

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G113	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2014
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5802 VERMONT ST MERRILLVILLE, IN 46410
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W000000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of Survey: May 13, 14, 16, 19 and 21, 2014.</p> <p>Facility number: 000650 Provider number: 15G113 AIM number: 100248790</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/4/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the governing body failed for 2 of 3 sampled clients and 1 additional client (clients #1, #3 and #4), to exercise operating direction over the facility to</p>	W000104	All management staff will be re-trained on the abuse/neglect policy. Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy. Responsible person: Traci	06/20/2014

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>ensure their abuse and neglect policy was implemented in regards to reporting incidents of abuse and neglect, property destruction with injuries and documented incidents of elopement.</p> <p>Findings include:</p> <p>1. Please refer to W149: The governing body failed for 2 of 3 sampled clients and 1 additional client (clients #1, #3 and #4), to implement written policy and procedures in regards to reporting and preventing abuse and neglect including incidents of client to client aggression, property destruction with injuries and elopement.</p> <p>2. Please refer to W157: The governing body failed for 4 of 4 incidents of elopement and 4 of 4 incidents of property destruction with injury, for 1 of 3 sampled clients (client #1), to take sufficient/effective corrective measures in regard to preventing his property destruction with injuries and elopement.</p> <p>9-3-1(a)</p>		<p>Hardesty, QDDP. A reliability will be completed to ensure competency. Responsible person: Peggy Buchanan, Group Home Manager. To ensure future compliance, Manager will review all internal reports daily. Responsible person: Peggy Buchanan, Group Home Manager.</p> <p>Elopement was added to Client #1's plan on 7/17/13. Other BSP revisions were on 8-13 both at work and at group home, 10-13, 1-14 and on 2-14 within the group home. On 4-14, there was another revision both at work and at the group home. Responsible person: Karen Warner, Behaviorist Client #1's BSP is reviewed often at the monthly staff meetings and would be noted in those minutes &/or staff training sign in sheet. Responsible person: Peggy Buchanan, Group Home Manager</p> <p>To ensure future compliance, the team meets weekly and review incident reports, the safety committee meets monthly to also review the reports. Any recommendations that would be made are noted in the minutes &/or on the follow up reports. Responsible person: IDT members To ensure future compliance, the team meets quarterly at the group homes to review all BSP and addresses any issues. This would be noted by a revision to the BSP &/or in the monthly behavior summary</p>		

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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview, the facility failed to ensure a legally sanctioned decision maker was obtained to assist in medical and financial decisions for 2 of 3 sampled clients (clients #2 and #3).</p> <p>Findings include:</p> <p>A review of client #2's record was conducted at the facility's administrative office on 5/16/14 at 1:40 P.M.. Client #2's Individual Support Plan (ISP) dated 8/5/13 indicated: "Legal Status: Own guardian....Will learn the values of coins...Currently, [client #2] needs assistance with learning the value of coins." Further review of the record indicated client #2 could not independently manage his finances nor make financial decisions independently.</p> <p>A review of client #3's record was conducted at the facility's administrative</p>	W000125	<p>report. Responsible person: IDT members</p> <p>Client #2 & 3 has either a parent &/or family member who advocates on their behalf. They also have POA over their medical and financial needs and are their health care representative. In-Pact is their rep-payee over their Social Security money. They each receive \$30 a month SSI spending money a month, which is not above their spending needs. An informed consent assessment was completed on Client #2 & 3. Based on this assessment, both Client #2 & 3 were able to give informed consent in the areas of medical and financial. They both have a money goal, as do all clients, this is a State requirement.</p> <p>We will provide guardianship information to client #2 & 3's family member(s). Responsible person: Traci Hardesty, QDDP.</p> <p>To ensure future compliance, annually we will continue to review their legal status, give information</p>	06/20/2014	

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W000149	<p>office on 5/16/14 at 2:40 P.M.. Client #3's Individual Support Plan (ISP) dated 3/14/14 indicated: "Legal Status: Emancipated adult.... Will balance his petty cash...needs assistance to use money in the community." Further review of the record indicated client #3 could not independently manage his finances nor make financial decisions independently.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was completed at the facility's administrative office on 5/21/14 at 3:45 P.M.. The QIDP indicated clients #2 and #3 did not have legally sanctioned decision makers to assist them in making financial decisions and were unable to do so independently.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 3 sampled clients and 1 additional</p>	W000149	<p>and encourage a legally sanctioned decision maker to be obtained to assist in medical and financial decisions for clients #2 & 3. Responsible person: Traci Hardesty, QDDP.</p> <p>To ensure future compliance, we will continue to increase their skills and knowledge to exercise their rights as citizens of the United States, so their rights will not have to be taken away from them. Example of this is that Client # 2 wanted to vote during the past Presidential elections. He had registered to vote and voted for President Obama during past two elections. Responsible person: Peggy Buchanan, Group Home Manager.</p> <p>All management staff will be re-trained on the abuse/neglect policy. Responsible person:</p>	06/20/2014

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	<p>client (clients #1, #3 and #4), the facility failed to implement written policy and procedures in regards to reporting and preventing abuse and neglect including incidents of client to client aggression, property destruction with injuries and elopement.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS) was conducted on 5/14/14 at 12:00 P.M. and indicated the following:</p> <p>Incidents of property destruction with injury:</p> <p>-BDDS report dated 4/28/14 involving client #1 indicated: "[Client #1] was exhibiting property destruction during behavior and kicked the entertainment center with his right foot. Shortly after he complained of his foot hurting. Staff took him to an urgent care. He was diagnosed with a sprain. His foot was wrapped with an ace bandage and he was told to keep it elevated for a couple of days." Further review of the record neglected to indicate the facility addressed client #1's behavior.</p> <p>-BDDS report at the outside day program</p>		<p>Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy. Responsible person: Traci Hardesty, QDDP. A reliability will be completed to ensure competency. Responsible person: Peggy Buchanan, Group Home Manager. To ensure future compliance, Manager will review all internal reports daily. Responsible person: Peggy Buchanan, Group Home Manager.</p>	

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	<p>dated 4/15/14 involving client #1 indicated client #1 punched the television with his fist. Further review of the report indicated client #1's hands were reddened/pink. Further review of the record neglected to indicate the facility addressed client #1's behavior.</p> <p>-BDDS report dated 3/4/14 of an incident of property destruction with injury involving client #1 indicated: "[Client #1] was upset because his guitar was slightly damaged during his roommate's behavior earlier that day. [Client #1] kicked the glass door of his entertainment center in his bedroom and came out into the living room and punched a picture. When he went back into his bedroom and cut his foot on glass from the entertainment center (he was barefoot at the time). The cut appeared to be deep. Staff provided first aid treatment and took him to the emergency room. He did not receive any stitches...." Further review of the record neglected to indicate the facility addressed client #1's behavior.</p> <p>-BDDS report dated 10/3/13 of an incident of property destruction with injury involving client #1 indicated: "Staff reminded [client #1] that it was dinner time. [Client #1] was talking on his the (sic) phone and was asked by staff to come and eat dinner. He refused to get</p>			

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	<p>off the phone....[Client #1] decided to go to his room after dinner instead of working on his programs. As he was walking in his room, he displayed signs of aggression. He punched the wall, broke glasses and picture frames off the dresser resulting in broken glass on the floor. [Client #1] then went to the front door and slammed the door which resulted in pictures falling off the living room walls and breaking. [Client #1] was immediately taken to the hospital for possible injuries to his right hand. The ER (Emergency Room) doctor stated that he has a contusion on his right hand but no broken fingers. [Client #1] had a small cut in between his pinky and ring finger." Further review of the record neglected to indicate the facility addressed client #1's behavior.</p> <p>Incidents of elopement:</p> <p>-BDDS report dated 4/28/14 of an incident of elopement and property destruction at the outside day program involving client #1 indicated: "[Client #1] eloped from his designated work room. [Client #1] was agitated (unprovoked with no antecedent) and became physically aggressive, engaging in property destruction. [Client #1] knocked over two full boxes of product. [Client #1] continued to escalate and</p>						

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	<p>kicked a table a peer was working at, almost knocking it over. [Client #1] was assisted into a two person escort to the quiet room for safety. [Client #1] has a history of physically aggressing against peers and eloping into highly trafficked parking lots, roads and intersections."</p> <p>-BDDS report at the outside day program dated 1/22/14 involving client #1 indicated client #1 ran out of the day program building, punched the brick building and ran down the road about 1/8 of a mile. "Staff could not catch up to him." Review of the report indicated client #1's risk level was high due to him running out into the busy road "high volumes of traffic...[client #1] does not regard vehicles when he elopes."</p> <p>-IR dated 11/3/13 indicated client #1 eloped while on a visit with his father and step mother. Further review of the report failed to indicate the facility staff reported this incident to the administrator and BDDS.</p> <p>-BDDS report dated 7/15/13 involving client #1 indicated client #1 was agitated when riding to his day services. When the van stopped client #1 jumped out of the van and proceeded to walk down [Highway name]. The police were called to assist because he refused to comply</p>			

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	<p>with staff requests.</p> <p>Incidents of client to client aggression indicated the following:</p> <p>-BDDS report dated 10/3/13 involving clients #1 and #4 indicated: "[Client #4] was in the van with other consumers on their way to the workshop. [Client #1] was sitting next to [client #4], with his head on (sic) his shoulder listening to his headphones. While [client #1] was listening to his music, [client #4] began to get excited over a song that came on the radio and [client #4] tapped [client #1]. Immediately afterwards, [client #1] punched [client #4] in the face approximately 4 times. The staff who was driving intervened immediately and no further aggression was displayed by [client #1] [Client #4] had light swelling and redness around his left eye."</p> <p>-IR dated 9/20/13 at the facility owned day program involving client #3 indicated: "According to [client #3] [Day Program client] scratched him in the basement level at [Day Program]. 5 scratches on right forearm one in center 1/8 inch long and 1/16 inch wide and 3 are circular approximately 1/8 inch to 1/16 inch in diameter."</p> <p>A review of the facility's records was</p>			

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	<p>conducted at the facility's administrative office on 5/14/14 at 7:50 P.M.. Review of the facility's "28. POLICY ON REPORTING AND INVESTIGATING INCIDENTS AND ALLEGATIONS OF ABUSE AND NEGLECT", no date noted, indicated, in part, the following: "... Consumers must not be subjected to abuse by anyone, including, but not limited to, facility staff, other consumers...Until the incident is reported and investigated, one may not be able to determine whether it is abuse (willful), neglect, or mistreatment but the incident must be treated as an allegation of abuse, neglect or mistreatment and follow the regulations for reporting, responding, investigating and correcting... The term 'willful' does not have to do with 'competence' but with 'intent' to cause harm. Someone with a mental illness or mental retardation can willfully inflict harm to someone who has been bothering them, even though they may not be considered 'competent'... It is mandatory in all situations involving abuse, neglect, exploitation, mistreatment of an individual or the violation of an individual's rights that there is notification made to legal representative, guardian/parent, if applicable, Case Manager, if applicable, BDDS (Bureau of Developmental Disabilities Services), APS/CPS (Adult Protection</p>			

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	<p>Services/Child Protection Services) and other person the (sic) designated by the consumer...Physical-includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain....b. Neglect-includes failure to provide appropriate care, food, medical care or supervision....Incident Reporting: In-Pact requires that all staff immediately verbally report all incidents as defined in this policy to their Program Director/Administrator. Under no conditions may an employee leave the work site without reporting and documenting any incident which occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/21/14 at 3:45 P.M.. The QIDP indicated when client #1 becomes agitated and elopes, staff are to implement his BSP. When asked if client #1's BSP had been revised after the documented incidents of elopement, the QIDP indicated it had not been revised. When asked if there was documentation to indicate client #1's Inter Disciplinary Team (IDT) met and discussed/addressed his documented</p>			

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W000157	<p>incidents of property destruction with injuries, client to client aggression and elopement, the QIDP indicated there was not. The QIDP indicated all staff who work with the clients should immediately report all incidents of abuse and neglect.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on 4 of 4 incidents of elopement and 4 of 4 incidents of property destruction with injury for 1 of 3 sampled clients (client #1), the facility failed to take sufficient/effective corrective measures in regard to preventing his</p>	W000157	Elopement was added to Client #1's plan on 7/17/13. Other BSP revisions were on 8-13 both at work and at group home, 10-13, 1-14 and on 2-14 within the group home. On 4-14, there was another revision both at work and at the group home. Responsible	06/20/2014

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	<p>property destruction with injuries and elopement.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS) was conducted on 5/14/14 at 12:00 P.M. and indicated the following:</p> <p>Incidents of property destruction with injury indicated:</p> <p>-BDDS report dated 4/28/14 involving client #1 indicated: "[Client #1] was exhibiting property destruction during behavior and kicked the entertainment center with his right foot. Shortly after he complained of his foot hurting. Staff took him to an urgent care. He was diagnosed with a sprain. His foot was wrapped with an ace bandage and he was told to keep it elevated for a couple of days."</p> <p>-BDDS report at the outside day program dated 4/15/14 involving client #1 indicated client #1 punched the television with his fist. Further review of the report indicated client #1's hands were reddened/pink.</p> <p>-BDDS report dated 3/4/14 of an incident</p>		<p>person: Karen Warner, Behaviorist Client #1's BSP is reviewed often at the monthly staff meetings and would be noted in those minutes &/or staff training sign in sheet. Responsible person: Peggy Buchanan, Group Home Manager To ensure future compliance, the team meets weekly and review incident reports, the safety committee meets monthly to also review the reports. Any recommendations that would be made are noted in the minutes &/or on the follow up reports. Responsible person: IDT members To ensure future compliance, the team meets quarterly at the group homes to review all BSP and addresses any issues. This would be noted by a revision to the BSP &/or in the monthly behavior summary report. Responsible person: IDT members</p>	

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	<p>of property destruction with injury involving client #1 indicated: "[Client #1] was upset because his guitar was slightly damaged during his roommate's behavior earlier that day. [Client #1] kicked the glass door of his entertainment center in his bedroom and came out into the living room and punched a picture. When he went back into his bedroom and cut his foot on glass from the entertainment center (he was barefoot at the time). The cut appeared to be deep. Staff provided first aid treatment and took him to the emergency room. He did not receive any stitches...."</p> <p>-BDDS report dated 10/3/13 of an incident of property destruction with injury involving client #1 indicated: "Staff reminded [client #1] that it was dinner time. [Client #1] was talking on his the (sic) phone and was asked by staff to come and eat dinner. He refused to get off the phone....[Client #1] decided to go to his room after dinner instead of working on his programs. As he was walking in his room, he displayed signs of aggression. He punched the wall, broke glasses and picture frames off the dresser resulting in broken glass on the floor. [Client #1] then went to the front door and slammed the door which resulted in pictures falling off the living room walls and breaking. [Client #1]</p>			

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	<p>was immediately taken to the hospital for possible injuries to his right hand. The ER (Emergency Room) doctor stated that he has a contusion on his right hand but no broken fingers. [Client #1] had a small cut in between his pinky and ring finger."</p> <p>Incidents of elopement indicated:</p> <p>-BDDS report dated 4/28/14 of an incident of elopement and property destruction at the outside day program involving client #1 indicated: "[Client #1] eloped from his designated work room. [Client #1] was agitated (unprovoked with no antecedent) and became physically aggressive, engaging in property destruction. [Client #1] knocked over two full boxes of product. [Client #1] continued to escalate and kicked a table a peer was working at, almost knocking it over. [Client #1] was assisted into a two person escort to the quiet room for safety. [Client #1] has a history of physically aggressing against peers and eloping into highly trafficked parking lots, roads and intersections."</p> <p>-BDDS report at the outside day program dated 1/22/14 involving client #1 indicated client #1 ran out of the day program building, punched the brick building and ran down the road about 1/8</p>			

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	<p>of a mile. "Staff could not catch up to him." Review of the report indicated client #1's risk level was high due to him running out into the busy road "high volumes of traffic...[client #1] does not regard vehicles when he elopes."</p> <p>-IR dated 11/3/13 indicated client #1 eloped while on a visit with his father and step mother. Further review of the report failed to indicate the facility staff reported this incident to the administrator and BDDS.</p> <p>-BDDS report dated 7/15/13 involving client #1 indicated client #1 was agitated when riding to his day services. When the van stopped client #1 jumped out of the van and proceeded to walk down [Highway name]. The police were called to assist because he refused to comply with staff requests.</p> <p>Further review of the reports failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>A review of client #1's record was conducted on 5/16/14 at 2:20 P.M.. There was no documentation in client #1's record to indicate client #1's IDT met to address his documented behaviors of elopement and property destruction with</p>			

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	<p>injury.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/21/14 at 3:45 P.M.. The QIDP indicated facility staff should use client #1's coping techniques by engaging him in calming. When asked how the facility addressed the documented incidents, the QIDP indicated the facility discussed the incidents in their weekly meetings and staff were retrained on his BSP. When asked if there was documentation available for review to indicate client #1's IDT met to discuss and address his documented incidents of property destruction with injury and elopement, the QIDP indicated there was not.</p> <p>9-3-2(a)</p>				

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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, record review and interview, the facility failed for 2 of 3 sampled clients (clients #2 and #3), to ensure staff were sufficiently trained to assure competence in administering medications.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/13/14 from 4:25 P.M. until 5:45 P.M.. At 4:50 P.M., Direct Support Professional (DSP) # 2 administered client #3's prescribed medications with water. At 4:55 P.M., a review of the medication packet and Medication Administration Record (MAR) dated 5/1/14 to 5/31/14 indicated: "Metformin 1000 mg (milligram) tablet (Diabetes)...1 tablet two times daily...Take with meal." Client #3 ate dinner at 5:25 P.M.. Client #3 did not take his medication with his meal.</p> <p>A morning observation was conducted at</p>	W000189	<p>Staff is trained upon hire in the State of Indiana's Med core curriculum and pill passing. All staff are re-trained in this at least annually thereafter. They are also required to pass a reliability at 100% to show competency prior to being allowed to pass medications on their own. Responsible person: Sherri DiMarrco, RN.</p> <p>Staff will be re-trained in administering medications, which includes taking medications with meals and to take medication with plenty of water as ordered and as indicated on the medication packet. Responsible person: Traci Hardesty, QDDP.</p> <p>A medication pass reliability will be completed to assure competence in administering medication. Responsible person: Peggy Buchanan, Group Home Manager. To ensure future compliance, any special instruction label will be noted on the MAR to assure administration as order with error.</p>	06/20/2014

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W000331	<p>the group home on 5/13/14 from 5:55 A.M. until 7:45 A.M.. At 6:55 A.M., DSP #5 began administering client #2's prescribed medications with water. At 7:00 A.M., a review of the medication packet and Medication Administration Record (MAR) dated 5/1/14 to 5/31/14 indicated: "Calcium 600 mg/Vitamin D (Supplement)...1 tablet daily three times a day...Take with food." Client #2 did not eat breakfast or any food.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/21/14 at 3:45 P.M.. The QIDP indicated clients #2 and #3's medications should have been administered as directed on the label and MAR. The QIDP further indicated client #2 and #3's medications should have been given with food.</p> <p>9-3-3(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 2 of 4 clients observed during the evening medication administration, (clients #1 and #4), the</p>	W000331	<p>Responsible person: Sherri DiMarrco, RN and Peggy Buchanan, Group Home Manager</p> <p>The nurse will reconcile Physician's orders with labels and MARs for client #2 & 4. Responsible person: Sherri DiMarrco, RN.</p>	06/20/2014

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	<p>facility's nursing services failed to reconcile doctor's orders with labels and Medication Administration Records (MAR).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/13/14 from 5:55 A.M. until 7:45 A.M.. At 6:00 A.M., Direct Support Professional (DSP) #5 administered client #1's prescribed medications with a 2 ounce solo cup of water. Review of the medication label indicated: "Docusate Sodium 100 mg (milligram) capsule (constipation)...1 capsule daily orally twice daily...Take with plenty of water." A review of the Medication Administration Record (MAR) dated May 1, 2014 to May 31, 2014 at 6:05 A.M. did not indicate "Take with plenty of water." Client #2 did not and was not prompted to drink plenty of water. At 6:42 A.M., DSP #5 administered client #4's prescribed medications. Client #4 was not prompted to chew his medication; he swallowed his medication whole. Review of the medication label indicated: "Child Chew Vitamin tablet...1 tablet orally once daily...Chew before swallowing." A review of the MAR dated May 1, 2014 to May 31, 2014 at 6:45 A.M. did not indicate "Chew before swallowing."</p>		<p>To ensure future compliance, at least monthly the nurse will check Physician's orders with labels and MARs for all clients. Responsible person: Sherri DiMarrco, RN.</p> <p>To ensure future compliance, when meds are checked in; the additional pharmacist's sticker/label will be checked to the MAR to assure that it is accurate. Responsible person: Peggy Buchanan, Group Home Manager.</p>	

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W000369	<p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/21/14 at 3:45 P.M.. The QIDP indicated the nurse was responsible for reconciling the Physician Order (PO), MAR and label. The QIDP further indicated the nurse had not reconciled the label, MAR and PO for clients #1 and 4's medications.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview, the facility failed for 2 of 3 sampled clients observed during medication administration (clients #2 and #3) to ensure staff administered 2 of 4 of the clients' medications, as ordered without error.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/13/14 from 4:25 P.M. until 5:45 P.M.. At 4:50 P.M., Direct Support Professional (DSP) # 2</p>	W000369	<p>Staff is trained upon hire in the State of Indiana's Med core curriculum and pill passing. All staff are re-trained in this at least annually thereafter. They are also required to pass a reliability at 100% to show competency prior to being allowed to pass medications on their own. Responsible person: Sherri DiMarrco, RN.</p> <p>Staff will be re-trained in administering medications, which includes taking medications with meals and to take medication with</p>	06/20/2014

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	<p>administered client #3's prescribed medications with water. At 4:55 P.M., a review of the medication packet and Medication Administration Record (MAR) dated 5/1/14 to 5/31/14 indicated: "Metformin 1000 mg (milligram) tablet (Diabetes)...1 tablet two times daily...Take with meal." Client #3 ate dinner at 5:25 P.M.. Client #3 began eating his dinner at 5:25 P.M..</p> <p>A morning observation was conducted at the group home on 5/13/14 from 5:55 A.M. until 7:45 A.M.. At 6:55 A.M., DSP #5 began administering client #2's prescribed medications with water. At 7:00 A.M., a review of the medication packet and Medication Administration Record (MAR) dated 5/1/14 to 5/31/14 indicated: "Calcium 600 mg/Vitamin D (Supplement)...1 tablet daily three times a day...Take with food." Client #2 did not eat breakfast or any food. Clients #1, #3, #4 and #5 ate breakfast at different times between 6:10 A.M. and 7:25 A.M..</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/21/14 at 3:45 P.M.. The QIDP indicated clients #2 and #3's medications should have been administered as directed on the label and MAR. The QIDP further indicated client #2 and #3's medications should have</p>		<p>plenty of water as ordered and as indicated on the medication packet. Responsible person: Traci Hardesty, QDDP.</p> <p>A medication pass reliability will be completed to assure competence in administering medication, which will include looking at labels to administer without error. Responsible person: Peggy Buchanan, Group Home Manager.</p> <p>To ensure future compliance, any special instruction label will be noted on the MAR to assure administration as order without error. Responsible person: Sherri DiMarrco, RN and Peggy Buchanan, Group Home Manager</p>	

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W000383	<p>been given with food.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview, the facility failed for 5 of 5 clients residing at the group home (clients #1, #2, #3, #4 and #5), to ensure only authorized persons had access to the keys to the medication lock box and cabinet.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/14/14 from 5:55 A.M. until 7:45 A.M.. At 6:00 A.M., Direct Support Professional (DSP) #5 walked out of the unsecured kitchen/dining/medication area. The metal medication lock box with medications was open on top of the countertop and a purple key holder was hanging from the medication cabinet which was opened and unsecured. At 6:02 A.M., DSP #5 walked into the kitchen with client #1 and administered</p>	W000383	<p>The med key is to be secure at all time with an authorized person. Staff will be re-trained the authorized person should have the key on them at all times. Responsible person: Traci Hardesty, QDDP.</p> <p>A med pass reliability will be completed to assure competency. Responsible person: Peggy Buchanan, Group Home Manager.</p> <p>To ensure future compliance, unannounced spot checks will be conducted weekly to assure that the med key is always secure at all times with an authorized person/staff and then monthly thereafter (doc through reliability). Responsible person: Traci Hardesty, QDDP & Peggy Buchanan, Group Home Manager.</p>	06/20/2014

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W000436	<p>all of his medications. DSP #5 then put the medication keys in a drawer in the unsecured kitchen/dining/medication area and walked out of the kitchen. During the entire observation period clients #1, #2, #3, #4 and #5 and DSPs #5 and #6 walked in and out of the unsecured kitchen/dining/medication area.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/21/14 at 3:45 P.M.. The QIDP indicated the keys should only be available to authorized persons and further indicated the person responsible for administering medications should have the keys on them at all times.</p> <p>9-3-6(a)</p> <p>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, for 1 of 3 sampled clients</p>	W000436	Client #1's glasses were broken and our facility/staff took them in to get	06/20/2014

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	<p>(client #1), the facility failed to furnish/repair his prescribed eyeglasses.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/13/14 from 4:25 P.M. until 5:45 P.M.. At 5:20 P.M., while sitting at the dining table eating dinner, client #1 stated to Direct Support Professionals (DSPs) #1, #2 and #3 and the Group Home Manager (GHM), "When do you think my glasses will be ready?" DSP #2 responded "I'm not sure, sometimes it takes a while." Client #1 did not wear his prescribed eyeglasses during the entire observation period.</p> <p>A morning observation was conducted at the group home on 5/14/14 between 5:55 A.M. and 7:45 A.M.. Client #1 did not wear his prescribed eyeglasses during the entire observation period.</p> <p>An interview with client #1 was conducted at the group home on 5/14/14 at 6:37 A.M.. When asked where his eyeglasses were, client #1 stated "The frame broke so I had to get them fixed." When asked how long his glasses had been broken, client #1 stated "Over a month now and I need them."</p> <p>A review of client #1's record was</p>		<p>repaired. They needed to be left at the store to get repaired, so Client #1 did go without his glasses for a short period of time. Responsible person: Peggy Buchanan, Group Home Manager.</p> <p>Client #1 wears his glasses without problems and asked staff often when they would be fixed. The staff picked them up as soon as they were fixed. Responsible person: Peggy Buchanan, Group Home Manager.</p> <p>Client #1 currently has his glasses that have been repaired. Responsible person: Peggy Buchanan, Group Home Manager.</p> <p>Staff will be re-trained to assure that they know we must furnish and maintain his glasses in good repair &/or any other devices identified and to quickly get the needed item back as soon as we can. Responsible person: Traci Hardesty, QDDP.</p> <p>To ensure future compliance, when he is due to get a new script; we will keep the current pair of glasses as a temporary replacement for client #1. Responsible person: Peggy Buchanan, Group Home Manager.</p> <p>To ensure future compliance, a reliability will be completed to assure that all clients are using any equipment that is needed and that it is furnished and in good repair. Responsible person: Peggy</p>	

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W009999	<p>conducted on 5/16/14 at 2:20 P.M.. A review of client #1's vision assessment dated 12/17/13 indicated he wore prescribed eyeglasses.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/21/14 at 3:45 P.M.. The QIDP indicated client #1 was prescribed eyeglasses and indicated she was not aware of his glasses being broken.</p> <p>9-3-7(a)</p> <p>State Findings:</p> <p>460 IAC 9-3-1(b) The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This state rule is not met as evidenced by:</p>	W009999	<p>Buchanan, Group Home Manager.</p> <p>Management will be retrained on the BDDS policy on reporting incident reports to administrator immediately and to BDDS within 24 hours. Responsible person: Sheila O'Dell, Group Home Director. Staff will be retrained on the BDDS policy on reporting incident reports to administrator immediately and to BDDS within 24 hours. Responsible person: Traci Hardesty, QDDP. Reliabilities will be completed to assure competency. Responsible person: Peggy Buchanan, Group Home Manager. To ensure future compliance, To ensure future compliance, the Manager</p>	06/20/2014

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	<p>Based on record review and interview, the facility failed for 4 of 4 incidents involving of 2 of 3 sampled clients (clients #1 and #2), to report to the Bureau of Developmental Disabilities Services (BDDS).</p> <p>A review of the facility's Internal Reports (IRs) was conducted at the group home on 5/14/14 at 5:45 P.M. and indicated the following:</p> <p>-IR dated 2/20/14 involving client #1 indicated: "[Client #1] was asked to complete programs refused. Punched glass out of entertainment center. Scratches on right hand, 1 inch long and the other 1/2 inch long."</p> <p>-IR dated 11/3/13 indicated client #1 eloped while on a visit with his father and step mother.</p> <p>-IR dated 10/17/13 involving client #2 indicated: "Steps were wet because it was raining. [Client #2] slipped off the bottom steps, landed on his knees and hands. I helped him up. 1/2 inch size scrape on right knee and 1/2 inch scrape on left knee."</p> <p>-IR dated 9/27/13 involving client #2 indicated: "Consumer (client #2) was</p>		<p>will review all internal reports (incident and behavioral) daily for peer/peer, injury of unknown origin and significant injuries &/or allegations. Responsible person: Peggy Buchanan, Group Home Manager. To ensure future compliance, the QDDP will review in the home all internal reports (incident and behavioral) for peer/peer, injury of unknown origin and significant injuries &/or allegations at least 3 times a month. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, all incident reports will be reviewed at least monthly during the program status review and at least monthly by our Nurse to ensure that the facility's abuse and neglect policy has been followed. Responsible person: Traci Hardesty, QDDP, Sheila O'Dell Group Home Director, and Sherri DiMarrco, RN.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G113		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/21/2014	
NAME OF PROVIDER OR SUPPLIER IN-PACT INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5802 VERMONT ST MERRILLVILLE, IN 46410			
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	<p>walking to entrance of [Barber shop] and tripped over parking blocks. Staff tried to catch [client #2]. [Client #2] injured his right elbow and received 9 scratches about an inch long each."</p> <p>A review of the Bureau of Developmental Disabilities Services (BDDS) reporting policy effective March 1, 2011 was conducted on 5/14/14 at 7:30 P.M.. The policy indicated: "It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of the individuals receiving services administered by BDDS."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) and the Group Home Director (GHD) was conducted on 5/21/14 at 3:45 P.M.. The QIDP indicated the documented incidents were not immediately reported to the administrator and within 24 hours to BDDS. When asked if BDDS reports were submitted, the QIDP indicated they were not. When asked if the incidents should have been reported to BDDS, the QIDP stated "Yes they should have."</p> <p>9-3-1(b)</p>						

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

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