

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 11/21/2012	
NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 107 BINKLEY KNOX, IN 46534			
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 19, 20, and 21, 2012</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.</p> <p>Quality Review was completed on 11/30/12 by Tim Shebel, Medical Surveyor III.</p>	W0000					

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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W0104	<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, record review, and interview, the governing body failed to exercise general direction in a manner that resulted in the facility being well maintained for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) who lived in the group home.</p> <p>Findings include:</p> <p>On 11-19-12 from 3:30 p.m. until 5:45 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. The wall by client #6's bed had a 1 foot by 4 inch area with scuffed paint with a dime size hole. The grab bar in the bathroom was rusted and the floor had three 3 foot cracks under the window. The corner by the tub had a torn section 2 inches by 2 inches. Client #7's wall with the light switch had a 2 foot by 8 inch area with dents and black marks, the wall by the window had a 2 foot by 2 inch area with black marks and dents, and the closet wall had missing drywall and paint in a 2 foot by 6 inch area. Clients #4 and #1 had wallpaper which was taped to the wall, and two 3 foot areas of missing trim at the head of the beds. Bathroom #2 had torn and missing flooring in front of the</p>	W0104	<p>Maintenance requests have been submitted for all identified issues. All items will be repaired. A section will be added to a monthly checklist to assure that all maintenance items are noted and acted upon.</p> <p>Person Responsible: Community Supports Assistant Director</p>	12/21/2012			

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	<p>shower unit and the floor drain and the walls had chipped paint with broken drywall in a 2 foot by 6 inch area. Client #2 had peeled wallpaper in his room.</p> <p>On 11-19-12 at 4:15 p.m. an interview with direct care staff (DCS) #2 indicated the wallpaper in client #2's room had been there for 10 years, it was peeling, and it needed to be updated.</p> <p>On 11-20-12 at 11:40 a.m. a review of the facility's maintenance requisition log was conducted. The log dated 5-18-12 to 11-5-12 had none of the above items listed on it.</p> <p>On 11-20-12 at 11:45 a.m. an interview with the Qualified Mental Retardation Professional indicated the maintenance concerns should be corrected.</p> <p>9-3-1(a)</p>				

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W0126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS 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 record review and interview, the facility failed for 1 of 4 sampled clients (client #2) to ensure he had a money goal to assist him with his financial needs.</p> <p>Findings include:</p> <p>On 11-20-12 at 10:30 a.m. a record review for client #2 was conducted. The Individualized Support Plan (ISP) dated 12-5-11 did not have a money goal/objective to assist him with his money needs. The Comprehensive Functional Assessment dated 11-28-11 indicated client #2 needed physical assistance with his financial needs and had no concept of money.</p> <p>On 11-20-12 at 11:45 a.m. an interview with the Qualified Mental Retardation Professional indicated client #2 did need assistance with his finances and she had forgotten to put a money goal in place for him.</p> <p>9-3-2(a)</p>	W0126	A money goal will be implemented. An item will be added to the program planning checklist as a reminder that a money goal must be implemented. Person Responsible: QMRP	12/21/2012			

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</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 2 of 4 sampled clients (clients #1 and #2) to ensure their communication goals were implemented at all times of opportunity per their Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>On 11-19-12 from 3:30 p.m. until 5:45 p.m. client #1 watched direct care staff #1 cook supper. Client #1 played ball, walked with assistance, and ate her supper. Client #1 was not given a picture of a targeted object and the same real object to increase her communication skills per her communication goal.</p> <p>Client #2 took his lunch box to the kitchen, he had leisure time, and he ate supper. Client #2 was not prompted to point to an object/picture per his communication goal.</p> <p>On 11-20-12 at 10:10 a.m. a record review for client #1 was conducted. The</p>	W0249	<p>Staff will be retrained to conduct #1 and #2 communication goals at various training opportunities throughout the day. Managerial and professional staff, during visits to the home and at least montly will observe to assure that training is occurring.</p> <p>Person Responsible: QMRP</p>	12/21/2012

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	<p>ISP dated 4-12 indicated client #1 had a communication goal to be given a picture of a targeted object and and the same real object was to be presented to her.</p> <p>On 11-20-12 at 10:30 a.m. a record review for client #2 was conducted. The ISP dated 12-5-11 indicated client #2 had a communication goal to point to an object/picture.</p> <p>On 11-20-12 at 11:45 a.m. an interview with the Qualified Mental Retardation Professional indicated client #1 and #2's communication goals should be implemented at all times of opportunity.</p> <p>9-3-4(a)</p>				

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review, and interview, the facility failed for 2 of 4 sampled clients (clients #1 and #4) and 2 additional clients (clients #6 and #7) to ensure physicians orders were implemented as written.</p> <p>Findings include:</p> <p>On 11-19-12 at 11:55 a.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. The BDDS reports indicated the following:</p> <ul style="list-style-type: none"> -A BDDS report dated 11-22-11 for client #1 indicated direct care staff (DCS) #20 administered her Lamotrigine (for seizures) 25 milligram (mg), one tablet, and the order was for Lamotrigine 25 mg, 2 tablets. -A BDDS report dated 11-25-11 for client #7 indicated the House Manager (HM) administered 2 Prilosec 20 mg (for stomach acid) and the order was for 1 Prilosec 20 mg. -A BDDS report dated 1-6-12 for client #4 indicated DCS #21 did not administer her Lamictal (mood stabilizer). -A BDDS report dated 5-20-12 for client #6 indicated DCS #22 had administered 	W0368	<p>Medications will be administered according do the physicians orders. All staff will be trained in proper medications administration procedures and assessed for comp tenancy prior to being permitted to administer medications. Staff involved in the identified BDDS reports were retrained in proper procedures. To assure that all staff maintain competency and follow proper medication administration procedures to assure that physician's orders are implemented as written all staff will be retrained annually in medication administration. Person Responsible: Residential Nurse</p>	12/21/2012			

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	<p>her Oxybutynin (bladder control) and Singular (allergies) at 8:00 a.m. and 8:00 p.m. and the order was for 1 time daily.</p> <p>-A BDDS report dated 6-26-12 for client #7 indicated the HM had administered Hydrocortisone (for adrenal insufficiency) 20 mg, 2 tablets and the ordered called for Hydrocortisone 20 mg, 1 tablet.</p> <p>-A BDDS report dated 10-21-12 for client #6 indicated DCS #22 did not administer her Propranolol (for tremors).</p> <p>On 11-20-12 at 7:30 a.m. a review of client #1's physicians order dated 11-12 indicated she was prescribed Lamotrigine 25 mgs, 2 tablets.</p> <p>On 11-20-12 at 7:15 a.m. a review of client #4's physicians order dated 11-12 indicated she was prescribed Lamictal.</p> <p>On 11-20-12 at 11:00 a.m. an interview with the facility Registered Nurse (RN) indicated the physicians orders should be followed as written for clients #1, #4, #6, and #7.</p> <p>9-3-6(a)</p>				

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients (#5, #7, and #8) to ensure they had a full set of silverware at supper time.</p> <p>Findings include:</p> <p>On 11-19-12 from 3:30 p.m. until 5:45 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #7, and #8 was conducted. At 5:20 p.m. clients #1, #2, #3, #4, #5, #7, and #8 sat to eat their supper meal which consisted of spaghetti with meat sauce, salad, garlic bread and green beans. Direct care staff (dcs) #2 cut/smashed client #1's green beans and spaghetti with a fork, dcs #2 cut client #2's spaghetti up with his spoon, and client #4 cut her spaghetti up with her fork. Clients #1, #2, #3, #4, #5, #7, or #8 were not offered a knife for their supper meal.</p> <p>On 11-20-12 at 11:45 a.m. an interview with the Qualified Mental Retardation Professional indicated clients should be offered a full set of silverware at meal</p>	W0484	<p>Knives will be included as part of the eating utensil setting when such devices will be necessary to adequately manipulate the food items. Managerial and professional staff will observe and correct on visits to the home and at least monthly to assure that the eating area is appropriately equipped.</p> <p>Person Responsible: Residential Manager</p>	12/21/2012

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	times. 9-3-8(a)			

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W0488	<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.</p> <p>Based on observation, record review, and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 4 additional clients (clients #5, #6, #7, and #8) to ensure they assisted with meal preparation consistent with their developmental level.</p> <p>Findings include:</p> <p>On 11-19-12 from 3:30 p.m. until 5:45 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. Direct care staff (DCS) #1 cut up onions and green peppers. DCS #1 broke the spaghetti into the water. DCS #1 placed more spaghetti into the pan of water. DCS #1 took the garlic bread out of the oven. DCS #1 dished the spaghetti into a bowl then cut it up. DCS #1 placed the meat sauce in a serving bowl. DCS #1 placed ice in a pitcher. DCS #1 took the salad dressings out of the refrigerator. DCS #1 took the utensils out of the drawers. DCS #1 placed the salad in a serving bowl. DCS #1 placed the garlic bread on a plate. DCS #1 brought the water and the milk to the table. DCS #2 placed the salad dressings on the table. DCS #2 placed the salt, pepper, parmesan</p>	W0488	<p>Staff will be retrained to include client more in assisting with meal preparation. Managerial and professional staff will observe and correct on visits to the home and at lease monthly to assure that clients are participating in meal preparation.</p> <p>Person Responsible: Residential Manager</p>	12/21/2012

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	<p>cheese, and spaghetti on the table. DCS #1 brought the salad to the table. DCS #1 brought the spaghetti sauce to the table. DCS #2 used the food processor for clients #1 and #2's garlic bread. DCS #2 cut up client #2's food for him. Client #1 sat in her wheelchair or on the couch as DCS #1 cooked. Client #2 sat at the table as DCS #1 cooked. Clients #1, #2, #3 sat and socialized as DCS #1 cooked supper.</p> <p>On 11-20-12 from 6:15 a.m. until 7:40 a.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. DCS #14 dished oatmeal in bowls for clients #1, #2, #3, #4, #5, #6, #7, and #8. Client #8 came to the counter to get toast and DCS #14 told him to wait. DCS #14 poured milk onto clients #1, #2, #3, #4, #5, #6, #7, and #8's oatmeal. DCS #14 put peanut butter or jelly on the toast then cut it in half as clients #3 and #8 watch and clients #1, #2, #4, #5, #6, and #7 sat at the table. DCS #14 used the food processor to cut client #1's toast. DCS #14 loaded the dishwasher and cleaned the kitchen. DCS #13 took client #2's dishes to the sink for him and DCS #14 loaded them in the dishwasher for him. DCS #14 poured client #4's oatmeal down the sink for her because she didn't like it. DCS #16 took client #1's bowl from the table, rinsed it, then loaded it in the dishwasher as client #1 sat at the</p>						

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	<p>table.</p> <p>On 11-20-12 at 10:10 a.m. a record review for client #1 was conducted. The Comprehensive Functional Assessment (CFA) dated 4-1-12 indicated client #1 could assist with meal preparation with assistance.</p> <p>On 11-20-12 at 10:30 a.m. a record review for client #2 was conducted. The CFA dated 11-28-11 indicated client #2 could assist with meal preparation with assistance.</p> <p>On 11-20-12 at 9:20 a.m. a record review for client #3 was conducted. The CFA dated 7-9-12 indicated client #3 could assist with meal preparation with assistance.</p> <p>On 11-20-12 at 8:35 a.m. a record review for client #4 was conducted. The CFA dated 8-1-12 indicated client #4 could assist with meal preparation with assistance.</p> <p>On 11-20-12 at 4:15 p.m. a record review for client #5 was conducted. The CFA dated 5-15-12 indicated client #5 could assist with meal preparation with assistance.</p> <p>On 11-20-12 at 4:30 p.m. a record review</p>			

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	<p>for client #6 was conducted. The CFA dated 12-6-11 indicated client #6 could assist with meal preparation with assistance.</p> <p>On 11-20-12 at 3:45 p.m. a record review for client #7 was conducted. The CFA dated 7-15-12 indicated client #7 could assist with meal preparation with assistance.</p> <p>On 11-20-12 at 4:00 p.m. a record review for client #8 was conducted. The CFA dated 10-8-12 indicated client #8 could assist with meal preparation with assistance.</p> <p>On 11-20-12 at 11:45 a.m. an interview with the Qualified Mental Retardation Professional indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 were all able to assist with meal preparation and they should be helping prepare their own meals.</p> <p>9-3-8(a)</p>				