

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G724		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/16/2012	
NAME OF PROVIDER OR SUPPLIER  IN-PACT INC				STREET ADDRESS, CITY, STATE, ZIP CODE 9321 SULLIVAN LN CROWN POINT, IN 46307			
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 2, 8, 9 and 16, 2012</p> <p>Facility number: 004837 Provider number: 15G724 AIM number: 200803700</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/30/12 by Ruth Shackelford, 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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W0227	<p><b>483.440(c)(4)</b> <b>INDIVIDUAL PROGRAM PLAN</b> The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #2) to ensure a dental goal was incorporated into his Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 11/9/12 at 11:40 A.M.. A review of client #2's most current dental evaluation dated 4/9/12 indicated: "Needs help brushing." Client #2's most current ISP dated 9/20/12 did not have a goal/objective to teach/help him to brush his teeth.</p> <p>An interview with the Program Director (PD) was conducted on 11/9/12 at 1:45 P.M.. The PD indicated client #2 did not have a goal to teach/help him to brush his teeth in his ISP.</p> <p>9-3-4(a)</p>	W0227	<p>A formal toothbrushing goal has been put into place for Client #2. Responsible person: Susan Whitten, Program Coord. The Program Coordinator was re-trained to look over reports/recommendations to ensure they are being incorporated appropriately. Responsible person: Sheila O'Dell, Group Home Director. To ensure future compliance, at least quarterly, all reports and recommendations will be reviewed at a team meeting. Responsible person: Susan Whitten, Program Coord.</p>	12/16/2012			

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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 written objectives during times of opportunity for 3 of 3 sampled clients (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/2/12 from 5:45 A.M. until 8:05 A.M.. During the entire observation period, clients #1, #2 and #3 sat in the living room. Residential Instructors (RI) #1 and #2 would occasionally walk through and visually check on clients #1, #2 and #3 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>A review of client #1's records was conducted on 11/9/12 at 9:50 A.M.. A review of the client's 3/5/12 Individual Support Plan indicated the following objectives which could have been implemented during the 11/2/12 morning observation period: "Will learn to use a</p>			W0249	<p>All staff will implement objectives during all times of opportunity throughout the day. Responsible person: Sharon Staley, Group Home Manager. All staff were re-trained on meaningful active treatment &amp; implementation of objectives during all times of opportunity. Responsible person: Susan Whitten, Program Coord. To ensure future compliancy, an active treatment reliability/test will be completed to show competency. Responsible person: Sharon Staley.</p>		12/16/2012

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	<p>fork/spoon...will match a food item with a picture...will learn to vacuum...will participate in self medication...will learn to sign the words 'Thank you, Please and Stop' using sign language."</p> <p>A review of client #2's records was conducted on 11/9/12 at 11:40 A.M.. A review of the client's 9/20/12 Individual Support Plan indicated the following objectives which could have been implemented during the 11/2/12 morning observation period: "Will learn to self medicate...will learn to use the microwave for single food items ."</p> <p>A review of client #3's records was conducted on 11/9/12 at 12:45 P.M.. A review of the client's 2/23/12 Individual Support Plan indicated the following objectives which could have been implemented during the 11/2/12 morning observation period: "Will sort/put away silverware...will learn to make jello or pudding...will learn to vacuum his room...will learn to write out a check...will learn to make change from \$1.00."</p> <p>The Program Director (PD) was interviewed on 11/9/12 at 1:45 P.M.. The PD stated client objectives should be implemented "during times of opportunity." The PD further indicated</p>				

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	clients #1, #2 and #3 should have been provided with meaningful active treatment activities during the 11/2/12 morning observation period.  9-3-4(a)				

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #2) to provide an annual vision and hearing evaluation/assessment as recommended by the physician.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 11/9/12 at 10:45 A.M.. Client #1's record indicated a most current Individual Support Plan (ISP) dated 3/5/12 which indicated: "Vision Difficulties...Hearing: Has a history of hearing impairment." Client #1's medical record indicated a most current hearing evaluation/assessment dated 4/3/09 and a most current vision assessment/evaluation dated 9/22/09 with the recommendation to return in 2 years. Client #1's record did not contain evidence his hearing was assessed/evaluated annually and there was no evidence he returned for a vision evaluation in 2 years as recommended.</p> <p>A review of client #2's record was conducted on 11/9/12 at 11:25 A.M.. Client #2's record indicated a most current vision assessment/evaluation dated</p>	W0323	<p>Visions exams are completed at least every two years on all clients. Client #1 had a vision exam completed on 7-22-11, next appointment was due in 7/13. Client #2 had a vision exam completed on 11-4-11, next appointment was due in 11/13. Due to this survey, another appointment got scheduled. Client #1 got another eye exam on 11-9-12 and Client #1 got another eye exam on 11-9-12. Responsible person: Sharon Staley, Group Home Manager. Formal hearing evaluation are conducted every 5 years, but annually at the physicals their hearing is looked at by the nurse and determined if a specialized hearing test is warranted at that time. Client #1 had this done on 11-14-11. Due to this survey we scheduled him early for a formal hearing test. The referral had been gotten and the appointment is scheduled. Responsible person: Sharon Staley, Group Home Manager. To ensure future compliance, we will continue reviewing records monthly to ensure all appointments have been schedule/completed. Responsible person: Sherri DiMarrco, Nurse &amp; Susan Whitten, Program Coord.</p>	12/16/2012			

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	<p>11/17/09 with the recommendation to return in 2 years. Client #2's record did not contain evidence he returned for a vision evaluation in 2 years as recommended.</p> <p>The Registered Nurse (RN) was interviewed on 11/9/12 at 1:45 P.M.. The RN indicated there was no evidence clients #1's hearing was evaluated/assessed annually and clients #1 and #2 returned for vision assessment as recommended by the physician.</p> <p>9-3-6(a)</p>			

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W0367	<p>483.460(k) DRUG ADMINISTRATION The facility must have an organized system for drug administration that identifies each drug up to the point of administration. Based on observation, record review and interview, the facility failed to keep medications for 1 of 2 clients observed during the morning medication administration (client #1), identified until the point of administration.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/2/12 from 5:45 A.M. until 8:05 A.M.. At 6:45 A.M., Direct Support Professional (DSP) #2 prompted client #1 downstairs to the medication area for his morning medication administration. Client #1 walked to the medication table where DSP #2 sat. DSP #2 handed client #2 a clear souffle cup with medications already prepared and prompted him to take his medications. DSP #2 did not punch any of the medications administered to client #1 from their original packaging at the time of administration. When asked what medications were administered to client #1, DSP #2 retrieved 3 medication packages. Review of the medication labels and Medication Administration Record (MAR) dated 11/1/12 to 11/30/12 indicated: "Child Chew and Iron tablet</p>	W0367	<p>All staff are training in Med core A &amp; B and pill passing upon hire. They are to complete a med reliability prior to being allowed to pass medications. At least annually, all staff are retrained in pill passing. Responsible person: Sherri DiMarrco, Nurse &amp; Sharon Staley, Group Home Manager. DSP #2 was re-trained on medication passing. Responsible person: Sherri DiMarrco, Nurse. DSP #2 received a supervision note regarding proper medication passing. Responsible person: Sharon Staley, Group Home Manager. To ensure future compliance, a medication administration reliability/test will be completed on DSP #2. Responsible person: Sharon Staley, Group Home Manager. To ensure future compliance, at least annually, all staff are retrained in pill passing. Responsible person: Sherri DiMarrco, Nurse &amp; Sharon Staley, Group Home Manager.</p>	12/16/2012	

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	<p>(supplement)...Strattera 40 mg (milligram) capsule (Attention Deficit Hyperactivity Disorder)...Risperidone .5 mg tablet (antipsychotic)."</p> <p>An interview with the Registered Nurse (RN) was conducted at the facility's administrative office on 11/9/12 at 1:45 P.M.. The RN indicated the medications should be administered directly from the original packaging and checked three times with the Medication Administration Record (MAR) prior to administering. The RN further indicated medications should never be pre-prepped prior to administration.</p> <p>9-3-6(a)</p>				

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 2 sampled clients (clients #1 and #2) to ensure staff administered the clients' medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/2/12 from 5:45 A.M. until 8:05 A.M.. At 6:45 A.M., Residential Instructor (RI) #2 administered client #1's prescribed medications. Review of the medication label and Medication Administration Record (MAR) dated November 1, 2012 to November 30, 2012 indicated: "Child chew and Iron tablet (supplement)...1 tablet orally once a day...chew tablet before swallowing." Client #1 swallowed his medication. Client #1 did not chew and was not prompted to chew his medication.</p> <p>At 6:55 A.M., RI #2 administered client #2's prescribed medications. Review of the medication label and MAR dated November 1, 2012 to November 30, 2012 indicated: "Divalproex ER (Extended</p>	W0369	<p>All staff are training in Med core A &amp; B and pill passing upon hire. They are to complete a med reliability prior to being allowed to pass medications. At least annually, all staff are retrained in pill passing. Responsible person: Sherri DiMarrco, Nurse &amp; Sharon Staley, Group Home Manager. DSP #2 was re-trained on medication passing. Responsible person: Sherri DiMarrco, Nurse. DSP #2 received a supervision note regarding proper medication passing and to administering directions (give with food). Responsible person: Sharon Staley, Group Home Manager. Client #1's iron pill was changed from a chewable to a swallow-able pill. Responsible person: Sharon Staley, Group Home Manager. To ensure future compliance, a medication administration reliability/test will be completed on DSP #2. Responsible person: Sharon Staley, Group Home Manager.</p>	12/16/2012			

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	<p>Release) 250 mg tablet (seizures)...1 tablet orally every morning...Give with food/meal" with water. Client #2 did not take his medication with food or a meal. Client #2 ate breakfast at 8:00 A.M..</p> <p>An interview with the facility's Registered Nurse (RN) was conducted at the facility's administrative office on 11/9/12 at 1:45 P.M.. The RN indicated client #1 should have chewed his medication before swallowing and client #2 should have been given his medication with food/meal. The RN further indicated staff should have followed the directions on the label.</p> <p>9-3-6(a)</p>			

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #3) to encourage and teach them to wear their eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/2/12 from 5:45 A.M. until 8:05 A.M. and 11/2/12 from 5:30 P.M. until 7:20 P.M.. During both observation periods clients #1 and #3 did not wear eyeglasses. Residential Instructors #1 and #2 did not prompt clients #1 and #3 to wear their eyeglasses.</p> <p>A review of client #1's record was conducted on 11/9/12 at 9:45 A.M.. Review of client #1's record indicated a most current Individual Support Plan (ISP) dated 3/5/12 which indicated: "Vision Difficulties: Anterior segment unremarkable except sluggish pupils in both eyes. The refraction error was unchanged. Received new glasses."</p>	W0436	<p>Doctor notes state that consumer #1 &amp; #3 can wear glasses as needed. The consumers would typically wear them if they are doing table work. Responsible person: Sharon Staley, Group Home Manager. To ensure future compliance, glasses have been put on both client #1 &amp; #2's schedules to ensure that staff are encouraging/offering the use of their glasses at other times. Responsible person: Sharon Staley, Group Home Manager.</p>	12/16/2012			

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	<p>A review of client #3's record was conducted on 11/9/12 at 12:45 P.M.. Review of client #3's record indicated a most current Individual Support Plan (ISP) dated 2/23/12 which indicated: "Vision Difficulties: The exam on 6/9/11 showed no major changes. His current glasses are still ok."</p> <p>An interview with the Program Director (PD) was conducted at the facility's administrative office on 11/9/12 at 1:45 P.M.. The PD indicated clients #1 and #3 had eyeglasses and should have been prompted to wear their eyeglasses.</p> <p>9-3-7(a)</p>			

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to maintain proper hygiene practices and prevent cross contamination, during medication administration for 1 of 2 clients observed during medication administration (client #2), whose oral medications were popped out of the containers, onto staff's bare hands and administered.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/2/12 from 5:45 A.M. until 8:05 A.M.. At 6:55 A.M., Residential Instructor (RI) #2 popped client #2's Orphenadrine ER (extended release) 100 mg (milligram) tablet (pain), Loratadine 10 mg tablet (allergies), Ranitidine 150 mg tablet (ulcers), Divalproex 250 mg tablet (seizures), Calcium 600 plus minerals tablet (supplement) and Tab-A-Vite (supplement) out of each packet, onto her bare hands and placed each medication into a souffle cup and handed the souffle cup to client #2 for administration.</p> <p>An interview with the Registered Nurse (RN) was conducted on 11/9/12 at 1:45</p>	W0455	<p>All staff are training in Med core A &amp; B and pill passing upon hire. They are to complete a med reliability prior to being allowed to pass medications. At least annually, all staff are retrained in pill passing. Responsible person: Sherri DiMarrco, Nurse &amp; Sharon Staley, Group Home Manager. DSP #2 was re-trained on medication passing. Responsible person: Sherri DiMarrco, Nurse. DSP #2 received a supervision note regarding proper medication passing and handling of meds. Responsible person: Sharon Staley, Group Home Manager. To ensure future compliance, a medication administration reliability/test will be completed on DSP #2. Responsible person: Sharon Staley, Group Home Manager.</p>	12/16/2012	

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	<p>P.M.. The RN stated "RIs are not to pop medications onto their bare hands. We provide a white plastic tray to put the plastic cups on and they should pop medications directly into the plastic cups while they are placed on the plastic tray in case they miss the cup."</p> <p>9-3-7(a)</p>				

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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, interview and record review for 1 of 3 sampled clients (client #3), the facility failed to ensure the staff provided food in accordance with client's diet order.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/2/12 from 5:45 A.M. until 8:05 A.M.. At 7:15 A.M., RI #1 served cereal into two bowls, placed french toast sticks on two plates and poured syrup on the french toast sticks. RI #1 then called clients #3 and #4 to the table. After client #3 ate his unmeasured bowl of cereal, RI #1 poured a second bowl of cereal for client #3. Client #3 stated "I'm only supposed to have one bowl of cereal," as he ate the second bowl of cereal.</p> <p>A review of client #3's record was conducted on 11/9/12 at 12:45 P.M.. Review of client #3's most current Nutritional Assessment dated 8/29/12 indicated: "Diet: regular, single portions...weight 230.2...Weight range 170.5 plus or minus 10 pounds."</p>	W0460	<p>Client's diets are to be followed as written. Responsible person: Sharon Staley, Group Home Manager. Staff will be re-trained on client's diets and to follow those diets as prescribed. Responsible person: Susan Whitten, Program Coord. To ensure future compliance, a meal time reliability/test will be completed, which includes following diets. Responsible person: Sharon Staley, Group Home Manager.</p>	12/16/2012

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	An interview with the Program Director (PD) was conducted on 11/16/12 at 10:30 A.M.. The PD indicated staff should have followed client #3's prescribed diet.  9-3-8(a)				

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed to assure 4 of 4 clients observed eating breakfast (clients #1, #2, #3 and #4) were involved in meal preparation and served themselves.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/2/12 from 5:45 A.M. until 8:05 A.M.. At 7:00 A.M., Residential Instructor (RI) #1 put french toast sticks into the microwave oven. At 7:05 A.M., RI #1 put bread into the toaster. At 7:15 A.M., RI #1 served cereal into a bowl and placed prepared toast onto a plate and placed the prepared bowl and plate on the table. RI #1 then called client #1 to the table where he ate independently. RI #1 then served cereal into two bowls, placed french toast sticks on two plates and poured syrup on the french toast sticks. RI #1 then called clients #3 and #4 to the table. At 8:00 A.M., client #2 sat at the dining table as RI #1 poured cereal into his bowl and placed a plate with french toast sticks at his setting. Clients #1, #2, #3 and #4 did not assist in meal preparation.</p>	W0488	<p>Client's are to assist to the best of their capabilities in meal preparation and serving themselves at meal times. Responsible person: Sharon Staley, Group Home Manager. Staff will be re-trained on promoting independence at meal times. Responsible person: Susan Whitten, Program Coord. To ensure future compliance, a meal time reliability/test will be completed. Responsible person: Sharon Staley, Group Home Manager</p>	12/16/2012

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	<p>An interview with the Program Coordinator (PC) was conducted at the facility's administrative office on 11/9/12 at 1:45 P.M.. The PC indicated the clients were capable of assisting in meal preparation and serving themselves and further indicated they should be assisting in meal preparation and serving themselves at meal times.</p> <p>9-3-8(a)</p>			