

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G032		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  05/03/2013	
NAME OF PROVIDER OR SUPPLIER  PATHFINDER SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 404 W CANAL ST WABASH, IN 46992			
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: April 19, 22, 23, 24, 25, 26, 29, and May 3, 2013.</p> <p>Provider Number: 15G032 Facility Number: 000592 AIM Number: 100233360</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed May 8, 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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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review, and interview, for 2 of 4 sample clients (clients #1 and #3) and 2 additional clients (clients #5 and #6), the facility failed to develop an Individual Support Plan (ISP) goal/objective to address client #1, #3, #5, and #6's shaving needs.</p> <p>Findings include:</p> <p>On 4/22/13 from 6:05am until 8:00am, observations of clients #1, #5, and #6 was completed and no facial shaving was observed. Clients #1, #3, #5, and #6 were observed with facial whiskers and stubble. At 7:42am, client #3 got out an electric razor from on top of the washer, walked to the back of the dining room, stood by the dining room table, and shaved his right and left cheeks on his face without a mirror. No prompting or redirection was observed by the facility staff for client #3 to shave his neck nor to use a mirror to shave.</p> <p>On 4/22/13 from 3:10pm until 5:35pm, observation of clients #1, #3, #5, and #6 were completed. Clients #1, #3, #5, and</p>	W000227	<p>1. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice;- All clients affected by this deficient practice will have shaving goals put in place. Their Functional Assessment Tools will also be updated to note they do have goals in place. 2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;- The IST will identify others having the potential to be affected by ensuring the FAT is up-to-date. Training goals will be put in place for those who have the identified need. 3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur;- Res. Mgr. will observe the clients affected by the deficient practice on a monthly basis to ensure they are properly shaving and to ensure staff are working on the client's goals and encouraging them to shave properly. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put</p>	06/02/2013			

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	<p>#6 were observed with facial hair and stubble on their cheeks and neck.</p> <p>On 4/25/13 at 9:05am, clients #1, #3, and #5 were observed at the day services with facial hair and stubble. At 9:15am, client #5 stated he "forgot to shave today." Client #5 indicated he could not remember the last time he shaved. At 9:15am, client #1 stated "No. No shave today." Client #1 indicated he could not remember the last time he shaved. At 9:15am, day service staff #1 indicated she was unsure if clients #1, #3, and #5 shaved today. Day service staff #1 indicated clients #1, #3, and #5 had facial hair and stubble.</p> <p>On 4/26/13 at 1:30pm, client #1's record was reviewed. Client #1's 4/13/12 ISP (Individual Support Plan) did not indicate a current shaving goal/objective. Client #1's 4/12/13 FAT (Functional Assessment Tool) indicated client #1 needed verbal reminders to shave and was not independent with shaving.</p> <p>On 4/23/13 at 11:20am, client #3's record was reviewed. Client #3's 4/12/13 ISP (Individual Support Plan) did not indicate a current shaving goal/objective. Client #3's 4/12/13 FAT (Functional Assessment Tool) indicated client #3 needed verbal reminders to shave and was not</p>		into place;- Res. Mgr. and QDDP will continue to review all goals on a monthly basis and will focus on the shaving objectives to ensure they are being worked on properly.				

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	<p>independent with shaving.</p> <p>On 4/25/13 at 11:30am, client #5's record was reviewed. Client #5's 3/14/13 ISP (Individual Support Plan) did not indicate a current shaving goal/objective. Client #5's 3/14/13 FAT (Functional Assessment Tool) indicated client #5 "will shave into hair (line), needed supervision to shave, (and) will shave to burn (his skin)." Client #5's record indicated he was not independent with shaving.</p> <p>On 4/25/13 at 11:30am, client #6's record was reviewed. Client #6's 8/2012 ISP (Individual Support Plan) did not indicate a current shaving goal/objective. Client #6's 8/2012 FAT (Functional Assessment Tool) indicated client #6 was not independent with shaving and "will forget to plug in razor" after its use.</p> <p>On 4/25/13 at 11:30am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated no documented shaving goals/objectives for clients #1, #3, #5, and #6 were available for review.</p> <p>9-3-4(a)</p>						

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION 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 for 3 of 7 clients (clients #1, #3, and #5), the facility failed to administer medications without error and as prescribed by the clients' personal physician.</p> <p>Findings include:</p> <p>1. On 4/22/13 at 10am, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 4/22/12 through 4/22/13 were reviewed and indicated the following for client #1's medication errors.</p> <p>-A 12/27/12 BDDS report for an incident on 12/23/12 at 6:00am, indicated client #1 on 12/23/12 and 12/24/12 was given "medication Zoloft (behavior medication) that actually belonged to his room-mate." The report did not indicate the dosage of the medication.</p> <p>-A 9/18/12 BDDS report for an incident on 9/3/12 at 6:00am, indicated client #1 was given "a double dose of Oyster Cal (Calicum) 500mg (milligrams) gave two tabs" for nutritional health. The report indicated staff failed to notify the nurse at the time. The report indicated staff were</p>	W000368	<p>1. What corrective action will be accomplished for these residents found to have been affected by the deficient practice. - Keep clients safe and healthy. Prevention of any future medication errors.</p> <p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken, - All clients who receive medications will have nurse go into home and monitor medications passes quarterly. Managers review checker passer sheet weekly to ensure that staff are checking each other right after medication pass to assist in no medication errors.</p> <p>3. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; - Staff will read and sign updated Medication Administration Handbook Revised 4/25/13, Medication Administration Refresher with test.</p> <p>4. How the corrective action(s) will be monitored to ensure the</p>	06/02/2013			

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	<p>retrained in Core A and the 6 rights of medication administration.</p> <p>Client #1's record was reviewed on 4/26/13 at 1:30pm. Client #1's 3/2013 "Physician's Orders" did not indicate Zolofit medication, did indicate Oyster Calicum 500mg 1 tablet two times a day, and was signed by client #1's physician.</p> <p>2. On 4/22/13 at 10am, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 4/22/12 through 4/22/13 were reviewed and indicated the following for client #3's medication errors.</p> <p>-A 9/18/12 BDDS report for an incident on 9/2/12 at 9:00pm, indicated "Staff failed to give Zyprexa (for behaviors) at 9pm on 9/2/12." The report indicated staff were retrained on Core A and the 6 rights of medication administration.</p> <p>-A 8/27/12 BDDS report for an incident on 8/25/12 at 6:00pm, indicated "Staff failed to give client Clonazepam (for anxiety behaviors) on 8/25 (2012) at 6pm." The report did not indicate the medication dose. The report indicated staff were retrained in Core A and the 6 rights of medication administration.</p> <p>Client #3's record was reviewed on</p>		<p>deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <ul style="list-style-type: none"> <li>- All clients who receive medications will have nurse go into home and monitor medications passes quarterly.</li> </ul> <p>Managers review checker passer sheet weekly to ensure that staff are checking each other right after medication pass as a quality assurance to prevent medication errors.</p>				

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	<p>4/23/13 at 11:20am. Client #3's 3/2013 "Physician's Orders" indicated "Zyprexa 20mg qhs (every evening) 9pm," "Clonazepam (aka Klonopin for behaviors) 0.25mg 1 tab daily at 6pm," and signed by client #3's physician.</p> <p>3. On 4/22/13 at 10am, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 4/22/12 through 4/22/13 were reviewed and indicated the following for client #5's medication errors.</p> <p>-A 10/18/12 BDDS report for an incident on 10/17/12 at 4:00pm, indicated "Staff gave this client another clients' medication of Atenolol (for Hypertension)." The report did not indicate the Atenolol medication dose and indicated staff monitored client #5's blood pressure. The report indicated staff were retrained in Core A and the 6 rights of medication administration.</p> <p>Client #5's record was reviewed on 4/25/13 at 11:30am. Client #5's 3/2013 "Physician's Orders" did not indicate the medication of Atenolol medication and was signed by client #5's physician.</p> <p>An interview with the agency's LPN (License Practical Nurse) was conducted on 4/25/13 at 10:15am. The Agency LPN</p>						

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	<p>indicated the facility followed the Core A/Core B Medication Training for staff to administer medications. The agency LPN indicated facility staff should follow each client's physician's orders when administering medications in the group home. The LPN indicated clients #1, #3, and #5's physician's orders were not followed when facility staff did not administer each client's medications according to their physician's order.</p> <p>On 4/25/13 at 10:15am, a record review was completed of the undated facility's policy and procedures indicated facility staff should follow physician's orders to administer medications to clients who lived in the group home.</p> <p>On 4/25/13 at 10:15am, the 2004 "Core A/Core B Medication Training" review indicated "Lesson 3 Principles of Administering Medications." The Core A/Core B policy and procedure indicated the facility should follow physician's orders.</p> <p>9-3-6(a)</p>				

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W000371	<p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on observation, record review, and interview, for 1 of 4 sampled clients (client #3), the facility failed to develop medication objectives to provide medication training.</p> <p>Findings include:</p> <p>On 4/22/13 at 6:45am, Group Home Staff (GHS) #1 completed medication administration with client #3. At 6:45am, client #3 washed his hands, GHS #1 completed client #3's blood sugar, administered oral medications, and administered client #3's Victoza insulin pen injection. At 6:45am, GHS #1 indicated client #3 did not have a medication goal/objective. GHS #1 stated client #3's medication goal/objective was "discontinued" last fall. GHS indicated client #3 did not have a current medication administration goal/objective.</p> <p>On 4/23/13 at 11:20am, client #3's record was reviewed. Client #3's 4/12/13 ISP (Individual Support Plan) did not indicate a current medication objective. Client</p>	W000371	<p>This is not an accurate tag as client #3 did have a medication goal and it was scanned to surveyor on 4/29/13 per surveyor request. The staff person who stated he did not have a medication goal was incorrect. There is documentation showing client #3's monthly goal progress and quarterly progress in his quarterly and annual reviews. His goal states "will tell staff what his Tricor is for at medication administration time with 2 vps or less for a 4 th quarter average of 90%." Also, the QDDP did not indicate there was no documented medication objective for client #3 available for review. I stated I wasn't sure what his medication goal was, but I did not state he did not have one.</p>	05/03/2013			

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	<p>#3's 4/12/13 FAT (Functional Assessment Tool) indicated client #3 was not independent with medication administration.</p> <p>On 4/25/13 at 11:30am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated no documented medication objective for client #3's was available for review.</p> <p>9-3-6(a)</p>						