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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G631 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 12/31/2015 |
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| NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC | STREET ADDRESS, CITY, STATE, ZIP CODE 1738 FIFTH ST LA PORTE, IN 46350 |
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| W 0000 Bldg. 00 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 28, 29, 30, and 31, 2015.</p> <p>Facility number: 001204 Provider number: 15G631 AIM number: 100245720</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 12/31/15 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, the facility's governing body failed to exercise general operating direction over the facility by failing to ensure sufficient lighting while 2 of 4 sampled clients (clients #1 and #3), and 2 additional clients (clients #6 and #7), ate their morning meal.</p> <p>Findings include:</p> | W 0104 | In order for this citation to be met, all staff working will have retraining on the importance of residents having appropriate lighting when eating their meals. There will be an inservice on this at the regular IHP/house training on 1/14/16. This will be met now, and in the future by IDT staff monitoring when they make weekly visits to the home. They will check to make sure appropriate lighting is on. (Team | 01/15/2016 |

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>Clients #1, #3, #6, and #7 were observed eating breakfast during the 12/28/15 observation period from 5:43 A.M. until 7:30 A.M. Direct care staff #2 assisted the clients in preparing their breakfasts. The only lights on in the kitchen were above the sink and above the stove. The clients sat and ate their breakfasts at the kitchen table with the only light being the light from above the stove and sink areas. The kitchen table had a ceiling light above it but the light was not turned on. Direct care staff #2 did not assist or prompt the clients in turning on the light above the kitchen table so they could better see while eating.</p> <p>Director of Residential Services #1 was interviewed on 12/29/15 at 11:12 A.M. Director of Residential Services #1 stated, "Staff (direct care staff) should have turned on the light above the table so they (clients #1, #3, #6, and #7) could see while they were eating their breakfast."</p> <p>9-3-1(a)</p> | | Leader, direct support staff, Q, Program Manager and Nursing staff responsible). | | |

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| W 0336 Bldg. 00 | <p>483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, the facility failed to assure quarterly nursing exams were conducted at least quarterly (every ninety days) for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 12/29/15 at 8:03 A.M. A review of the client's quarterly nursing assessments from 12/1/14 to 12/29/15 indicated quarterly nursing assessments were completed on 12/2/15, 7/27/15, 4/7/15, and 1/15/15. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Client #2's records were reviewed on 12/28/15 at 8:38 A.M. A review of the client's quarterly nursing assessments from 12/1/14 to 12/29/15 indicated quarterly nursing assessments were completed on 12/2/15, 7/27/15, 4/30/15, and 1/12/15. The review failed to</p> | W 0336 | This citation will be back in compliance by 1/15/16. This has already started to occur. The nursing staff, which are new now, have been trained on completing quarterlies from the last date of the last quarterly. This will be done on a consistent basis for the future. Residential Director will review charts on a monthly basis to see these reports are timely. (RNs responsible) | 01/15/2016 | | | |

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| | <p>indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Client #3's records were reviewed on 12/28/15 at 9:11 A.M. A review of the client's quarterly nursing assessments from 12/1/14 to 12/29/15 indicated quarterly nursing assessments were completed on 11/11/15, 7/27/15, 4/7/15, and 1/15/15. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Client #4's records were reviewed on 12/28/15 at 9:47 A.M. A review of the client's quarterly nursing assessments from 12/1/14 to 12/29/15 indicated quarterly nursing assessments were completed on 12/4/15, 7/27/15, 4/15/15, and 1/15/15. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Nurse #1 was interviewed on 12/29/14 at 10:55 A.M. Nurse #1 stated, "We had nursing changes in the middle of the year. Later we found that nursing quarterlies (exams) were not completed."</p> <p>9-3-6(a)</p> | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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