

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G617	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  04/19/2013
NAME OF PROVIDER OR SUPPLIER  PATHFINDER SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 607 MEADOWDALE DR N MANCHESTER, IN 46962		
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W000000	<p>This visit was for the annual recertification and state licensure survey. This visit included the investigation of complaint #IN00125729.</p> <p>Complaint #IN00125729: SUBSTANTIATED, Federal/State deficiency related to the allegation is cited at W149.</p> <p>Dates of survey: April 11, 12, 15, 16, 17, 18, and 19, 2013.</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP.</p> <p>Facility Number: 001202 Provider Number: 15G617 AIMS Number: 100245670</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/25/13 by Ruth Shackelford, Medical Surveyor III.</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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W000104	<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 record review and interview for 1 of 4 sampled clients (client A), the governing body failed to exercise operating direction over the facility to ensure client A was not charged fees for haircuts.</p> <p>Findings include:</p> <p>Client A's financial record was reviewed on 4/19/13 at 8:50am. Client A's Financial records indicated on 11/24/12 an expense of \$7.99 and on 10/6/12 an expense of \$13.00 for a haircut were charged to his account.</p> <p>An interview was conducted on 4/19/13 at 12:00pm with the SD (Site Director). The SD indicated client A should not have been charged for haircuts on 10/6/12 or on 11/24/12.</p> <p>9-3-1(a)</p>	W000104	<p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</b></p> <p>-Client A will be reimbursed all money that he paid out for his own haircuts on 10/6 &amp; 11/24.</p> <p>-Res. Mgr. turned in check request for client reimbursement. 4/30/13 completed.</p> <p><b>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <p>-House meeting held to in-service staff that no client is to pay for haircuts unless they wish to get a color or perm. 4/29/13 completed.</p> <p><b>What measures will be put into place or what systematic changes you will make to ensure that the deficient practices does not recur.</b></p> <p>- House meeting held to in-service staff that no client is to pay for haircuts unless they wish to get a color or perm. 4/29/13 completed.</p> <p>- Manager will ensure a check is</p>	05/19/2013	

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			<p>requested from accounting prior to clients getting haircuts' should there not be sufficient funds in petty cash at the house.</p> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>- Manager will monitor/review client personal accounts monthly to ensure clients' money is used for personal items and not haircuts.</li> <li>- QIDP will review personal account ledgers monthly.</li> </ul>	

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W000149	<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 observation, record review, and interview, for 3 of 28 BDDS (Bureau of Developmental Disabilities Services) reports (clients A and G), the facility neglected to implement the facility's policy and procedure for abuse, neglect, and/or mistreatment to prevent neglect in regard to supervision which resulted in client A's money loss, client A's choking incident, and client G's AWOL (Absent Without Leave) behavior.</p> <p>Findings include:</p> <p>1. On 4/11/13 at 12:05pm, the facility's BDDS reports were reviewed from 04/15/12 through 04/11/13 and the following report was reviewed for client A:</p> <p>-A 2/25/13 BDDS report for an incident on 2/24/13 at 10:15am, indicated GHS #3 "walked into Sunday school church room and seen (sic) [client A] laying on the floor and seeing (sic) that he was struggling to bring up a doughnut." The report indicated GHS #3 "tried patting [client A] on the back and it wasn't working, and then [GHS #3] sat [client A] up...gave [client A] the</p>	W000149	<p>W149 #1 Staff Treatment of Clients. <b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b> - House mtg. 3/19 at Office. Staff in-serviced on updated level of supervision in community. Reviewed at House Meeting on 4/29/13. - Dysphasia/Dining Protocol updated for client A, to state being in eye sight in Community. - Safety/Choking goal created and put into place at group home and CI. Started 4/11/13 <b>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</b> - Reviewed dietary recommendation and goals. - Staff observations and recommendations <b>What measures will be put into place or what systematic changes you will make to ensure that the deficient practices does not recur.</b> - IDT discussed level of supervision; secured guardian signature &amp; has been sent to HRC for approval &amp; signatures. - New Safety/Choking goal put into place for Group Home and CI 4/11/13.<b>How the corrective</b></p>	05/19/2013			

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	<p>Heimlich...removed some loose doughnut from [client A's] mouth during Heimlich...[client A's] lips did turn dark purple and [client A] became still...[client A] was given 2 breaths of mouth to mouth...did cause [client A] to respond...." The report indicated client A responded within 20 minutes with paramedics present and was sent to the ER (Emergency Room). The report indicated "[GHS #3] was unloading another wheelchair client from the bus [at the church] when the incident began. The doughnut that [client A] was choking on appeared to be about half a doughnut size." The report indicated client A was on a mechanical soft diet and had a dining plan in place for staff to supervise client A with stand by assistance. Client A's plan indicated he "will eat [food] fast." The report indicated "Staff will ensure [client A] is in eye sight and with them when attending church or any other outings to prevent any future incidents of choking."</p> <p>Client A's record was reviewed on 4/12/13 at 10:00am and on 4/15/13 at 9:45am. Client A's 12/3/12 FAT "Functional Assessment Tool" indicated client A had "No pedestrian safety skills, wonders away (sic), and requires supervision at all times." Client A's FAT indicated client A was a choking risk and</p>		<p><b>action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> - Goal tracking documented daily.- QDDP reviews goal monthly W149 #2 Money loss <b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>- Investigation into lost or stolen money.</li> <li>-Interviewed and took written statements from all staff working that night.</li> <li>-Interviewed and got written statement from bank staff.</li> <li>-Checked house, van, restaurant, guardians car, trash, grounds around home, Pant/coat pockets and room of client.</li> <li>-Money Order form sent to cancel money gram.</li> <li>-Contacted police and asked them to view video at bank.</li> <li>-Contacted money gram weekly to check if money gram cashed.</li> <li>- IDT met to discuss a plan and developed a Money Management Protocol for Checking in Receipts put into place 4/11/13.</li> <li>- In-service all staff on protocol for checking in receipts.</li> <li>- Client was not charged for new money order fee to purchase new</li> </ul>				

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	<p>required staff supervision during eating. Client A's 7/10/12 ISP (Individual Support Plan) indicated client A required staff supervision in the community "at all times" for safety and not recognizing danger. Client A's ISP (Individual Support Plan) indicated he was on a mechanical soft diet because of choking. Client A's 5/16/12 BSP (Behavior Support Plan) indicated client A became "angry and uncooperative during meals or when eating" and was verbally and physically aggressive over food items when he wanted to eat.</p> <p>On 4/12/13 at 10:00am, the facility's 7/5/2007 "Mechanical Soft Diet" guidelines were reviewed and indicated "Toast, Bread, Donuts, and Muffins-break into pieces and moisten with milk until soft."</p> <p>An interview with the Agency Nurse was conducted on 4/19/13 at 9:30am. The Agency Nurse indicated client A was on a mechanical soft diet because of his choking risk. The Agency Nurse indicated staff did not supervise client A when he was eating the doughnut at church and should have provided supervision. The Agency Nurse indicated client A's donut should have been softened with milk before he consumed it.</p>		<p>money order.</p> <ul style="list-style-type: none"> <li>- View video from bank to see who received the money gram should it be available. (Police)</li> <li>- Reviewed at House Meeting on 4/29/13 .</li> </ul> <p><b>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</b></p> <ul style="list-style-type: none"> <li>- Tracking sheet for staff to initial each time a money order is purchased.</li> <li>- IDT met to discuss a plan and developed a Money protocol put into place 4/11/13.</li> <li>- In-service all staff on protocol for checking in receipts.</li> </ul> <p><b>What measures will be put into place or what systematic changes you will make to ensure that the deficient practices does not recur.</b></p> <ul style="list-style-type: none"> <li>- Tracking sheet for staff to initial each time a money order is purchased.</li> <li>- IDT met to discuss a plan and developed a Money protocol put into place.</li> <li>- In-service all staff on protocol for checking in receipts.</li> </ul> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance</b></p>	

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	An interview with the Site Director (SD) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/19/13 at 12:00pm. The SD and the QIDP both stated client A required eye sight staff supervision at "all times." The SD indicated the staff could not have known client A was going to get a donut when he entered the church for services that Sunday. The SD and the QIDP both indicated client A did not have the skill to recognize danger. Both staff indicated client A had a history of grabbing food and consuming it quickly. Both staff indicated clients A and C were with GHS #3 at the church that Sunday and client C was in a wheelchair on the bus lift when client A recognized church friends at the church doorway. The SD indicated client A went to the people at the doorway since client A recognized the church friends and when GHS #3 came into the church a few moments later, GHS #3 found client A non responsive on the floor. The SD indicated GHS #3 did not know client A was going to obtain a donut. Both staff indicated client A becomes verbally and physically aggressive over food items he wanted to eat. Both staff indicated GHS #3 was the one staff with clients A and C at church on 2/24/13 when the incident occurred. The QIDP indicated client A was on one on one staffing and was to be within the staff's eye sight at all times		<p><b>program will be put into place?</b></p> <ul style="list-style-type: none"> <li>- Tracking sheet for staff to initial each time a money order is purchased.</li> <li>- Money protocol in place 4/11/13.</li> <li>- Reviewed at House Meeting On 4/29/13.</li> </ul> <p>W 149 #3 Client G AWOL</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</b></p> <ul style="list-style-type: none"> <li>- Staff in-serviced on level of supervision. 7/30/12</li> <li>- Staff have check list they initial every 15 minutes for 15 minutes checks in the home.</li> <li>- Developed goal for pedestrian safety skills.</li> <li>- Reviewed at House Meeting on 4/29/13.</li> </ul> <p><b>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <ul style="list-style-type: none"> <li>- All clients will have updated level of supervision completed at their annuals.</li> </ul> <p><b>What measures will be put into place or what systematic changes you will make to ensure that the deficient practices does not recur.</b></p> <ul style="list-style-type: none"> <li>- In-serviced staff on client level</li> </ul>				

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	<p>while in the community and when client A was eating.</p> <p>2. On 4/11/13 at 12:05pm, the facility's BDDS reports were reviewed from 04/15/12 through 04/11/13 and the following report was reviewed for client A:</p> <p>-A 3/30/13 BDDS report for an incident on 3/29/13 at 4:30pm, indicated client A "went to [the local bank] with his roommates and [Group Home Staff (GHS) #1 and GHS #2] to get a money order for \$425.00. After purchasing the money order, [client A] carried his envelope with the money order back with him to the [group] home. When they returned home, staff asked [client A] for the envelope so it could be put in safe until mailed (sic). However, [client A] no longer had it in his possession. Staff looked all through the home and in the van and outside on the ground and did not find the money order envelope." The report indicated the group home manager will contact the bank to cancel the money order and have a new money order issued. The report indicated "[Client A] will pay the \$15.00 fee to have it canceled."</p> <p>-A 4/3/13 Follow Up BDDS report indicated client A's money order had not been located. The report indicated client</p>		<p>of supervision. 7/30/12</p> <ul style="list-style-type: none"> <li>- IDT reviewed level of supervision; secured guardian signature &amp; sent to HRC . 4/25/13</li> <li>- Developed goal for pedestrian safety skills.</li> <li>- Res. Manager will review Pedestrian Safety goal objectives monthly. <ul style="list-style-type: none"> <li>- Pedestrian Safety goal objectives reviewed by QDDP monthly.</li> </ul> </li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>- Staff have check list they initial every 15 minutes for 15 minutes checks in the home.</li> <li>- Residential manager reviews check sheet to ensure completion weekly.</li> </ul>		

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	<p>A's guardian "took [client A] out that evening and has searched his car and found nothing." The report indicated a form has been put on file with the bank to stop payment on the money order.</p> <p>-A Witness statement from GHS #2 indicated the teller handed the money to client A. GHS #2 indicated client A went out to eat with his guardian when he returned to the group home from the bank.</p> <p>Client A's record was reviewed on 4/12/13 at 10:00am and on 4/15/13 at 9:45am. Client A's 12/3/12 FAT "Functional Assessment Tool" indicated client A did not have the skill to handle his money independently and had a "lack of money skills." Client A's 7/10/12 ISP (Individual Support Plan) indicated a goal/objective to ask for a receipt after a purchase with physical assistance by facility staff. Client A's ISP indicated client A required staff supervision in the community "at all times" for safety and not recognizing danger.</p> <p>An interview on 4/19/13 at 12pm, with the Site Director (SD) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The SD and the QIDP both indicated client A did not have the skill to recognize that he was</p>			

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	<p>carrying a large amount of money. Both staff indicated GHS #1 and GHS #2 did not secure client A's money/money order before he left on his outing with client A's guardian and staff should have secured client A's money order. The SD indicated GHS #2 indicated the bank teller handed the envelope to client A and the SD indicated the bank teller who was interviewed indicated the bank teller handed the money order to GHS #2. The SD indicated the agency was planning to review the bank film when the film becomes available for them to review. The SD indicated client A's money order was not filled out. The SD indicated the facility continues to follow up on this incident. The SD indicated client A was not charged the bank fee because the staff failed to assist client A with securing his personal blank money order.</p> <p>3. On 4/11/13 at 12:05pm, the facility's BDDS reports were reviewed from 04/15/12 through 04/11/13 and the following report was reviewed for client G:</p> <p>-A 7/24/12 BDDS report for an incident on 7/21/12 at 5:30pm, indicated GHS #4 "came in around 5:00pm. At 5:30pm, inquired to [GHS #3] if they knew where [client G] was? The other staff started looking for [client G] around the house."</p>						

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	<p>The report indicated GHS #3 got into his car and "drove around" looking for client G. GHS #5 looked on foot. The report indicated GHS #3 "located [client G] about 5-6 minutes of being in the car. [Client G] was located about a block and a half away from the group home. He was found in a nearby Cemetery." The report indicated client G "was missing was 40 minutes (sic)." The report indicated client G was not injured and "was reddish/flushed from being out in the heat." Client G had a disagreement with another client at the group home over what trash can the recyclables went into and client G left the group home through an emergency door in the bedroom. The report indicated client G "must be checked on every 15 minutes" at the group home.</p> <p>-An 8/10/12 Follow Up BDDS report indicated client G's 7/21/12 incident was a "Substantiated allegation" of neglect and the staff were being retrained to monitor clients in the group home. The follow up report indicated "Staff were informed that if anything of this nature were to occur again then all staff would be suspended regardless of which clients are in their direct care. We do not feel this would be beneficial for the clients since sub staff would have to be called in and would be less familiar with the clients, however we</p>						

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	<p>will take this action at your request."</p> <p>During observation and interview on 4/11/13 from 3:25pm until 6:30pm at the group home, client G was checked on by the facility staff at least once every 15 minutes. At 4:00pm, client G indicated he was unsure if he would stop at the curb to cross the street. When asked if he would stop before crossing the street if he saw a car coming down the street. Client G responded "No, why?"</p> <p>Client G's record was reviewed on 4/15/13 at 10:10am. Client G's 12/13/12 FAT "Functional Assessment Tool" indicated client G did not have Pedestrian Safety skills and should be on staff eye sight supervision in the community. Client G's FAT indicated he was on 15 minute supervision checks while at the group home. Client G's 11/17/12 ISP indicated client G received 15 minute staff supervision checks at the group home and required staff supervision in the community.</p> <p>An interview with the Agency Nurse was conducted on 4/19/13 at 9:30am. The Agency Nurse indicated client G had medical issues related to his pacemaker, heart problems, and required staff supervision at the group home and while in the community. The Agency Nurse</p>						

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	<p>indicated client G was on 15 minute staff supervision checks before the incident occurred at the group home and would require staff supervision while walking in the community.</p> <p>An interview with the Site Director (SD) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/19/13 at 12:00pm. The SD and the QIDP both indicated client G was on 15 minute staff supervision checks before and since the 7/21/12 incident. Both staff indicated client G did not possess pedestrian safety skills.</p> <p>On 4/11/13 at 1:00pm, a review of the facility's undated Policy on Abuse, Neglect, and Exploitation "Handling Client Abuse, Neglect, Injuries of Unknown Origin &amp; BDDS Incident Reporting" indicated indicated, "Definitions...Neglect: Failure to provide supervision, training, appropriate care, food, medical care, or medical supervision to an individual...."</p> <p>On 4/19/13 at 12:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) and the SD was conducted. Both staff indicated the agency followed the BDDS guidelines and definitions for abuse, neglect, and mistreatment. The SD indicated she did</p>						

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	<p>not believe client A's donut incident was neglect because the staff did not know client A was going to be given a donut at church. The SD indicated the group home staff did not have client A in their eye sight when the facility staff assisted another client off the bus wheelchair lift. The SD stated the group home staff did "not supervise" client A to carry his bank withdrawal and neglected to secure client A's blank money order upon return to the group home. The SD indicate the group home staff were not monitoring client G when he left the facility AWOL (Absent Without Leave) on 7/21/12. The SD indicated clients A and G were on eye sight supervision while in the community and on 15 minute checks while at the group home.</p> <p>This federal tag relates to complaint #IN00125729.</p> <p>9-3-2(a)</p>				

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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 1 additional client (client G), the facility failed to develop an Individual Support Plan (ISP) goal/objective to address client G's pedestrian safety skills.</p> <p>Findings include:</p> <p>On 4/11/13 at 12:05pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 04/15/12 through 04/11/13 and the following report was reviewed for client G:</p> <p>-A 7/24/12 BDDS report for an incident on 7/21/12 at 5:30pm, indicated GHS #4 "came in around 5:00pm. At 5:30pm, inquired to [GHS #3] if they knew where [client G] was? The other staff started looking for [client G] around the house." The report indicated GHS #3 got into his car and "drove around" looking for client G. GHS #5 looked on foot. The report indicated GHS #3 "located [client G] about 5-6 minutes of being in the car. [Client G] was located about a block and</p>	W000227	<p>W227 Individual Program Plan not met. Client G<b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</b> - Staff have check list they initial every 15 minutes for 15 minutes checks in the home. This was created 7/30/12 - Goal created in client ISP to address his lack of pedestrian safety skills.<b>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b> -All clients will participate in a Police Pedestrian Safety Class. <b>What measures will be put into place or what systematic changes you will make to ensure that the deficient practices does not recur.</b> - Staff have check list they initial every 15 minutes for 15 minutes checks in the home. This was created 7/30/12 - Goal created in client ISP to address his lack of pedestrian safety skills. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality</b></p>	05/19/2013			

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	<p>a half away from the group home. He was found in a nearby Cemetery." The report indicated client G "was missing was 40 minutes (sic)." The report indicated client G was not injured and "was reddish/flushed from being out in the heat." Client G had a disagreement with another client at the group home over what trash can the recyclables went into and client G left the group home through an emergency door in the bedroom. The report indicated client G "must be checked on every 15 minutes" at the group home.</p> <p>-An 8/10/12 Follow Up BDDS report indicated client G's 7/21/12 incident was a "Substantiated allegation" of neglect.</p> <p>During observation and interview on 4/11/13 from 3:25pm until 6:30pm at the group home, client G was checked on by the facility staff at least once every 15 minutes. At 4:00pm, client G indicated he was unsure if he would stop at the curb to cross the street. When asked if he would stop before crossing the street if he saw a car coming down the street. Client G responded "No, why?"</p> <p>Client G's record was reviewed on 4/15/13 at 10:10am. Client G's 12/13/12 FAT "Functional Assessment Tool" indicated client G did not have Pedestrian</p>		<p><b>assurance program will be put into place?</b> - 15 minute check tracking sheet reviewed by Res. Manager daily.- Goal objectives monitored by manager monthly.- Goal objective reviewed by QDDP monthly.</p>	

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	<p>Safety skills and should be on staff eye sight supervision in the community. Client G's FAT indicated he was on 15 minute supervision checks while at the group home. Client G's 11/17/12 ISP indicated client G received 15 minute staff supervision checks at the group home and required staff supervision in the community. Client G's ISP did not indicate a goal/objective to teach him pedestrian safety skills.</p> <p>An interview with the Agency Nurse was conducted on 4/19/13 at 9:30am. The Agency Nurse indicated client G had medical issues related to his pacemaker, heart problems, and required staff supervision at the group home and while in the community. The Agency Nurse indicated client G was on 15 minute staff supervision checks before the incident occurred at the group home and would require staff supervision while walking in the community.</p> <p>An interview with the Site Director (SD) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/19/13 at 12:00pm. The SD and the QIDP both indicated client G was on 15 minute staff supervision checks before and since the 7/21/12 incident. Both indicated client G did not possess pedestrian safety skills. The QIDP</p>						

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	<p>indicated client G did not have a goal/objective to address his pedestrian safety skills.</p> <p>9-3-4(a)</p>			

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W000295	<p>483.450(d)(1)(i) PHYSICAL RESTRAINTS The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied.</p> <p>Based on record review and interview, for 1 of 1 sample client (client D) with physical interventions used in the client's BSP (Behavior Support Plan), the facility failed to have a written description in client D's plan for CPI (Crisis Prevention Intervention - a type of physical restraint intervention).</p> <p>Findings include:</p> <p>Client D's record was reviewed on 4/15/13 at 11:45am. Client D's 12/27/12 ISP (Individual Support Plan) and 12/27/12 BSP (Behavior Support Plan) indicated the target behavior of Physical Aggression: "[Client D] will sometimes become physically aggressive if someone tries to take something away from him or takes something he views is his." Client D's BSP indicated "All staff are trained on state approved Crisis Prevention Intervention (CPI) holds. These holds are only to be used as a last resort." Client D's record did not include a description of the CPI restraint procedures or holds for staff to refer to during a behavior. Client</p>	W000295	<p>W295 Physical restraints Client D <b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</b> - QDDP will ensure CPI holds are listed and explained thoroughly in clients BSP per physical aggression/ target behavior. Has been added to his behavior plan 4/25/13.</p> <p><b>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b> - CPI training for all staff when hired. - CPI techniques pictures and descriptions added to his behavior plan 4/25/13.</p> <p><b>What measures will be put into place or what systematic changes you will make to ensure that the deficient practices does not recur.</b> - CPI training for all staff when hired.</p>	05/19/2013			

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	<p>D's programs contained no behavior technique hierarchy for staff to use during behavior management of physical aggression.</p> <p>On 4/19/13 at 12:00pm, an interview was conducted with the Site Director (SD) and the QIDP (Qualified Intellectual Disabilities Professional). Both staff indicated the CPI is a program used by their facilities agency wide. Both staff indicated client D's ISP and BSP program plans did not contain behavior technique hierarchy or descriptions of holds for staff to use for behavior management.</p> <p>9-3-5(a)</p>		<p>- QDDP will ensure CPI holds are listed and explained thoroughly in clients BSP per physical aggression/ target behavior. Has been added to his behavior plan 4/25/13.</p> <p><b>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?</b></p> <p>- CPI training for all staff when hired.</p> <p>- QDDP will ensure CPI holds are listed and explained thoroughly in clients BSP per physical aggression/ target behavior. Has been added to his behavior 4/25/13.</p>		

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W000454	<p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation, record review, and interview, for 8 of 8 clients (clients A, B, C, D, E, F, G, and H) who lived in the group home, the facility staff failed to teach and encourage clients to use sanitary methods during dining opportunities.</p> <p>Finding include:</p> <p>On 4/11/13 from 3:25pm until 5:50pm, client C was observed to have a dried crusty substance on the front of her top which was just below the neckline and extended past the midriff areas of her body. At 5:50pm, clients C and F went to the kitchen, did not wash their hands, and picked up plates, glasses, bowls, mugs, silverware, and carried the dining items against their bodies to the dining room table without redirection. At 5:50pm, clients C and F handled the silverware by the food contact ends and set each of the twelve place settings at the dining room table without redirection by the facility staff. At 6:05pm, clients C and F were prompted to use hand gel to clean their hands before eating their supper meal. At 6:15pm, client A ate from his fork cauliflower and mixed vegetables, then</p>	W000454	<p>W454 Infection Control<b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</b> - Staff in-service 4/29/13 -training clients on correct ways to set table/handling food utensils'. Staff discussed different ways to train clients on proper ways of handling tableware. And of ways staff can train by reminding clients to wash hands; help hold plates.- Client C has new sanitary/table setting goal in plan. 5/1/13.- Client F has a new sanitary/table setting goal in plan. 5/1/13. <b>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b> - Staff in-service 4/29/13 -training clients on correct ways to set table/handling food utensils'. Staff discussed different ways to train clients on proper ways of handling tableware. And of ways staff can train by reminding clients to wash hands; help hold plates, purchasing a wheeled tray to help clients move table from kitchen to table to help promote using good sanitary practices.- Client C has new sanitary/table setting goal in plan. 5/1/13.- Client F has a new</p>	05/19/2013			

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	<p>used the same fork he had eaten with to scoop butter from the tub and spread the butter onto his potatoes. No staff redirection was observed. From 6:15pm, staff assisted clients B, C, D, E, F, G, and H to obtain butter from the same butter tub for their potatoes. At 6:15pm, clients A, B, C, D, E, F, G, and H consumed their dinner from the same plates, bowls, silverware, bowls, glasses, and mugs which clients C and F had set on the table at 5:50pm.</p> <p>Interview with the Site Director (SD) was conducted on 4/19/13 at 12:00pm. The SD indicated staff should have prompted clients C and F to wash their hands before setting the table. The SD indicated staff should have redirected client A. The SD indicated clients C and F should have been redirected to carrying the dining table service away from their bodies and to handle with the handles or from the edges of the item.</p> <p>9-3-7(a)</p>		<p>sanitary/table setting goal in plan. 5/1/13. <b>What measures will be put into place or what systematic changes you will make to ensure that the deficient practices does not recur.</b> - Staff in-service 4/29/13 -training clients on correct ways to set table/handling food utensils'. Staff discussed different ways to train clients on proper ways of handling tableware. And of ways staff can train by reminding clients to wash hands; help hold plates.- Meal time assessment will be done by manager, nurse, or QDDP monthly focusing on #16 on assessment.<b>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?- Manager will purchase a wheeled tray that can be used to carry table ware from kitchen to table to promote sanitary practices.</b> - QDDP will review goal objectives monthly.- Manager will review goal objectives monthly.- Manager will complete monthly meal observation form.</p>		

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W000488	<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. Based on observation, interview, and record review, for 8 of 8 clients (clients A, B, C, D, E, F, G, and H) who lived in the facility, the facility failed to provide and teach meal preparation when opportunities existed.</p> <p>Finding include:</p> <p>On 4/11/13 from 4:15pm until 6:15pm, client B stood in the kitchen and watched GHS (Group Home Staff) #5 cook a pot with California blend vegetables and a pot with potatoes on the stove, and GHS #5 operated the oven with salmon patties inside on a cookie sheet. Three separate times client B attempted to use a hot pad to open one of the pots cooking on the stove and was then told by GHS #5 "No, only staff can operate the stove. It's hot." Client B leaned on the counter top watching GHS #5 cook the meal. At 6:05pm, GHS #6 set out 30cc cups / 2 tablespoons cups onto a dish on the counter. GHS #6 removed the tartar sauce from the refrigerator, opened the container, squirted each of the eight (8) 2 tablespoon cups full of tartar sauce, and GHS #6 carried the plate to the dining</p>	W000488	<p>W488 Dining Areas &amp; Service <b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</b> - Staff in-services 4/29/13 engaging clients in meal prep. Discussed appropriate ways to prompt and encourage clients to participate with meal prep and staff just assist not do all the work. <b>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b> - Staff in-services 4/29/13 engaging clients in meal prep. Discussed appropriate ways to prompt and encourage clients to participate with meal prep and staff just assist not do all the work. <b>What measures will be put into place or what systematic changes you will make to ensure that the deficient practices does not recur.</b> - Staff document goal objectives.- Mealtime assessment done by manager monthly. <b>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?</b> - QDDP will review</p>	05/19/2013
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	<p>room table. At 6:15pm, GHS #5 called to GHS #6 to assist with the meal. GHS #6 stirred the pot of potatoes, drained the potatoes, and poured the potatoes into a serving bowl without client assistance. GHS #6 took the second pot, drained the California blend vegetables, dipped the vegetables with a serving spoon into a bowl and set on the counter without client assistance. At 6:15pm, clients B, C, and F carried the serving bowls to the table.</p> <p>On 4/19/13 at 12:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) and the SD was conducted. Both staff indicated clients A, B, C, D, E, F, G, and H should have been prompted and encouraged to participate in meal preparation during the evening meal. The QIDP indicated clients A, B, C, D, E, F, G, and H all had formal and informal objectives/goals to participate in meal preparation.</p> <p>Client B's record was reviewed on 4/15/13 at 11:15pm. Client B's 3/15/13 ISP (Individual Support Plan) indicated objectives to complete a daily chore and to prepare a menu item.</p> <p>9-3-8(a)</p>		assessment completed on a monthly basis focusing on encouraging clients in participation of meal preparation.				