STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G177		08/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRADEWINDS SERVICES INC	8416 CLINE AVE CROWN POINT, IN 46307

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for an annual recertification and state licensure survey. Dates of Survey: August 12, 13, 14, 17 and 18, 2015. Facility Number: 000711 Provider Number: 15G177 AIM Number: 100243200 These federal deficiencies also reflect state findings in accordance with 460 IAC 9.	W 0000		
W 0220 Bldg. 00	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #1), to ensure a speech assessment/reassessment was completed for a client who required assistance with communication skills. Findings include: An evening observation was conducted at the group home on 8/12/15 from 5:50 P.M. until 7:00 P.M.. During the entire	W 0220	The Residential Nurse submitteda request to the Primary Care Physician for client #1 for a referral of speech therapy evaluation and implementation of plan of care. (Please see attachment) Upon receipt of the order from the physician, an appointment will be scheduled atthe earliest appointment time available. The Residential Nurse will ensure that all recommendations from the speech evaluation will be implemented if needed. *No other consumers were affected by the*	09/04/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	observation, client #1 was non-verbal in communication in that she did not speak or communicate. There was no communication teaching or training for client #1 during this observation. A morning observation was conducted at the group home on 8/14/15 from 5:45 A.M. until 6:45 A.M.. During the entire observation client #1 was non-verbal in communication in that she did not speak or communicate. There was no communication teaching or training for client #1. A morning observation was conducted at the group home on 8/17/15 from 5:30 A.M. until 6:30 A.M.. During the entire observation, client #1 was non-verbal in communication in that she did not speak or communicate. There was no communication teaching or training for client #1. A review of client #1's record was conducted on 8/14/15 at 12:00 P.M.. Review of client #1's record indicated she required assistance with communication. There was no written documentation to indicate client #1's speech/communication had been evaluated. An interview with the Qualified		*deficient practice. A form has been developed and implemented;including the pharmacy recommendations has been added to the IDT sign in formto be discussed at every team meeting for each consumer. (Please see attached document) Clarification, the nurse will ensure that physician approve recommendations are implemented. All recommendations will be discussed at the IDT meetings.*	

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	Intellectual Disabilities Professional (QIDP) was conducted on 8/18/15 at 12:36 P.M.. The QIDP indicated there was no documentation to indicate client #1's speech and/or language skills had been assessed/reassessed. 9-3-4(a)			
W 0247 Bldg. 00	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. Based on observation and interview, the facility failed for 1 of 4 sampled clients observed during breakfast time (client #1), to allow client choice and self-management pertaining to eat while seated at the table without waiting for peers to sit at the table. Findings include: On 8/17/15 at 5:56 A.M., clients #1, #2, #3, #4, #5, #6 and #7 were observed	W 0247	On 8/28/2015, staffs were trained on (Individual ProgramPlan) meals. Staff has been informed that during mealtimes, the clients do not have to wait for 1 or 2 other clients at the table until they are able to eat. Although it's a regulation and strongly encouraged that family style dining is conducted at each meal, the clients do not have to wait for 1 or 2 other clients at the table until they are able to eat; this will allow client choice and self-management pertaining to	09/04/2015

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	preparing to eat breakfast. As clients #1, #2, #3, #4, #5, #6 and #7 sat at the fully prepared table, client #1 held a box of cereal ready to pour into her bowl. Direct Support Professional (DSP) #8 immediately took the box from client #1 and stated "You have to wait until [client #8] finishes getting her meds." Client #1 (non verbal) stood up breathing very hard, walked away very fast from the table, and was stopped by DSP #4, who stood in her way, and prompted client #1 back to the table, and stated "You have to wait until [client #8] is done with her meds." At 6:05 A.M., client #8 sat at the table, and clients #1, #2, #3, #4, #5, #6, #7 and #8 were prompted to say prayer. The clients then began eating their meal. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/18/15 at 12:36 P.M.. The QIDP indicated clients should be allowed self choice and self management of being able to eat when seated at the table. 9-3-4(a)		eat while seated at the table without waiting for peers to sit at the table. *The QIDPs will conduct weekly site visits in addition to unscheduled/pop-up visits to the home to ensure compliance. A form has been developed and implemented for the QIDPs to utilize when conducting the visits to the home. (Please see attached document)* For the first 30 days, the house manager will visit the home daily to teach, train and model appropriate programs for the staff. The QIDP will visit the home at least twice a week unexpectedly to ensure compliance. The Coordinator will also conduct unexpected pop up visits twice a week to monitor and observe that teaching, training and model programs for the staff is taken place. After the 30 days, the house manager will continue to visit the home at least 5 days week to teach, train and model appropriate programs for the staff. The QIDP will continue to visit the group home unexpectedly weekly to follow up with the teaching, training and model for appropriate programs for the staff. The Coordinator will also continue to conduct pop up visits to ensure compliance.	

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W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, interview and record review for 1 of 4 sampled clients (client #1), the facility failed to implement the client's Individual Support Plan (ISPs) objectives when formal and/or informal opportunities for training existed. Findings include: An evening observation was conducted at the group home on 8/12/15 from 5:50 P.M. until 7:00 P.M.. From 6:00 P.M. until 7:00 P.M., client #1 sat on the couch with no activity. Client #1 was non-verbal in communication in that the client did not speak or communicate. There was no communication teaching or training for client #1 during this observation. Client #1 did not exercise and did not participate in a sensory activity during this observation. A morning observation was conducted at	W 0249	On 8/28/2015, staffs were retrained on Program Implementation, where Individual Support Plan (ISP) training objectives are to be implemented when formal and or informal opportunities exist. (Please see attached training documents) Goal objectives are to occur at all times while the clients are awake. The house manager is responsible for observing the group homes and making sure all items that are needed are in the home and to ensure staff are implementing the client's Individual Support Plan (ISP) training objectives when formal and or informal opportunities exists at least 5 days a week. TheQIDP will observe during weekly unannounced visits to ensure staffs are implementing the client's Individual Support Plan (ISP) training objectives when formal and or informal opportunities exists. *It's not a new policy requiring house managers to be in the home 5 days a week; however, it has*	09/04/2015

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	the group home on 8/14/15 from 5:45 A.M. until 6:45 A.M.. During the entire observation, client #1 was non-verbal in communication in that she did not speak or communicate. There was no communication teaching or training for client #1. Client #1 did not exercise and did not participate in a sensory activity during this observation. A morning observation was conducted at the group home on 8/17/15 from 5:30 A.M. until 6:30 A.M.. During the entire observation, client #1 was non-verbal in communication in that she did not speak or communicate. There was no communication teaching or training for client #1. Client #1 did not exercise and did not participate in a sensory activity during this observation. A review of client #1's record was conducted on 8/14/15 at 12:00 P.M.. Review of client #1's Individual Support Plan (ISP) dated 12/16/14 indicated the following objective which could have been implemented during the observation period: "Will participate in a sensory activity...Will use complete sentences to express her words...Will exercise for up to 15 minutes." An interview with the Qualified Intellectual Disabilities Professional		*been observed on an average that house managers have been in the home 5 days a week. The QIDPs will conduct weekly site visits in addition to unscheduled/pop-up visits to the home to ensure compliance. A form has been developed and implemented for the QIDPs to utilize when conducting the visits to the home. (Please see attached document)* For the first 30 days, the house manager will visit the home daily to teach, train and model appropriate programs for the staff. The QIDP will visit the home at least twice a week unexpectedly to ensure compliance. The Coordinator will also conduct unexpected pop up visits twice a week to monitor and observe that teaching, training and model programs for the staff is taken place. After the 30 days, the house manager will continue to visit the home at least 5 days week to teach, train and model appropriate programs for the staff. The QIDP will continue to visit the group home unexpectedly weekly to follow up with the teaching, training and model for appropriate programs for the staff.The Coordinator will also continue to conduct pop up visits to ensure compliance.	

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	(QIDP) was conducted on 8/18/15 at 12:36 P.M.. The QIDP indicated the facility staff should implement client #1's training objectives at all times of opportunity. The QIDP indicated active treatment should be implemented at all times. 9-3-4(a)			
W 0268 Bldg. 00	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed for 1 of 4 sampled clients (client #1), to promote dignity by not ensuring client #1's shirt was not wet. Findings include: A morning observation was conducted at the group home on 8/17/15 from 5:30 A.M. until 6:30 A.M.. During the entire the observation period, client #1 was observed with the entire front of her shirt wet. At 6:30 A.M., client #1 left to go to her Day Service program. Client did not	W 0268	On 8/28/2015, staffs were trained on (Conduct toward Client) proper attire for client #1. (Please see attached training documents)When consumers are going out into the community, the consumers should be neatand clean at all times. All staff has been informed that all clothing on each client is clean and fits properly. The House Manager is responsible for ensuring that the clients have proper clothing at all times, especially when out in the community. *No other consumers were affected by the deficient practice. The QIDP and Residential Coordinator will check*	09/04/2015

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	and was not prompted to change her shirt. An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 8/18/15 at 12:36 P.M.. The QIDP indicated staff should ensure client #1's clothing was not wet. 9-3-5(a)		*client #1 upon arrival at the day program to ensure compliance making sure client #1's shirt is dry.*	
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (client #4), the facility's nursing staff failed to ensure the pharmacist's recommendations were reported to the physician and Interdisciplinary Team (IDT). Findings include: A review of client #4's record was conducted on 8/14/15 at 1:30 P.M.. A review of her "Pharmacy Audit Report" records dated 9/23/14 to 6/30/15, was conducted and indicated: Client #4- "9/23/14: Very overweight need FLP (fasting lipid profile). 1/5/15:	W 0331	The Residential Nurse personally meets with the Family Physician quarterly to review the Physician order sheets and to make any necessary corrections if needed. These quarterly reviews are given to the pharmacy to update their record. The pharmacist visits the TradeWinds nursing office quarterly and audits the medications for all clients. The Residential Nurse is responsible for ensuring the pharmacist's recommendations are reportedto the physician and the Interdisciplinary Team (IDT). *No other consumers were affected by the deficient practice. However, a form has been developed and implemented; including the pharmacy*	09/04/2015

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	Very overweight need FLP. 4/10/15: Slight weight loss; need FLP!-Watch kidneys. 6/30/15: NSP (sic)-Further weight loss; Watch kidneys." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT (Interdisciplinary Team) and physician. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/18/15 at 12:36 P.M.. The QIDP indicated there was no documentation to indicate the pharmacist's recommendations were reported to the IDT. 9-3-6(a)		*recommendations has been added to the IDT sign in form to be discussed at every team meeting for each consumer. (Please see attached document) Clarification, the nurse will ensure that physician approve recommendations are implemented. All recommendations will be discussed at the IDT meetings.*	
W 0436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT 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. Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients who used adaptive equipment (clients #2 and #3) to teach	W 0436	On 8/28/2015, the Cline Group Home staff were trained on (Space and Equipment) the need to prompt and encourage individual consumers to use their	09/04/2015

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	and encourage the use of their eyeglasses. Findings include: An evening observation was conducted at the group home on 8/12/15 from 5:50 P.M. until 7:00 P.M.. During the entire observation, clients #2 and #3 were observed not wearing their prescribed eyeglasses. Direct Support Professionals (DSPs) #1, #2, #3 and #4 did not prompt clients #2 and #3 to wear their eyeglasses. A morning observation was conducted at the group home on 8/14/15 from 5:45 A.M. until 6:45 A.M.. During the entire observation, clients #2 and #3 were observed not wearing their prescribed eyeglasses. Direct Support Professionals (DSPs) #5, #6 and #7 did not prompt clients #2 and #3 to wear their eyeglasses. A morning observation was conducted at the group home on 8/17/15 from 5:30 A.M. until 6:30 A.M.. During the entire observation, clients #2 and #3 were observed not wearing their prescribed eyeglasses. Direct Support Professionals (DSPs) #6, #8 and #9 did not prompt clients #2 and #3 to wear their eyeglasses.		adaptive equipment(s). Staff has been trainedon the importance of teaching the individual consumers to use and to make informed choices about the use of their adaptive equipment's, such as: eyeglasses,walker, wheelchair, hearing aid, braces (leg/ankle), dentures, communication devices and etc… Staff has been trained on to prompt and encourage individual consumers to use all adaptive equipment(s); however, ifthere are several refusals, staff must document in the consumers communication book in addition to the behavior tracking sheet (if the consumer receives behavioral services), so there is documentation of refusals noted inthe communication book and or behavior tracking sheets. (Please see attached training documents) The group home manager is responsible for ensuring that staff is prompting and encouraging the individual consumers to use their adaptive equipment(s). In addition, the QIDP will observe staff during unannounced visits to the group home to ensure staff is prompting and encouraging individual consumers to use their adaptive equipment(s). *No other consumers were affected by the deficient practice of client(s) #2 and #3. To ensure a more frequent monitoring system is in place, the prescribed eyeglasses for clients #2 and #3 will be added to the MAR sheet and monitored twice daily by staff,*	

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	A review of client #2's record was conducted on 8/14/15 at 12:30 P.M.. Review of client #2's 1/26/15 vision exam indicated she was prescribed eyeglasses. A review of client #3's record was conducted on 8/14/15 at 1:00 P.M.. Review of client #3's 3/3/15 vision exam indicated she was prescribed eyeglasses. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/18/15 at 12:36 P.M.. The QIDP indicated clients #2 and #3 were prescribed eyeglasses. The QIDP further indicated staff should prompt the clients to wear their eyeglasses. 9-3-7(a)		*stating* "Check for the use of eyeglasses twice per day (am and pm)." (Please see attached document) *In addition to the eyeglasses being added to the MAR sheet, the house manager and QIDP will ensure compliance during visits.*	