

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G631	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/24/2014
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NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1738 FIFTH ST LA PORTE, IN 46350
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 19, 20, 21, and 24, 2014.</p> <p>Facility number: 001204 Provider number: 15G631 AIM number: 100245720</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed November 26, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement</p>	W000249	To bring this citation back into compliance immediately the staff at the 5th Street group home will	12/23/2014

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>a communication objective for 1 of 4 sampled clients (client #4) during times of opportunity.</p> <p>Findings include:</p> <p>Client #4 was observed at the group home on 11/20/14 from 3:16 P.M. until 5:25 P.M., and on 11/21/14 from 6:05 A.M. until 8:00 A.M. During both observation periods, direct care staff #1, #2, #3, #4, #5, and #6 were observed to interact with client #4 by directing her to activities, assisting with hygiene and dressing tasks, meal preparations, and medication administration. Direct care staff #1, #2, #3, #4, #5, and #6 did not prompt or assist client #4 in using sign language.</p> <p>Client #4's records were reviewed on 11/21/14 at 10:10 A.M. Client #4's Individual Program Plan dated 10/8/14 indicated the client was non-verbal. Further review of client #4's Individual Program Plan indicated the following communication objective: "[Client #4] and staff will practice communicating using sign language."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/21/14 at 10:42 A.M. QIDP #1 stated, "Staff (direct care staff) should be</p>		<p>be retrained on the sample client's communication goal to use sign language. The QIDP will additionally train staff on some basic signs that will be added to a list and attached to the data collection form. To correct this deficiency systemically the team will create a sign language poster with basic signs and post it in a convenient location for at-a-glance reminders. Sign language books that have been previously placed in all homes will be located and staff will be instructed to use them as a resource. There were no other individuals identified as having been affected by this citation as they have established communications goals in which staff are familiar, although there are other non-verbal individuals with the potential to be affected. The sample client affected has a new (less than 30 days) sign language goal and has had no previous exposure to sign language. The QIDP will review the communication goals for all non-verbal individuals and ensure staff are trained in the implementation of those goals. The team will also implement a "sign of the week" for staff to use in a natural setting as often as possible in an effort to increase sign language vocabulary for individuals and staff. The Interdisciplinary Team will monitor at least three times weekly that communication goals are being</p>				

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W000268	<p>implementing her (client #4's) communication goal."</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed to assure 1 of 4 sampled clients (client #4) did not have excessive saliva dripping from her chin and throat.</p> <p>Findings include:</p> <p>Client #4 was observed at the group home on 11/20/14 from 3:16 P.M. until 5:25 P.M., and on 11/21/14 from 6:05 A.M. until 8:00 A.M. During both observation periods, client #4 had excessive saliva dripping from her mouth and dripping off of her chin and throat area. Direct care staff #1, #2, #3, #4, #5, and #6 did not assist or prompt client #4 in wiping the excess saliva from her chin or throat area.</p>	W000268	<p>implemented. They will provide corrective suggestions immediately when necessary and record findings on the Mock Survey.</p> <p>To bring this citation back into compliance immediately the staff at the 5th Street group home will receive a review of Respect and Dignity training with emphasis on assisting individuals with hygiene issues. The QIDP will create an informal goal to address this individual in wiping her mouth. The team will continue to address her dental cleaning needs that contribute to her excessive saliva. The team will further review the Respect and Dignity Training with all staff from each group home, focusing on incontinence, appropriate clothing, hygiene, grooming and other issues with the potential to be undignified for the individual. The team will identify all other individuals with the potential to need assistance with wiping their mouths and</p>	12/23/2014	

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W000312	<p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/21/14 at 10:42 A.M. QIDP #1 stated, "Staff (direct care staff) should have prompted or assisted her (client #4) in wiping off the excessive saliva."</p> <p>9-3-5(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on observation, record review and interview, the facility failed to assure psychotropic drug usage was addressed in the Individual Program Plan of 1 of 4 sampled clients (client #1).</p> <p>Findings include: Client #1 was observed receiving</p>	W000312	<p>create goals as necessary. The Interdisciplinary Team will monitor at least three times weekly for a period of one month and provide reminders to staff, by phone daily, that individuals are receiving assistance with this type of hygiene as needed. Monitor will then reduce to twice weekly for an additional month to ensure staff competency. The team will then resume an ongoing monitor during their routine visits at each home. They will provide immediate corrective suggestions when necessary and record their findings on the Mock Survey.</p> <p>To bring this citation back into compliance immediately the Behavior Support Specialist will design a Behavior Support Plan to address the target behaviors of talking to herself and generalized confusion of this individual. The plan will include a component addressing the use of and a reduction plan for the psychotropic drug. A system to</p>	12/23/2014			

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	<p>medications during the 11/21/14 observation period from 6:05 A.M. until 8:00 A.M. At 6:07 A.M., direct care staff #6 administered medications to client #1. The medications administered to client #1 included Abilify, 5 milligram tablet (anti-psychosis medication).</p> <p>Client #1's records were reviewed on 11/21/14 at 6:10 A.M. The review of the client's 11/14 Medication Administration Record indicated the client was receiving Abilify for a diagnosis of "Psychotic Dementia."</p> <p>Client #1's records were further reviewed on 11/21/14 at 8:40 A.M. Review of the client's 8/27/14 Individual Program Plan failed to indicate the client's use of Abilify was incorporated into an active treatment component which addressed the medication's use, the associated behavior, and criteria for the reduction of the medication.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/21/14 at 10:42 A.M. QIDP #1 stated, "We were under the impression that it (diagnosis of psychotic dementia) was a medical issue and that we (the facility) didn't need a behavior plan." When asked what psychotic dementia behavior client #1 exhibited, QIDP #1 stated, "She</p>		<p>track the target behaviors will be provided to staff and reviewed by the team. In addition, the RN will consult with the prescribing psychiatrist and the primary care physician to determine if the diagnosis, "psychotic dementia", is most accurate or if her symptoms are more conducive to general dementia. All staff at the group home will be trained on how to track the target behaviors. The efficacy of the medication will be reviewed by the Interdisciplinary team at least quarterly and will be noted in her quarterly nursing assessment. To ensure this citation is corrected systemically, the Behavior Support Specialist and the RN will identify all individuals prescribed medication to modify inappropriate behaviors and ensure the use of the medications are addressed in the Program Plan along with criteria for a reduction plan. Findings will be reported to the Program Director and corrections will be made as necessary. After the initial review, the team will provide ongoing monitor for compliance of this standard with each Behavior Support Plan renewal/change and changes in medication.</p>	

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W000336	<p>(client #1) mumbles to herself. She is easily redirected if staff talk to her (client #4) about it." When asked if there was a plan in place which addressed the possible reduction of the medication's use, QIDP #1 stated, "No."</p> <p>9-3-5(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, the facility failed to assure quarterly nursing exams were conducted at least quarterly (every three months) for 1 of 4 sampled clients (client #4.)</p> <p>Findings include:</p> <p>Client #4's records were reviewed on 11/21/14 at 10:10 A.M. A review of the client's quarterly nursing assessments from 11/20/13 to 11/21/14 indicated quarterly nursing assessment were completed on 1/23/14, 8/3/14, and</p>			W000336	<p>To prevent this citation from occurring in the future, the RN has been conducting chart audits on all individuals. She will develop a calendar to identify when all individual quarterly nursing assessments have been completed and are next due. This calendar will be submitted to the Program Director for review. In the event of a sudden departure of the RN or in the case of a personal emergency that results in the nurse being unavailable, the team will utilize the services of the PRN on-call nurse to complete assessments as needed. The current RN has</p>		12/23/2014

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	<p>11/10/14. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Program Director #1 was interviewed on 11/21/14 at 10:42 A.M. Program Director #1 stated, "We had some nursing changes earlier in the year and the second quarterly nursing quarterlies (quarterly exams) were apparently overlooked."</p> <p>9-3-6(a)</p>		<p>been trained on this standard and is up to date with all assessments. The Program Director will provide an ongoing monitor for compliance through monthly Interdisciplinary Team meetings and random chart reviews at least quarterly.</p>		