

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G385	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/02/2013
NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 12046 FORREST DR ST JOHN, IN 46373		
(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	<p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>Survey Dates: July 30, 31 and August 1 and 2, 2013.</p> <p>Facility Number: 000899 Provider Number: 15G385 AIM Number: 100249270</p> <p>Surveyor: Christine Colon, QIDP.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/21/13 by Ruth Shackelford, QIDP.</p>	W000000			

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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W000125	<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 1 client observed during mealtime, (client #5) to ensure the client's rights by restricting him from a second bread stick during his dinner meal.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 7/30/13 from 4:00 P.M. until 6:00 P.M.. At 5:30 P.M., client #5 served himself 2 breadsticks. Direct Support Professional (DSP) #1 stated "You can't have two breadsticks." DSP #1 then walked over to client #5 and took one of the breadsticks off of his plate and threw it in the kitchen garbage. DSP #1 then offered a second breadstick to client #7 who sat next to client #5.</p> <p>A review of client #5's record was conducted at the facility's administrative office on 7/31/13 at 1:00 P.M.. Review of client #5's record indicated he was on a regular diet. Client #5's record did not indicate he had any food restrictions.</p>	W000125	The staff has been re-trained on the consumer's rights & that if a consumer is not on a restrictive diet, they can have extra portions of food. The group home manager is responsible for monitoring & ensuring that the diet for each consumer is being followed. In addition, the QDDP will observe during unannounced visits that the staff is following the dietary needs of each consumer & making sure that the consumer's rights are not being violated.	09/01/2013			

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	<p>An interview with the Registered Nurse (RN) was conducted on 8/2/13 at 11:00 A.M.. The RN stated "There is no reason why [client #5] was not able to have a second bread stick." The RN further indicated client #5 was on a regular diet and had no dietary restrictions.</p> <p>9-3-2(a)</p>			

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>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 upon record review and interview, the facility failed to maintain an accurate accounting system for 3 of 4 sampled clients and 3 additional clients (clients #1, #2, #3, #5, #6 and #8), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the group home office on 7/30/13 at 5:45 A.M.. A review of client #1, #2, #3, #5, #6 and #8's personal petty cash financial records was conducted.</p> <p>Review of client #1's personal petty cash financial record indicated he should have a balance of \$10.00. Direct Support Professional (DSP) #1 counted a balance of \$5.00.</p> <p>Review of client #2's personal petty cash financial record indicated he should have a balance of \$10.00. There was no money or receipts in his envelope.</p> <p>Review of client #3's personal petty cash financial record indicated he should have</p>	W000140	<p>There has been a system put in place to ensure that each consumer has access to petty cash. The petty cash ledger in place allows staff to fill out/document all of the consumer's transactions. There is a folder kept for each consumer that will include the followings: petty cash ledger, an envelope of petty cash & current receipts. All staff will be trained on petty cash & to track all financial documentations by 9/1/13. This policy will ensure that staff is documenting/tracking each consumer's financial transaction. This will also allow for current balances to be kept at all times. Staff will notify the house manager when a consumer's petty cash has been used so that it can be replaced. The group home manager is responsible for monitoring the consumer's petty cash & making sure that each consumer has petty cash available at all times.</p>	09/01/2013	

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	<p>a balance of \$10.00. Direct Support Professional (DSP) #1 counted a balance of \$5.00.</p> <p>Review of client #5's personal petty cash financial record indicated he should have a balance of \$10.00. Direct Support Professional (DSP) #1 counted a balance of \$5.00.</p> <p>Review of client #6's personal petty cash financial record indicated he should have a balance of \$10.00. There was no money or receipts in his envelope.</p> <p>Review of client #8's personal petty cash financial record indicated he should have a balance of \$10.00. Direct Support Professional (DSP) #1 counted a balance of \$5.00.</p> <p>An interview with DSP #1 was conducted on 7/30/13 at 5:55 A.M.. When asked who monitored the clients' petty cash, DSP #1 stated "The Group Home Manager."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 8/2/13 at 11:00 A.M.. The QIDP indicated the facility managed clients #1, #2, #3, #5, #6 and #8's finances and further indicated the</p>						

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	<p>facility is to keep an accurate account of their finances at all times.</p> <p>9-3-2(a)</p>				

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W000249	<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 for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to implement the clients' training objectives when formal and/or informal opportunities existed at the group home.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/30/13 from 5:15 A.M. until 7:00 A.M.. During the entire observation period, clients #1, #2, #3 and #4 sat in the living room with no activity. Direct Support Professionals (DSP) #1, #2 and #3 would walk into the room and occasionally check on clients #1, #2, #3 and #4, but did not offer any meaningful activity.</p> <p>An evening observation was conducted at the group home on 7/30/13 from 4:00 P.M. until 6:00 P.M.. During the entire observation period, clients #1, #2, #3 and #4 sat in the living/dining room area with no activity. Direct Support Professionals</p>	W000249	<p>A Meaningful Day Activity Schedule will be developed & implemented into the Forest Group Home for all consumers' effective 9/1/13. This schedule will allow staff guidance for activities throughout the day for each consumer. The Meaningful Day Activity Schedule outlines active treatment opportunities, training objectives & various activities for the consumers to be involved in & etc. The Meaningful Day Activity Schedule will be facilitated by the QDDP & will become effective 9/1/13. Staff will be trained on the Meaningful Day Activity Schedule by 9/1/13. The group home manager is responsible for monitoring the staff to ensure that the proper procedure is being followed & that all of the consumers are actively involved in their own care. In addition to the unannounced visits from the House Manager, the QDDP will also make unannounced visits to the group home to ensure that the proper procedure is being followed & to monitor active treatment.</p>	09/01/2013			

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	<p>(DSP) #1, #4 and #5 would walk into the room and occasionally check on clients #1, #2, #3 and #4, but did not offer any meaningful activity.</p> <p>A review of client #1's record was conducted on 7/31/13 at 2:00 P.M.. A review of client #1's Individual Support Plan (ISP) dated 12/11/12 indicated the following objectives that could have been implemented during both observations: "Will write out a dollar amount on a deposit slip for my checking account...Will assist making a salad...Will participate in an exercise activity...Will participate in a group activity...Will engage in a social activity...."</p> <p>A review of client #2's record was conducted on 7/31/13 at 1:45 P.M.. The ISP dated 10/18/12 indicated the following objectives that could have been implemented during both observations: "Will learn to recite my home address...Will learn to count up to five pennies."</p> <p>A review of client #3's record was conducted on 7/31/13 at 2:20 P.M.. The ISP dated 2/20/13 indicated the following objectives that could have been implemented during both observations: "Will learn to identify a quarter, dime, nickel and penny and their value...Will</p>						

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	<p>learn to recite my home address and telephone number...Will participate in some form of exercise...Will work on functional communication focusing on conversation skills."</p> <p>A review of client #4's record was conducted on 7/31/13 at 3:00 P.M.. The ISP dated 3/25/13 indicated the following objectives that could have been implemented during both observations: "Will learn to write my first and last name...Will learn to add the values of a quarter, nickel, dime and penny up to \$1...Will participate in some form of exercise...Will learn pedestrian safety...Will learn to increase the use of my coping skills."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/2/13 at 11:00 A.M.. The QIDP indicated facility staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p>						

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W000250	<p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) to have Active Treatment Schedules (ATS).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/31/13 at 1:15 P.M.. Client #1's record did not include an ATS.</p> <p>Client #2's record was reviewed on 7/31/13 at 1:45 P.M.. Client #2's record did not include an ATS.</p> <p>Client #3's record was reviewed on 7/31/13 at 2:20 P.M.. Client #3's record did not include an ATS.</p> <p>Client #4's record was reviewed on 7/31/13 at 3:00 P.M.. Client #4's record did not include an ATS.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/2/13 at 11:00 A.M.. The QIDP indicated clients #1, #2, #3 and #4 did not have an ATS.</p>	W000250	A Meaningful Day Activity Schedule will be developed & implemented into the Forest Group Home for all consumers' effective 9/1/13. This schedule will allow staff guidance for activities throughout the day for each consumer. The Meaningful Day Activity Schedule outlines active treatment opportunities, training objectives & various activities for the consumers to be involved in & etc. The Meaningful Day Activity Schedule will be facilitated by the QDDP & will become effective 9/1/13. Staff will be trained on the Meaningful Day Activity Schedule by 9/1/13. The group home manager is responsible for monitoring the staff to ensure that the proper procedure is being followed & that all of the consumers are actively involved in their own care. In addition to the unannounced visits from the House Manager, the QDDP will also make unannounced visits to the group home to ensure that the proper procedure is being followed & to monitor active treatment.	09/01/2013	

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	9-3-4(a)				

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W000388	<p>483.460(m)(1)(i) DRUG LABELING</p> <p>Labeling for drugs and biologicals must be based on currently accepted professional principles and practices.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 3 clients observed during morning medication administration (client #3), to have the medication labeled according to professional practices.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/30/13 from 5:15 A.M. until 7:00 A.M.. Client #3's medications were administered by Direct Support Professional (DSP) #1 at 6:10 A.M.. A bottle was taken from client #3's medication bin. The bottle did not contain client #3's name. A review of the Medication Administration Record (MAR) dated July 1, 2013 to July 31, 2013 was conducted at 6:15 A.M.. The MAR indicated: "Fexofenadine 180 mg (milligram) tablet...Take 1 tablet daily."</p> <p>An interview with the Registered Nurse (RN) was conducted on 8/2/13 at 11:00 A.M.. The RN indicated she forgot to put client #3's name on the label.</p> <p>9-3-6(a)</p>	W000388	<p>The Residential Nurse has relabeled client #3 medication bottle with adding client #3's name. The staff has been trained on the need to check all of the consumer's medications for correct labeling & that if for any reason a label became illegible or missing, they must notify the Residential Nurse immediately, so that the label(s) can be replaced immediately. The group home manager is responsible for monitoring all consumers' medications & reporting any issues to the Residential Nurse.</p> <p>Per Tradewinds labeling policy, all medications must be labeled & contain the following information: Client's name: Date medication dispensed: Name of medication: Dose of medication: Route of administration: Frequency of administration: Initials of the labeling personal: All medications are to be labeled by the pharmacist or the group home Residential Nurse. Any label that becomes illegible or missing must be reported immediately to the group home RN, who will come to the group home to re-label the medication(s).</p>	09/01/2013			

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W000436	<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 for 1 of 4 sampled clients who used adaptive equipment (client #4), the facility failed to encourage/teach him to wear his prescribed eyeglasses.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/30/13 from 5:15 A.M. until 7:00 A.M.. During the entire observation, client #4 did not wear his prescribed eyeglasses. Direct Support Professionals (DSP) #1, #2 and #3 did not prompt client #4 to wear his eyeglasses.</p> <p>An evening observation was conducted at the group home on 7/30/13 from 4:00 P.M. until 6:00 P.M.. During the entire observation, client #4 did not wear his prescribed eyeglasses. DSPs #1, #4 and #5 did not prompt or encourage client #4 to wear his eyeglasses.</p> <p>A facility owned day program observation was conducted on 8/2/13 from 10:00 A.M. until 10:30 A.M. During the entire</p>	W000436	<p>The staff has been re-trained on the need to prompt individual clients to use their adaptive equipment. Staff has been instructed to prompt & to encourage the individual clients to use all adaptive equipment & if they refuse to make necessary notations in the clients communication book & on their behavior tracking data sheets, so that the behaviorist is aware of the refusals of wearing the adaptive equipment. The group home manager is responsible for monitoring staff & ensuring that staff is prompting the consumer's to wear the adaptive equipment. In addition, the QDDP will observe staff during unannounced visits to the group home to ensure that staff is prompting consumers to wear adaptive equipment.</p>	09/01/2013			

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	<p>observation, client #4 did not wear his prescribed eyeglasses. Day program staff did not prompt client #4 to wear his eyeglasses.</p> <p>A review of client #4's record was conducted at the facility's administrative office on 7/31/13 at 1:03 P.M.. Review of client #4's most current vision assessment dated 7/31/12 indicated client #4 was prescribed eyeglasses to wear at all times.</p> <p>An interview with the Registered Nurse (RN) was conducted at the facility's administrative office on 8/2/13 at 11:00 A.M.. When asked if client #4 was to wear his prescribed eyeglasses at all times, the RN retrieved client #4's medical record and stated "Yes, he is ordered to wear eyeglasses at all times."</p> <p>9-3-7(a)</p>			

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(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
W000484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 4 of 4 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5, #6 and #7) to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/30/13 from 5:15 A.M. until 7:00 A.M.. At 5:15 A.M., clients #1, #2, #3, #4, #5, #6 and #7 were observed eating breakfast which consisted of cold oat cereal, toast, juice and milk. There was no sugar/sugar substitute or jelly on the table for clients #1, #2, #3, #4, #5, #6 and #7 to use for their morning meal.</p> <p>An evening observation was conducted at the group home on 7/30/13 from 4:00 P.M. until 6:00 P.M.. At 5:30 P.M., clients #1, #2, #3, #4, #5, #6 and #7 ate their evening meal which consisted of pizza, salad, green beans, breadsticks and peeled oranges. There was no salt/salt substitute, pepper or butter on the table for clients #1, #2, #3, #4, #5, #6 and #7 to use for their evening meal.</p>	W000484	<p>The staff has been re-trained on the need to provide condiments during meal time. The group home manager is responsible for monitoring staff to ensure that condiments are available on the table during meal time. The QDDP will also observe staff during unannounced visits to the group home to ensure that condiments are available on the table during mealtime. This includes, but not limited to: salt, pepper, mustard, mayo, jelly, butter, sugar substitutes & etc. The group home manager & QDDP will conduct home visits during meal times to ensure that this is properly implemented in the home.</p>	09/01/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G385	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/02/2013
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	An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/2/13 at 11:00 A.M.. The QIDP indicated condiments should be put on the table for the clients to use. 9-3-8(a)			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G385		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/02/2013	
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W000488	<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 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5, #6 and #7) were involved in meal preparation.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 7/30/13 from 4:00 P.M. until 6:00 P.M.. At 4:15 P.M., Direct Support Professional (DSP) #1 cut up lettuce, green peppers, tomatoes and placed them into a salad bowl. DSP #1 then put a pizza into the oven. DSP #1 cooked the entire meal which consisted of pizza, salad, green beans, bread sticks and peeled oranges as clients #1, #2, #3, #4, #5 and #7 sat in the living room with no activity and client #6 stayed in his room with no activity. At 5:30 P.M., clients #1, #2, #3, #4, #5, #6 and #7 ate their evening meal independently. Clients #1, #2, #3, #4, #5, #6 and #7 did not assist in meal preparation.</p> <p>A review of client #1's record was conducted on 7/31/13 at 1:15 P.M.. Review of the most current Individual Support Plan (ISP) dated 12/11/12</p>	W000488	The staff has been re-trained on the consumer's goals & the need for the consumer's to be involved in the meal preparations & in serving the meals. The group home manager is responsible for monitoring staff to ensure that the consumers are involved in the meal preparations. In addition, the QDDP will also observe staff during unannounced visits to the group home to ensure that the consumers are involved in the meal preparations & serving the meals according to their level of functioning.	09/01/2013			

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	<p>indicated: "Will assist in making a salad daily."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/2/13 at 11:00 A.M.. The QIDP indicated clients could assist in meal preparation and further indicated they should be assisting in meal preparation at all times.</p> <p>9-3-8(a)</p>			