

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G113	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/06/2016
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NAME OF PROVIDER OR SUPPLIER  IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5802 VERMONT ST MERRILLVILLE, IN 46410
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W 0000  Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: 5/2, 5/4 and 5/6/16.</p> <p>Facility number: 000650 Provider number: 15G113 AIM number: 100243070</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed May 13, 2016 by #09182.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2, #3) and for 3 additional clients (#4, #5 and #6), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility replaced a lock on the medication cabinet, and to eliminate urine odor in an upstairs bathroom.</p> <p>Findings include:</p>	W 0104	<p>A maintenance request will be completed to have the med cabinet lock replaced. Responsible person: Traci Hardesty, QIDP. Maintenance will replace the lock to the med cabinet. Responsible person: Maintenance staff. To ensure future compliance, monthly during a med administration reliability, the lock will be observed to see if it is in good working condition. Responsible person: Peggy Buchanan, GH Manager. A</p>	06/05/2016

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>1. During the 5/4/16 observation period between 6:00 AM and 8:07 AM, at the group home, staff #3 assisted client #1 to self-administer his medications. Client #1 independently unlocked the medication cabinet with a key. Once client #1 was finished administering his medications, client #1 placed his medication container back into the medication cabinet and attempted to lock the storage cabinet where his medications and clients #2, #3, #4 and #5's medications were kept. Client #1 was not able to get the medication cabinet locked. Staff #3 offered to help client #1 lock the medication cabinet. Staff #1 was not able to get the medication cabinet to lock after numerous attempts. Staff #1 then called for staff #4 to come and assist. Staff #4 turned something on the back of the lock and hit the cabinet door with her hip and turned the key in the lock to lock the medication cabinet.</p> <p>Interview with staff #3 on 5/4/16 at 6:09 AM stated "Lock stuck. Hard to do at times." Staff #3 indicated the lock needed to be replaced.</p> <p>Interview with staff #4 on 5/4/16 at 6:30 AM indicated the medication lock was difficult to lock. Staff #4 stated she would have to turn the back of the lock to</p>		<p>different cleaning product will be used that is to kill the enzymes in urine to see if that works. Responsible person: Peggy Buchanan, GH Manager. If that does not resolve it, then a maintenance request will be done to look into the problem...by replacing the toilet seal &amp;/or the flooring. Responsible person: Traci Hardesty, QIDP. To ensure future compliance, the bathrooms will continue to be cleaned at least nightly by staff and at least monthly the bathrooms will be observed to see if there is an odor. Responsible person: Traci Hardesty, QIDP &amp; Sheila O'Dell, GH Director. Addendum: At least nightly, the bathrooms are cleaned. A nightly check list is to be used and completed to ensure that the staff are cleaning all areas of the home. Responsible person: Peggy Buchanan, GH Manager and Staff. At least 5 times a week, the cleaning list will be checked by the manager to ensure that the cleaning has been done along with a walk through inspection. Responsible person: Peggy Buchanan, GH Manager. If an problem/issue/odor has arise or has not resolved it is to be reported promptly to get it resolved.</p>	

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	<p>tighten and then "swing hip" against the door to get it to lock.</p> <p>Interview with Qualified Intellectual Disabilities Professional (QIDP #1) and administrative staff #1 on 5/4/16 at 1:45 PM indicated they were not aware the medication cabinet would not lock. Administrative staff #1 indicated the medication cabinet lock would be replaced.</p> <p>2. During the 5/2/16 observation period between 4:05 PM and 5:55 PM at the group home, the upstairs bathroom had an odor/smell. There was nothing seen in the commode and/or seen on the floor.</p> <p>Interview with staff #3 on 5/4/16 at 7:49 AM indicated the upstairs bathroom was cleaned at night. Staff #3 stated the bathroom "smelled like urine" but he was not sure why.</p> <p>Interview with QIDP #1 and administrative staff #1 on 5/4/16 at 1:45 PM indicated they were not aware the upstairs bathroom smelled of urine. The QIDP indicated the clients may be urinating on the floor versus in the toilet.</p> <p>9-3-1(a)</p>			

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W 0126  Bldg. 00	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS</p> <p>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.</p> <p>Based on interview and record for 1 of 3 sampled clients (#1), the facility failed to allow the client to carry pocket change on his person.</p> <p>Findings include:</p> <p>Interview with client #1 on 5/4/16 at 7:38 AM indicated he worked at a local workshop and earned a paycheck. When asked if client #1 was allowed to carry pocket money on him, client #1 stated "No." Client #1 did not know why he could not carry pocket money on his person. Client #1 indicated he would like to be able to carry money on his person.</p> <p>Client #1's record was reviewed on 5/4/16 at 11:31 AM. Client #1's 11/11/15 Comprehensive Functional Assessment (CFA) indicated client #1 could independently pay for items with enough money to cover the cost. The CFA indicated client #1 was able to identify coins, paper money, could make purchases with verbal assistance, was able to utilize a vending machine and could demonstrate responsibility in</p>	W 0126	<p>Management staff will be trained to encourage the clients to manage their financial affairs and to teach them to do so to the extent of their capabilities, which include to carry a small amount of pocket money. Responsible person: Sheila O'Dell, GH Director. Money will be available for client #1 for whenever he request it. It will also be available and offered to him, if we know that he would want it or need it for something. Responsible person: Peggy Buchanan, GH Manager. To ensure future compliance, programs are put into place to teach each client to manage their financial affairs to the extent of their capabilities. Responsible person: Traci Hardesty, QIDP. To ensure future compliance, monthly it will be checked that money is available if so requested. Responsible person: Sheila O'Dell, GH Director and Traci Hardesty, QIDP.</p>	06/05/2016

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W 0252 Bldg. 00	<p>handling money with verbal assistance.</p> <p>Interview with Qualified Intellectual Disabilities Professional (QIDP) #1 and administrative staff #1 on 5/4/16 at 1:45 PM indicated client #1 worked at a local workshop and earned a paycheck from completing paid work. QIDP #1 indicated client #1 did not carry pocket change on his person. QIDP #1 indicated client #1 would give the money to others and/or spend it all at once. QIDP #1 and administrative staff #1 stated client #1 would be able to carry a "small amount of money" on his person.</p> <p>9-3-2(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (#3), the facility failed to collect behavioral data in regard to the client's picking behavior to determine if the client's behavior was decreasing and/or increasing.</p> <p>Findings include:</p>	W 0252	Data will be collected to determine if the client's # 3's picking behavior has decreased and/or increased. Responsible person: Karen Warner, Behaviorist & Traci Hardesty, QIDP. At least monthly, the data will be reviewed to ensure documentation in measurable terms. Responsible person: Dorothy Traylor, Data Specialist & Traci Hardesty, QIDP. To ensure future compliance, at least	06/05/2016

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	<p>During the 5/2/16 observation period between 4:05 PM and 5:55 PM at the group home, client #3 had 2 scabbed/red areas on his nose.</p> <p>During the 5/4/16 observation period between 6:00 AM and 8:07 AM at the group home, staff #3 applied topical medication to client #3's nose prior to the client's leaving for the day program.</p> <p>Client #3's record was reviewed on 5/4/16 at 12:07 PM. Client #2's 8/20/15 physician's order indicated client #2 had Triamcinolone (corticosteroid) topical cream which could be applied to areas two times a day as needed (PRN). Client #2's Medication administration Records (MARs) indicated the following, not all inclusive:</p> <p>-Client #3's Triamcinolone cream was applied 19 times in the AM and 6 times in the PM for the month of February 2016 for a scab and/or redness on client #3's nose.</p> <p>-Client #3's Triamcinolone cream was applied 24 times in the AM and 9 times in the PM for the month of April 2016 for a scab and/or red area to client #3's nose.</p> <p>Client #3's 2/4/15 Nurse's Quarterly Physical indicated "Redness/abrasion to</p>		<p>quarterly the team will review all behavioral needs along with the documentation to determine if the behavior is decreasing and/or increasing and make revisions as needed. Responsible person: Sheila O'Dell, GH Director, Karen Warner, Behaviorist, Traci Hardesty, QIDP and Peggy Buchanan, GH Manager.</p>		

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	<p>left side of nose from [client #3's] scratching."</p> <p>Client #3's Nursing Visit forms indicated the following (not all inclusive):</p> <p>-6/17/15 Staff had used the Triamcinolone cream "...given almost daily."</p> <p>-7/27/15 "PRN applied as needed for redness on nose."</p> <p>-3/23/16 Client #3 "...sometimes scratches his nose."</p> <p>Client #3's 3/9/16 Behavior Support Plan (BSP) indicated client #3 demonstrated the targeted behaviors of aggression and elopement. Client #3's 3/9/16 BSP indicated "...8. If it is noticed that [client #3] has been picking the bridge of his nose, direct him to activities that will keep his hands busy. This should be throughout the course of the day to help break the compulsive pattern. Do not bring attention to the behavior as that is likely to strengthen it. Provide first aid as needed. For additional monitoring and prevention, staff should monitor for injury twice daily at home and the Clubhouse (facility owned day program)..." Client #3's BSP and/or record indicated the facility staff was not</p>			

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	<p>collecting behavioral data in regard to the client's picking/scratching behavior to determine if the client's behavior was decreasing and/or increasing.</p> <p>Interview with Qualified Intellectual Disabilities Professional (QIDP) #1, the behavior specialist and administrative staff #1 on 5/4/16 at 1:45 PM indicated client #3 would pick open areas on his nose. The behavior specialist indicated facility staff would apply cream to the client's nose when he picked and/or if the area was red to "moisturize" the client's nose. The behavior specialist indicated it was a "dermatitis" type problem. The behavior specialist, QIDP #1 and administrative staff #1 indicated facility staff used the Triamcinolone cream on the client's nose, but was not aware how often the medication was being applied. The behavior specialist, QIDP #1 and administrative staff #1 indicated they were not collecting behavior data in regard to the client's picking areas on his nose.</p> <p>9-3-4(a)</p>			