

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G491	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/30/2011
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 356 E MOUND ST KNOX, IN46534
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Date of Survey: December 27, 28, 29, 30, 2011.</p> <p>Facility number: 001005 Provider number: 15G491 AIM number: 100245050</p> <p>Surveyors: Susan Reichert, Medical Surveyor III-Team Leader Claudia Ramirez, Public Health Nurse Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/5/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review and interview, the facility neglected to develop and implement policy and</p>	W0149	The IDT will meet to determine corrective actions to prevent future falls. In addition statements will be added to the policy to state that abuse, neglect and exploitation are not permitted	01/29/2012

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>procedures to implement immediate and effective corrective action to protect 1 of 3 sampled clients (client #5) from falls resulting in injury, failed to document a thorough and complete investigation of 1 of 1 allegation of potential abuse affecting 1 of 4 sampled clients (client #2), and failed to timely report 1 of 1 allegation of abuse affecting 1 of 4 sampled clients (client #2) .</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and internal incident reports were reviewed on 12/27/11 at 2:25 PM and included the following reports:</p> <p>1. A BDDS report dated 1/10/11 indicated client #1 fell in her bedroom causing a 3 and 1/2 inch by 1 and 1/2 inch dark purple bruise to her left knee. Corrective action included staff monitoring as much as possible and reminders for client #1 to use her walker. A follow up report dated 1/18/11 indicated there was no cause determined for her fall and her fall risk plan had been modified to include staff monitoring at all times during activities. A visit to her doctor on 1/18/11 "noted neuropathy due to blindness..., falls could be secondary to arthritis, and has myopic degeneration of</p>		<p>and if they are determined to have occurred they will be corrected and efforts will be made to prevent them from occurring in the future. The policies will be reviewed annually.</p> <p>Please note that on page 6 the statement that the client previously made allegations against the guardian is incorrect. Person Responsible: Community Supports Assistant Director.</p>		

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	<p>the eyes...." The report indicated she was referred to the cardiologist to address diagnosis of bradycardia/cardiac issues that might include client #1's recent complaint of dizziness.</p> <p>-A BDDS report dated 1/16/11 indicated client #1 fell while standing in the kitchen after she turned quickly and lost her balance. Client #1 was assessed for her injuries at the ER (emergency room) due to complaints of pain and was given instructions for ice, elevation and Tylenol for pain after an x-ray was negative for fracture. Corrective action included "staff will monitor [client #1] closely...." A follow up report dated 1/24/11 indicated client #1's fall risk plan was updated.</p> <p>-A BDDS report dated 4/11/11 indicated staff heard client #1 fall while they were assisting another client and found her on the floor. Client #1 indicated she had fallen while working on her laundry. Client #1 had an abrasion 1 inch by 3/4 inch not requiring medical treatment. Corrective action indicated client #1 had a fall plan "that staff have been following. Staff are to stand by [client #1] when she is walking. [Client #1] has been instructed to have staff with her when she is working on chores or walking and staff will continue to reinforce the importance of doing so."</p>				

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	<p>-A BDDS report dated 5/5/11 indicated client #1 fell when she turned around and lost her balance. The report indicated staff were within eyesight of client #1 and she was later found with a 7 inch by 2 inch dark purple bruise on the inside of her buttock. Corrective action indicated the current fall plan was reviewed with staff and the need for client #1 to use her walker whenever she is standing or walking. "The fall plan will be reviewed and revised by the IDT (interdisciplinary team) as needed."</p> <p>-A BDDS report dated 6/18/11 indicated client #1 had fallen in the dining/activity area and staff "was sitting just a few feet away from [client #1]. [Client #1] stood up from her activity desk, had her walker with her, and when she went to turn and walk she fell back. [Client #1] hit her buttocks, and back of head hit the table leg. The walker apparently hit her left hand (pinkie and ring finger) and side of her right eye." Later a "very light" bruise, "very small," above her right eyelid was noted. A follow up report dated 7/5/11 indicated, "The IDT assessed and determined that a revision of [client #1's] plan be made. The fall plan was revised to include encouraging [client #1] to tell staff when she plans to stand up from a seated position, so staff can stand next to</p>			

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	<p>her."</p> <p>- An internal incident report dated 6/26/11 indicated client #4 "said the (sic) [client #1] was getting her lunch pail and tripped over her walker and landed on her bottom." No injury was noted and suggestions to avoid reoccurrence indicated "continue to monitor."</p> <p>-An internal incident report dated 7/3/11 indicated client #1 fell in her bedroom after she bent down to pick up her pajamas and lost her balance. No injury occurred and suggestions to avoid reoccurrence indicated "none."</p> <p>-An internal incident report dated 7/31/11 indicated client #1 fell while walking through the front door with her walker. No injury was noted.</p> <p>-An internal incident report dated 9/13/11 indicated client #1 fell after getting up from the couch and staff were unable to prevent her fall despite sitting with her at the time. No injury was noted and suggestions to avoid reoccurrence indicated "unknown."</p> <p>-A BDDS report dated 11/11/11 indicated client #1 fell while getting her jacket out of her bedroom closet causing bruising 1 and 3/4 inch by 3/4 inches to her lower</p>				

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	<p>back. Corrective action included encouraging her to keep her coat in a common area closet so staff could more closely monitor her. The report indicated there were no changes to her 7/1/11 fall risk plan after her fall.</p> <p>Observation in the group home was completed on 12/27/11 from 4:30 PM until 6:10 PM. During the observation, client #1 was prompted to wash her hands and staff walked with her until she reached the living room at which point staff stepped away and client #1 walked unassisted to the dining room. Client #1 sat at a small activity table in the dining room, then stood up and walked away without staff assistance or notifying staff she was going to walk from the area.</p> <p>Client #1's records were reviewed on 12/28/11 at 12:40 PM. Her Fall Prevention Plan revised 7/1/11 indicated "since 1/1/11 there have been 9 falls. Most all (sic) injuries involve some bruising...Follow PT recommendations of using rolling walker w/(with) staff providing verbal cues, HEP (home exercise program) as per PT (physical therapy), assist as needed w/ADLs (adult daily living skills), staff provide stand by guard assist w/stairs, assistance in unfamiliar surroundings, inclement weather and as needed." There was no</p>				

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	<p>evidence of a revision to client #1's fall prevention plan since 7/1/11.</p> <p>The Qualified Developmental Disabilities Professional (QDDP) was interviewed on 12/29/11 at 1:15 PM. She indicated client #1's plan to prevent falls had not been revised since 7/1/11. She indicated the IDT had not met to determine corrective action to prevent future falls after client #1's falls on 7/3/11, 7/31/11, 9/13/11 and 11/11/11. She indicated client #1's previous fall risk plan had been revised 1/14/11, and no other revisions to client #1's plan had occurred.</p> <p>2. A BDDS report dated 4/20/11 and reported 4/21/11 indicated on 4/19/11 client #2 made a comment to staff #8 that client #2's co-guardian "asked her if she [client #2] was going to sleep with him in his bed this weekend." The report indicated staff #8 reported the comment to the manager on 4/20/11 who then reported it to the QDDP. Subsequent interviews with client #2 resulted in denials that she had made the statement. "At this time it does not seem that the statement is true but that cannot be confirmed." The reported indicated the local APS (adult protective services) had been notified. Corrective action indicated "wait for determination from APS...." A follow up report dated 4/28/11 indicated the APS</p>				

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	<p>investigation resulted in "not substantiated," and the investigator did not indicate any concerns for risk. The report indicated client #2 had made allegations against the guardian in the past prior to entering the agency and the allegations were dealt with and addressed at that time. The group home investigation into the incident was reviewed on 12/28/11 at 11:05 AM failed to include a written conclusion of the investigation of client #2's alleged statement or steps the agency would take to address client #2's statement.</p> <p>The Community Supports Assistant Director was interviewed on 12/29/11 at 1:57 PM and indicated it is the agency policy to report allegations of abuse and neglect by the next day. He indicated the agency relied on APS's investigation to reach a conclusion to the investigation involving client #2 on 4/20/11 and the agency had made no further recommendations to address client #2's statements.</p> <p>The facility's policy Handling Client Abuse, Neglect, Injuries of Unknown Origin and BDDS Incident Reporting dated July 2007 was reviewed on 12/27/11 at 2:00 PM and included "Any alleged, suspected, or actual abuse (physical, sexual, emotional or domestic</p>						

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W0153	<p>improper treatment), neglect (failure to provide appropriate care, environment, food, medical care or supervision), exploitation or any other mistreatment must be immediately reported." The policy failed to indicate the agency's policy regarding protecting clients from abuse, neglect or exploitation, and failed to address corrective action to protect clients.</p> <p>9-3-2(a)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed to timely report 1 of 1 allegation of abuse affecting 1 of 4 sampled clients (client #2) in accordance</p>	W0153	The requirement that allegations of mistreatment, neglect or abuse as well as injuries of unknown origin will be reported immediately will be included in initial staff training. In addition the training	01/29/2012	

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	<p>with state law.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and internal incident reports were reviewed on 12/27/11 at 2:25 PM and included the following reports:</p> <p>- A BDDS report dated 4/20/11 and reported 4/21/11 indicated on 4/19/11 client #2 made a comment to staff #8 that client #2's co-guardian "asked her if she [client #2] was going to sleep with him in his bed this weekend." The report indicated staff #8 reported the comment to the manager on 4/20/11 who then reported it to the QDDP. Subsequent interviews with client #2 resulted in denials that she had made the statement. "At this time it does not seem that the statement is true but that cannot be confirmed." The reported indicated the local APS (adult protective services) had been notified. Corrective action indicated "wait for determination from APS...." A follow up report dated 4/28/11 indicated the APS investigation resulted in "not substantiated, " and the investigator did not indicate any concerns for risk. The report indicated client #2 had made allegations against the guardian in the past prior to entering the agency and the</p>		<p>will be repeated at least annually. A record of staff training dates will be maintained to assure that initial and annual training has occurred.</p> <p>Please note that on page 8 the statement that the client previously made allegations against the guardian is incorrect. Person Responsible: Community Supports Assistant Director.</p>		

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	<p>allegations were dealt with and addressed at that time.</p> <p>The Community Supports Assistant Director was interviewed on 12/29/11 at 1:57 PM and indicated it is the agency policy to report allegations of abuse and neglect by the next day, and staff should report immediately if they they felt the statement was inappropriate. He stated, "I would have liked to have seen it reported sooner."</p> <p>9-3-2(a)</p>				
W0154	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on observation, record review and interview, the facility failed to document a thorough and complete investigation of 1 of 1 allegation of potential abuse affecting 1 of 4 sampled clients (client #2).</p> <p>Findings include:</p>	W0154	<p>A conclusion has been written. Future investigations will include at a minimum a conclusion statement. The need for a conclusion will included in the policy covering investigations. Person Responsible: Community Supports Assistant Director</p>	01/29/2012	

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W0157	<p>failed to include a written conclusion of the investigation of client #2's alleged statement or steps the agency would take to address client #2's statement.</p> <p>The Community Supports Assistant Director was interviewed on 12/29/11 at 1:57 PM and indicated the agency relied on APS's investigation to reach a conclusion to the investigation involving client #2 on 4/20/11 and the agency had made no further recommendations to address client #2's statement.</p> <p>9-3-2(a)</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on observation, record review and interview, the facility failed to implement immediate and effective corrective action to protect 1 of 3 sampled clients (client #5) from falls resulting in injury.</p> <p>Findings include:</p>	W0157	<p>A conclusion has been written. Future investigations will include at a minimum a conclusion statement. The need for a conclusion will included in the policy covering investigations. Person Responsible: Community Supports Assistant Director</p>	01/29/2012

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	<p>instructions for ice, elevation and Tylenol for pain after an x-ray was negative for fracture. Corrective action included "staff will monitor [client #1] closely...." A follow up report dated 1/24/11 indicated client #1's fall risk plan was updated.</p> <p>-A BDDS report dated 4/11/11 indicated staff heard client #1 fall while they were assisting another client and found her on the floor. Client #1 indicated she had fallen while working on her laundry. Client #1 had an abrasion 1 inch by 3/4 inch not requiring medical treatment. Corrective action indicated client #1 had a fall plan "that staff have been following. Staff are to stand by [client #1] when she is walking. [Client #1] has been instructed to have staff with her when she is working on chores or walking and staff will continue to reinforce the importance of doing so."</p> <p>-A BDDS report dated 5/5/11 indicated client #1 fell when she turned around and lost her balance. The report indicated staff were within eyesight of client #1 and she was later found with a 7 inch by 2 inch dark purple bruise on the inside of her buttock. Corrective action indicated the current fall plan was reviewed with staff and the need for client #1 to use her walker whenever she is standing or walking. "The fall plan will be reviewed</p>				

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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 356 E MOUND ST KNOX, IN46534		
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	<p>and revised by the IDT (interdisciplinary team) as needed."</p> <p>-A BDDS report dated 6/18/11 indicated client #1 had fallen in the dining/activity area and staff "was sitting just a few feet away from [client #1]. [Client #1] stood up from her activity desk, had her walker with her, and when she went to turn and walk she fell back. [Client #1] hit her buttocks, and back of head hit the table leg. The walker apparently hit her left hand (pinkie and ring finger) and side of her right eye." Later a "very light" bruise, "very small," above her right eyelid was noted. A follow up report dated 7/5/11 indicated, "The IDT assessed and determined that a revision of [client #1's] plan be made. The fall plan was revised to include encouraging [client #1] to tell staff when she plans to stand up from a seated position, so staff can stand next to her."</p> <p>- An internal incident report dated 6/26/11 indicated client #4 "said the (sic) [client #1] was getting her lunch pail and tripped over her walker and landed on her bottom." No injury was noted and suggestions to avoid reoccurrence indicated "continue to monitor."</p> <p>-An internal incident report dated 7/3/11 indicated client #1 fell in her bedroom</p>				

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	<p>after she bent down to pick up her pajamas and lost her balance. No injury occurred and suggestions to avoid reoccurrence indicated "none."</p> <p>-An internal incident report dated 7/31/11 indicated client #1 fell while walking through the front door with her walker. No injury was noted.</p> <p>-An internal incident report dated 9/13/11 indicated client #1 fell after getting up from the couch and staff were unable to prevent her fall despite sitting with her at the time. No injury was noted and suggestions to avoid reoccurrence indicated "unknown."</p> <p>-A BDDS report dated 11/11/11 indicated client #1 fell while getting her jacket out of her bedroom closet causing bruising 1 and 3/4 inch by 3/4 inches to her lower back. Corrective action included encouraging her to keep her coat in a common area closet so staff could more closely monitor her. The report indicated there were no changes to her 7/1/11 fall risk plan after her fall.</p> <p>Observation in the group home was completed on 12/27/11 from 4:30 PM until 6:10 PM. During the observation, client #1 was prompted to wash her hands and staff walked with her until she</p>				

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	<p>reached the living room at which point staff stepped away and client #1 walked unassisted to the dining room. Client #1 sat at a small activity table in the dining room, then stood up and walked away without staff assistance or notifying staff she was going to walk from the area.</p> <p>Client #1's records were reviewed on 12/28/11 at 12:40 PM. Her Fall Prevention Plan revised 7/1/11 indicated "since 1/1/11 there have been 9 falls. Most all injuries involve some bruising...Follow PT recommendations of using rolling walker w/(with) staff providing verbal cues, HEP (home exercise program) as per PT (physical therapy), assist as needed w/ADLs (adult daily living skills), staff provide stand by guard assist w/stairs, assistance in unfamiliar surroundings, inclement weather and as needed." There was no evidence of a revision to client #1's fall prevention plan since 7/1/11.</p> <p>The Qualified Developmental Disabilities Professional (QDDP) was interviewed on 12/29/11 at 1:15 PM. She indicated client #1's plan to prevent falls had not been revised since 7/1/11. She indicated the IDT had not met to determine corrective action to prevent future falls after client #1's falls on 7/3/11, 7/31/11, 9/13/11 and 11/11/11. She indicated client #1's</p>				

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

PRINTED: 01/23/2012

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OMB NO. 0938-0391

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	previous fall risk plan had been revised 1/14/11, and no other revisions to client #1's plan had occurred. 9-3-2(a)				