

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/24/2014
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NAME OF PROVIDER OR SUPPLIER  PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 19, 20, 21, and 24, 2014.</p> <p>Facility number: 000849 Provider number: 15G331 AIM number: 100243820</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed November 26, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000249	<p>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.</p> <p>Based on observation, record review, and interview, the facility failed to implement medication objectives during times of opportunity for 2 of 3 sampled clients (clients #1 and #2).</p>	W000249	To bring this citation back into compliance immediately and systemically, all staff at the group home will be re-trained on medication goals for all individuals, and specifically the two individuals identified in the	12/23/2014

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>Findings include:</p> <p>Clients #1 and #2 were observed at the group home on 11/20/14 from 5:55 A.M. until 7:28 A.M. At 6:13 A.M., Direct care staff #4 was observed to retrieve client #2's prescribed medication punch cards, pop each pill out and hand the medications to client #2 to take. Direct care staff #1 did not prompt, nor was client #2 observed to identify his medications. At 6:23 A.M., direct care staff #4 was observed to retrieve client #1's medications, pop each pill out and administered them to client #1. Direct care staff #4 did not prompt or assist client #1 in learning what her medications were for.</p> <p>Client #1's records were reviewed on 11/20/14 at 8:57 A.M. Client #1's Individual Program Plan dated 10/22/14 indicated the following medication administration objective: "Learn medications."</p> <p>Client #2's records were reviewed on 11/20/14 at 8:07 A.M. Client #2's Individual Program Plan dated 1/8/14 indicated the following medication administration objective: "I.D. (identify) medications."</p>		<p>sample. The medication goal data collection forms will be transferred to the medication assistance binder so staff will have immediate access to the objectives and methods of each goal. The Program Manager will review all medication assistance binders at each group home to ensure the data collection forms for all individuals served are available to staff during a med pass. The team will review medication goals with all staff from each group home. The team will remain available to answer questions staff may have regarding implementation of medication goals. All trainings will be completed prior to December 23rd. The interdisciplinary team will provide an ongoing monitor for compliance at least one time weekly at each group home and record their findings on the Mock Survey report.</p>				

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W000268	<p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/20/14 at 10:42 A.M. QIDP #1 stated, "Medication objectives should be implemented at all times the consumers (clients) are administered their medications."</p> <p>9-3-4(a)</p> <p>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 to assure 1 of 4 sampled clients (client #3), wore clean pants.</p> <p>Findings include:</p> <p>Client #3 was observed during the group home observation period on 11/19/14 from 3:12 P.M. until 5:40 P.M. At 3:19 P.M., client #3 got off the van from the workshop and entered the group home. Client #3's pants were wet in the crotch area and down the inside of each leg.</p>	W000268	To bring this citation back into compliance, the QIDP will review the Respect and Dignity Training with all staff at the group home paying special attention to ensuring they respond promptly and continuously when this individual has an episode of incontinence. The sample client does not have a history of remaining in his soiled clothing. When this client has an episode of incontinence, staff prompt him to shower and he is normally compliant in a timely manner. On the day of the survey, staff stated	12/23/2014			

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	<p>Client #3 continued to wear his pants until 4:05 P.M. when direct care staff #2 directed the client to take a bath.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/20/14 at 10:42 A.M. QIDP #1 stated, "Staff (direct care staff) should have assisted [client #3] with changing his pants right after [client #3] got off of the van from the workshop."</p> <p>9-3-5(a)</p>		<p>the client was prompted to shower when he got off the van and he refused. The team will create an incontinence tracking system to identify if there is an increase in episodes of incontinence for the sample client and staff will document attempts to have him change into clean clothing when necessary. After one month of tracking, the team will determine if there is a pattern of increased incontinence and/or refusals to change out of soiled clothing. The team will then assess the need for medical intervention and/or the need for a formal plan to address refusals. The QIDP will additionally train staff to focus on providing this client with toileting reminders to reduce the potential for accidents, to allow him the opportunity to use the bathroom prior to going on a trip, show him where the bathroom is when he is in an unfamiliar environment and to ensure he has clean dry clothing to change into at all times, specifically when he is away from his home. An order for a prn depends will be obtained if the RN determines it to be necessary. All individuals with a history of incontinence have been identified as having the potential to be affected, therefore; the team will further review the same Respect and Dignity Training with all staff from each group home, focusing on incontinence, appropriate clothing, hygiene,</p>	

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W000336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>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 three months) for 3 of 3 sampled clients (clients #1, #2, and #3).</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 11/20/14 at 8:57 A.M. A review of the client's quarterly nursing assessments from 11/20/13 to 11/20/14 indicated quarterly nursing assessments were completed on 1/23/14, 7/30/14, and 11/12/14. The review failed to indicate</p>	W000336	<p>grooming and other issues with the potential to be undignified for the individual. All trainings will be completed prior to December 23rd. The Interdisciplinary Team will monitor for compliance at least two times weekly for a period of two months. They will then provide an ongoing monitor for compliance each time they are in contact with individuals and during routine visits to the homes, when necessary, they will make immediate suggestions to staff/individuals on how to correct the situation.</p> <p>To prevent this citation from occurring in the future, the RN has been conducting chart audits on all individuals. She will develop a calendar to identify when all individual quarterly nursing assessments have been completed and are next due. This calendar will be submitted to the Program Director for review. In the event of a sudden departure of the RN or in the case of a personal emergency that results in the nurse being unavailable, the team will utilize the services of the PRN on-call nurse to complete assessments as needed. The current RN has</p>	12/23/2014	

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	<p>the client's quarterly nursing assessments were completed at least quarterly (every three months).</p> <p>Client #2's records were reviewed on 11/20/14 at 8:07 A.M. A review of the client's quarterly nursing assessments from 11/20/13 to 11/20/14 indicated quarterly nursing assessments were completed on 1/23/14, 7/30/14, and 11/12/14. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months).</p> <p>Client #3's records were reviewed on 11/20/14 at 9:37 A.M. A review of the client's quarterly nursing assessments from 11/20/13 to 11/20/14 indicated quarterly nursing assessment were completed on 1/23/14, 7/30/14, and 11/12/14. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months).</p> <p>Program Director #1 was interviewed on 11/21/14 at 10:22 A.M. Program Director #1 stated, "We had some nursing changes earlier in the year and the second quarterly nursing quarterlies (quarterly exams) were apparently overlooked."</p> <p>9-3-6(a)</p>		<p>been trained on this standard and is up to date with all assessments. The Program Director will monitor compliance through monthly Interdisciplinary Team meetings and random chart reviews.</p>				

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W000388	<p>483.460(m)(1)(i) DRUG LABELING Labeling for drugs and biologicals must be based on currently accepted professional principles and practices. Based on observation, record review, and interview, the facility failed to assure a vinegar and water ear flush was labeled with dosage and administration information for 1 of 3 sampled clients who received medications (clients #2).</p> <p>Findings include:</p> <p>Client #2 was observed receiving prescribed medications from direct care staff #4 during the 11/20/14 observation period from 5:55 A.M. until 7:28 A.M. At 6:13 A.M., direct care staff #4 assisted client #2 in administering a vinegar and water ear flush into the client's ears.</p> <p>At 6:15 A.M. on 11/20/14, a bottle of vinegar was noted to be in the medication closet. On the bottle was written "For [client #2's] ears." Further review of the bottle of vinegar failed to indicate identifying information and it was not labeled with dosage and administration</p>	W000388	<p>This citation has been corrected by obtaining a label from the contracted pharmacy and placing it on the vinegar/water solution. To ensure compliance of this standard systemically, the RN has begun reviewing all treatment orders to identify other non-medicated orders without labels. The RN has been trained on this standard and will monitor all future treatment orders and request pharmaceutical labels when necessary. All staff will be trained to notify the RN should they find a medication or treatment without a label. An ongoing monitor of future compliance will take place each time a medication order is received at the office, prior to being delivered to the group homes.</p>	12/23/2014			

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W000455	<p>directions/information.</p> <p>Client #2 records were reviewed on 11/20/14 at 8:07 A.M. Review of the client's 9/18/14 physician orders indicated the following: "vinegar &amp; (and) water ear flush: flush ears with 3 parts water and 1 part vinegar for a total of 15 ml (milliliters), three times daily."</p> <p>Nurse #1 was interviewed on 11/20/14 at 10:33 A.M. Nurse #1 stated, "The vinegar for [client #2's] ears is not labeled, but I will have it labeled from the pharmacy."</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed to assure 3 of 3 sampled clients (clients #1, #2, and #3), washed their hands after coming home from the workshop and prior to handling food items.</p> <p>Findings include:</p>	W000455	To ensure compliance of this citation systemically, all staff will be retrained on infection control with special attention to hand washing. In addition, the RN will provide staff with training on how to effectively assist clients with hand-over-hand hand washing. The QIDP will identify all clients who are able to wash their hands	12/23/2014

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	<p>Clients #1, #2, and #3 were observed during the group home observation period on 11/19/14 from 3:12 P.M. until 5:40 P.M. At 3:19 P.M., clients #1, #2, and #3 got off of the van from the workshop and went inside the group home. Direct care staff #1 and #2 prompted and supervised the clients as they made luncheon meat sandwiches for the next day's lunch. Direct care staff #1 and #2 did not prompt or assist clients #1, #2, and #3 to wash their hands prior to handling luncheon meat, bread and condiments.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/20/14 at 10:42 A.M. QIDP #1 stated, "Staff (direct care staff #1 and #2) should have assured (clients #1, #2, and #3) washed their hands prior to handling food items."</p> <p>9-3-7(a)</p>		<p>independently and provide them with training on proper hand washing. The QIDP will also identify those individuals who may need an informal hand washing goal put in place. The Interdisciplinary Team will monitor that staff are prompting clients to wash their hands at least weekly. They will provide staff with immediate corrective suggestions when necessary and record their observation on the Mock Survey.</p>				