

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2012
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6341 FOREST AVE HAMMOND, IN 46324
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: March 12, 13, and 14, 2012</p> <p>Facility number: 001072 Provider number: 15G558 AIM number: 100235500</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review completed on 3/22/2012 by Dotty Walton, Medical Surveyor III.</p>	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review, and interview, the facility failed to assure 1 of 3 sampled clients (client #1) was given a morning meal as directed in his prescribed diet.</p> <p>Findings include:</p> <p>Client #1 was observed during the group home observation on 3/13/12 from 5:55 A.M. until 7:30 A.M.. At 7:11 A.M., direct care staff #6 prepared and fed a bowl of mashed potatoes and gravy to the client. Direct care staff #1 did not offer any other food or beverage items to client #1.</p> <p>Direct care staff #6 was interviewed on 3/13/12 at 7:33 A.M.. Direct care staff #6 stated, "[Client #1] doesn't like any other food, so that's all we feed him (sic.) is mashed potatoes and gravy."</p> <p>Client #1's records were reviewed on 3/14/12 at 9:04 A.M.. A review of client #1's 8/29/11 nutritional assessment indicated the client was on a "ground diet, some foods cut in bite size pieces." The assessment further indicated mashed potatoes and gravy were to be used "as a</p>	W0460	All staff were re-trained on Client #1's nutritional evaluation and his diet. Responsible person: Traci Hardesty, Program Coord/QMRP. A meal time reliability/test will be completed to ensure competency. Responsible person: Starr Frohock, Group Home Manager. To ensure compliance, another meal time reliability/test will be completed during an unannounced pop-in visit. Responsible person: Traci Hardesty, Program Coord/QMRP.	04/13/2012			

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	<p>base to all ground consistency foods." The 8/29/11 nutritional assessment further indicated the following nutritional goal: "[Client #1] will gain weight that is within an acceptable weight range in the next 6 months by eating a well balanced diet with a variety of foods"</p> <p>QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 3/14/12 at 11:07 A.M.. QMRP #1 stated, "They [direct care staff working with client #1] should have used the mashed potatoes and gravy as a base for the foods [client #1] eats."</p> <p>9-3-8(a)</p>				