

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G144	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/03/2014
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NAME OF PROVIDER OR SUPPLIER  PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 720 ROYAL RD MICHIGAN CITY, IN 46360
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(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
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 28, 29, 30, 31, and February 3, 2014.</p> <p>Facility number: 000680 Provider number: 15G144 AIM number: 100243080</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review completed 2/4/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000369	<p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed to assure medications were administered according to physician's orders for 1 of 3 sampled clients (client #1).</p> <p>Findings include:  Client #1 was observed during the group</p>	W000369	<p>The staff member who made the error has been retrained onGemfibrozil being administered appropriately and re trained on Med Pass Review.The team leader will review, with all staff, the special instructions as they apply to theGemfibrozil being given 30 minutes prior to meals. All staff in the home willreceive medication training specific to all</p>	02/28/2014

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>home observation period on 1/29/14 from 5:22 A.M. until 7:30 A.M. At 6:19 A.M., client #1 poured himself a bowl of cereal and began eating. At 6:34 A.M. direct care staff #1 assisted client #1 to the medication room and administered his morning medications which included a Gemfibrozil 600 mg (milligram) tablet (cholesterol medication). Client #1 was assisted back to the dining room table where he resumed eating his cereal.</p> <p>Client #1's record was reviewed on 1/30/14 at 9:12 A.M. Review of client #1's 11/12/13 physician's orders indicated the following: "Gemfibrozil oral tablet 600 mg. Take 1 tablet {600 mg} by oral route (by mouth) 2 times per day 30 minutes before morning and evening meals."</p> <p>Nurse #1 was interviewed on 1/30/14 at 11:11 A.M. Nurse #1 stated client #1's Gemfibrozil was to be "administered 30 minutes before his morning and evening meal." 9-3-6(a)</p>		<p>medications being given at the appropriate time and following all physician's instructions as written on the medication administration record. Staff will be re-trained on following the 6 rights of medication administration. All other medications with special instructions will be identified and reviewed with all staff to ensure their understanding of accurate dispensation. The IDT will be completing "Mock Surveys" on an on-going monthly basis at all group homes and will observe at least one medication pass while in the home. The team leader will observe one medication pass per week for a period of 2 months, to ensure staff are following all physicians orders as written.</p>		