

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 01/15/2016
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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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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 13, 14, and 15, 2016.</p> <p>Facility number: 000601 Provider number: 15G045 AIM number: 100233480</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 1/19/16 by #09182.</p>	W 0000		
W 0336 Bldg. 00	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, the facility failed to assure quarterly nursing exams were conducted at least quarterly (every ninety days) for 3 of 3 sampled clients (clients #1, #2, and #3).</p> <p>Findings include:</p> <p>Client #1's records were reviewed on</p>	W 0336	<p>This citation will be back in compliance by 2/1/16. This has already started to occur. The nursing staff, which are new now, have been trained on completing quarterlies from the last date of the last quarterly. this will be done on a consistent basis for the future. Residential Director will review charts on a monthly basis to see these are timely. (RNs</p>	02/02/2016

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>1/14/16 at 8:22 A.M. A review of the client's quarterly nursing assessments from 1/1/15 to 1/14/16 indicated quarterly nursing assessments were completed on 1/5/16, 12/2/15, and 1/7/15. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Client #2's records were reviewed on 1/14/16 at 8:52 A.M. A review of the client's quarterly nursing assessments from 1/1/15 to 1/14/16 indicated quarterly nursing assessments were completed on 1/5/16, 12/9/15, and 1/7/15. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Client #3's records were reviewed on 1/14/16 at 9:33 A.M. A review of the client's quarterly nursing assessments from 1/1/15 to 1/14/16 indicated quarterly nursing assessments were completed on 1/11/16, 11/11/15, 7/27/15, and 1/7/15. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months.)</p> <p>Director of Residential Services #1 was interviewed on 1/14/16 at 10:31 A.M.</p>		responsible)		

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W 0440 Bldg. 00	<p>Director of Residential Services #1 stated, "We had nursing changes in the middle of the years. Later we realized the nursing quarterlies (exams) were not completed."</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to conduct evacuation drills during the overnight shift (11:00 P.M. to 9:00 A.M.) for staff during the second quarter of 2015 (April 1st through June 30th) which affected 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients living in the facility (clients #4, #5, and #6).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 1/13/16 at 8:43 A.M. The review failed to indicate the facility held an evacuation drill for staff during the overnight shift (11:00 P.M. to 9:00 A.M.) during the second quarter of 2015 (April 1st through June 30th). This affected clients #1, #2,</p>	W 0440	In order for this deficiency to be met now and in the future, the Program Manager will have a calendar of dates listed for staff to complete the appropriate drills per quarter. The Residential Director will monitor the drills to assure they are being done, by reviewing the drills on a monthly basis. (Program Manager, Team Leader, Residential Director, dsps responsible)	02/01/2016			

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W 0488 Bldg. 00	<p>#3, #4, #5, and #6 who lived in the facility.</p> <p>Director of Residential Services #1 was interviewed on 1/14/16 at 10:31 A.M. Director of Residential Services #1 stated, "They (direct care staff) forgot to hold one (evacuation drill) for that shift."</p> <p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed to encourage 3 of 3 sampled clients (clients #1, #2, and #3) to eat family style during the morning meal.</p> <p>Findings include:</p> <p>Clients #1, #2, and #3 were observed during the 1/13/16 observation period from 5:02 A.M. until 7:25 A.M. Direct care staff #1 prompted and assisted the clients to sit at the dining room table. Direct care staff #1 prepared a meal of cold cereal with milk, toast with jelly, and beverages. Direct care staff #1</p>	W 0488	In order for this citation to become back in compliance, staff need to be retrained on the appropriate measures for staff to take in order to have residents help with the meal preparation and assisting with their meals. Staff received the training on 1/21/16. The Q retrained staff on following individual ipps in meal prep. Staff were trained knowing they can assist residents with meal prep, yet the residents CAN be involved with helping to prepare their own meals (opening box of cereal, pouring milk, putting toast in toaster, hand over hand, if necessary). This will be monitored by IDT making weekly	02/01/2016

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	<p>individually prepared the plates for each client in a custodial manner and served the clients as they sat at the table. Clients #1, #2, and #3 did not participate in serving themselves in a family style manner.</p> <p>Director of Residential Services #1 was interviewed on 1/14/16 at 10:31 A.M. Director of Residential Services #1 stated, "They (clients #1, #2 and #3) should eat family style meals and staff (direct care staff) should assist them in serving themselves their meals."</p> <p>9-3-8(a)</p>		<p>visits during meal times to observe staff and residents mutually involved in meal prep. (Q, Team Leader, DSPs, Program Manager responsible)</p>		