

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/03/2014
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NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 28, 29, 30, 31, and February 3, 2014.</p> <p>Facility number: 000601 Provider number: 15G045 AIM number: 100233480</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/6/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. Based on observation, record review, and interview, the facility to allow 2 of 3 sampled clients (clients #1 and #3) to have coffee.</p> <p>Findings include:</p>	W000247	Coffee has been put back in the home for those clients whowish to drink it. Staff were immediately instructed they could not restrict anyclient from any food or drink unless there was an approved plan of action inplace. Staff will be retrained on how to address the	03/05/2014

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>Clients #1 and #3 were observed at the group home during the 1/28/14 observation period from 5:45 A.M. until 7:45 A.M.. At 6:23 A.M., client #1 asked direct care staff #2 for coffee. Direct care staff #2 stated to client #1, "You can have tea in a little while. We haven't had coffee for months." At 6:43 A.M., client #3 stated to direct care staff #2, "I would like coffee." Direct care staff #2 stated to client #3, "We don't have coffee." Client #3 stated, "Yeah, because of her (pointing to client #4)."</p> <p>Direct care staff #2 was interviewed on 1/28/14 at 6:44 A.M.. Direct care staff #2 stated, "We don't have coffee at the group home because [client #4] obsesses over it. It is addressed in her (client #4's) behavior plan." When asked if clients #1 and #3 were restricted from drinking coffee, direct care staff #2 stated, "No, they can have it. We just don't have it here at the group home."</p> <p>Client #1's record was reviewed on 1/30/14 at 8:27 A.M. A review of the client's 1/3/14 Individual Program Plan failed to indicate the client was restricted from having coffee.</p> <p>Client #3's record was reviewed on 1/30/14 at 8:55 A.M. A review of the</p>		<p>client with the target behavior of obsessing over coffee. The QMRP will conduct a training with all staff on allowing consumers to make informed choices; this training will take place on 2/20/14. The interdisciplinary team will conduct "Mock Surveys" in the homes on a monthly basis. The team will monitor that staff are allowing clients to make choices. They will specifically monitor that all clients who choose to drink coffee have it available. The Team Leader will also monitor that client rights are being upheld each time they are in the home. This specific monitoring will continue at least 3 x weekly for one month. (Responsible Parties: Stephenie Dreessen, Residential Director; Jeff Rupe, QDDP; Matt Cunningham, Behavior Resource Specialist; Debi Hagglund, Residential Program Manager; Marti Pizzinni, RN; Tori Penny, Team Leader)</p>				

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W000268	<p>client's 4/10/13 Individual Program Plan failed to indicate the client was restricted from having coffee.</p> <p>Residential Program Manager #1 was interviewed on 1/30/14 at 11:11 A.M. Residential Program Manager #1 stated, "[Client #1 and client #3] should be be given coffee to drink if they want it." 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 direct care staff spoke to 1 of 3 sampled clients (client #1) in a positive manner.</p> <p>Findings include: Client #1 was observed at the group home during the 1/28/14 observation period from 5:45 A.M. until 7:45 A.M.. At 6:23 A.M., direct care staff #1 prompted client #1 to go to the bathroom to use his mouthwash. Client</p>	W000268	The staff member has been retrained in Abuse/Neglect and Respect/Dignity on February 17, 2014. The Team Leader has spoken to this staffmember and provided him with more appropriate suggestions of interacting with clients in a positive/supportive manner. The agency will be contacting an external trainer to schedule more Respect/Dignity Training to all staff. The interdisciplinary team will conduct "Mock Surveys" in the home on a monthly basis. The team will monitor that staff to	03/05/2014			

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W000304	<p>#1 declined to go. Direct care staff #1 then stated to client #1, "[Client #1], quit giving me attitude." Client #1 again declined to go to the bathroom. Direct care staff #1 then went on to assist client #4 in getting her cereal for breakfast.</p> <p>Behavior Clinician #1 was interviewed on 1/30/14 at 11:11 A.M. Behavior Clinician #1 stated, "Stating to a consumer (client) to quit giving me attitude is not considered a positive interaction." 9-3-5(a)</p> <p>483.450(d)(5) PHYSICAL RESTRAINTS Restraints must be designed and used so as not to cause physical injury to the client. Based on record review and interview, the facility failed to assure 1 of 1 additional client who was physically restrained (client #5) was not injured in the restraint.</p> <p>Findings include: The facility's records were reviewed on 1/28/14 at 9:59 A.M. The review of incident reports from 7/1/13 to 1/28/14</p>	W000304	<p>client interactions are of a positive, supportive nature. The team members who observe questionable interactions will immediately redirect and offer alternate suggestions as necessary. This will be a permanent part of the "Mock Survey" so that monitoring will continue indefinitely. (Responsible Parties: Stephenie Dreessen, Residential Director; Jeff Rupe, QDDP; Matt Cunningham, Behavior Resource Specialist; Debi Hagglund, Residential Program Manager; Marti Pizzinni, RN; Tori Penny, Team Leader</p> <p>The behavior support plan for this client will be modified to clarify the appropriate steps to take when he resists a physical escort to the shower to the point that it may cause injury to him. Staff will be instructed to assume the team control restraint until the client is calm enough to safely continue the escort to the bathroom. If at any time during the escort the client becomes aggressive, staff will stop the escort and again assume the team restraint. Staff</p>	03/05/2014	

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	<p>indicated the following physical restraint which resulted in an injury to client #5: "Full Name [client #5], Date & Time of Incident/Injury: 7/11/13, 7:30 p.m., What part of body did Incident/Injury take place? Back & arms, left & right. What is Injury? Bruise. Describe how incident/injury occurred in detail? Resistant from C.P.I. (Crisis Prevention Intervention-restraint transfer)."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/28/14 at 10:07 A.M. QIDP #1 stated, "[Client #5] was injured during a restraint. He was being transferred to the shower after toileting on himself and he was resistant to the transfer. His arms and back were bruised a little."</p> <p>Client #5's records were reviewed on 1/30/14 at 10:15 A.M. A review of the client's 2/18/13 Behavior Management Program indicated client #5 should be physically assisted to the shower if he had a toileting accident and refuses to shower after being prompted.</p> <p>Behavior Clinician #1 was interviewed on 1/30/14 at 11:11 A.M. Behavior Clinician #1 stated, "[Client #5] was only restrained, or physically assisted, one time last year and he did receive red marks and slight bruising from the</p>		<p>will take special precaution when transporting the client through doorways, close to furniture or other objects the client may inadvertently bump into, causing injury. Staff will also be retrained in alternate ways of cleaning the urine and feces from the client without using CPI techniques (such as a sponge bath in his room until he agrees to shower). Staff will be scheduled to attend the next CPI refresher class. The interdisciplinary team will conduct "Mock Surveys" at the home on a monthly basis. The team will monitor how staff approach this individual when asking him to shower after bowel and bladder accidents. They will offer immediate alternate suggestions as necessary in an attempt to eliminate the need for the use of CPI techniques. If they are present when it is necessary to use CPI techniques on any client, they will assist and/or monitor staff and offer suggestions as needed. The team will also identify any other clients who are at risk of injury during the use of CPI techniques and will make the appropriate modifications to the behavior service plans. (Responsible Parties: Stephenie Dreessen, Residential Director; Jeff Rupe, QDDP; Matt Cunningham, Behavior Resource Specialist; Debi Hagglund, Residential Program Manager; Marti Pizzinni, RN; Tori Penny, Team Leader)</p>				

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W000356	<p>restraint. Staff have been retrained on [client #5's] physical assists." 9-3-5(a)</p> <p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on observation, record review, and interview, the facility failed to provide a replacement of front upper bridge for 1 of 3 sampled clients (client #2).</p> <p>Findings include:</p> <p>Client #2 was observed at the group home during the 1/28/14 observation periods from 5:45 A.M. until 7:45 A.M. and from 2:00 P.M. until 4:50 P.M. During the observation periods, client #2 did not have upper front teeth.</p> <p>Direct care staff #4 was interviewed on 1/28/14 at 2:10 P.M. Direct care staff #4 stated, "He (client #2's) broke his front partial or bridge when he fell last fall." When asked when client #2 fell, direct care staff #4 stated, "Sometime in</p>	W000356	The interdisciplinary team continues to explore all possibilities for restoration of the client's front teeth. The client has been placed on a waiting list at IU Health LaPorte Hospital County Dental Services for evaluation. The team will be appealing the denial of Medicaid to pay for these services. The team will also be contacting other dental clinics outside of LaPorte County who accept Medicaid patients. At this point the guardian has not given the agency a definitive answer as to her approval of this procedure to take place. The team will be contacting her again to discuss her concerns regarding the procedure. The team has determined, at this point, there are no other clients that require restorative procedures that have been deemed "cosmetic" by the physician. Nursing will monitor all	03/05/2014

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	<p>October (2013)."</p> <p>Client #2's record was reviewed on 1/30/14 at 9:57 A.M. Review of a 10/15/13 dental exam indicated the following diagnosis and comments: "Patient (client #2) fell and broke off his 4 unit fixed bridge which were anchored to teeth numbers 7 and 10. 10 has broken off at the gumline and will either need a root canal and new bridge or extraction." Review of a 10/29/13 dental exam indicated the following: "Pt (patient-client #2) to see an adult dentist to restore upper bridge - Pt fell. Broke out bridge. Waiting on [name of Hospital] dentist."</p> <p>Nurse #1 was interviewed on 1/30/14 at 11:11 A.M. Nurse #1 stated, "Two dentists stated he (client #2) would have to pay up front three to five thousand dollars for a new bridge. We are working with [name of Hospital] to get him (client #2) in for donated dental services so it (bridge) doesn't cost him (client #2)."</p> <p>9-3-6(a)</p>		<p>client medical records and specifically check for physician notations made at dental appointments. Notes will be reviewed with the team to determine individuals who may be at risk of needing extensive procedures denied by Medicaid. We will monitor all records initially and then annually at the Case Conferences or more frequently as needed. (Responsible Parties: Stephenie Dreessen, Residential Director; Jeff Rupe, QDDP; Matt Cunningham, Behavior Resource Specialist; Debi Hagglund, Residential Program Manager; Marti Pizzinni, RN; Tori Penny, Team Leader)</p>		

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W000455	<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 assure 1 of 3 sampled clients (client #1) washed his hands after toileting and prior to taking his morning medications.</p> <p>Findings include:</p> <p>Client #1 was observed during the group home observation period on 1/28/14 from 5:45 A.M. until 7:45 A.M. At 6:30 A.M., client #1 came from his bedroom and into the bathroom and toileted himself with assistance from direct care staff #1. Direct care staff #1 then escorted client #1 to the medication room and assisted client #1 in taking his morning medications. Client #1 was not observed to wash his hands after toileting and prior to taking his morning medications. Direct care staff #1 was not observed to assist or prompt client #1 to wash his hands after toileting and prior to taking his morning medications.</p> <p>Nurse #1 was interviewed on 1/30/14 at 11:11 A.M. Nurse #1 stated, "He (direct care staff #1) should have assured (client #1) washed his hands before taking his meds (medications)."</p>	W000455	<p>The team leader has spoken to the staff member who did not prompt the client to wash his hands and explained that he must prompt the client and provide hand over hand assistance, even if he knows the client may refuse. She also explained to the staff that in the event the client refused to wash his hands, he should always encourage the client to use the available handsanitizer on the med cart. All staff will attend a training on infection control and be provided with suggestions on how to gain compliance from clients who refuse to wash their hands at the necessary times. The interdisciplinary team will conduct "Mock Surveys" on a monthly basis and will monitor that all staff are prompting clients to wash their hands after using the bathroom, prior to taking medications, before and after meals, and all other necessary times or events. This will remain a permanent part of the Mock Survey and will be monitored indefinitely. The team leader will identify all other clients who are known to refuse to wash their hands and will work with the QDDP to create an achievable goal for each client. The team leader will also monitor, at least 2 x weekly while in the</p>	03/05/2014			

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	9-3-7(a)		home, that staff are prompting clients to wash their hands. (Responsible Parties: Stephenie Dreessen, ResidentialDirector; Jeff Rupe, QDDP; Matt Cunningham, Behavior Resource Specialist; DebiHagglund, Residential Program Manager; Marti Pizzinni, RN; Tori Penny, TeamLeader		