

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G808	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/20/2013
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NAME OF PROVIDER OR SUPPLIER  TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORTH LAKE PARK AVE HOBART, IN 46342
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W000000	<p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>Survey Dates: December 10, 11, 12 and 20, 2013.</p> <p>Facility Number: 012460 Provider Number: 15G808 AIM Number: 201051410</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 January 2, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 2 sampled clients (#3) and 1 additional client (#5), the facility neglected to implement written policy and procedures to conduct investigations in regards to alleged abuse.</p> <p>Findings include:</p>	W000149	<p>On Wednesday, January 15, 2014, all staffs were trained on Incident Reporting such as: what is reportable, the protocol for whom to</p>	01/15/2014

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>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports was conducted on 12/11/13 at 3:21 P.M. Review of the records indicated:</p> <p>-BDDS report dated 11/25/13 indicated an allegation of staff abuse involving client #5. There was no written documentation to indicate an investigation was conducted</p> <p>-BDDS report dated 10/31/13 indicated client #5 pulled out his butter knife and threatened client #3 at mealtime. There was no written documentation to indicate an investigation was conducted.</p> <p>A review of the facility's abuse/neglect policy dated 4/20/10 was conducted on 12/12/13 at 7:00 P.M. Review of the policy indicated: "To establish prompt, accurate and effective procedures and investigating of all allegations of abuse and neglect and any incident or crime as defined...All allegations of abuse and neglect of consumers served and certain other incidents defined in this policy are to be reported and investigated in prompt and procedurally correct manner...Accidents and other injuries not defined as abuse or neglect must still be documented on the incident report</p>		<p>contact to notify about the incident and the correct way to fill out an incident report form. (Please see attached training documents)</p> <p>For all investigation in regards of the followings:</p> <p>abuse, neglect, injuries of unknown origin, client on client aggression,</p> <p>medication error, fall, complaint, accident (auto), violation of consumer rights and others. The investigations will start within 24 hours of the alleged incident. When there is an allegation of abuse, neglect and or exploitation,</p> <p>the staff person(s) involved will be removed immediately from schedule pending outcome of investigation. The staff person(s) involved is responsible for completing an internal incident report and to notify all necessary</p>		

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	<p>form and reviewed according to policy and applicable standards...It is mandatory that all personnel follow this policy. This includes: reporting incidents immediately upon becoming aware of them, completing all forms as required by this policy...Physical abuse: willful infliction of injury... Verbal abuse: Oral, written and or gestured language that includes disparaging and derogatory remarks toward consumers...Injuries of unknown origin, in addition all injuries of unknown origin must be reported to Adult Protective Services within 24 hours of the injury being discovered. A complete investigation of the injury must be conducted by the Qualified Mental Retardation Professional (QMRP) or the Residential Coordinator...All staff with knowledge of the incident must complete a copy of the unknown injury report and forward it to the QMRP by the end of their shift...Inadequate medical support: including but not limited to failure to obtain needed follow-up medical appointments, failure to obtain routine dental or physician appointments, or failure to obtain medication refills in a timely manner."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 12/20/13 at</p>		<p>person(s),</p> <p>such as: House Manager, QDDP and Residential Nurse.</p> <p>The QDDP must be notified as soon as the incident is under control and there is no further danger to client(s) involved. The QDDP is responsible for making all necessary incident reports to the Bureau of Developmental Disabilities (BDDS) within the guidelines (within 24 hours of the incident). Once the BDDS report is completed by the QDDP an investigation will start within 24 hours of the alleged incident. After a thorough investigation, prompt and necessary changes will occur. The Residential Coordinator and or Program Director will review the investigation findings and will sign</p>		

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	4:08 P.M. The QIDP indicated there was no written documentation to indicate investigations had been conducted in regards to the mentioned incidents.  9-3-2(a)		off with a final review. In addition, Tradewinds Crisis Team meets monthly to review all internal incident reports in regards to all consumers.  The Crisis Team also monitors trends for each incident. During the Crisis Team meetings, the team discusses  if the consumer(s) have a history of this behavior(s), if the consumer have a  behavior support plan, if so, does the plan work, if not, should the consumer  be referred to a behaviorist for behavioral services, if the behaviorist was  notified, what were the recommendations, has there been a team meeting to  discuss the incident further, if the consumer has a psychiatrist, if so has the  psychiatrist been notified, has there been any changes with the medications,  were the proper actions taken, was staff suspended and or terminated, was the  protocol followed, was the incident a result of staff or		

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			<p>another consumer and</p> <p>or should additional action(s) be taken.</p> <p>An additional follow up is completed after the monthly Crisis meetings. It</p> <p>is the policy of Tradewinds Services to ensure that all clients have a safe</p> <p>environment free of aggression from all sources including client on client</p> <p>aggression. It is also the policy of Tradewinds to ensure the health, welfare</p> <p>&amp; rights of the individuals we serve.</p>		

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, involving 1 of 2 sampled clients (#3), and 1 additional client (#5), the facility failed to provide written evidence investigations were conducted.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports was conducted on 12/11/13 at 3:21 P.M. Review of the records indicated:</p> <p>-BDDS report dated 11/25/13 indicated an allegation of staff abuse involving client #5. There was no written documentation to indicate an investigation was conducted</p> <p>-BDDS report dated 10/31/13 indicated client #5 pulled out his butter knife and threatened client #3 at mealtime. There was no written documentation to indicate an investigation was conducted.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 12/20/13 at 4:08 P.M. The QIDP indicated there was</p>	W000154	<p>On Wednesday, January 15, 2014, all staffs were trained on Incident Reporting such as: what is reportable, the protocol for whom to contact to notify about the incident and the correct way to fill out an incident report form. (Please see attached training documents)</p> <p>For all investigation in regards of the followings:</p> <p>abuse, neglect, injuries of unknown origin, client on client aggression,</p> <p>medication error, fall, complaint, accident (auto), violation of consumer rights and others. The investigations will start within 24 hours of the alleged</p>	01/15/2014			

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	no written documentation to indicate investigations had been conducted in regards to the mentioned incidents.  9-3-2(a)		incident. When there is an allegation of abuse, neglect and or exploitation,  the staff person(s) involved will be removed immediately from schedule pending  outcome of investigation. The staff person(s) involved is responsible for  completing an internal incident report and to notify all necessary person(s),  such as: House Manager, QDDP and Residential Nurse.  The QDDP must be  notified as soon as the incident is under control and there is no further  danger to client(s) involved. The QDDP is responsible for making all necessary  incident reports to the Bureau of Developmental Disabilities (BDDS) within the  guidelines (within 24 hours of the incident). Once the BDDS report	

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			<p>is completed</p> <p>by the QDDP an investigation will start within 24 hours of the alleged</p> <p>incident. After a thorough investigation, prompt and necessary changes will</p> <p>occur. The Residential Coordinator and or Program Director will review the</p> <p>investigation findings and will sign off with a final review. In addition, Tradewinds Crisis Team meets</p> <p>monthly to review all internal incident reports in regards to all consumers.</p> <p>The Crisis Team also monitors trends for each incident. During the Crisis Team meetings, the team</p> <p>discusses if the consumer(s) have a history of this behavior(s), if the</p> <p>consumer have a behavior support plan, if so, does the plan work, if not,</p> <p>should the consumer be referred to a behaviorist for behavioral services, if</p> <p>the behaviorist was notified, what were the recommendations, has there been a</p>	

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			<p>team meeting to discuss the incident further, if the consumer has a</p> <p>psychiatrist, if so has the psychiatrist been notified, has there been any</p> <p>changes with the medications, were the proper actions taken, was staff</p> <p>suspended and or terminated, was the protocol followed, was the incident a</p> <p>result of staff or another consumer and or should additional action(s) be</p> <p>taken. An additional follow up is</p> <p>completed after the monthly Crisis meetings. It is the policy of Tradewinds</p> <p>Services to ensure that all clients have a safe environment free of aggression</p> <p>from all sources including client on client aggression. It is also the policy</p> <p>of Tradewinds to ensure the health, welfare &amp; rights of the individuals we</p> <p>serve.</p>		

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W000249	<p>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, the facility failed to implement written training objectives during times of opportunity for 4 of 4 sampled clients (clients #1, #2, #3 and #4).  Findings include:  A morning observation was conducted at the group home on 12/10/13 from 5:15 A.M. until 6:25 A.M. During the entire observation period, clients #1, #2, #3</p>	W000249	<p>A meaningful day activity has been developed and implemented into the Lake Park Group Home for all consumers, effective 1/1/14 (Please see attached documents). The meaningful day schedule outlines active treatment opportunities, training objectives and various activities for the</p>	01/15/2014

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	<p>and #4 sat in the living room with no activity. Direct Support Professionals (DSP) #1, #2 and #3 would walk through and visually check on clients #1, #2, #3 and #4 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>An evening observation was conducted at the group home on 12/10/13 from 4:00 P.M. until 5:40 P.M.. During the entire observation period, clients #1, #2, #3 and #4 sat in the living room with no activity. Direct Support Professionals (DSP) #1, #2 and #3 would walk through and visually check on clients #1, #2, #3 and #4 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>A review of client #1's records was conducted on 12/12/13 at 1:20 P.M. A review of the client's 4/2/13 Individual Support Plan (ISP) indicated the following objectives which could have been implemented during the observation periods: "Will read books and work on the computer...Will learn the name of my medications...Will learn to count my change."</p> <p>A review of client #2's records was conducted on 12/12/13 at 2:20 P.M. A review of the client's 3/19/13 ISP</p>		<p>consumers to be involved in. In addition, each consumer has goals that are developed &amp; implemented. The goals developed are individualized based upon each consumer's needs, wants and desires.</p> <p>The group home manager is responsible for monitoring the meaningful day activities and individualized goals on a weekly basis. In addition, the QDDP monitors the activities and goals for each consumer monthly.</p> <p>The QDDP also completes monthly Q notes based upon the attempts and or success of each of the consumer's activities and individualized goals. If a consumer has successfully reached his or her individualized goal then another goal will be developed and implemented</p>				

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	<p>indicated the following objectives which could have been implemented during the observation periods: "Will learn the names of my medications...Will learn to count my change...Will read books and work on the computer."</p> <p>A review of client #3's records was conducted on 12/12/13 at 2:00 P.M. A review of the client's 9/20/13 ISP indicated the following objectives which could have been implemented during the observation periods: "Will research foods on the internet that are high in fiber for my diet...Will learn about stranger danger...Will learn to grocery shop for foods that are appropriate for my diet...Will learn to fill out my deposit slip."</p> <p>A review of client #4's records was conducted on 12/12/13 at 2:50 P.M. A review of the client's 10/28/13 ISP indicated the following objectives which could have been implemented during the observation periods: "Will participate in some form of exercise...Will learn to assist with preparing the meals at home with staff...Will learn how to independently fill out a check...Will learn the evacuation drills at home...Will learn about geography."</p> <p>The Qualified Intellectual Disabilities</p>		<p>by the QDDP with the input of the consumer's team.</p> <p>The new goal will then be monitored by the house manager on a weekly basis; in addition to the monthly review of the QDDP. The group home manager is responsible for monitoring the staff to ensure that the proper procedure is being followed and that all consumers are actively involved in their own care.</p> <p>In addition, the QDDP observes staff during unannounced visits to the group home to ensure that staff is following proper procedure of all consumer's is being actively involved in their own care.</p>				

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W000336	<p>Professional (QIDP) was interviewed on 12/20/13 at 4:08 P.M. The QIDP stated client objectives should be implemented "during all times of opportunity." The QIDP further indicated clients #1, #2, #3 and #4 should have been provided with meaningful active treatment activities during the observation periods.</p> <p>9-3-4(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 2 of 4 sampled clients (clients #3 and #4), the facility's nursing services failed to conduct quarterly nursing assessments of the client's health status and medical needs.</p> <p>Findings include:</p> <p>A review of client #3's record was conducted on 12/12/13 at 2:00 P.M. Client #3's record indicated nursing quarterlies were completed on 12/7/12, 3/25/13 and 9/20/13. Client #3's most current annual physical was dated 9/25/13. Client #3's 12/13</p>	W000336	<p>The nursing quarterly assessments for client #3 &amp; client #4, which were due for the quarter ending 6/13/13, were completed on 7/10/13 for client #3 &amp; client #4 (Please see attached document). All future nursing quarterly assessments will be completed by the end of each quarter by the Residential Nurse. The Residential Nurse will be</p>	01/15/2014			

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W000369	<p>physician's orders indicated client #3 received routine medications. There was no documentation to indicate a nursing quarterly was completed in 6/13.</p> <p>A review of client #4's record was conducted on 12/12/13 at 2:50 P.M. Client #4's record indicated nursing quarterlies were completed on 12/5/12, 3/15/13 and 9/26/13. Client #4's most current annual physical was dated 1/31/13. Client #4's 11/13 physician's orders indicated client #4 received routine medications. There was no documentation to indicate a nursing quarterly was completed in 6/13.</p> <p>An interview with the Nurse was conducted on 12/2/13 at 3:20 P.M. The Nurse indicated nursing quarterlies are to be completed every three months. The Nurse further indicated there were no nursing quarterlies conducted in 6/13.</p> <p>9-3-6(a)</p> <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. Based on observation, record review and interview, the facility failed for 1 of 6</p>	W000369	<p>responsible to</p> <p>ensure that all quarterly assessments will be completed by the end of the</p> <p>quarter in which they are due.</p>	01/15/2014			

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	<p>clients observed during the morning medication administration (client #1), to ensure staff administered 1 of 5 of the client's medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 12/10/13 from 5:15 A.M. until 6:25 A.M. At 6:00 A.M., Direct Support Professional (DSP) #1 assisted client #5 with administering his nasal spray. Client #5 took the bottle out of the box and sprayed 1 spray in his left nostril and 2 sprays in his right nostril. Client #5 was not prompted and did not spray 2 sprays in each nostril. A review of the labels and Medication Administration Record (MAR) dated 12/1/13 to 12/31/13 was conducted at 6:05 A.M. Review of the MAR and labels indicated: "Fluticasone nasal spray (allergies)...2 sprays into each nostril once daily."</p> <p>An interview with the Nurse was conducted on 12/20/13 at 3:15 P.M.. The Nurse indicated client #5 should have sprayed 2 sprays in each nostril. The Nurse further indicated staff should have followed the directions on the label.</p>		<p>The agency maintains a program for reporting &amp; follow-ups of all medication errors. Staff has been provided with a copy of the policy, including the medication error form &amp; disciplinary action (Please see attached document). The group home manager is responsible for monitoring the staff to ensure that they are following the physician's orders. In addition, the Residential Nurse &amp; QDDP will observe staff during unannounced visits to the group home to ensure that staff is following the physician's orders. The Residential Nurse will train all Lake Park group home staff on: Wednesday, January 15, 2014 on the proper administration of nasal sprays. The Residential Nurse will also train all Lake Park group home staff on methods of redirecting clients when self-administering medications. The</p>		

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W000488	<p>9-3-6(a)</p> <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 assure 4 of 4 clients observed eating breakfast (clients #1, #2, #3 and #4) were involved in meal preparation.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 12/10/13 from 5:15 A.M. until 6:25 A.M. At 6:40 A.M., Direct Support professional Professional (DSP) #3 placed bagels into the toaster. DSP #3 then placed the toasted bagels onto individual plates and placed the plates on the dining table while clients #1, #2, #3 and #4 sat in the living room with no activity. At 6:15 A.M., clients #1, #2, #3 and #4 ate independently. Clients #1, #2, #3 and #4 did not assist in meal preparation.</p> <p>An interview with the Qualified</p>	W000488	<p>Residential Nurse will be responsible to conduct the training for all Lake Park group home staff.</p> <p>All of the consumers at the Lake Park group home did not participate in meal preparation, because of the behaviors that are displayed</p> <p>when all of the consumers prepare meals together in the kitchen. Each consumer will have a scheduled day for staff to assist them with preparing the meals at the group home. This document has been created by the House Manager, effective 1/15/14 (Please see attached document). The staff will be trained on the importance of each consumer's participation in the meal</p>	01/15/2014			

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W009999	<p>Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 12/20/13 at 4:08 P.M. The QIDP indicated the clients were capable of assisting in meal preparation and further indicated they should be assisting in meal preparation at meal times.</p> <p>9-3-8(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with</p>	W009999	<p>preparation on:</p> <p>Wednesday, January 15, 2014. The House Manager &amp; QDDP will make random/unannounced visits to the group home during meal time. During the visit, the House Manager &amp; QDDP will ensure that the consumer's goals are being completed &amp; that all consumers are involved in the meal preparations. The House Manager is responsible for ensuring that the consumer's ISPs are being implemented, goals are being completed &amp; consumers are being involved in the meal preparations.</p> <p>The day service Nurse completed an annual Mantoux test/screening</p>	01/15/2014			

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	<p>Developmental Disabilities Rule was not met:</p> <p>460 IAC 9-3-3 Facility Staffing</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>This state rule is not met as evidenced by:</p> <p>Based on interview and record review for 1 of 3 staff personnel records reviewed (staff #12), the facility failed to ensure staff #12 received an annual Mantoux test/screening.</p> <p>Findings include:</p>		<p>for staff #12. The day service nurse placed documentation, indicating a date</p> <p>read to indicate the results of the TB test in the staff personnel file (Please</p> <p>see attached documents). The Mantoux test/screening for staff #12 was performed</p> <p>by another provider (Indiana Mentor). Due to the test given on: 12/9/13, the</p> <p>provider (Indiana Mentor) did not give Tradewinds a copy of the results of the</p> <p>Mantoux/screening for staff #12 at the time of the survey. However, the size of</p> <p>induration is measured between 48-72 hours later &amp; during the time of the</p> <p>survey the time frame was 48 hours, therefore Tradewinds did not receive the</p> <p>results of the TB test for staff #12 within the 48 hours (prior to the survey). However, there is a</p> <p>current/annual Mantoux test/screening in the personnel file at Tradewinds for</p> <p>staff #12 with the results. The</p>				

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	<p>The facility's employee records were reviewed on 12/11/13 at 1:15 P.M. Review of staff #12's personnel file did not indicate the results of a TB (tuberculosis) skin test given on 12/9/13.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 12/20/13 at 4:08 P.M. The QIDP indicated staff #12's TB skin test documentation did not indicate a date read to indicate the results of the TB test.</p> <p>9-3-3(e)</p>		<p>General Manager/Human Resource Director is responsible for training the HR staff on the Personnel files &amp; the need to have a current/annual Mantoux tuberculosis skin test or chest x-ray completed with the results on file. Before any staff member can be placed on the schedule in a residential group home, the Personnel/Human Resource file for new employees must be reviewed by the Residential Coordinator to ensure that all necessary documents are in the file. There has been an additional staff member added to the HR department to assist with maintaining the Personnel files &amp; to make sure that all necessary documents are placed into each Personnel file as needed &amp; etc. Once the Personnel file has all necessary documents in place, the staff member can be placed on the schedule.</p>		

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