

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G532	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2011
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 107 BINKLEY KNOX, IN46534
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 15, 16, 17, and 18, 2011</p> <p>Facility number: 001046 Provider number: 15G532 AIM number: 100245310</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12-8-11 by C. Neary, Program Coordinator.</p>	W0000		
W0136	<p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on record review and interview the facility failed to ensure for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) who lived in the home, to ensure all clients had opportunity to participate in grocery shopping.</p> <p>Findings include: On 11-16-11 at 9:00 a.m. a record review</p>	W0136	<p>Clients will participate in grocery shopping. A schedule for client participation will be developed. Client participation will be logged on the schedule. The QMRP will monitor the log to assure that the schedule is being followed.</p> <p>Person Responsible: Residential Manager</p>	12/20/2011

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>for client #1 was conducted. The Qualified Mental Retardation Professional's (QMRP) monthly review dated 10-11, 9-11 and 7-11 failed to indicate client #1 had participated in buying the groceries for her home.</p> <p>On 11-16-11 at 9:45 a.m. a record review for client #2 was conducted. The QMRP monthly review dated 10-11, 9-11, and 8-11 did not indicate client #2 had participated in buying groceries for his home.</p> <p>On 11-16-11 at 10:20 a.m. a record review for client #3 was conducted. The QMRP monthly review dated 10-11, 9-11, and 8-11 did not indicate client #3 had participated in buying groceries for his home.</p> <p>On 11-16-11 at 11:00 a.m. a record review for client #4 was conducted. The QMRP monthly review dated 10-11, 9-11, and 8-11 did not indicate client #4 had participated in buying groceries for her home.</p> <p>On 11-16-11 at 6:45 a.m. an interview with client #1 indicated direct care staff (dcs) #7 did the grocery shopping for her home.</p> <p>On 11-15-11 at 3:00 p.m. an interview</p>				

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W0249	<p>with client #7 indicated dcs #7 did all the shopping for her home.</p> <p>On 11-16-11 at 6:45 a.m. an interview with dcs #7 indicated she did the grocery shopping for clients #1, #2, #3, #4, #5, #6, and #7, because some of them were at work during the day when she went and she gets 3 carts full of groceries making it hard to take anyone with her since she only went once a week.</p> <p>On 11-17-11 at 11:20 a.m. the QMRP indicated all clients should assist in the purchasing of buying the groceries.</p> <p>9-3-2(a)</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, the facility failed for 3 of 4 sampled clients (clients #2, #3, and #4) to ensure their medication goals and communication goals were implemented per their Individualized Support Plan</p>	W0249	<p>Client's goals will be followed. The QMRP on periodic quarterly visits to the home will observe that the goals are being done and done correctly. Person Responsible: QMRP Addendum The QMRP has met with the staff and reviewed with the the proper</p>	12/20/2011	

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	<p>(ISP).</p> <p>Findings include:</p> <p>On 11-16-11 at 7:25 a.m. an observation of client #4's medication administration was observed. Direct care staff (dcs) #9 was observed to feed client #4 her medications which included her Multilex for nutrition, Oyster Shell for her bones, Kepra for seizures, and Lamictal for seizures. Dcs #9 was not observed to have client #4 feed herself her medications in applesauce.</p> <p>On 11-16-11 at 7:05 a.m. an observation of client #2's medication administration was observed. Dcs #9 was observed to prepare client #2's medication for him, call him into the medication room, and asked him why he takes " these. " Client #2 was observed to take his Oyster Shell for bones, Multilex for nutrition, and Phenobarbital for seizures. Dcs #9 was not observed to ask client #2 the side effects of his medication.</p> <p>On 11-15-11 from 3:00 p.m. until 5:35 p.m. an observation at the home of client #3 was conducted. At 5:20 p.m. client #3 was observed to reach for his empty milk cup. Dcs #4 was observed to move the milk cup and place the water cup in front of client #3. At 5:30 p.m. an interview</p>		<p>implementation of the goals. In addition to the quarterly visits the QMRP will review the documentation of the implementation the goals at least monthly to assure that they are being done.W 249 Addendum 2 In addition, the QMRP will upon other visits to the home observe the implementation of goals and provide corrective feedback as needed to assure that training is being done correctly. The QMRP will assure that the Residential Manager is fully trained in the proper implementation of the goals and will maintain ongoing communication with the manager regarding proper implementation which occurs at least weekly. The Residential Manager will make routine observations of the implementation of the objectives by DSPs and to assure training is done correctly and provide corrective feedback to DSPs and needed to assure proper training.</p>		

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	<p>with dcs #4 indicated there was no way to communicate with client #3 to determine if he wanted more milk.</p> <p>On 11-16-11 at 9:45 a.m. a record review for client #2 was conducted. The ISP dated 11-18-10 indicated client #2 had a medication goal to state 3 side effects of his medications.</p> <p>On 11-16-11 at 10:20 a.m. a record review for client #3 was conducted. The ISP dated 12-20-10 indicated client #3 had a communication goal to point to the object/picture to communicate his wants and needs.</p> <p>On 11-16-11 at 11:00 a.m. a record review for client #4 was conducted. The ISP dated 4-12-11 indicated client #4 had a medication goal to feed herself her medications in applesauce.</p> <p>On 11-17-11 at 11:20 a.m. an interview with the Qualified Mental Retardation Professional indicated client #2 and #4 's medications goal should be implemented and client #2 and #3's communication goal should be implemented per their ISP.</p> <p>9-3-4(a)</p>				

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W0268	<p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, for 3 of 7 clients who resided in the group home (clients #2, #4, and #7) and used clothing protectors, the facility failed to promote independence with clothing protectors which protected the client's clothing and dignity.</p> <p>Findings include:</p> <p>On 11-15-11 from 3:00 p.m. until 5:35 p.m. an observation was completed at the group home for clients #2, #4, and #7. At 5:15 p.m. direct care staff (dcs) #4 was observed to assist clients #2, #4, and #7 with their clothing protectors. Clients #2, #4, #7, were observed to have their clothing protectors around their necks and then the other end was placed on top of the dining room table. Dcs #4 and #2 assisted to fill each client's plate with food. Each plate was set on top of the clothing protector on the table. Dcs #4 indicated clients #2, #4, and #7's clothing protectors were placed under their plates to prevent food and liquid from staining their clothing. Clients #2, #4, and #7 were not observed to be asked by facility staff if they wanted a clothing protector before the clothing protector was applied by the facility staff.</p> <p>On 11-17-11 at 11:20 a.m. an interview with the Qualified Mental Retardation Professional indicated the clothing protectors should not be set on the table but instead placed in their laps.</p> <p>9-3-5(a)</p>	W0268	<p>Client will be asked if they want to use their clothing protectors. Use of clothing protectors will be observed by the QMRP on periodic quarterly visits to the home.</p> <p>Person Responsible: QMRP</p>	12/20/2011

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W0295	<p>The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied.</p> <p>Based on interview and record review for 1 of 4 sampled clients (#1) the facility failed to indicate the specific type of restraints staff could utilize in the client's BSP (Behavior Support Plan) for the client's physical aggression toward others.</p> <p>Findings include:</p> <p>On 11-15-11 at 10:45 a.m. a review of client #1 's Bureau of Developmental Disability Services (BDDS) reports was conducted. The review indicated a BDDS report was filed on 11-2-11 for an incident which occurred on 11-1-11. The BDDS report indicated client #1 had returned from work and began being verbally aggressive with her housemates. Later that evening she was agitated and threatened to " tear up the place " if she was on a 72 hour detention. She had hit her fists on the windows, kicked a housemate's foot rests, and threw a teacup at her housemate. She then grabbed a housemate and pinched her. Client #1 then grabbed a broom stick and hit her housemate on her left leg and left arm. She then grabbed a housemate by his leg. Staff then went to the floor where client #1 was sitting and used a hold for about 3</p>	W0295	The behavior program has been modified to include the specific restraint technique that is to be used if necessary. When behavior programs are reviewed by the Human Right Committee the committee will assure that specific techniques are identified. Person Responsible: QMRP	12/20/2011	

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	<p>minutes. Client #1 was taken to the Emergency Room and then to a psychiatric unit. The BDDS follow up report dated 11-8-11 indicated the hold staff used was not an approved CPI (Crisis Physical Intervention) hold but felt due to the circumstances of client #1 having a broom stick this was the best thing to do to keep everyone safe.</p> <p>Client #1's record was reviewed on 11-16-11 at 9:00 a.m. Client #1's BSP dated 11-2-11 indicated client #1 had a targeted behavior of physical aggression. Client #1's BSP indicated if the client demonstrated physical aggression, staff were to "1. She will receive an immediate 30 minute regrouping in the quiet area. 2. Use approved Crisis Prevention Techniques (CPI) to assist [client #1] in regaining control of her behaviors." The BSP dated 11-2-11 did not specify the type of restraint/behavioral techniques facility staff was to use with the client.</p> <p>On 11-17-11 at 11:20 a.m. an interview with Qualified Mental Retardation Professional indicated client #1 's BSP did not specify what CPI hold staff was to use when client #1 became physically aggressive.</p> <p>9-3-5(a)</p>				

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W0488	<p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed for 6 of 7 clients (clients #1, #2, #3, #4, #5, #6 and #7) who lived in the home, to ensure they assisted with preparing their supper meal in accordance with their developmental level.</p> <p>Findings include:</p> <p>On 11-15-11 from 3:00 p.m. until 5:35 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7 was conducted. At 3:30 p.m. client #7 was observed to wash her hands. Client #4 was observed to sit on the couch with direct care staff (dcs) #2. Dcs #1 was observed to take a pan, fill it with water, and place it on the stove. Dcs #1 turned the stove on, opened the meat packages X 3 while client #7 used a can opener to open a can of soup. Dcs #1 put the meat in the microwave to defrost. Dcs #1 was observed to take 4 boxes of pudding out of the pantry. At 3:45 p.m. client #4 was observed to sit on the couch stacking blocks. Dcs #1 was observed to get out a wire whisk, then go to the back of the</p>	W0488	<p>Clients will participate in meal preparation. A meal time chore chart has been implemented. Staff will provide clients with direction and encouragement to participate. The Residential Manager will make observations at least weekly to assure that clients are participation. The QMRP will make observations on periodic quarterly visits to the home.</p> <p>Person Responsible: Residential Manager</p>	12/20/2011

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	house to get a gallon of milk. Dcs #1 took out the measuring cup and poured milk into a bowl. Dcs #1 rinsed the measuring cup out and checked on the meat in the microwave. Dcs #1 put the meat in a skillet and turned on the stove. Dcs #1 stirred the meat then took the bowl of pudding to client #7 and prompted her to stir the pudding. At 4:00 p.m. dcs #1 stirred the meat. Client #4 hit the blocks together as she sat on the couch. Dcs #1 opened the bags of noodles and poured them in the water. Dcs #1 opened 2 cans of mushrooms. At 4:15 p.m. dcs #1 stirred the noodles, put the lid on the noodles, then drained the water from the noodles. Dcs #1 added oil to the noodles, stirred the meat, then added mushrooms to the meat mixture. Dcs #1 opened a can of cream of chicken soup and added it to the meat mixture. Client #4 was observed to sit on the couch. Dcs #1 threw the noodle bags in the trash. At 4:30 p.m. dcs #1 was observed to open bags of salad, pour them into a bowl, and rinse it with water. Dcs #1 stirred the meat. Client #4 sat on the couch and client #7 sat at the table. Dcs #1 stirred the noodles and meat. Client #4 came into the kitchen and sat in a chair with assistance from dcs #2. Dcs #1 cut up a tomato. At 4:35 p.m. client #1, #2, and #3 came into the house. Client #4 continued to sit in the kitchen. Dcs #1 wiped down the counters and				

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	<p>stirred the meat. Dcs #1 added pepper to the meat mixture. At 4:45 p.m. client #3 was observed to sit on the couch. At 5:00 p.m. client #7 placed the silverware on the table. At 5:15 p.m. client #3 sat at the table, client #4 sat at the table and dcs #1 placed noodles in the food processor. Dcs #1 then added the meat mixture to the food processor. Dcs #4 brought the pitcher of milk to the table. Dcs #1 placed the salad dressing on the bar as clients #3, #4, #5, and #6 sat at the table. Dcs #1 poured the noodles in the bowl. Client #1 was observed to stand at the table. Dcs #1 put the meat into a bowl and added spoons to the food. Dcs #4 placed the prune juice on the table. Dcs #1 asked each client what kind of salad dressing they would like, then poured each kind into a plastic medication cup for clients #1, #2, #3, #4, #5, #6, and #7. At 5:15 p.m. dcs #1 put salad in the food processor. Dcs #4 got a pitcher of ice water. Client #1 sat the water on the table. Dcs #2 placed the plates on the table.</p> <p>On 11-16-11 at 9:00 a.m. a record review for client #1 was conducted. The Comprehensive Functional Assessment (CFA) dated 8-8-11 indicated client #1 could assist with meal preparation with minimal assistance.</p>				

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	<p>On 11-16-11 at 9:45 a.m. a record review for client #2 was conducted. The CFA dated 11-18-10 indicated client #2 could assist with meal preparation with assistance from staff.</p> <p>On 11-16-11 at 10:20 a.m. a record review for client #3 was conducted. The CFA dated 1-5-10 indicated client #3 could assist with meal preparation with assistance from staff.</p> <p>On 11-16-11 at 11:00 a.m. a record review for client #4 was conducted. The CFA dated 4-12-11 indicated client #4 could assist with meal preparation with assistance from staff.</p> <p>On 11-17-11 at 11:20 a.m. an interview with the Qualified Mental Retardation Professional indicated clients #1, #2, #3, #4, #5, #6, and #7 were all capable of assisting with meal preparation and staff should ensure clients are preparing their meals.</p> <p>9-3-8(a)</p>				