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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G273 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>06/08/2012 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>TRADEWINDS SERVICES INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>10151 W 93RD ST<br>ST JOHN, IN 46373 |
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| W0000              | <p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: June 4, 5, 6, 7 and 8, 2012.</p> <p>Surveyor:<br/>Christine Colon, Medical Surveyor III/QMRP</p> <p>Facility Number: 000793<br/>Provider Number: 15G273<br/>AIM Number: 100243530</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 6/18/12 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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| W0126              | <p>483.420(a)(4)<br/>PROTECTION OF CLIENTS RIGHTS<br/>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 observation and interview, for 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8), the facility failed to encourage and teach each client to access their personal finances.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/4/12 from 5:30 A.M. until 7:30 A.M.. At 5:45 A.M., Direct Support Professional (DSP) #3, was asked to retrieve clients #1, #2, #3, #4, #5, #6, #7 and #8's personal petty cash finances to reconcile. DSP #3 stated, "The staff and clients do not have access to each client's personal petty cash, only the Group Home Manager (GHM) does." Clients #1, #2, #3, #4, #5, #6, #7 and #8 could not access their personal petty cash and staff was unable to assist them in accessing their individual/personal petty cash.</p> <p>An interview with the Program Coordinator (PC) was conducted at the facility's administrative office on 6/7/12 at</p> | W0126         | <p>A system has been put in place ensuring each client has access to petty cash in the group home for small expenditures. An envelope for each client will be maintained with cash for the clients use, staff will count and sign for the money at the beginning of each shift to ensure that the money is monitored. Staff will notify the house manager when a clients petty cash has been used so that it can be replaced. The group home manager is responsible for monitoring these funds and making sure that each client has funds available at all times. Retraining 6/25/12</p> | 06/25/2012           |

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|   | 3:25 P.M.. The PC indicated the clients should have access to their individual/personal petty cash at all times.<br>9-3-2(a) |   |   |                      |   |

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| W0249   | <p>483.440(d)(1)<br/>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 2 of 3 clients observed during medication administration (clients #2 and #5) to implement written objectives during times of training opportunities.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/4/12 from 5:30 A.M. until 7:30 A.M.. At 6:10 A.M., DSP #2 retrieved a plastic box from the cabinet, took each of the medication cards out, popped each medication into a souffle cup prompted client #5 to take her medications. Client #5 did not identify her medications by color. At 6:50 A.M., DSP #3 retrieved a plastic box from the cabinet, took each of the medication cards out, popped each medication into a souffle cup and prompted client #2 to take her medication. Client #2 did not select her medication box and did not sign her medication sheet.</p> | W0249   | <p>All staff have been retrained on client ISP's including client's #2 and #5. Staff will follow the ISP's active treatment during medication administration. The group home manager is responsible for monitoring the staff to ensure that the proper procedure is being followed and that all clients are actively involved in their own care. In additon to the house managers monitoring the QMRP will make at minimum monthley unannounced visits to monitor active treatment. Retraining 6/25/12</p> | 06/25/2012  |  |   |  |

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|   | <p>A review of client #2's record was conducted on 6/5/12 at 11:10 A.M.. The Individual Support Plan (ISP) dated 6/13/11 indicated: "Will select her own medication box...will sign her medication sheet."</p> <p>A review of client #5's record was conducted on 6/6/12 at 2:00 P.M.. A review of client #5's ISP dated 10/17/11 indicated: "Will identify her medication by color."</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 6/8/12 at 3:00 P.M.. The QMRP indicated active treatment should be ongoing and training objectives should be implemented at all times of opportunity.<br/>9-3-4(a)</p> |   |   |                      |   |

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| W0323   | <p>483.460(a)(3)(i)<br/>PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed to assure 1 of 4 sampled clients (client #4) had an annual hearing assessment/evaluation.</p> <p>Findings include:</p> <p>A review of client #4's record was conducted on 6/5/12 at 11:25 A.M.. Client #4's record indicated a most current hearing assessment dated 5/6/11. Her most current annual physical dated 11/7/11 failed to indicate her hearing had been assessed/evaluated. No further documentation was available for review to indicate client #4's hearing had been evaluated/assessed since 5/6/11.</p> <p>An interview with the Nurse was conducted 6/5/12 at 11:35 A.M.. The Nurse indicated there was no documentation in the client's file to show client #4's hearing had been evaluated/assessed since 5/6/11.</p> <p>9-3-6(a)</p> | W0323   | <p>Client #4 does have an annual hearing test done, the examination took place on 6/28/12 and was late because the family physician failed to write the order at the annual physical. The residential nurse has incorporated hearing on the annual physical form that the family physician completes. The residential nurse will be responsible for following up with the family physician to ensure that all necessary assessments are completed in a timely manner. A copy of the update annual physical for is attached for review.</p> | 06/28/2012  |  |   |  |

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| W0388   | <p>483.460(m)(1)(i)<br/>DRUG LABELING<br/>Labeling for drugs and biologicals must be based on currently accepted professional principles and practices.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 3 clients (client #4), who received medication, to have the medication labeled from the pharmacy.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/4/12 from 5:30 A.M. until 7:30 A.M.. Client #4's medications were administered by Direct Support Professional (DSP) #4 at 6:40 A.M.. An unlabeled Flovent inhaler (asthma) was taken from client #4's medication box. The inhaler did not contain a pharmacy label and was not stored in a container with a label.</p> <p>A review of client #4's record was conducted on 6/5/12 at 1:00 P.M.. Client #4's June 2012, Physicians Orders (PO) indicated: "Flovent 110 mcg...inhale 2 puffs every 12 hours as directed."</p> <p>An interview with the Program Coordinator (PC) was conducted on 6/8/12 at 3:50 P.M.. The PC indicated all medications should have a pharmacy label on them.</p> | W0388   | The residential nurse has relabled Client #4's inhaler. The staff have been retrained on the need to check all client medications for correct labling and that if for any reason a lable has been removed or if any packaging that contained the lable has been damaged or distroyed that they must immediatly notify the residential nurse so that the medication can be relabled. The residential nurse has also been in contact with the pharmacy and requested that two lables for each inhaler be issued so that one can be placed on the box and the other directly on the inhaler. The group home manager is responsible for monitoring all client mendications and reporting any issues to the residential nurse. | 06/25/2012  |  |   |  |

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| W0436   | <p>483.470(g)(2)<br/>SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, the facility failed to furnish and assure the repair of adaptive equipment for 3 of 4 clients who used a wheelchair for mobility, (clients #1, #4 and #6).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/4/12 from 5:30 A.M. until 7:30 A.M.. During the observation period, clients #1's right arm rest was observed to have a 3 inch portion missing revealing the metal portion of the arm rest. Clients #4 and #6's left and right arm rests were cracked and peeling.</p> <p>An interview with Direct Support Professional (DSP) #4 was conducted on 6/4/12 at 5:55 A.M.. DSP #4 indicated clients' arm rests have need repair/replaced for over 4 months.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 6/4/12 at 3:00 P.M.. The</p> | W0436   | <p>Client #6 was fitted for a new wheel chair prior to the survey and received the chair on 6/11/12</p> <p>The arm rests on client # 1 and client #3's chairs will be repaired on July 5, 2012. The staff has been retrained on the need to notify the the QMRP or residential coordinator when there is any maintenance issue with any client adaptive equipment so that the equipment can be repaired or replaced. The group home manager is responsible for monitoring the client equipment and insuring that the staff are reporting any equipment needs. Training 6/25/12</p> | 07/05/2012  |  |   |  |

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|   | QMRP indicated clients #1, #4 and #6 arm rest need to be replaced. No further documentation was available for review to indicate when the clients' wheelchair armrests would be replaced or repaired.<br>9-3-7(a) |   |   |                      |   |

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| W0484              | <p>483.480(d)(3)<br/>DINING AREAS AND SERVICE<br/>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, record review and interview, the facility failed for 5 of 8 clients (clients #1, #2, #6, #7 and #8) living in the group home to provide butter knives at the dining table.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 6/4/12 from 4:15 P.M. until 6:20 P.M.. At 5:45 P.M. Direct Support Professional (DSP) #5 stated "Does anyone want their food cut up?" Clients #1, #2, #6, #7 and #8 all stated "Yes." DSP #5 then retrieved a cutting device from the kitchen and began cutting each clients food. Clients #1, #2, #6, #7 and #8 ate their meal independently. DSP #5 failed to offer butter knives to clients #1, #2, #6, #7 and #8 for their food.</p> <p>A review of client #1's record was conducted on 6/5/12 at 10:15 A.M.. Review of client #1's record did not indicate an assessment for a restriction to butter knives.</p> <p>A review of client #2's record was conducted on 6/5/12 at 11:10 A.M..</p> | W0484         | <p>The staff has been retrained on all client ISP's and the need to provide active treatment for each client including the use of silverware and prompting the clients to use this equipment properly and when necessary to provide assistance in using this equipment. The staff have been trained on the need to place a complete set of silverware out for each client at each meal unless otherwise discribed in the clients ISP. The group home manager is responsible for monitoring meals and ensuring that each client has the utensils at their disposal.<br/>Training 6/25/12</p> | 06/25/2012           |

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|   | <p>Review of client #2's record did not indicate an assessment for a restriction to butter knives.</p> <p>A review of client #6's record was conducted on 6/5/12 at 11:40 A.M.. Review of client #6's record did not indicate an assessment for a restriction to butter knives.</p> <p>A review of client #7's record was conducted on 6/5/12 at 12:02 P.M.. Review of client #7's record did not indicate an assessment for a restriction to butter knives.</p> <p>A review of client #8's record was conducted on 6/5/12 at 12:15 P.M.. Review of client #8's record did not indicate an assessment for a restriction to butter knives.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 6/8/12 at 3:00 P.M.. The QMRP indicated butter knives should be put on the table for the clients to use.<br/>9-3-8(a)</p> |   |   |                      |   |

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| W0488   | <p>483.480(d)(4)<br/>DINING AREAS AND SERVICE<br/>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview the facility failed to encourage 8 of 8 sampled clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) to serve themselves and to assist in meal preparation.</p> <p>A morning observation was conducted at the group home oin 6/4/12 from 5:30 A.M. until 7:30 A.M.. Upon arriving at the group home the dining table was being prepared by Direct Support Professional (DSP) #2. DSP #2 poured cereal into each clients bowl. DSP #2 was the observed toasting bread in the kitchen as the clients sat in the living room with no activity. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not serve themselves and did not assist in meal preparation.</p> <p>An evening observation was conducted at the group home on 6/4/12 from 4:15 P.M. until 6:20 P.M.. At 4:15 P.M. DSP #6 was observed preparing dinner as clients #1, #2, #3, #4, #5, #6, #7 and #8 arrived at the group home from the day program. During the observation, DSP #6 did not prompt clients #1, #2, #3, #4, #5, #6, #7 and #8 to assist with meal preparation. Clients #1, #2, #4, #5, #6, #7 and #8 did</p> | W0488   | <p>The staff has been retained on acvtive treatment and the need to encourage all clients to take part in meal preperation and to prompt clients to do things for themselves whenever possible. The group home manager is responsible for monitoring staff and ensuring that active treatment is being implemented. Training 6/25/12</p> | 06/25/2012  |  |   |  |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            |  | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G273 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____  |                      | X3) DATE SURVEY COMPLETED<br><br>06/08/2012 |
|---|--|---|---|----------------------|---|
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|   | <p>not assist with meal preparation. At 6:30 P.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed to eat dinner.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 6/8/12 at 3:00 P.M.. The QMRP indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 were capable of serving themselves and were able to assist with meal preparation.</p> <p>9-3-8(a)</p> |   |   |                      |   |