILDING 00 B. WING	03/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABILITIES SERVICES INC	2200 S EARL AVE LAFAYETTE, IN 47905

(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 0000 Bldg. 00	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: 2/27, 2/28, 3/1 and 3/3/17. Facility number: 005592 Provider number: 15G736 AIM number: 200859310 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review of this report completed 3/27/2017 by #09182.	W 0000		
W 0130 Bldg. 00	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation and interview for 1 of 3 sampled clients (#1), the facility failed to protect client #1's privacy during the medication pass.	W 0130	In regard to W130, staff failed to provide privacy during med pass, it has been identified that based on the designated location of med pass, staff need to be aware of	04/10/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Findings include: During the 2/27/17 medication administration observation at 4:58pm, client #1 was sitting on a chair outside the medication closet. The medication closet was located outside of client #3's bedroom. During client #1's medication pass client #3 came out of his bedroom and watched staff #3 administer client #1's medication. Staff #1 told client #1 he was being given Tegretol for his seizures. An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 3/1/17 at 1:47pm. When asked if client #1 should be provided privacy during his medication pass, the QIDP stated "Yes." 9-3-2(a)		other consumers standing and waiting or coming to talk to them when they are passing another individuals meds. staff have been retrained. To ensure the procedures are followed, site checks are being done three times a week by the QIDP, Nurse, and Program Coordinator. The nurse is also specifically overseeing med passes during the check. The site check documentation is submitted the safety committee and reviewed every 2 weeks. The forms are immediately scanned to all managers and director upon completion to address any immediate issues,	
W 0240 Bldg. 00	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to meet the needs of client #1 by not developing a fall prevention protocol.	W 0240	In response to W240, the agency failed to develop fall prevention protocol for an individual has been identified and corrected. All individuals protocols have been	04/10/2017

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	Findings include: The facility's reportable incident reports were reviewed on 2/27/17 at 1:04pm. The reportable incident reports indicated the following (not all inclusive): 2/22/17: "[Client #1] was doing exercising goal of walking around, when his walker slide (sic) from out of his hands and away from him causing [client #1] to fall to his knees on the floor. As [client #1] was falling he hit his right elbow on the chair next to him. [Client #1] stated it gave out on him. Meaning the walker gave out. Staff assisted [client #1] up an (sic) into the chair. Staff did a body check on [client #1] and did notice that his elbow was red, so bruising may appear later. He had no redness to his knees. Staff and PC (program coordinator) were witness (sic) to the accidental fall. [Client #1] will walk slower, pay attention to what is in front of him and when he goes to sit down so that he will have better control of his walker. No updates needed at this time." 2/11/17: "[Client #1] was in the kitchen making coffee with his walker to the side of him. While he was standing at the counter performing this task his knees began to give out and he fell to the floor		reviewed and are up to date and in place as necessary. The addressed individual has a fall protocol in place. To follow up on any recommendations from doctors and to ensure all protocols are in place, the Continuity of Care for all consumers following their appointments are being scanned to all managers involved to review. Weekly, any new needed protocol will be reviewed in the team weekly meetings to ensure they are complete.	

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	onto his buttocks then rolled to his back. No injury noted. No s/s (signs and symptoms) of discomfort. Offer rest breaks when performing morning task of making coffee. Continue with home/workshop exercises as recommended by therapy." 2/5/17: "[Client #1] was getting up from the dining room table to go take a bath. He got up one time but sat back down and got up a second time and didn't not (sic) have full balance. When he went to sit back down on the chair, he missed the chair and landed on the floor on his buttocks. He was excited at the time of getting up as he wanted to be the first person to get done with a bath/shower. He was wearing his shoes and utilizing his walking (sic) at the time of the incident. The dining room floor was free of moisture, wetness. Staff to remind [client #1] to get up slowly from a seated position and educate on importance of not 'racing' to the bathroom for safety." 10/25/16: "[Client #1] self reported to his PC (Program Coordinator) that he fell yesterday morning 10/24/16 while making his morning coffee. This PC went and pulled up the cameras to view them to verify if [client #1] had fallen because nothing has been reported by staff. The camera footage does show that			

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	[client #1] fell at 7:31am in the kitchen in front of the counter. He can be seen (sic) that he was doing something on the counter which verifies he was doing his coffee goal. The footage show [client #1] slowing (sic) falling to the floor and rolling himself onto his knees and hands to crawl back to his walker and get himself up off the floor. He was up back using his walking (sic) at 7:32am. No staff was present at the time of his fall. It is unknown if [client #1] reported to his staff. [Client #1] walked himself back to the kitchen table and sat in a chair. [Client #1] did not appear to hurt himself." Client #1's record was reviewed on 2/28/17 at 11:00am. Client #1's 11/15/16 Continuity of Care form indicated he was seen by physical therapy/PT. The recommendations indicated "Caregivers to use gait belt during transfers and ambulation in order to reduce risk of fall. Cueing for proper safety awareness during transfer activity; (sic) Patient needs to find sitting surface with the back of both legs, then reach back and find surface or arm rests with both hands before standing to sit transfer." Client #1's record did not indicate he had a fall prevention protocol to guide staff on how to prevent client #1 from falling.			

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	An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 3/1/17 at 1:47pm. When asked if client #1 had a fall prevention protocol, the QIDP stated "No. He doesn't have an official written one." 9-3-4(a)			
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review and interview for 1 of 3 sampled clients (#3), the facility failed to implement client #3's dining plan by not cutting his sandwich into bite sized pieces. Findings include: During the 2/28/17 observation period between 6:30am and 8:00am, client #3 completed his morning routine. At 6:48am, client #3 was making himself a bacon, egg and cheese sandwich with two pieces of bread. He asked staff #4 to put	W 0249	In regard to W249. the agency failed to implement the individuals dining plan, it was identified that staff are not following the individuals dining plan and have been retrained. All dining plans have been reviewed and staff have been observed to ensure they are following all plans correctly. Weekly the QIDP, Nurse and Program Coordinator are doing site checks at the facility and observing meal times to ensure all dining plans are followed and that if staff have questions, they are available to answer them. The site check documentation is submitted the	04/10/2017

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	his sandwich into the microwave so his cheese would melt. Staff #4 brought client #3's sandwich back to him at the table and did not assist him with cutting it up into bite sized pieces. While trying to pick up his sandwich at the table, he dropped his egg out of his sandwich onto the floor. Client #3's record was reviewed on 3/1/17 at 1:00pm. Client #3's undated dining plan indicated "[Client #1] is selective with his food preferences. Staff will assist [client #1] hand over hand on serving sizes while filling his plate. [Client #1's] food needs to be cut into bite size pieces for him to consume (the visual size would be that of a quarter). He is then prompted to eat his meal." An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 3/1/17 at 1:47pm. When asked if client #3's sandwich should have been cut into bite sized pieces, the QIDP stated "yes." When asked if staff followed client #3's dining plan by not cutting up his sandwich, the QIDP stated "No, they should have cut his sandwich up." 9-3-4(a)		safety committee and reviewed every 2 weeks. The forms are immediately scanned to all managers and director upon completion to address any immediate issues, The monitoring by the Coordinator is done 3 days a week and the QIDP and Nurse each monitor one day a week. m 5/7 days are monitored at meal times.	

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W 0322 Bldg. 00	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 3 of 3 sampled clients (#1, #2, and #3), the facility failed to obtain an annual physical for clients #1, #2 and #3. Findings include: Client #1's record was reviewed on 2/28/17 at 11:00am. Client #1's record did not indicate an annual physical had been completed. Client #2's record was reviewed on 3/1/17 at 11:18am. Client #2's record did not indicate an annual physical had been completed. Client #3's record was reviewed on 3/1/17 at 1:00pm. Client #3's record did not indicate an annual physical had been completed. An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 3/1/17 at 1:47pm. When asked if clients #1, #2 and #3 had annual physicals, the QIDP stated "I'll have to see where the nurse filed them." The facility did not provide annual physicals for clients #1, #2, and #3 for review.	W 0322	In regard to W322, the facility failed to obtain the annual physicals for the individuals listed, it was found that even thought the individuals went to the doctor every 3 months, one appointment was not designated as the annual specifically and the paperwork completed. This has been fixed. All files have been reviewed and the appointments have been scheduled. The nurse will track the annual physical date and it will be in an automatic calendar sent to all managers to ensure the physicals are scheduled. The paperwork following the appointments are immediately sent to all managers.	04/10/2017

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	9-3-6(a)			
W 0436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review, and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1 had his recommended adaptive equipment. Findings include: During the 2/27/17 observation period between 4:00pm and 6:15pm and during the 2/28/17 observation between 6:30am and 8:00am client #1 did not wear a gait belt. He was using a walker while ambulating in his home. Client #1's record was reviewed on 2/28/17 at 11:00am. Client #1's 11/15/16 Continuity of Care form indicated he was evaluated by physical therapy/PT. The PT recommendations indicated "Caregivers to use gait belt during transfers and ambulation in order to reduce risk of fall. Cueing for proper safety awareness during transfer activity; (sic) Patient needs to find sitting surface	W 0436	In response to W436, the agency failed to ensure the individual had recommended adaptive equipment, has been identified and corrected. All individuals adaptive equipment checklists have been reviewed and are up to date and in place as necessary. The addressed individual's adaptive equipment in question was to be discontinued but the agency failed to provide the supporting documentation. To follow up on any recommendations from doctors and to ensure all protocols are in place, the Continuity of Care for all consumers following their appointments are being scanned to all managers involved to review. Weekly, any new needed protocol will be reviewed in the team weekly meetings to ensure they are complete.	04/10/2017

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	with the back of both legs, then reach back and find surface or arm rests with both hands before standing to sit transfer." An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 3/1/17 at 1:47pm. When asked if client #1 should wear a gait belt, the QIDP stated "If the doctor has ordered it. I thought we had an order to discontinue the use of the gait belt." The facility did not provide a discontinue order for the use of the gait belt. 9-3-7(a)			