

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G619		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/31/2013	
NAME OF PROVIDER OR SUPPLIER IN-PACT INC				STREET ADDRESS, CITY, STATE, ZIP CODE 605 SHERWOOD ST CROWN POINT, IN 46307			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: May 13, 14, 15 and 31, 2013</p> <p>Facility number: 001178 Provider number: 15G619 AIM number: 100240150</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed June 7, 2013 by Dotty Walton, QIDP.</p>	W000000					

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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W000130	<p>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.</p> <p>Based on observation and interview, the facility failed for 2 of 3 sampled clients (#2 and #3), and 2 additional clients (#4 and #5), to ensure privacy during medication administration.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/14/13 from 5:45 A.M. until 7:15 A.M. At 5:57 A.M., Direct Support Professional (DSP) #1 began administering client #4's morning medication in the kitchen while client #1 sat in the living room, client #2 stood in the open kitchen and #3 sat in the dining room. DSP #1 named each of client #4's medications and the purpose of each medication while the other clients could hear the medical information. At 6:11 A.M., DSP #1 began administering all of client #3's morning medications in the open kitchen while client #2 was present. DSP #1 named each of client #2's medications and the purpose of each medication while the other clients stood in the same room and could hear the medical information. At 6:20 A.M., DSP #1 began administering all of client #5's</p>	W000130	<p>Staff will be trained to ensure privacy during medication administration for all clients. Responsible person: Dana Rock, Group Home Manager. A medication reliability will be completed to ensure competency. Responsible person: Dana Rock, Group Home Manager. To ensure privacy during medication administration; it will be added to the pill passing training that is required upon hire and annually thereafter. Responsible person: Sherri DiMarcco, RN.</p>	06/30/2013			

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	<p>morning medication in the kitchen while clients #1, #2 and #3 were present. DSP #1 named each of client #5's medications and the purpose of each medication while the other clients could hear the medical information. At 6:28 A.M., DSP #1 began administering client #2's morning medications while clients #1 and #3 were present. DSP #1 named each of client #2's medications and the purpose of each medication while the other clients could hear the medical information. There was no training regarding privacy observed during medication administrations.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at conducted at the facility's administrative office on 5/31/13 at 11:45 A.M. The QIDP indicated all clients should have privacy during medication administration.</p> <p>9-3-2(a)</p>				

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (clients #1 and #2), the facility failed to implement the clients' training objectives when formal and/or informal opportunities existed.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/13/13 from 3:45 P.M. until 4:50 P.M. During the entire observation period, client #1 sat in the living room with no activity and client #2 walked back and forth to and from the living room. Direct Support Professionals #1, #2 and #3 would walk into the room and occasionally check on clients #1 and #2, but did not offer any meaningful activity. During the above mentioned observation period, clients #1 and #2 were non-verbal in communication in that the clients did not speak. No communication training was provided and/or offered to each client.</p>	W000249	Staff will be re-trained to implement objectives when formal and/or informal opportunities exist. Responsible person: Dana Rock, Group Home Manager. To ensure future compliance, reliabilities will be completed to show competency. Responsible person: Dana Rock, Group Home Manager.	06/30/2013			

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	<p>A morning observation was conducted at the group home on 5/14/13 from 5:45 A.M. until 7:15 A.M. During the entire observation period, client #1 sat in the living room with no activity and client #2 walked back and forth; to and from the living room. Direct Support Professionals #1 and #5 would walk into the room and check on clients #1 and #2, but did not offer any meaningful activity. During the above mentioned observation period, clients #1 and #2 were non-verbal in communication in that the clients did not speak. No communication training was provided and/or offered to each client.</p> <p>A review of client #1's record was conducted on 5/15/13 at 1:50 PM. Client #1's 12/13/12 Individual Support Plan (ISP) indicated client #1 had the following objectives: "Will learn to make a purchase...Will learn to use a stove...Will be able to chose the appropriate response to a situation...Will learn to exercise for 45 minutes...Will be able to correctly identify words in a sentence...Will learn to mop the downstairs bathroom."</p> <p>A review of client #2's record was conducted on 5/15/13 at 1:15 P.M. Review of the ISP dated 2/26/13 indicated: "Will learn to pick out an activity when given a choice...Will learn</p>			

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	<p>to use PECS to communicate his wants and needs...Will learn to match words and pictures...Will learn to make juice."</p> <p>Facility staff during the 5/13/13 and 5/14/13 observation periods did not implement clients #1 and #2's above mentioned ISP goals when formal and/or informal training opportunities existed.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/31/13 at 11:45 A.M. The QIDP indicated facility staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p>				

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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #3), to provide annual vision and hearing evaluations/assessments.</p> <p>Findings include:</p> <p>A review of client #3's record was conducted on 5/15/13 at 1:15 P.M. Client #3's record did not contain evidence of an annual vision or hearing evaluation/assessment. Client #3's record further indicated a most current annual physical dated 1/28/13 which indicated the following: "Hearing and vision unable to test." The most current hearing exam was dated 4/4/11. The most current vision exam was dated 2/14/12. Further review of the record failed to indicate client #3 had his vision and hearing evaluated/assessed annually.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/31/13 at 11:45 A.M. The QIDP indicated there was no evidence of an annual evaluation/assessment of client #3's vision and hearing.</p>	W000323	<p>All clients get vision exams annually and hearing evaluations upon admissions. Responsible person: Dana Rock, Group Home Manager. Annually, at the client's physical exam, the doctor assesses if specialized vision/hearing screening is needed. Responsible person: Dana Rock, Group Home Manager. Consumer #3 will have a vision and hearing evaluation completed if it is not current. Responsible person: Dana Rock, Group Home Manager. To ensure future compliance, monthly the nurse will review all of the records and record what appointments are due. Responsible person: Sherri Dimarco, RN. To ensure future compliance, monthly a program status report will be completed to make sure that all appointments are scheduled. Responsible person: Traci Hardesty, QDDP and Sheila O'Dell, Group Home Director.</p>	06/30/2013	

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	9-3-6(a)				

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W000383	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview, the facility failed for 5 of 5 clients residing at the group home (clients #1, #2, #3, #4 and #5), to ensure only authorized persons had access to the keys/magnet to the medication lock box and cabinet.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/14/13 from 5:45 A.M. until 7:15 A.M. During the entire observation period clients #1, #2, #3, #4 and #5 walked in and out of the open, unsecured kitchen. At 5:57 A.M., Direct Support Professional (DSP) #1 retrieved the group home medication keys/magnet out of a small unlocked clear recipe box located on top of the kitchen counter in the open, unsecured kitchen and began administering clients #2, #3, #4 and 5's prescribed medications. After administering client #2's prescribed medications at 6:28 A.M., DSP #1 placed the keys/magnet to the medication cabinet back into the unlocked clear recipe box located on top of the counter in the open, unsecured kitchen.</p> <p>An interview with the Qualified Intellectual Disabilities Professional</p>	W000383	All staff will be re-trained so that only authorized persons may have access to the keys to the drug storage area. Responsible person: Dana Rock, Group Home Manager. To ensure future compliance, medication reliability will be completed to show competency. Responsible person: Dana Rock, Group Home Manager.	06/30/2013	

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	(QIDP) was conducted on 5/31/13 at 11:45 A.M. The QIDP indicated the keys and magnet should only be available to authorized persons and further indicated the keys/magnet to the medication cabinet should not be on the cabinet in the unsecured open kitchen area. 9-3-6(a)				

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W000454	<p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation and interview, the facility failed to maintain proper hygiene practices and prevent cross contamination, during medication administration, for 1 of 1 client (client #4), whose oral medications were dispensed onto the unclean countertop.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/14/13 from 5:45 A.M. until 7:15 A.M. At 5:57 A.M., client #4 retrieved his prescribed medication packages from the bin in the medication cabinet. Direct Support Professional (DSP) #1 punched each of client #4's medications from the bubble packets into a paper cup and handed the medications to client #4. Client #4 poured all of his medications onto the unclean countertop and self-administered the medications. DSP #1 had not sanitized the counter and did not redirect client #4.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 5/31/13 at 11:45 A.M. The QIDP indicated client #4's medications should have been administered directly from the paper cup and not from the counter top.</p> <p>9-3-7(a)</p>	W000454	All staff will be re-trained on sanitary environment to avoid sources and transmission of infections. Responsible person: Dana Rock, Group Home Manager. Staff will wipe down the counter or tray to sanitize it prior to med pass. Responsible person: Dana Rock, Group Home Manager. To ensure future compliance, medication reliability will be completed to show competency. Responsible person: Dana Rock, Group Home Manager.	06/30/2013			

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview, the facility failed to ensure 3 of 3 sampled clients (clients #1, #2 and #3), were involved in meal preparation.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group on 5/13/13 from 3:45 P.M. until 4:50 P.M. During the observation period, client #1 sat in the living room with no activity. Client #2 walked to and from the hallway to the living room with no activity. Client #3 sat at the dining table. The Group Home Manager (GHM) opened the fish fillet package and placed each piece onto a cookie sheet and placed it in the oven. The GHM opened a bag of vegetables and emptied it into a pot and placed the pot on the stove. At 4:30 P.M., clients #1, #2 and #3 served themselves and ate their meal independently. Clients #1, #2 and #3 did not assist in meal preparation.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the administrative office on 5/31/13 at 11:45 A.M. The QIDP indicated clients #1 and</p>	W000488	<p>Manager will be re-trained on involving all clients in meal preparation based off their developmental level. Responsible person: Traci Hardesty, QDDP. All staff will be re-trained on involving all clients in meal preparation based off their developmental level. Responsible person: Dana Rock, QDDP. To ensure future compliance, meal time reliability will be completed to show competency. Responsible person: Traci Hardesty, QDDP and Sheila O'Dell, Group Home Director.</p>	06/30/2013			

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	#3 were capable of assisting in meal preparation and further indicated they should be assisting in meal preparation at meal times. 9-3-8(a)				