STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G331	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARENTS AND FRIENDS INC	1709 FARRAND AVE LA PORTE, IN 46350

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W0000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: December 18, 19, and 20, 2012. Facility number: 000849 Provider number: 15G331 AIM number: 100243820 Surveyor: Tim Shebel, Medical Surveyor III The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed December 26, 2012 by Dotty Walton, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W0112	483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. Based on observation and interview, the facility failed for 5 of 6 clients living in the home (clients #1, #3, #4, #5, and #6) to ensure psychiatric appointment lists with full client names were not posted in an area for all to see. Findings include: An observation at the home of clients #1, #3, #4, #5, and #6 was conducted on 12/18/12 from 2:45 P.M. until 5:55 P.M. On a cork board on the living room wall clients #1, #3, #4, #5, and #6's full names were posted on a "Psychiatric Appointment List" for the months of December 2012, January 2013, and February 2013. The list was in an area open to all clients, staff and visitors to the facility. QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 12/20/12 at 9:48 A.M. QMRP #1 indicated psychiatric appointment lists with full client names were not to be posted in open areas of the facility. 9-3-1(a)	W0112	In order to ensure this citation is corrected now and systemically, PAF will remove consumer full names on any documentation that may be viewed in the open at the homes. Consumer first name will be used. This will avoid consumer breech of confidentiality.(RN, Residential Director responsible)	01/19/2013

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W0130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation and interview, the facility failed to assure privacy for nursing exams for 6 of 6 clients living in the group home (clients #1, #2, #3, #4, #5, and #6). Findings include: Clients #1, #2, #3, #4, #5, and #6 were given nursing exams by nurse #1 during the 12/18/12 observation period from 2:45 P.M. until 5:55 P.M. Nurse #1 examined all clients (clients #1, #2, #3, #4, #5, and #6) individually in the kitchen/dining room area of the facility. Nurse #1 checked each client's temperature, weight, blood oxygen level, blood pressure, lung and stomach sounds as the individual clients sat at the dining room table. As nurse #1 was examining individual clients, clients #1, #2, #3, #4, #5, and #6 who were waiting to be examined or had been examined, milled about the immediate area visiting with staff and peers. Nurse #1 or direct care staff #1 and #2 did not ensure privacy to the individual clients (clients #1, #2, #3, #4, #5, and #6) as they were examined.	W0130	In order to ensure this tag is met now and systemically, the RNs will do all vitals in privacy, either consumer rooms or medication area/office. This will occur at all homes. This will avoid any breeches of consumer confidentiality issues.(RN, Team Leader and Residential Director responsible)	01/19/2013

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	Nurse #1 was interviewed on 12/20/12 at 8:35 A.M. Nurse #1 stated she was aware there was a "privacy concern with examining consumers (clients) in the dining room area" and added, "They (clients #1, #2, #3, #4, #5, and #6) prefer to be examined in an open area of the facility. 9-3-2(a)			

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W0137	483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Based on observation and interview, the facility failed to assure 1 of 3 sampled clients (client #1), did not wear the same clothing for two consecutive days. Findings include: Client #1 was observed during the 12/18/12 observation period from 2:45 P.M. until 5:55 P.M. Client #2 was wearing a blue and orange football tee shirt and sweat pants. Client #1 was noted to wear these clothes throughout the 12/18/12 observation period. Client #1 was observed during the 12/19/12 observation period from 5:53 A.M. until 7:55 A.M. Client #1 wore the same blue and orange football tee shirt and sweat pants which he wore on 12/18/12. Direct care staff #2 and #4 did not prompt or assist client #1 to change clothing. QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 12/20/12 at 9:48 A.M. QMRP #1 indicated direct care staff should have	W0137	In order to ensure this citation is met now and systemically, house staff will encourage and prompt consumers to change clothes, if worn the previous day/night. Staff will also write in daily logs if consumer refuses to change (this will prompt staff to ask consumers to put on fresh clothing items.(Team Leaders, staff and QDDP responsible)	01/19/2013

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	assured client #1 wore different clothing on 12/19/12. 9-3-2(a)			

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W0295	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. Based on record review and interview, the facility failed to define utilized behavioral restraints/techniques to be utilized in the Behavior Support Plan of 1 of 2 sampled clients (client #3) with Behavior Management Plans. Findings include: The facility's incident reports from 6/1/12 to 12/18/12 were reviewed on 12/18/12 at 12:53 P.M. The review indicated the following incidents of client #3 requiring physical restraints: -10/18/12, client #3 was upset, yelling and hit wall with fist. Staff placed the client in a "basket hold" physical restraint (one person restraint of the client's arms). Client calmed himself and was released from the physical restraint. -9/27/12, client #3 was yelling and upset, hitting staff. Client #3 was physically restrained by staff holding his hands. Client #3 continued to aggress. Staff placed the client in a basket hold. Client	W0295	In order to correct this citation now and systemically, PAF is revising it's Behavior Management policy to reflect the use of hand holding, along with other techniques. And, the behavior specialist will revise behavior support plans to reflect the changes to the policy to each individual's plan. Each plan will continue to be ran through the Human Rights Committee for approvals.(Behavior Specialist and Residential Director responsible)	01/19/2013

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	calmed himself and was released from physical restraint. -7/25/12, client #3 was upset, flailing his arms. Staff held the client's hands until he was calm. Client was released from restraint. -7/2/12, client #3 was angry, began swinging arms,and knocked over a lamp. Staff "restrained him (client #3) by holding his hands for approximately one minute." Client #3's record was reviewed on 12/20/12 at 8:10 A.M. A review of client #3's 2/6/12 Behavior Management Plan indicated the client had addressed behaviors which included physical aggression, disruptive behavior, and property destruction. The Behavior Management Plan listed physical restraints included the baskethold restraint but failed to include holding the client's hands. Behavioral Clinician #1 was interviewed on 12/20/12 at 9:48 A.M. Behavioral Clinician #1 indicated the hand holding restraint technique was listed in the facility's restraint training program but was not incorporated into client #3's 2/6/12 Behavior Management Plan.			

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	9-3-5(a)			