

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G543	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/09/2013
NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 164 GLENDEE LN ROANOKE, IN 46783		
(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	
W000000	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>Dates of Survey: December 2, 5, 6 and 9, 2013.</p> <p>Surveyor: Kathy Wanner, QIDP.</p> <p>Provider Number: 15G543 AIM Number: 100245390 Facility Number: 001057</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 13, 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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W000209	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview, the facility failed to assure the client and/or guardian participated in the Individual Support Plan (ISP) development process for 1 of 4 sampled clients (client #2). Findings include: Client #2's record was reviewed on 12/6/13 at 11:50 A.M. Client #2's record indicated he had a guardian to assist him. Client #2's record included an ISP dated 6/7/13. There was no documentation to indicate client #2 and/or his guardian were involved in the development process of client #2's 6/7/13 ISP. An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 12/6/13 at 2:25 P.M. When asked if client #2's guardian had participated in the ISP process, the QIDP stated, "No, they forgot to come. I did call her afterwards. I sent them a copy, but I don't have any documentation or their signature." An interview was conducted with the Community Supports Coordinator (CSC)</p>	W000209	<p>Prior to each meeting, the client's guardians are invited to each annual meeting. In many instances, the meetings are scheduled around the guardian's schedule to make attending more probably. There are times that even with our invitation, some guardians are not able to attend or choose not to attend. In these cases were they do not attend, we also send them a copy of the completed annual conferences notes and ISP. We discussed this issue at our monthly QDDP meeting on 12/12/2013. To assure that we get the guardian's participation even in their absence, along with sending them the annual conference notes and ISP, we will also be sending them a letter of acknowledgement that they received the documentation, and can sign that they agree with the plan as written or they can make note of things they feel should be changed to better serve their loved one. These will be mailed out following any meeting the guardian was not able to attend, and we will ask that these be returned. This will allow them to participate in the planning, even though they were unable to attend the meeting. We will then keep a</p>	01/03/2014			

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	<p>on 12/6/13 at 2:25 P.M. When asked if guardians should participate in the ISP process the CSC stated, "We always try to include them, always invite, and send a copy of the ISP. We make a note if we send them something and they sign if they are there (at the ISP meeting)."</p> <p>9-3-4(a)</p>		<p>copy of this letter of acknowledgement with their annual plan within their main chart. This letter of acknowledgement will be created and distributed to all QDDPs by January 3, 2014. To assure that we do not miss this step in any future situations, we will be adding this process to our case conference checklist that all QDDPs use to prepare and complete their annual meetings. This step will be added to the checklist on 01/03/2014. This checklist then will prompt all QDDPs to send the letter to any guardians that were unable to attend the annual conference.</p>		

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W000312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to specify a medication for possible reduction for 1 of 3 sampled clients who took medication for behavior management (client #1).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 12/6/13 at 10:50 A.M. Client #1's Behavior Support Plan (BSP) dated 9/27/13 included the use of psychotropic medications for behavior management. Client #1 received Lexapro (anti-depressant) 10 milligrams daily for depression, Ativan (anti-anxiety) 0.5 milligram each morning and 2 milligrams at HS (hour of sleep) for explosive behavior, Depakote (mood stabilizer) 500 milligrams BID (twice daily) and 250 milligrams at noon for impulse control. Client #1's BSP did not indicate what specific behaviors each medication was prescribed to address to determine the effectiveness of the medication(s). Client #1's BSP did not indicate which medication or which class of medications</p>	W000312	<p>While we were noting the criteria for attempting a medication reduction, we did not list the specific medication in which we would attempt to reduce if the criteria for the reduction was met. In our QDDP meeting on 12/12/2013, we discussed this, and it was discussed with all QDDPs that when a BSP was being created or being updated, that we will discuss with the psychiatrist which medication they feel would be best to try a reduction if the criteria for a reduction is met. This medication then will then be listed in the BSP as the desired medication of reduction. It was reviewed at this meeting that all Qs need to review their current BSPs and see if a medication is listed for reduction. If it is not, they will make this correction by January 7, 2014 This will include client #1's plan. A BSP checklist will be created on 01/03/2014 by the community supports coordinator to assist in assuring this step does not get missed in the future. The QDDPs will then use this as reference when updating and creating a BSP to make sure that all requirements for the plan are</p>	01/03/2014			

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	<p>was targeted for a possible reduction. Client #1's medication reduction plan indicated, "When [client #1] has not engaged in aggressive action for a period of one year, the IDT (interdisciplinary team) will request a reduction in his medication. However behavior information will be presented to the psychiatrist at each appointment and recommendations will be followed. Should the IDT feel a reduction in his medication is warranted prior to the year, this request will be forwarded to the psychiatrist."</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 12/6/13 at 2:25 P.M. When asked if client #1's BSP indicated a specific medication for possible reduction the QIDP stated, "No."</p> <p>An interview was conducted with the Community Supports Coordinator (CSC) on 12/6/13 at 2:25 P.M. When asked if client #1's BSP indicated a medication for reduction, the CSC stated, "It does not."</p> <p>9-3-5(a)</p>		<p>in place. Each plan is reviewed at our Human rights committee. The community support coordinators attend these meetings as well.. The community supports coordinator will assure that while plans are being reviewed, prior to approval by the committee, that the BSP clearly notes which medication is to be considered for reduction if criteria is met.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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