

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G534	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/08/2015
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 605 ACADEMY RD CULVER, IN 46511
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 5, 6, 7, and 8, 2015.</p> <p>Facility number: 001048 Provider number: 15G534 AIM number: 100245410</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/20/15 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.</p> <p>Based on record review and interview, the facility's governing body failed to exercise general policy and operating direction over the facility to develop and/or implement a fire drill policy to</p>	W000104	A fire drill protocol has been developed and implemented to monitor for safe evacuation times and implement corrective actions to assure that evacuations are done in safe times.	02/07/2015

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>monitor and aggressively correct when the duration of evacuation drills was longer than accepted standards of safety for 7 of 7 clients (#1, #2, #3, #4, #5, #6, and #7).</p> <p>Findings include:</p> <p>On 1/7/15 at 1:05 PM, the facility's fire evacuation drills from 1/7/14 to 1/7/15 were reviewed for clients #1, #2, #3, #4, #5, #6, and #7. A group home fire evacuation drill on 8/12/14 had a duration time of 11 minutes. A fire drill evacuation report from 11/7/14 indicated an evacuation time of 5 minutes.</p> <p>On 01/7/15 at 1:05 PM, the facility QIDP (Qualified Intellectual Disabilities Professional) indicated she didn't think the facility had a fire drill policy indicating how long a fire evacuation drill should take. The QIDP indicated all clients in the home had a fire drill protocol which was reviewed at every staff meeting.</p> <p>On 01/08/15 at 12:25 PM, the facility Administrator indicated the facility did not have a fire drill policy or protocol indicating safe evacuation times. The Administrator indicated the facility did not have a policy to indicate how the governing body would monitor duration times for fire evacuation drills or what</p>		The Residential Manager and the QDDP will monitor and develop plans as needed.		

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W000218	<p>corrective measures would be taken when duration of fire drills exceeded safe exit times.</p> <p>9-3-1(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development.</p> <p>Based on record review and interview, the facility failed to ensure an updated physical therapy evaluation and an occupational therapy evaluation for 1 of 4 sampled clients (Client #3) with partial left side paralysis.</p> <p>Findings include:</p> <p>On 1/8/15 at 1:23 PM, record review indicated Client #3's diagnoses included, but were not limited to, borderline intellectual disabilities, status post traumatic brain injury, spasticity, left hemiplegia (weakness to the entire left side of the body), and history of left ankle with screw fixation.</p> <p>Record review indicated Client #3 had an occupational therapy (OT) evaluation</p>	W000218	The PT and OT have been completed. Due dates for future sensorimotor development assessments will be logged in a reminder system that will send a reminder notice. The Residential Manager will verify that the information has been entered into the system.	02/07/2015	

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	<p>dated 10/30/12 which indicated "Pt. (patient) to return in 2 yrs (years) unless pt. decreases functionally." Record review indicated Client #3 had a physical therapy (PT) evaluation dated 11/19/13 which indicated "Patient ambulates with her left foot ER (externally rotated). At times she is noted to drag or scuff her foot. Patient wears a left AFO (Ankle Foot Orthosis). She is steady while ambulating. She was able to ascend stairs reciprocally without UE (upper extremity) assist. She was able to descend stairs reciprocally with one handrail. She was able to negotiate stairs with supervision." Client #3's PT evaluation indicated "Patient has UE spasticity. She has her left UE positioned in adduction, IR (internal rotation), and her fingers are flexed." The evaluation indicated "She continues to have some LE (lower extremity) weakness and left LE spasticity, so she will benefit from continuing with her HEP (home exercise plan) that is currently in place. Patient will benefit from re-assessment in one year, unless she begins having functional difficulties prior to this time, and then we would want her to follow-up with her physician again so that a fall risk assessment could be ordered again."</p> <p>On 1/8/15 at 11:35 AM, the QIDP (Qualified Intellectual Disabilities</p>				

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	Professional) indicated Client #3's 10/30/12 OT evaluation and her 11/19/13 PT evaluation were her most current evaluations. The QIDP indicated they were past due but had been scheduled. 9-3-4(a)				