

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G608	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  02/29/2012
NAME OF PROVIDER OR SUPPLIER  IN-PACT INC			STREET ADDRESS, CITY, STATE, ZIP CODE 132 BERENS ST DYER, IN 46311		
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 27, 28, and 29, 2012</p> <p>Facility number: 001179 Provider number: 15G608 AIM number: 100240130</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor/QMRP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed on 3/10/12 by Tim Shebel, 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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W0104	<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 governing body failed to for 1 of 3 clients (client #2) to ensure client #2 did not pay for her own haircut.</p> <p>Findings include:</p> <p>On 2-28-12 at 10:00 a.m. a record review for client #2 was conducted. The financial records dated 8/11 through 1/12 were reviewed and indicated client #2 paid \$12.00 for a haircut on 8-2-11.</p> <p>On 2-28-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated client #2 should not pay for her own haircut.</p> <p>9-3-1(a)</p>	W0104	<p>In-Pact will ensure that consumers living in the group home will not pay for their own hair cuts. Client #2 will be reimbursed the \$12.00 for the haircut. Responsible Person: Sheila O'Dell, Group Home Director.</p> <p>Management staff were informed/trained that In-Pact will pay for one haircut per consumer no more then one time per month. Responsible Person: Susan Whitten, Group Home Program Coord/QMRP.</p> <p>To ensure future compliance, a monthly program status report will be completed, which will include spot checks of the financials to ensure the consumer(s) did not pay for personal item(s). Responsible Person: Susan Whitten, Group Home Program Coord/QMRP and Sheila O'Dell, Group Home Director.</p>	03/30/2012

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W0120	<p><b>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</b></p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation and interview, the facility failed for 1 of 3 sampled clients (client #2) and 1 additional client (client #5) at the outside contracted day program, to ensure clients #2 and #5 had access to their personal lunches.</p> <p>Findings include:</p> <p>On 2-17-12 at 12:00 p.m. client #2 went to a cabinet in her class room and rattled the chain with a lock on it. Client #2 could not get her lunch bag out of the cabinet so day program staff #1 took a key from her purse and unlocked the cabinet so clients #2 and #5 could have access to their lunch bags. Day program staff indicated the cabinet was kept locked because other clients came into their classroom and stole lunches. Day program staff #1 indicated client #2 and #5 did not steal lunches.</p> <p>On 2-28-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated clients #2 and #5 did not have a need for their lunches to be locked up and she was unaware the outside day program was not allowing them to have access to their lunches.</p> <p>9-3-1(a)</p>	W0120	<p>Day service was contacted and they informed us that client #2 &amp; #5 would have access to their lunches while in the classroom. Responsible Person: Susan Whitten, Program Coord/QMRP. To ensure compliance, a day service contact will be done both announced and unannounced at least quarterly to ensure that they do have access. Responsible Person: Dana Hesse, Group Home Manager &amp; Susan Whitten, Program Coord/QMRP.</p>	03/30/2012	

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 3 sampled clients (client #2) to ensure she had a legally sanctioned representative to assist her with her medical and financial needs per her assessments.</p> <p>Findings include:</p> <p>On 2-27-12 at 12:15 p.m. client #2 was observed at her day program. Client #2 identified a quarter and a nickel as a hot dog. Client #2's day program staff #1 indicated client #2 called "everything" a hotdog.</p> <p>On 2-28-12 at 10:00 a.m. a record review for client #2 was conducted. The Individualized Support Plan dated 12-30-11 indicated client #2 had training objectives to recognize the poison symbol, look both ways before crossing the street, to make an evening snack, to use her communication adaptive equipment to say please, help, and excuse me, to identify coins, to understand time, to brush her teeth, to trace her name, to sort dark and light laundry, and to use a calendar. Her Behavior Management Plan dated 3-1-11 indicated she had targeted behaviors of Inappropriate physical contact, non-compliance, property destruction, and aggression. Client #2's Comprehensive Functional Assessment (CFA) dated 12-21-11 indicated client #2 need full assistance with knowing the names of medications regularly taken, understanding medication side effects, and understanding the purpose of medical</p>	W0125	<p>Families of the consumers who are an emancipated adults have received information about guardianship and the different types of guardianship. It also included information about legal assistance. Responsible Person: Sandra Kimbrough, Administrative Assistant.</p> <p>Power of Attorney has sought out for the consumers that are emancipated adults and are unable to give informed consent for financial affairs and/or healthcare. Responsible Person: Susan Whitten, Program Coord/QMRP.</p> <p>A document signed designating an advocate without whom s/he won't make major decisions was sought out for the consumers that are emancipated adults and are unable to give informed consent. Responsible Person: Sandra Kimbrough, Administrative Assistant.</p> <p>Family member(s) or designated person will continue to advocate on their behalf by actively participating and signing all consents. Responsible Person:</p>	03/30/2012

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	<p>interventions. The CFA indicated client #2 needed full assistance with understanding money is needed for making a purchase, understanding individual values of coins and currency, understanding relative values of coins and currency, spending according to priorities, understanding the purpose of saving money, and understanding the purpose of budgeting money. The CFA indicated client #2 needed full assistance with understanding the concept of her rights. Client #2's file contained power of attorney documentation and a notarized advocate form. Client #2's behavior program consent form indicated client #2 had the restriction of: non-compliance which would be handled by setting a timer for 7 minutes, within 2 minutes all reinforcement would be removed until the task was completed, for aggression an arm wrap or full body physical intervention would be preformed and a hold on reinforcement for 2 hours, including treats, outings, her radio, and one on one attention. Her dinner time protocol indicated to give client #2 a prompt for dinner and set the timer for 7 minutes, if she does not come to the table within 2 minutes after the timer sounds her plate is to be put up for 1 hour then her plate may be placed back at the table.</p> <p>On 2-28-12 at 11:30 a.m. an interview with the Group Home Director indicated client #2 did not have a guardian and she did need assistance with understanding her medications, finances, and understanding her rights. The Director indicated client #2 had a notarized Health Care Representative and the facility was client #2's Representative payee.</p> <p>9-3-2(a)</p>		<p>Sandra Kimbrough, Administrative Assistant.</p> <p>To ensure compliance, annually at the ISP meeting; guardianship/legal representation to assist in the aid to the consumer in making informed consent will be discussed. Responsible Person: Social Service Coordinator, Judy Edwards.</p>		

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN 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.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 3 sampled clients (client #3) and 1 additional client (client #5) to ensure client #3 had an objective which included she did not discipline her housemates..</p> <p>Findings include:</p> <p>On 2-27-12 from 4:00 p.m. until 5:45 p.m. an observation at the home of clients #3 and #5 was conducted. At 5:25 p.m. client #5 got out of her recliner and walked up to client #3 and reached for her. Client #3 did not make contact with client #5. Client #3 smacked client #5's hand two times then signed "no" to client #5 and told her to go sit back down. Client #5 stated she had to smack client #5's hand because that is what "they have to do to get [client's name] to stop." Client #5 went back and sat in the recliner she began to cry and to bite her arm.</p> <p>On 2-28-12 at 9:15 a.m. a record review for client #3 was conducted. The Behavior Support Service Report dated 12-13-11 indicated client #3 exhibited signs of anxiety, picking and crying, but at this time no structured Behavior Management Plan was needed.</p> <p>On 2-28-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated client #3 should not smack client #5 but instead ask staff for assistance.</p> <p>9-3-5(a)</p>	W0227	<p>An objective will be add for client #3, which will include not to discipline her housemate. Responsible Person: Susan Whitten, Program Coord/QMRP. All staff will be trained on this program to assist client #3 on how to handle situations appropriately. Responsible Person: Susan Whitten, Program Coord/QMRP. To ensure compliance, the data will be reviewed monthly for progress. Responsible Person: Amy Hobson, Data Specialist &amp; Susan Whitten, Program Coord/QMRP.</p>	03/30/2012			

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W0247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 3 sampled clients (client #3) to ensure she had a choice of when to accept a phone call.</p> <p>Findings include:</p> <p>On 2-27-12 from 4:00 p.m. until 5:45 p.m. an observation at the home of client #3 was conducted. At 5:00 p.m. the home phone rang and direct care staff (dcs) #5 answered the phone. Dcs #5 told the caller client #3 was cooking supper and would call him back after supper was over. Client #3 indicated it was her boyfriend who called and he was in the hospital and she really wanted to talk with him. From 5:10 p.m. until 5:25 p.m. client #3 sat in the living room and went to her bedroom to retrieve items. Client #3 indicated she wanted to talk with her boyfriend now but would have to wait till after supper.</p> <p>On 2-28-12 at 9:15 a.m. record review for client #3 was conducted. The Individualized Support Plan dated 12-13-11 indicated client #3 was independent with her communication needs and did not have a communication goal.</p> <p>On 2-28-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated client #3 should have a choice of when to accept her phone calls.</p> <p>9-3-4(a)</p>	W0247	<p>All staff are trained upon hire and annually there after on consumer's rights, which includes the choice to accept phone calls. Responsible Person: Ruth Fields, Training Coord. All staff will be re-trained on consumer's rights, which again includes the choice to accept phone calls. Responsible Person: Dana Hesse, Group Home Manager. All staff will complete a consumer right's reliability/test to ensure competency. Responsible Person: Dana Hess, Group Home Manager. To ensure compliance, an observation will be completed on client choice/rights. Responsible Person: Susan Whitten, Program Coord/QMRP.</p>	03/30/2012

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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 for 1 of 3 sampled clients (client #2) to ensure she used her adaptive communication equipment per her Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>On 2-27-12 from 11:45 a.m. until 1:00 p.m. an observation at the day program of client #2 was conducted. At 12:00 p.m. client #2 returned from an outing in the community with day program staff #1. Client #1 washed her hands and ate her lunch. Client #2 did not use her communication device.</p> <p>On 2-27-12 from 4:00 p.m. until 5:45 p.m. an observation at the home of client #2 was conducted. Client #2 made her lunch, went for a walk, was prompted to say excuse me when she belched, made a salad, and ate supper. Client #2 did not use any communication device during this observation.</p> <p>On 2-28-12 from 6:15 a.m. until 7:35 a.m. an observation at the home of client #2 was conducted. Client #2 opened the curtains, watched television and watched the house manager count her petty cash.</p> <p>On 2-28-12 at 10:00 a.m. a record review for client #2 was conducted. The ISP dated 12-30-11</p>	W0249	<p>Client #2 does have a communication goal, which is completed accordingly at the minimal level. Person Responsible: Susan Whitten, Program Coord/QMRP. Program goal will be increased to include random act of communicating. Person Responsible: Susan Whitten, Program Coord/QMRP. All staff will be training on the program revision. Person Responsible: Susan Whitten, Program Coord/QMRP. To ensure compliance, the data will be reviewed monthly for progress. Responsible Person: Amy Hobson, Data Specialist &amp; Susan Whitten, Program Coord/QMRP.</p>	03/30/2012			

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	<p>indicated client #2 had an objective to use her communication device while in the community, to use her communication device (dynavox) to say please, help, and excuse me, and to use her communication device to identify coins.</p> <p>On 2-28-12 an interview with the Qualified Mental Retardation Professional indicated client #2 should use her communication device per her ISP.</p> <p>9-3-4(a)</p>				

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W0383	<p>483.460(l)(2) <b>DRUG STORAGE AND RECORDKEEPING</b> Only authorized persons may have access to the keys to the drug storage area.</p> <p>Based on observation and interview the facility failed for 3 of 3 clients (clients #2, #3, and #4)) observed during a medication administration pass to ensure the key was only available to authorized persons.</p> <p>Findings include:</p> <p>On 2-28-12 from 7:00 a.m. until 7:35 a.m. a medication administration for clients #2, #3, and #4 was observed. At 7:00 a.m. client #4 took a key from an unlocked box and unlocked the medication cabinet which contained clients #2, #3, and #4's medication containers with direct care staff (dcs) #6 assisting. From 7:12 a.m. until 7:20 a.m. the medication keys were in an unlocked box on the counter of the medication cabinet. At 7:20 a.m. client #3 took the key from the unlocked box and unlocked the medication cabinet with dcs #6 assisting. Client #3 went to her bedroom with direct care staff #6 to apply her foot cream. The key to the medication cabinet was in the unlocked box on top of the counter of the medication cabinet. Clients # 2 and #5 walked through the medication area and had access to the unlocked medication keys. At 7:33 a.m. client #2 took the key from the unlocked box and unlocked the medication cabinet with dcs #6 assisting. Any person walking though the medication area would have access to the medication keys which were kept in an unlocked box on the counter of the medication cabinet.</p> <p>On 2-28-12 at 7:12 an interview with dcs #6 indicated the key to unlock the medication cabinet was kept in an unlocked box on the counter top of the medication cabinet.</p>	W0383	<p>Staff will be trained to ensure that the med key is secure and only available to authorized persons. Responsible Person: Dana Hesse, Group Home Manager. A reliability will be completed during an observation to ensure med key is secure. Responsible Person: Susan Whitten, Program Coord/QMRP. To ensure compliance, a monthly program status report will be completed, which will include spot checks to ensure the medication key is secure. Responsible Person: Susan Whitten, Group Home Program Coord/QMRP and Sheila O'Dell, Group Home Director.</p>	03/30/2012	

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	<p>On 2-28-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated the key to the medication cabinet should be kept with an authorized person.</p> <p>9-3-6(a)</p>				