

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G534	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/25/2013
NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 605 ACADEMY RD CULVER, IN 46511		
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 13, 14, 15, and 25, 2013.</p> <p>Facility number: 001048 Provider number: 15G534 AIM number: 100245410</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 2, 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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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to take sufficient corrective measures to prevent recurrence of falls and to ensure the safety of 1 of 4 sampled clients (#4).</p> <p>Findings include:</p> <p>On 11/14/13 at 12:28 PM, the facility's BDDS (Bureau of Developmental Disabilities Services) reports and internal Incident/Accident (I/A) Reports from 11/14/12 to 11/14/13 were reviewed. The facility's BDDS reports and I/A reports indicated the following:</p> <p>-12/8/12 BDDS report indicated Client #4 "was sitting on the edge of her bed. She went to reach for her slippers on the floor and slipped off the bed. [Client #4] fell on her bottom hitting her back on the bed. This resulted in a 4" (inch) by 1 1/2" bruise below her bra line and a 3" by 1" bruise below the other bruise."</p> <p>-10/9/13 BDDS report indicated Client #4 "fell out of bed. There (are) 2 bruises on left upper arm 2 1/4" X (by) 1/4" and a bruise 6" X 2" and a rug burn 2" X 1" and a red spot on her back. Staff heard [Client #4] talking and went to check on her and found her on the floor. Rug burn was treated with antibiotic cream and band aid. [Client #4] has not displayed any problems due to the injuries. [Client #4] has not fallen out of bed prior to this occurrence. [Client #4] is not able to indicate what caused her to fall out of bed. [Client #4] does not get up during the night and usually remains in the same position on the bed during the night." The report indicated staff "will check on</p>	W000157	The fall risk plan for client # 4 has been updated to include prevention of falling out of bed. To assure that fall risk plans are updated as needed the incident report form will ask if the incident is a part of a trend and if a risk plan needs to be updated. Person Responsible: QDDP W 157 1 The fall risk plan for client # 4 has been updated to include prevention of falling out of bed.2 All other clients fall risk plans have been reviewed to assure that they include identified risks. 3 To assure that fall risk plans are updated as needed the incident report form will ask if the incident is a part of a trend and if a risk plan needs to be updated. 4 When a fall is reported on the incident form the form will be reviewed to assure that it includes the assessment of the need to update the fall risk plan. Person Responsible: QDDP	12/25/2013			

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	<p>[Client #4] during the night to note if there are [sic] any indication that would contribute to falling out of bed."</p> <p>On 11/14/13 at 3:10 PM, record review indicated Client #4 had diagnoses which included, but were not limited to, severe intellectual disabilities, atrial fibrillation, hypertension, mild chronic heart failure, hypothyroidism, and bilateral cataracts. Client #4's ISP (Individual Support Plan) dated 2/25/13 indicated in "other chronic or health care issues" Client #4 is "uncoordinated, bruises easily. At risk of falls due to clumsiness." The ISP indicated areas should be "well lit" and Client #4 should "avoid highly congested areas to avoid tripping over objects."</p> <p>Client #4's "Fall Risk Assessment Checklist and Plan" dated 5/23/13 indicated Client #4's fall prevention to include the following:</p> <ul style="list-style-type: none"> - Monitor vision with routine eye exams - Exercise program - Assistance as needed in getting up and walking in community. - [Client #4] will use a wheelchair when going on long outings, such as the zoo, parks or fairs. - Follow recommendations of PT (physical therapy) evaluation. - Staff provide verbal caution when approaching barriers such as curbs. - Staff will assist [Client #4] walking up stairs. - Staff will encourage [Client #4] not to bend over and pick up items off the floor. <p>In the fall investigation, an email (electronic mail) dated 10/9/13, the House Manager (HM) indicated Client #4 "is very concerned about her bear during the night and places her bear next to her on the pillow which only allows her to have the edge of the bed." The HM indicated she "tried several</p>			

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	<p>times to reposition the bear and she knew it, woke up, and put it back where she wanted it. At one point it (the teddy bear) fell out of the bed and [HM] caught [Client #4] reaching down to get the bear. So yes the bear is a (sic) issue...". The HM indicated Client #4 "may do whatever she needed to do to retrieve (teddy bear) if that means climbing over the rail, however (teddy bear) may not fall out if the rail is there and (teddy bear) sleeps to the left of her which would be up against the wall."</p> <p>During an interview on 11/15/13 at 9:50 AM, the QIDP (Qualified Intellectual Disabilities Professional) indicated staff had discussed the potential use of a bed rail for Client #4 or whether they could "rearrange her bedroom without use of the bed rail" to provide a less restrictive environment. The QIDP indicated Client #4 slept with a large teddy bear which could potentially cause a fall.</p> <p>During an interview on 11/25/13 at 9:40 AM, the QIDP indicated Client #4's fall risk plan had not been updated since 5/23/13 and did not include provisions to prevent falls out of bed.</p> <p>9-3-2(a)</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.</p> <p>Based on record review and interview, the facility failed to identify specific behaviors for each psychotropic behavioral medications prescribed as part of the plan of reduction for 2 of 4 sampled clients (clients #2 and #4) who were prescribed psychotropic medication.</p> <p>Findings include:</p> <p>1) On 11/14/13 at 11:45 AM, record review indicated Client #1 had diagnoses which included, but were not limited to, schizo-affective disorder (bipolar type), obsessive compulsive disorder (OCD), moderate intellectual disabilities, seizure disorder, and hypertension.</p> <p>Record review indicated Client #1's ISP (Individual Support Plan) dated 12/10/12 indicated Client #1 had a BSP (behavior support plan) dated 10/31/13. Client #1's BSP indicated target behaviors were staring, wetting self, verbal abuse, and fabrication (defined as exaggerating a medical condition to gain attention) and/or stealing. Client #4's BSP indicated behavior tracking between November 2012 and October 2013 which indicated Client #1 had the following behavior data:</p> <p>-6 incidents of staring inappropriately -10 incidents of wetting self -1 incident of verbal abuse -3 incidents of fabricating or stealing</p>	W000312	<p>The reduction plans will be updated to associate behaviors with medications. Reduction plans will be reviewed by the Human Rights Committee to assure that the behaviors are associated with medications. Person Responsible: QDDP W 312 1 The reduction plans will be updated to associate behaviors with medications. 2 All reductions plans will be reviewed to determine if medications are associated with behaviors. 3 The medication reduction plan form will be modified to include a place to identify behaviors associated with the medications. 4 Reduction plans will be reviewed by the Human Rights Committee to assure that the behaviors are associated with medications. Person Responsible: QDDP</p>	12/25/2013			

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	<p>Client #1's BSP indicated an "Identification and Implementation of a Reduction Plan" for psychotropic medication. The reduction plan dated 10/11/13 indicated Client #1 was prescribed c-escitalopram (anti-depressant) 10 mg (milligrams) daily for OCD and "mood stabilization" and Abilify (anti-psychotic) 5 mg daily for "mood stabilization." The medication reduction plan indicated "When [Client #1] exhibits 0 (zero) instances of staring, wetting herself, verbal abuse, or fabrication or stealing for six consecutive months, medication reduction will be considered by the IDT (interdisciplinary team)." The BSP and the medication reduction plan failed to indicate which medication was prescribed to control which targeted behavior.</p> <p>2) On 11/14/13 at 2:11 PM, record review indicated Client #2 had diagnoses which included, but were not limited to, Down's Syndrome, moderate intellectual disabilities, bipolar disorder, and depression. Record review indicated Client #2's ISP (Individual Support Plan) dated 09/04/13 indicated a BSP (behavior support plan) dated 10/31/13. Client #2's BSP indicated targeted behaviors of talking to himself, grunting, pacing or rocking, and obsessing over sensory items. Client #2's BSP indicated behavior data between November 2012 through August 2013 which included the following data for Client #2:</p> <ul style="list-style-type: none"> -41 incidents of talking to himself -23 incidents of grunting -72 incidents of pacing and rocking -12 incidents of obsessing over sensory items <p>Client #2's "Identification and Implementation of a Reduction Plan" for psychotropic medications indicated Client #2 was prescribed Venlafaxine (anti-depressant) 150 mg (milligrams)/daily,</p>						

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	<p>Seroquel XR (extended release) (anti-psychotic) 400 mg/daily, Trazadone HCL (hydrochloride) (anti-depressant) 50 mg/daily, Risperidone (anti-psychotic) 1 mg/daily, and Divalproex (Depakote) ER (extended release) (anti-convulsant) 500 mg/daily. Client #2's reduction plan indicated all the medications listed in the plan were prescribed "for bipolar disorder." The medication reduction plan indicated when Client #2 "exhibits 0 (zero) incidents of talking to himself, grunting, pacing/rocking, or obsessing over sensory items for six consecutive months, a reduction in medication will be discussed with psychiatrist and IDT (interdisciplinary team)." Client #2's BSP and reduction plan failed to indicate which psychotropic medication was addressing which targeted behavior.</p> <p>During an interview on 11/15/13 at 9:50 AM, the QIDP (Qualified Intellectual Disabilities Professional) indicated she believed it was the psychiatrist's responsibility to know which medication was addressing which behaviors for both Client #1 and Client #2. The QIDP indicated she understood it might be difficult to know the effectiveness of each psychotropic medication if it wasn't being measured by data for specific identified behaviors.</p> <p>9-3-5(a)</p>						