

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G808	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/30/2012
NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORTH LAKE PARK AVE HOBART, IN 46342		
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W0000	<p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>Survey Dates: October 22, 23, 24 and 30, 2012.</p> <p>Facility Number: 012460 Provider Number: 15G808 AIM Number: 201051410</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 11/2/12 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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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 to assure 1 of 4 sampled clients (client #2) received training and services consistent with their Individual Support Plan (ISP).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 10/22/12 from 4:45 A.M. until 6:40 A.M.. At 5:35 A.M., Direct Support Professional (DSP) #1 administered client #2's prescribed medications. Client #2 was not prompted to and did not state the names of his medications. Direct Support Professional (DSP) #1 failed to implement medication training objectives for client #2.</p> <p>An evening observation was conducted at the group home on 10/23/12 from 4:30 P.M. until 6:00 P.M.. During the entire observation client #2 sat with no activity. DSP #5 cooked the main dish and dessert for dinner which was stuffed peppers and cut up fresh fruit. Client #2 did not</p>	W0249	The staff have been retrained on Client #2's ISP and their need for Client #2 to state the names of his medications. The residential group home manager along with the QMRP will randomly monitor staff during medication passes to ensure that staff are following individual client ISP's Training took place on November 14, 2012. Staff have also been retrained on the cooking and meal goals of all residential clients including the need for clients to take part in meal preparation. The residential group home manager along with the QMRP will randomly check and monitor staff to ensure that the ISP's are being implemented. Staff training took place on November 14, 2012.	11/14/2012	

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	<p>prepare the meal at the group home.</p> <p>A review of client #2's record was conducted on 10/24/12 at 12:55 P.M.. Client #2's ISP dated 3/5/12 indicated: "Will state the names of his medications...will prepare the meals at the group home."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 10/30/12 at 3:45 P.M.. The QMRP indicated group home staff should implement active treatment training objectives during formal and informal opportunities.</p> <p>9-3-4(a)</p>				

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W0388	<p>483.460(m)(1)(i) DRUG LABELING</p> <p>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 4 sampled clients observed during morning medication administration (client #3), to have the medication labeled.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 10/22/12 from 4:45 A.M. until 6:40 A.M.. Client #3's medications were administered by Direct Support Professional (DSP) #1 at 6:00 A.M.. A bottle of D3 Maximum Strength 4000 capsules (vitamin D3) was taken from client #3's medication bin. The bottle did not contain client #3's name or instructions for administration. The bottle did not contain a label. A review of the Medication Administration Record dated October 1, 2012 to October 31, 2012 was conducted at 6:05 A.M.. The MAR indicated: "D3 Maximum Strength 4000 capsules...Take 1 capsule p.o. (by mouth) daily."</p> <p>An interview with the Registered Nurse (RN) was conducted on 10/24/12 at 4:45 P.M.. The RN indicated all medications should have a pharmacy label on them.</p>	W0388	<p>The residential nurse is responsible for ensuring that all medications are correctly labeled prior to being delivered to the group home including over the counter medications and vitamins. The nurse went to the group home on 10/24/12 and correctly labeled the vitamin bottle for client#3. In addition the residential group home manager will check and monitor the medication in the group home for quality assurance and to ensure that all medications are labeled and that the labels have not been damaged or removed. If it is discovered that a label has been damaged or removed the nurse is to be immediately contacted. This topic was further discussed at staff training of 11/14/12</p>	11/14/2012	

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	The RN indicated for over the counter medications she prepares the labels with each clients information. The RN further indicated she needed to prepare a label for client #3's prescribed medication. 9-3-6(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 to assure 7 of 7 clients residing at the group home (clients #1, #2, #3, #4, #5, #6 and #7) were involved in meal preparation and served themselves at meal times as independently as possible.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group on 10/23/12 from 4:30 P.M. until 6:00 P.M.. Upon arrival clients #1, #2, #3, #5 and #7 were in their bedrooms and clients #5 and #6 stood in the dining area. Direct Support Professional (DSP) #5 was in the kitchen preparing stuffed peppers and cutting fresh fruit and placed the cut up fruit into individual bowls and sat the prepared bowls of fruit on the dining table. At 5:20 P.M., clients #1, #2, #3, #4, #5, #6 and #7 sat at the dining table while DSP #4 walked around the table pouring milk and juice into each clients' cups. DSP #5 then prepared client #7's plate which consisted of stuffed peppers, mashed potatoes and garlic bread. At 5:40 P.M., DSP #4 walked around the table and poured a second glass of beverages for each client. Clients</p>	W0488	The staff has been retrained on client dining goals and the need for all clients to participate in their meal preparation and in serving the meals. This training took place on November 14, 2012. The residential manager along with the QMRP will make random meal time checks at the group home to ensure that consumers ISP's are being followed and that all clients are taking part in meal preparation. The residential group home manager is responsible for the daily activities in the group home including meal preparation and serving.	11/14/2012			

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	<p>#1, #2, #3, #4, #5, #6 and #7 ate their meal independently. Clients #1, #2, #3, #4, #5, #6 and #7 did not assist in preparing the main dish and dessert and did not serve themselves during this observation period.</p> <p>A review of client #1's record was conducted on 10/24/12 at 12:35 P.M.. Client #1's Individual Support Plan (ISP) dated 5/16/12 indicated: "Will learn to choose and prepare a home cooked meal."</p> <p>A review of client #2's record was conducted on 10/24/12 at 12:55 P.M.. Client #2's ISP dated 3/5/12 indicated: "Will prepare the meals at the group home."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 10/30/12 at 3:45 P.M.. The QMRP indicated clients were capable of assisting in meal preparation and of serving themselves and they should be assisting in preparation and serving themselves at meal time.</p> <p>9-3-8(a)</p>						

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W9999	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 2 of 6 staff (staff #13 and #14) personnel files reviewed, the facility failed to ensure</p>	W9999	The general manager of human resources has retrained the HR staff on client personal files and the need to have three resources in place prior to staff being placed out the group home schedule. In addition before any staff member can be placed on the schedule in a residential group home the Human Resource file for the individual must be reviewed by the residential coordinator to ensure all documents necessary are in the file. Once the residential coordinator has signed off on the file the individual can be placed on the schedule.	11/14/2012			

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	<p>three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's administrative records were reviewed on 10/30/12 at 3:00 P.M.. Review of the personnel file for staff #13 indicated 1 completed reference. The peronnel files for staff #13 did not include three references. Review of the personnel file for staff #14 indicated 1 completed reference. The personnel files for staff #14 did not include three references.</p> <p>The Human Resource staff (HR) was interviewed on 10/30/12 at 3:30 P.M. and indicated there were not three completed references for staff #13 and #14. No additional references were available to review.</p> <p>9-3-2(c)(3)</p>				