STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G808	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 11/26/2014
NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORTH LAKE PARK AVE HOBART, IN 46342	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	This visit was for the fundamental annual recertification and state licensure survey. This survey was done in conjunction with the post certification revisit to complaint #IN00154487 conducted on October 3, 2014. Survey Dates: November 19, 20, 21 and 26, 2014. Facility Number: 012460 Provider Number: 15G808 AIM Number: 201051410 Surveyor: Christine Colon, QIDP The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/16/14 by Ruth Shackelford, QIDP.	W000000		
W000125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS			

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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	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. Based on record review and interview for 1 of 4 sampled clients (client #2), the facility failed to ensure the client's rights were promoted and protected in regard to the client's health care needs. The facility failed to aggressively advocate for client #2's rights and/or to assist the client's guardian to understand his health care needs. Findings include: A review of client #2's record was conducted on 11/21/14 at 11:25 A.M.. Review of client #2's Individual Support Plan (ISP) dated 1/30/14 indicated: "Date of birth: 1/1/58...[Client #2] is currently diagnosed with the following: Mental Retardation, Depression, Hypertension, History of renal cell cancer with partial nephrectomy in 2005, history of prostate cancer with robotic prostatectomy 3/12, stress incontinence. Further review of the record indicated a letter dated 9/12/14 from the agency nurse which indicated: "Hello [Physician's name],	W000125	The Residential Nurse obtained verbal consent for theGuardian/Mother of client #2 to obtain the colonoscopy previously ordered byhis physician. The Guardian also consented to a consultation with the ENT/EarNose and Throat Physician, which was previously recommended by the Audiologistdue to a conductive hearing component of the right ear. On 12/22/2014, theResidential Nurse requested orders from Dr. Feldner, Primary Care Physician,for a colonoscopy and ENT consultation. Client #2 has a follow up visit withhis primary care physician on 2/17/2014. The initial consult withGastroenterologist, is scheduled for 2/23/2014. The ENT consultation will be scheduledat the earliest possible appointment time, pending receipt of the signed ordersfrom the physician. In the future, guardian disapproval of consent forrecommended medical procedures and consultations will be addressed by providingthe guardian with the necessary medical information to assist the guardian tounderstand the health care needs of the individual. The Residential Nurse willbe responsible to assist	12/28/2014

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	[Client #2's mother] contacted me and requested that the colonoscopy be canceled. She stated that she does not feel [client #2] lost that much weight. I was told by the house manager who attended the office visit that a concern was mention regarding weight loss of 35 pounds...." Further review of the record indicated the colonoscopy appointment was canceled and client #1 did not have the recommended colonoscopy completed. Review of the record indicated an audiology assessment dated 9/24/13 which indicated: "Recommendations: The above test results were discussed with the patient and his caretaker. ENT (Ear Nose and Throat) consult was recommended, secondary to the conductive hearing loss component present in the right ear. The patient should return to his physician for medical follow up regarding today's test results. They were encouraged to discuss any concerns with [Physician name]. The patient should return to this facility for a repeat hearing evaluation following the course of treatment, if possible for the conductive hearing loss component present in the right ear. If treatment is not possible, amplification options will be recommended, following medical		the guardian and family members of all clients inunderstanding the health care needs of the individuals they represent.	

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	clearance." Further review of the record indicated a "Nursing Notes" letter dated 10/8/13 which indicated: "Per conversation with [client #2's mother] on 10/8/13 regarding results of audiological evaluation, do not schedule appointment with ENT as recommended in audiological report. [Mother] stated that she does not feel [client #2] would benefit from seeing an ENT...." Further review of the record failed to indicate client #2 went to an ENT as recommended by the audiologist. An interview with the Registered Nurse (RN) was conducted on 11/26/14 at 2:30 P.M.. The RN indicated client #2's parents did not want client #2 to have a colonoscopy completed and did not want him to go see an ENT so the facility did not follow the recommendations from the physician and audiologist. The RN indicated with client #2's history of prostate and kidney cancers and his age it would be in his best interests to have the colonoscopy completed. The RN further indicated client #2 has some hearing loss but did not go see an ENT as recommended because his mother did not want him to go. 9-3-2(a)			

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W000140	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed to maintain an accurate accounting system for 1 additional client (client #6), for whom the facility managed their personal funds accounts. Findings include: A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations was conducted on 11/20/14 at 10:15 A.M. and indicated: -BDDS report dated 4/4/14...Date of knowledge: 4/4/14...Submitted date: 4/6/14 involving client #6 indicated: "On 4/4/14, staff reported ten dollars missing from [client #6]'s petty cash. [Facility] has a procedure in place for staff to count petty cash everyday on every shift. A petty cash accountability sheet is in the house for staff to fill out daily. Staff reported they noticed [client #6]'s money missing around noon as they were counting the consumers petty cash to go	W000140	On 12/18/14, the North LakePark Group Home staffs were trained on Client Finances (petty cash,accountability form and financial ledger). TradeWinds has a policy on the Managementof Individual Funds. “TradeWinds policy is to manage the funds of eachindividual for whom we are the Representative Payee in a way that ensures thefunds are utilized to meet the individual’s living expenses and daily needs,respect their rights to choice and to prevent any financial exploitation.(Please see attached Policies and Procedures on the Management of IndividualsFunds). In addition, TradeWinds also has a Procedure inplace for ongoing group home consumer bank record keeping. (Please see attachedprocedure for ongoing group home consumer bank record keeping)The Policies and Procedures on the Managementof Individuals Funds, Procedures for ongoing group home consumer bankrecordkeeping, Monthly Financial Statement and Petty Cash Accountability Formshave been	12/28/2014

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	on an outing. On 4/3/14, the morning staff documented that all the consumers' petty cash balanced out correctly. There was no documentation that the midnight staff counted the consumers petty cash on 4/3/14." An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 11/26/14 at 2:30 P.M.. The QIDP indicated the facility managed client #6's finances and further indicated the facility was to keep an accurate account of his finances at all times. The QIDP further indicated staff did not keep an accurate account of client #6's personal finances 9-3-2(a)		developed and implemented to track the finances of each consumer. Anyissues regarding consumer accounts holding balances that are"over resources"will be brought to the attention of the QDDP immediately. A copy of the monthlyledger is to be submitted to the QDDP by the 3rdworking day of themonth. The ledger is to be reconciled by the QDDP with the bank statement andreviewed for unusual transactions. Staff members must be prepared to provideexplanations for any transactions they signed off on. A copy is to be sent tothe Program Director. All new accounts will be pre-approved by the QDDP andestablished accounting to TradeWinds guidelines. These policies and proceduresin place will provide oversight to ensure the Abuse, Neglect and Exploitationpolicy and policies and procedures on the Management of Individual Clients'funds are being implemented. The policies and procedures in place will alsoensure accurate accounting systems for each consumer personal petty cash fundskept at the Residential Group Home maintained. If there are any missing funds, it is the responsibilityof the staff member to immediately contact the house manager and theQDDP.(Please see attached Monthly Financial Statement and Petty Cash AccountabilityForms)For all	

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			allegations of Abuse, Neglect, Exploitation, Mistreatment andInjuries of unknown origin, the investigation will start within 24 hours of thealleged incident. When there is an allegation of Abuse, Neglect, Exploitation,Mistreatment and Injuries of unknown origin the staff person(s) involved willbe removed immediately from the schedule pending outcome of the investigation.The staff person(s) involved is responsible for completing an internal incidentreport and notifying all necessary person(s), such as: House Manager, QDDP andResidential Nurse (if medical attention is needed). The QDDP must be notifiedas soon as the incident is under control and there is no further danger toeither client(s) involved. The QDDP is responsible for making all necessaryincident reports to the Bureau of Developmental Disabilities (BDDS) within theguidelines (within 24 hours of incident). Thegroup home manager is responsible for monitoring and ensuring that the staffs arefollowing the rights of the consumers. In addition, the QDDP will observe duringunannounced visits that the staffs are following the rights of the consumers.It is the policy of TradeWinds Services to ensure that all clients have a safeenvironment free of aggression, exploitation, abuse, neglect and mistreatment.It is also the policy of TradeWinds to ensure the health,	

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			welfare and rights ofthe individual's we serve.	
W000149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 4 sampled clients and 3 additional clients (clients #3, #5, #6 and #8), the facility neglected to implement written policy and procedures to prevent client to client aggression. Findings include: A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations was conducted on 11/20/14 at 10:15 A.M. and indicated: -BDDS report dated 10/31/13 involving clients #5 and #6 indicated: "On 10/30/13 (sic), the QDDP (Qualified Developmental Disabilities Professional) was informed that there was a behavior at the [group home]. Staff stated [client #6] went into his housemate's [client #2] room attempting to verbally wake him up. [Client #5] stated he observed [client #6] attempting to wake [client #2]. Staff redirected [client #6] and informed him it is staff (sic) responsibility to wake the	W000149	On 12/18/2014, the North Lake Park staffs were trained onthe Abuse, Neglect, Exploitation, Mistreatment, and Protection of anIndividual's Rights and Injuries of an Unknown Origin policy (Please seeattached documents). The Policy Statement states: "Violating an Individuals Rights, Abuse and or neglect or any mistreatment ofany consumer who participates in a TradeWinds Services, Inc., program isstrictly prohibited and will result in severe disciplinary action up to andinclude discharge from employment and may further result in criminal prosecution.All allegations of violating an Individuals rights or abuse and neglect ofconsumers served and certain other incidents defined in this policy are to bereported and investigated in prompt and procedurally correct manner."(Pleasesee attached Policies and Procedures on Abuse, Neglect, Exploitation, Mistreatment,and Protection of an Individuals' Rights and Injuries of an Unknown Origin). For all allegations of Abuse,Neglect, Exploitation, Mistreatment and	12/28/2014

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	other consumers. While at the dinner table [client #5] stated to [client #6] 'If you are not staff leave [client #2] alone.' Both [client #5] and [client #6] exchanged words. [Client #6] grabbed his better (sic) knife of (sic) the table and threatened to hurt [client #5]." -BDDS report dated 3/19/14 involving client #8 and facility owned day program client indicated: "On Wednesday March 19, 2014 [Day program client] had became upset, as she walked past another consumer [client #8] she hit the consumer on the right arm. When she hit his arm she scratched him with her finger nail." -BDDS report dated 6/30/14 involving client #5 and a facility owned day program client indicated: "On Monday, 6/30/14 [client #5] reported to his trainer, [Trainer name] that [Day program client] had struck him in the face. This writer spoke with [client #5]. He stated he was waiting to use the restroom. [Day program client] came out and first waved the (restroom) pass in front of [client #5]'s face then used his fist and struck him on the left jaw. [Client #5] said there was no one else present when this occurred. [Client #5] complained of pain...."		Injuries of unknown origin, theinvestigation will start within 24 hours of the alleged incident. When there isan allegation of Abuse, Neglect, Exploitation, Mistreatment and Injuries ofunknown origin the staff person(s) involved will be removed immediately fromthe schedule pending outcome of the investigation. The staff person(s) involvedis responsible for completing an internal incident report and notifying all necessaryperson(s), such as: House Manager, QIDP and Residential Nurse (if medicalattention is needed). The QIDP must be notified as soon as the incident isunder control and there is no further danger to either client(s) involved. TheQIDP is responsible for making all necessary incident reports to the Bureau of DevelopmentalDisabilities (BDDS) within the guidelines (within 24 hours of incident). The group home manager is responsible formonitoring and ensuring that the staff is following the policies and proceduresin place to prevent client to client aggression. Itis the policy of TradeWinds Services to ensure that all clients have a safeenvironment free of aggression, exploitation, abuse, neglect and mistreatment.It is also the policy of TradeWinds to ensure the health, welfare and rights ofthe individuals we serve.	

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	-BDDS report dated 7/31/14 involving client #3 and a facility owned day program client indicated: "On Thursday, 7/31/14 at approximately 2:50 P.M. prevocational services participants from the general production work area were beginning to go to their lockers at the end of the service day. As [client #3] passed [Day program client], [Day program client] struck him on the back with the flat of his hand...." A review of the facility's abuse/neglect policy dated 4/20/10 was conducted on 11/20/14 at 12:40 P.M.. Review of the policy indicated: "To establish prompt, accurate and effective procedures and investigating of all allegations of abuse and neglect and any incident or crime as defined...All allegations of abuse and neglect of consumers served and certain other incidents defined in this policy are to be reported and investigated in prompt and procedurally correct manner...Accidents and other injuries not defined as abuse or neglect must still be documented on the incident report form and reviewed according to policy and applicable standards...It is mandatory that all personnel follow this policy. This includes: reporting incidents immediately upon becoming aware of them, completing all forms as required by this policy...Physical abuse: willful			

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	infliction of injury...Verbal abuse: Oral, written and or gestured language that includes disparaging and derogatory remarks toward consumers...Injuries of unknown origin, in addition all injuries of unknown origin must be reported to Adult Protective Services within 24 hours of the injury being discovered. A complete investigation of the injury must be conducted by the Qualified Mental Retardation Professional (QMRP) or the Residential Coordinator...All staff with knowledge of the incident must complete a copy of the unknown injury report and forward it to the QMRP by the end of their shift...b. Neglect includes failure to provide appropriate care, food, medical care or supervision." An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 11/26/14 at 2:30 P.M.. The QIDP indicated clients should be free of physical aggression. The QIDP indicated staff should follow the facility's abuse/neglect policy at all times and ensure clients are not aggressed upon. 9-3-2(a)			

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W000153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed for 1 incident of financial exploitation, involving 1 additional client (client #6), to immediately report the incident to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law. Findings include: A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations was conducted on 11/20/14 at 10:15 A.M. and indicated: -BDDS report dated 4/4/14...Date of knowledge: 4/4/14...Submitted date: 4/6/14 involving client #6 indicated: "On 4/4/14, staff reported ten dollars missing from [client #6]'s petty cash. [Facility] has a procedure in place for staff to count	W000153	On 12/18/2014, the North Lake Park staffs were trained onthe Abuse, Neglect, Exploitation, Mistreatment, and Protection of anIndividual's Rights and Injuries of an Unknown Origin policy (Please seeattached documents). The Policy Statement states: "Violating an Individuals Rights, Abuse and or neglect or any mistreatment ofany consumer who participates in a TradeWinds Services, Inc., program isstrictly prohibited and will result in severe disciplinary action up to andinclude discharge from employment and may further result in criminal prosecution.All allegations of violating an Individuals rights or abuse and neglect ofconsumers served and certain other incidents defined in this policy are to bereported and investigated in prompt and procedurally correct manner."(Pleasesee attached Policies and Procedures on Abuse, Neglect, Exploitation, Mistreatment,and Protection of an Individuals' Rights and Injuries of an	12/28/2014

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	petty cash everyday on every shift. A petty cash accountability sheet is in the house for staff to fill out daily. Staff reported they noticed [client #6]'s money missing around noon as they were counting the consumers petty cash to go on an outing. On 4/3/14, the morning staff documented that all the consumers' petty cash balanced out correctly. There was no documentation that the midnight staff counted the consumers petty cash on 4/3/14." Review of the record failed to indicate this incident was immediately reported to BDDS. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 11/26/14 at 2:30 P.M.. The QIDP indicated this incident was not immediately reported to BDDS. 9-3-2(a)		Unknown Origin). For all allegations of Abuse,Neglect, Exploitation, Mistreatment and Injuries of unknown origin, theinvestigation will start within 24 hours of the alleged incident. When there isan allegation of Abuse, Neglect, Exploitation, Mistreatment and Injuries ofunknown origin the staff person(s) involved will be removed immediately fromthe schedule pending outcome of the investigation. The staff person(s) involvedis responsible for completing an internal incident report and notifying all necessaryperson(s), such as: House Manager, QIDP and Residential Nurse (if medicalattention is needed). The QIDP must be notified as soon as the incident isunder control and there is no further danger to either client(s) involved. TheQIDP is responsible for making all necessary incident reports to the Bureau of DevelopmentalDisabilities (BDDS) within the guidelines (within 24 hours of incident). TradeWinds has a policy on the Managementof Individual Funds. “TradeWinds policy is to manage the funds of eachindividual for whom we are the Representative Payee in a way that ensures thefunds are utilized to meet the individual’s living expenses and daily needs,respect their rights to choice and to prevent any financial	

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			exploitation.(Please see attached Policies and Procedures on the Management of IndividualsFunds). In addition, TradeWinds also has a Procedure inplace for ongoing group home consumer bank record keeping. (Please see attachedprocedure for ongoing group home consumer bank record keeping)The Policies and Procedures on the Managementof Individuals Funds, Procedures for ongoing group home consumer bankrecordkeeping, Monthly Financial Statement and Petty Cash Accountability Formshave been developed and implemented to track the finances of each consumer. Anyissues regarding consumer accounts holding balances that are"over resources"will be brought to the attention of the QDDP immediately. A copy of the monthlyledger is to be submitted to the QDDP by the 3rdworking day of themonth. The ledger is to be reconciled by the QDDP with the bank statement andreviewed for unusual transactions. Staff members must be prepared to provideexplanations for any transactions they signed off on. A copy is to be sent tothe Program Director. All new accounts will be pre-approved by the QDDP andestablished accounting to TradeWinds guidelines. These policies and proceduresin place will provide oversight to ensure the Abuse, Neglect and	

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			Exploitationpolicy and policies and procedures on the Management of Individual Clients'funds are being implemented. The policies and procedures in place will alsoensure accurate accounting systems for each consumer personal petty cash fundskept at the Residential Group Home maintained. If there are any missing funds, it is the responsibilityof the staff member to immediately contact the house manager and theQDDP.(Please see attached Monthly Financial Statement and Petty Cash AccountabilityForms)For all allegations of Abuse, Neglect, Exploitation, Mistreatment andInjuries of unknown origin, the investigation will start within 24 hours of thealleged incident. When there is an allegation of Abuse, Neglect, Exploitation,Mistreatment and Injuries of unknown origin the staff person(s) involved willbe removed immediately from the schedule pending outcome of the investigation.The staff person(s) involved is responsible for completing an internal incidentreport and notifying all necessary person(s), such as: House Manager, QDDP andResidential Nurse (if medical attention is needed). The QDDP must be notifiedas soon as the incident is under control and there is no further danger toeither client(s) involved. The QDDP is responsible for making all necessaryincident reports to the	

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			Bureau of Developmental Disabilities (BDDS) within theguidelines (within 24 hours of incident). Thegroup home manager is responsible for monitoring and ensuring that the staffs arefollowing the rights of the consumers. In addition, the QDDP will observe duringunannounced visits that the staffs are following the rights of the consumers.It is the policy of TradeWinds Services to ensure that all clients have a safeenvironment free of aggression, exploitation, abuse, neglect and mistreatment.It is also the policy of TradeWinds to ensure the health, welfare and rights ofthe individual's we serve.	
W000220	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #2) to ensure a speech assessment was completed for a client who needs assistance with communication skills. Findings include: An evening observation was conducted at the group home on 11/19/14 from 5:15 P.M. until 6:40 P.M.. During the entire observation client #2 could not be	W000220	The Residential Nurse submitted a request to the PrimaryCare Physician for client #2 for a speech therapy evaluation and implementationof plan of care. Upon receipt of the order from the physician, an appointmentwill be scheduled at the earliest appointment time available. The ResidentialNurse will ensure that all recommendations from the speech evaluation will beimplemented if needed.	12/28/2014

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	understood when he spoke. A morning observation was conducted at the group home on 11/21/14 from 5:40 A.M. until 6:50 A.M.. During the entire observation client #2 could not be understood when he spoke. A review of client #2's record was conducted on 11/21/14 at 11:25 A.M.. Review of client #2's Individual Support Plan (ISP) dated 1/30/14 and/or record indicated he could not be understood when speaking. Review of client #2's record indicated a most current speech evaluation dated 1/30/08. An interview with the Registered Nurse (RN) was conducted on 11/26/14 at 2:30 P.M.. The RN indicated there was no documentation to indicate client #2's speech and/or language skills had been assessed since 1/30/08. 9-3-4(a)			
W000382	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation, record review, and	W000382	The Residential Nurse will train the	12/28/2014

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	interview, for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6 and #7) who lived in the group home, the facility failed to maintain proper medication security. Findings include: An evening observation was conducted at the group home on 11/19/14 from 5:15 P.M. until 6:40 P.M.. At 5:49 P.M. Direct Support Professional (DSP) #1 began administering evening medications. At 6:03 P.M., DSP #1 left out of the medication room to prompt client #7 to come into the room for his evening medication administration. The medication cabinet, which contained all of clients #1, #2, #3, #4, #5, #6 and #7's prescribed medications was left unlocked and unattended from 6:03 P.M. until 6:05 P.M.. An interview with the Registered Nurse (RN) was conducted on 11/26/14 at 2:30 P.M.. The RN indicated the medications should be locked at all times except when being administered and if staff needed to leave the area they needed to lock the medication cabinet. 9-3-6(a)		residential staff onthe North Lake Park Group Home regarding the proper drug storage on 1/7/15. Allstaff will receive ongoing training as needed as well as disciplinary action ifappropriate for failure to follow correct incident reporting guidelines. TheResidential Nurse will provide the training to ensure that staff understandsthe reporting guidelines to prevent errors in the future. The House Managerwill provide oversight to ensure the guidelines of proper drug storage arefollowed.	

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W000436	483.470(g)(2) SPACE AND EQUIPMENT 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. Based on observation, record review, and interview, for 3 of 4 sampled clients who wore prescribed eyeglasses (clients #1, #2 and #3), the facility failed to encourage and teach the use of their prescribed eyeglasses. Findings include: An evening observation was conducted at the group home on 11/19/14 from 5:15 P.M. until 6:40 P.M.. During the entire observation period, clients #1, #2 and #3 did not and were not prompted to wear their prescribed eyeglasses. A morning observation was conducted at the group home on 11/21/14 from 5:40 A.M. until 6:50 A.M.. During the entire observation period, clients #1, #2 and #3 did not and were not prompted to wear their prescribed eyeglasses. A review of client #1's record was conducted on 11/21/14 at 11:00 A.M.. The ISP dated 11/5/14 indicated client #1	W000436	On 12/18/2014, the North Lake Park staffs were trained onthe use of adaptive equipment. The staff has been re-trained on the need toprompt individual clients to use their adaptive equipment. Staff has beeninstructed to prompt and to encourage the individual clients to use alladaptive equipment and if they refuse to make necessary notations in theclients communication book and on their behavior tracking data sheets, so thatthe behaviorist is aware of the refusals of wearing the adaptive equipment. Thegroup home manager is responsible for monitoring staff and ensuring that staffis prompting the consumer's to wear the adaptive equipment. In addition, theQDDP will observe staff during unannounced visits to the group home to ensurethat staff is prompting consumers to wear adaptive equipment.	12/28/2014

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	was prescribed eyeglasses. Client #1's vision examination dated 10/6/14 indicated he was prescribed eyeglasses. A review of client #2's record was conducted on 11/21/14 at 11:25 A.M.. The ISP dated 1/30/14 indicated client #2 was prescribed eyeglasses. Client #2's vision examination dated 12/4/13 indicated he was prescribed eyeglasses. A review of client #3's record was conducted on 11/21/14 at 11:50 A.M.. The ISP dated 3/5/14 indicated client #3 was prescribed eyeglasses. Client #3's vision examination dated 9/9/14 indicated he was prescribed eyeglasses. The Registered Nurse (RN) and Qualified Intellectual Disabilities Professional (QIDP) were interviewed at the facility's administrative office on 11/26/14 at 2:30 P.M.. The RN indicated clients #1, #2 and #3 were prescribed eyeglasses. The QIDP indicated staff should be teaching clients to wear their eyeglasses at all times. The QIDP further indicated staff should have prompted clients #1, #2 and #3 to wear their eyeglasses. 9-3-7(a)			

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W009999	State Findings: 460 IAC 9-3-1(b) The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met: The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division. This state rule is not met as evidenced by: Based on record review and interview, the facility failed for 1 incident of a fall with injury, involving 1 of 4 sampled clients (client #1), to report Bureau of Developmental Disabilities Services (BDDS) in a timely manner. Findings include: A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations was conducted on 11/20/14 at 10:15 A.M. and indicated:	W009999	The Residential Nurse will train the residential staff ofthe North Lake Park Group Home regarding incident writing and incidentreporting on 1/7/15. All staff will receive ongoing training as needed as wellas disciplinary action if appropriate for failure to follow correct incidentreporting guidelines. The Residential Nurse will provide the training to ensurethat staff understands reporting guidelines to prevent errors in the future.The House Manager is responsible for ensuring the guidelines of proper drugstorage are followed.	12/28/2014

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	-BDDS report dated 3/29/14...Date of knowledge: 3/31/14...Submitted Date: 3/31/14 involving client #1 indicated: "On 3/31/14, Residential Nurse was notified that [client #1] slipped and fell to the floor after the floor had been mopped. Upon further investigation, it was determined that [client #1] slipped on the wet floor and his legs went out from under him. Residential Nurse and Qualified Intellectual Disabilities Professional (QIDP) assessed [client #1] for injuries. A bluish color bruise (11 cm (centimeters) x (by) 11 cm) was present on the back of his right thigh. A bluish color bruise (3 cm x 2 cm) was present on the front of the left knee. There appeared to be swelling to [client #1]'s thigh and calf. He stated that his leg hurt 'a little bit.' Further review of the report failed to indicate the administrator was immediately notified and failed to indicate BDDS was notified of the fall with injury within 24 hours. A review of the Bureau of Developmental Disabilities Services (BDDS) reporting policy effective March 1, 2011 was conducted on 11/20/14 at 7:50 P.M.. The policy indicated: "It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the			

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	health and welfare of the individuals receiving services administered by BDDS....Incidents to be reported to BDDS...15. A fall resulting in injury, regardless of the severity of the injury." An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 11/26/14 at 2:30 P.M.. The QIDP indicated this incident was not reported to BDDS within 24 hours. The QIDP further indicated the incident should have been reported to BDDS within 24 hours. 9-3-1(b)			