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 12/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARENTS AND FRIENDS INC	720 ROYAL RD MICHIGAN CITY, IN46360

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
W0000	This visit was for a fundamental recertification and state licensure survey. Dates of survey: December 12, 13, 14, 15, and 16, 2011 Facility number: 000680 Provider number: 15G144 AIM number: 100243080 Surveyor: Christine Colon, Medical Surveyor III/QMRP- Team Leader Tim Shebel, Medical Surveyor III/LSW The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12-29-11 by C. Neary, Program Coordinator.	W0000		
W0126	The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. Based on observation and interview, for 6 of 6 clients residing at the group home (clients #1, #2, #3, #4, #5 and #6), the facility failed to encourage and teach each client to access their personal finances.	W0126	In order to ensure this tag is corrected now and systemically, the consumers will have immediate access to a certain amount of cash out of their own budget packs, placed in the medication cart in their individual slot for small impulse purchases. The money will be used by consumers at the homes at any	01/15/2012

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Findings include: An evening observation was conducted at the home of clients #1, #2, #3, #4, #5 and #6 on 12/12/11 from 3:30 P.M. until 6:35 P.M.. At 5:50 P.M., Direct Support Professional (DSP) #1 was asked if clients kept their personal funds. DSP #1 indicated the clients' personal funds were kept locked up in a safe in the office. When asked if she could unlock the safe in the office so the clients could count their personal finances, DSP #1 indicated the group home lead was the only person who had access to the locked finances. The safe in the office was observed to be locked and unable to be opened during the observation period. A review of client #1's record was conducted on 12/13/11 at 9:00 A.M.. A review of client #1's record failed to indicate a need for their finances to be locked up. A review of client #2's record was conducted on 12/13/11 at 9:53 A.M.. A review of client #2's record failed to indicate a need for their finances to be locked up. A review of client #3's record was conducted on 12/13/11 at 10:55 A.M.. A		given time frame to allow the consumers to work on goals in a natural environment and to have choices. This will systemically be put in practice for all consumers in the group homes. IDT will monitor on a weekly basis to see if consumer money is always available.(Residential Coordinator, Team Leader and direct care staff responsible)	

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	review of client #3's record failed to indicate a need for their finances to be locked up. An interview with the Qualified Mental Retardation Professional-Designee (QMRPD) was conducted at the facility's administrative office on 12/13/11 at 11:25 A.M.. The QMRPD indicated the clients should have access to their personal funds and they should be available for their use. The QMRPD further indicated the group home lead was the only person with access to each client's personal funds. 9-3-2(a)			
W0130	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, the facility failed to assure privacy for morning hygiene tasks for 1 of 1 sampled client (client #3) who required privacy. Findings include:	W0130	In order to meet the needs of this citation the staff have all been retrained on 12/22/11 in regards to ensuring the rights of consumer privacy. Staff will offer consumer his robe or attempt to use a towel to ensure privacy. Staff were retrained to re direct the consumer to be properly clothed when coming out of his	01/15/2012

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	Client #3 was observed at the group home on 12/12/11 from 6:00 A.M. until 8:00 A.M.. At 6:14 A.M., client #3 walked out of the bathroom nude and put his laundry on the hallway floor. Client #3 then walked nude around the laundry room door area and down the hallway in direct sight of client #2 and #5. As client #3 walked nude, direct care staff #2 picked up the client's laundry and placed it in the laundry area. Direct care staff #2 did not prompt or assist client #3 in getting a robe or going into the bathroom or his bedroom for privacy while nude. QMRP-D (Qualified Mental Retardation Professional-Designee) #1 was interviewed on 12/13/11 at 11:25 A.M.. QMRP-D #1 indicated direct care staff #3 should have directed client #2 to his room or to get a robe on to assure privacy for himself and clients #2 and #5. 9-3-2(a)		bedroom or bathroom (see attached agenda). In order for this to be met now and systemically, staff will redirect any consumers in this house to privacy in any instance that involves them displaying any part of the body that is not clothed. IDT will monitor this when they are in the homes, if they see any staff not redirecting consumers with issues, they will first model the appropriate actions, then take staff aside and retrain them. This will be written on observation forms that IDT completes when going into the homes.(Team Leaders, QMRP, Residential Coordinator, Behavior Specialist, RN, and Direct Care staff responsible)	
W0140	The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2, and #3) to ensure a system	W0140	In order to correct this tag now and systemically, PAF has revised its budget pack procedures to eliminate errors that were made. Team Leaders	01/15/2012

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	was established for individual receipts to be maintained. Findings include: A record review of client #1, #2, and #3's financial records was conducted on 12/13/11 at 12:35 P.M.. The receipts dated January 2011 through October 2011 failed to provide an individual account of which client had purchased the items on the receipt. Further review indicated meals in the community had not been reimbursed for the months of January 2011 through October 2011 for clients #1, #2, and #3. An interview with the Qualified Mental Retardation Professional Designee (QMRPD) was conducted on 12/13/11 at 11:25 A.M.. The QMRPD indicated the facility should pay for a meal if it replaces a meal at the home. The QMRPD also indicated there was only one receipt for multiple clients available for review and each receipt had multiple purchases on the receipts so there was no way of knowing how much each client would have spent or what they had bought. 9-3-2(a)		responsible for completing budget packs were trained on consumers being reimbursed for meals if they do not choose to go out and eat. Consumers will be reimbursed if money is not available on a weekend if they want a hair cut, etc. All budget packs will be monitored on a monthly basis for accuracy, along with the normal month end checks. Consumers will have individual receipts when possible. If not, appropriate tax will be figured in for each consumer so all are paying equally.(Team Leaders and Residential Coordinator responsible)	

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W0249	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, the facility failed to implement meal preparation objectives for 2 of 3 sampled clients (clients #2 and #3) during mealtime. Findings include: Clients #2 and #3 were observed at the group home on 12/12/11 from 6:00 A.M. until 8:00 A.M.. During the morning observation, direct care staff #1was observed to prepare scrambled eggs, toast with jelly, and a bowl of cereal for clients #2 and #3. Direct care staff #1 then placed the foods in front of clients #2 and #3 as they sat at the dining room table. When clients #2 and #3 were finished eating, direct care staff #1 removed the clients' place settings and put them in the kitchen area of the facility. Direct care staff #1 was not observed to assist clients #2 and #3 in preparing their own breakfast meal. An evening observation was conducted at	W0249	In order for this citation to be met now and systemically, the QMRP had training with all the house staff on 12/22/11 in regards to staff implementing active treatment, especially in this area, in regards to meal preparation. The QMRP explained that staff must interact with each individual to provide active treatment in a natural setting to allow consumers to help out as much as they possibly can to gain independence in a skill. The QMRP gave a quiz on active treatment, how to complete in a natural setting, when and why it is important, etc. This tag will be monitored by IDT going to the homes for weekly observations. If IDT does not see this type of objective being run correctly IDT will show staff how to implement. If this continues, IDT will report to supervisor for possible disciplinary action. (QMRP, Team Leader, Residential Coordinator, RN, Behavior Specialist, direct care staff responsible)	01/15/2012

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	the group home on 12/12/11 from 3:30 P.M. until 6:35 P.M.. During the evening observation client #2 and #3 sat in the living room with no activity while the meal was being prepared. Clients #2 and #3 did not assist in preparing their own meal. Client #2's record was reviewed on 12/13/11 at 9:53 A.M.. A review of the client's 3/15/11 Individual Program Plan indicated client #2 had the following objective: Participate in Meal Preparation. Client #3's record was reviewed on 12/13/11 at 10:55 A.M.. A review of the client's 4/13/11 Individual Program Plan indicated client #3 had the following objective: Participate in Meal Preparation. QMRP-D (Qualified Mental Retardation Professional-Designee) #1 was interviewed on 12/13/11 at 11:25 A.M.. QMRP-D #1 indicated direct care staff #1 should have implemented client #2's and #3's meal preparation objectives during the 12/12/11 morning and evening meals. 9-3-4(a)			

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W0436	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, the facility failed to 1. provide eyeglasses and hearing aids for 2 of 3 sampled clients (clients #2 and #3) who required eyeglasses and hearing aids and 2. failed for 1 of 1 clients who used a wheelchair (client #2) to keep adaptive equipment clean and in good repair. Findings include: 1. Clients #2 and #3 were observed at the group home on 12/12/11 from 6:00 A.M. until 8:00 A.M.. During the observation period, client #2 did not wear prescribed eyeglasses or hearing aids and client #3 did not wear prescribed eyeglasses. An evening observation was conducted at the group home on 12/12/11 from 3:30 P.M. until 6:35 P.M.. During the entire observation period, client #2 did not wear prescribed eyeglasses or hearing aids and client #3 did not wear prescribed eyeglasses.	W0436	Consumer #2 already has his glasses fixed. His hearing aides are being ordered. Medicaid will not pay for them due to the timeframes. PAF will order and get for consumer. Consumer #3 had his glasses, but has rebroke them. His glasses are in the process of getting repaired. Staff have been retrained on 12/22/11 to clean wheelchair on a weekly basis. This is being added to the over nights cleaning list/duties. All staff are to be involved in maintaining consumers' equipment. This is also a natural setting for a consumer to help participate in this cleaning; whenever possible. IDT will monitor staff when going into the homes on a weekly basis to observe staff prompting consumers to wear their adaptive equipment. IDT will also check adapative equipment to see if they are clean or in good repair. If not, IDT will inform RNs so equipment can get repaired. (QMRP, Residential Director, RN, Behavior Specialist, Team Leader and Direct Care staff	01/15/2012

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	Direct care staff #2 was interviewed on 12/12/11 8:07 A.M.. Direct care staff indicated client #3 wore prescribed eyeglasses and hearing aids and client #2 wore prescribed eyeglasses. Direct care staff #2 stated, "[Client #2] has eyeglasses and hearing aids but they have been broken for a while and [client #3] has eyeglasses that he (client #3) broke." Client #2's record was reviewed on 12/13/11 at 9:53 A.M.. A review of client #2's 11/2/10 vision exam indicated the client was prescribed eyeglasses to wear. A 7/12/11 hearing exam indicated client #2 was prescribed hearing aids to wear in both ears. Client #3's record was reviewed on 12/13/11 at 10:55 A.M.. A review of client #3's 8/2/11 vision exam indicated client #3 was prescribed eyeglasses to wear. QMRP-D (Qualified Mental Retardation Professional-Designee) #1 was interviewed on 12/13/11 at 11:25 A.M.. QMRP-D #1 stated client #2's eyeglasses "were broken" and his hearing aids "were lost at the workshop in July." QMRP-D #1 further stated client #3's eyeglasses "were broken for some time now." 2. Clients #2 was observed at the group			

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	home on 12/12/11 from 6:00 A.M. until 8:00 A.M.. Client #2 was seated in a wheelchair which had dirt and grime encrusted on all horizontal surfaces. QMRP-D (Qualified Mental Retardation Professional-Designee) #1 was interviewed on 12/13/11 at 11:25 A.M.. QMRP-D #1 indicated group home staff were to clean client #2 wheel chair but was "unsure if the wheel chair had been cleaned." 9-3-7(a)			
W0484	The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation and interview, the facility failed for 6 of 6 clients (clients #1, #2, #3, #4, #5 and #6) living in the group home to provide condiments at the dining table. Findings include:	W0484	In order for this citation to be corrected now and systemically, staff were informed on 12/22/11, at a training, that all meals should have condiments readily available to the consumers, such as jelly, butter, salt and pepper. IDT will monitor at weekly visits to see if condiments are being placed on the table.(Team Leader, Direct Care staff, Residential Coordinator, QMRP, RN, and Behavior Specialist responsible)	01/15/2012

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	An evening observation was conducted at the group home on 12/12/11 from 3:30 P.M. until 6:35 P.M.. At 6:05 P.M., clients #1, #2, #3, #4, #5 and #6 were observed serving themselves dinner with staff assistance which consisted of ravioli, salad, garlic bread and fruit cocktail. The table was observed to have no salt and pepper available for use. Group home staff #1 and #2 failed to offer salt and pepper to clients #1, #2, #3, #4, #5 and #6 for their food. An interview with the Qualified Mental Retardation Professional (QMRPD) was conducted on 12/13/11 at 11:25 A.M.. The QMRPD indicated condiments should be put on the table for the clients to use at all meals. 9-3-8(a)			