

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G631	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2011
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NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1738 FIFTH ST LA PORTE, IN46350
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: December 12, 13, 14, 15 and 16, 2011.</p> <p>Facility number: 001204 Provider number: 15G631 AIM number: 100245720</p> <p>Surveyors: Kathy Wanner, Medical Surveyor III-Team Leader. Tracy Brumbaugh, Medical Surveyor III.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/22/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise operating direction in a manner that resulted in the facility being well maintained for 8 of 8 clients (clients #1,</p>	W0104	In order to ensure this tag is effectively corrected, the consumer will have an immediate access to a certain amount of cash out of their own budget pack, placed in the medication cart in their individual	01/15/2012

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>#2, #3, #4, #5, #6, #7, and #8) who lived in the group home. The governing body also failed to allow and promote financial independence for 4 of 4 sampled clients (clients #1, #2, #3 and #4) by not establishing a system for the clients to have unimpeded access to their money, and by failing to establish a system to ensure a complete and accurate accounting of the personal funds of 8 of 8 (clients #1, #2, #3, #4, #5, #6, #7, and #8) clients who lived in the home.</p> <p>Findings include:</p> <p>1. On 12-13-11 from 6:20 A.M. until 8:15 A.M. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. Three ceiling vents in the kitchen were covered in dust, the blue chair at the kitchen table was torn and ripped over the entire seat of the chair, and there were 8 (eight) two by two inch food stains on the ceiling above the table. The bedroom door frame of client #3 and #7's bedroom door was broken. The hallway at the men's side had several spackled patched areas of assorted sizes which were not painted. The faucet at the end of the hall was corroded and loose.</p> <p>There were no work orders available for review for these repair/maintenance needs.</p>		<p>slot for small impulse purchases. The money will be used by consumers at the homes at any given time frame to allow consumers to work on goals in a natural environment and to have choices. This will systemically be put in to practice for all consumers within all group homes. IDT will observe weekly to see if the consumer money is available. In regards to maintenance issues, the three ceiling vents have been cleaned, along with all vents. The stains have been cleaned. The door frame and the painting was completed. The faucet was fixed. The chair that was ripped will be replaced. Staff will write up orders when there are maintenance issues. The Residential Director does house observations and checks maintenance issues when at the homes. An environmental list will be completed by the Residential Director and given to the Maintenance supervisor to review and fix. This will be done a minimum of a monthly basis. In regards to consumer financial records, the packs for the 3/2011-10/2011 cannot be located. We have searched all PAF storage places. The packs are assumed to be packed in a misidentified box. PAF has no way of knowing what is due to the consumers from that time frame. For the future and systemically for all group home consumers PAF</p>		

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	<p>On 12-14-11 at 10:00 A.M. an interview with the Qualified Mental Retardation Professional indicated the chair should not be ripped and the house should be kept clean.</p> <p>2. Observations were conducted at the group home on 12/12/11 from 3:18 P.M. until 6:29 P.M.. Clients #1, #2, #3, and #4 at 6:09 P.M. indicated they did not have any money in their possession.</p> <p>Direct Care Staff (DCS) #1 was interviewed on 12/12/11 at 5:52 P.M.. When asked about the clients having access to their money, DCS #1 stated, "Only the Team Leader (TL) has the money; it is locked. She puts it out when she knows there is an activity planned." DCS #1 indicated there was no money available for any of the clients at this time.</p> <p>Client #1's record was reviewed on 12/13/11 at 9:45 A.M.. Client #1's financial assessment dated 11/11 indicated client #1 needed staff assistance in all financial areas. Client #1's Individual Program Plan (IPP) dated 11/16/11 indicated she had a goal to sort coins.</p> <p>Client #2's record was reviewed on</p>		<p>has revised its budget pacn procedures to eliminate errors that were made. Team Leaders responsible for completing budget packs were trained on consumers being reimbursed for meals if they do not chooose to go out to eat. Consumers will be reimbursed if money is not available on the weekend if they need a haircut, etc. All budget packs will be monitored on a monthly basis for accuracy, along with the normal month end checks.(QMRP, Residential Coordinator, Team Leader, Direct Care Staff, Residential Director, Maintenance and Executive Director responsible)</p>		

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	<p>12/13/11 at 10:45 A.M.. Client #2's IPP dated 10/21/11 indicated she had a goal to be able to locate and purchase items.</p> <p>Client #3's record was reviewed on 12/13/11 at 11:30 A.M.. Client #3's financial assessment dated 12/11 indicated client #3 could recognize correct change for \$1.00, purchase items independently, and make plans for spending. Client #3's Individual Program Plan (IPP) dated 4/13/11 indicated he had a goal to pick items to buy from an envelope.</p> <p>Client #4's record was reviewed on 12/13/11 at 12:15 P.M.. Client #4's financial assessment dated 9/11 indicated client #4 needs assistance in all financial areas. Client #4's Individual Program Plan (IPP) dated 9/14/11 indicated she had a goal to make a purchase using the next dollar strategy.</p> <p>An interview was conducted with the Qualified Mental Retardation Professional (QMRP) on 12/13/11 at 11:08 A.M.. When asked about the clients not having access to any of their money, the QMRP stated, "The TL is the only one who has access to the safe. The TL leaves money out for a known activity. No, the clients do not have immediate access. They can ask for it, we can get it to them in a pretty</p>				

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	<p>quick time frame."</p> <p>3. Client financial records were reviewed on 12/13/11 at 1:05 P.M.. There were no financial records available for review for clients #1, #2, #3, #4, #5, #6, #7 and #8 for the months of 3/2011, 4/2011, 5/2011, 6/2011, 7/2011, 8/2011, 9/2011, and 10/2011.</p> <p>Client #1's financial record indicated she had paid \$14.00 for a haircut on 1/22/2011, \$5.00 for a pizza party at the house on 2/6/2011. There were no records available to indicate client #1 had been reimbursed by the facility for these expenditures.</p> <p>Client #2's financial record indicated she had paid \$5.00 for a pizza party at the house on 2/6/2011, and had borrowed \$5.00 from client #4 on 2/9/2011. There were no records available to indicate client #2 had been reimbursed for the meal. There was a note indicating client #2 had repaid client #4 her \$5.00 in 3/2011.</p> <p>Client #3 had no financial records available for review.</p> <p>Client #4's financial records indicated she had paid \$5.00 for a pizza party at the house on 2/6/11, and had loaned client #2</p>				

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	<p>\$5.00 on 2/9/2011. A note indicated client #2 had repaid client #4 on 2/9/2011.</p> <p>On 12-14-11 at 9:30 A.M. an interview with the Qualified Mental Retardation Professional (QMRP) indicated the facility should pay for a meal if it replaces a meal at the home and the facility should pay for haircuts.</p> <p>An interview was conducted with the Residential Director (RD) and the Residential Coordinator (RC) on 12/13/11 at 9:58 A.M.. The RD indicated they were unable to locate some of the financial records from the past year for the clients in the group home, and could not give an accurate accounting of their funds.</p> <p>9-3-1(a)</p>				

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W0125	<p>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 and interview, the facility failed to establish a system to allow 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) to utilize sharps (knives and scissors) safely and to be able to have access to sharps when needed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/12/11 from 3:18 P.M. until 6:29 P.M.. Direct Care Staff (DCS) #3 obtained a sharp knife from the staff office to use to cut up lettuce and tomato for dinner. DCS #3 cut up the lettuce and tomatoes. Clients #1, #2, #3, #4, #5, #6, #7 and #8 were not observed having access to the knives.</p> <p>DCS #1 was asked about the sharps being locked on 12/12/11 at 5:52 P.M.. DCS #1 indicated the sharp knives and scissors were kept locked. She indicated she thought it was for safety, but was not really sure why as they had been locked ever since she started to work in the home.</p> <p>An interview was conducted with the</p>	W0125	PAF will ensure the consumers will be able to exercise their rights by the following: We will have limited number of knives and keep a count of the knives at all times. Consumers will have access to one sharp knife for cooking. The consumers will be trained that they have access to the other knives if they have the correct use for the knife. They will have the knife under staff supervision. Consumers will all be informed of where the extra knives will be kept. The QMRP will train consumers on sharps safety, where they are to be kept, how they are to be used, and how to ask for assistance, when needed, etc. In order for this to be corrected systemically, this will be an ongoing informal goal for all consumers at this home. Staff will continue with the goals on a weekly basis. (QMRP, Team Leader and Directo Care Staff responsible)	01/15/2012	

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W0126	<p>Qualified Mental Retardation Professional (QMRP) and the Behavior Specialist (BS) on 12/14/11 at 9:39 A.M.. The QMRP indicated the sharps were locked and there were no plans in place to teach independence in utilizing them safely for any of the clients. The QMRP indicated he did not know why clients #1, #2, #3, #4, #5, #6, #7 and #8 could not have access to the sharps. The BS indicated there had been a need for the sharps to be locked about three years ago due to behaviors by one of the clients (client #5), but client #5 had not had any inappropriate incidents with sharps in the past three years.</p> <p>9-3-2(a)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on interview and record review, the facility failed to allow and promote financial independence for 4 of 4 sampled clients (clients #1, #2, #3 and #4) by not establishing a system for the clients to have unimpeded access to their money.</p>	W0126	In order to ensure this tag is corrected now and systemically, the consumers will have an immediate access to a certain amount of cash out of their own budget packss, placed in the medication cart in their individual slot for small impulse purchases. The money will be used by	01/15/2012	

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 12/12/11 from 3:18 P.M. until 6:29 P.M.. Clients #1, #2, #3, and #4 at 6:09 P.M. indicated they did not have any money in their possession.</p> <p>Direct Care Staff (DCS) #1 was interviewed on 12/12/11 at 5:52 P.M.. When asked about the clients having access to their money, DCS #1 stated, "Only the Team Leader (TL) has the money; it is locked. She puts it out when she knows there is an activity planned." DCS #1 indicated there was no money available for any of the clients at this time.</p> <p>Client #1's record was reviewed on 12/13/11 at 9:45 A.M.. Client #1's financial assessment dated 11/11 indicated client #1 needed staff assistance in all financial areas. Client #1's Individual Program Plan (IPP) dated 11/16/11 indicated she had a goal to sort coins.</p> <p>Client #2's record was reviewed on 12/13/11 at 10:45 A.M.. Client #2's IPP dated 10/21/11 indicated she had a goal to be able to locate and purchase items.</p> <p>Client #3's record was reviewed on</p>		<p>consumers at the homes at any given time frame to allow the consumers to work on goals in a natural environment and to have choices. This will systemcally be put in practice for all consumers in the group homes. IDT will monitor on a weekly basis to see if consumer money is always available.(Residential Coordinator, Team Leader and direct care staff responsible)</p>		

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	<p>12/13/11 at 11:30 A.M.. Client #3's financial assessment dated 12/11 indicated client #3 could recognize correct change for \$1.00, purchase items independently, and make plans for spending. Client #3's Individual Program Plan (IPP) dated 4/13/11 indicated he had a goal to pick items to buy from an envelope.</p> <p>Client #4's record was reviewed on 12/13/11 at 12:15 P.M.. Client #4's financial assessment dated 9/11 indicated client #4 needs assistance in all financial areas. Client #4's Individual Program Plan (IPP) dated 9/14/11 indicated she had a goal to make a purchase using the next dollar strategy.</p> <p>The facility policy for Money Management dated 9/91 was reviewed on 12/14/11 at 10:55 A.M.. The policy indicated the following: "It is Parents and Friends policy that consumer management of personal income is the responsibility of each consumer...Consumers will receive financial counseling so that, to the greatest extent possible a consumer may independently control his own finances."</p> <p>An interview was conducted with the Qualified Mental Retardation Professional (QMRP) on 12/13/11 at 11:08 A.M.. When asked about the clients not having</p>				

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W0140	<p>access to any of their money, the QMRP stated, "The TL is the only one who has access to the safe. The TL leaves money out for a known activity. No, the clients do not have immediate access. They can ask for it, we can get it to them in a pretty quick time frame."</p> <p>9-3-2(a)</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 on record review and interview, the facility failed to establish a system to ensure a complete and accurate accounting of the personal funds of 8 of 8 (clients #1, #2, #3, #4, #5, #6, #7, and #8) clients who lived in the home.</p>	W0140	In regards to consumer financial records, the packs for 3/11-10/11 cannot be found. We have searched in every storage place. The packs are assumed to be boxed in a mislabeled box. PAF has no way of knowing what money is due to the consumers.	01/15/2012	

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W0249	<p>Findings include:</p> <p>Client financial records were reviewed on 12/13/11 at 1:05 P.M.. There were no financial records available for review for clients #1, #2, #3, #4, #5, #6, #7 and #8 for the months of 3/2011, 4/2011, 5/2011, 6/2011, 7/2011, 8/2011, 9/2011, and 10/2011.</p> <p>An interview was conducted with the Residential Director (RD) and the RC on 12/13/11 at 9:58 A.M.. The RD indicated they were unable to locate some of the financial records from the past year for the clients in the group home, and could not give an accurate accounting of their funds.</p> <p>9-3-2(a)</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>For the future and systemically for all group home consumers at PAF, we have revised the budget pack procedures to eliminate errors that were made. Team Leaders responsible for completing the budget packs were trained on consuers being reimbursed for meals if they do not choose to go out an eat. Consumers will be reimbursed iff money is not availalbe on a weekend if they want a hair cut, etc. All budget packs will be monitored on a monthly basis for accuracy, along with the normal month end checks.(Team Leaders and Residential Coordinator responsible)</p>		

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	<p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #2) to ensure her communication objective was implemented per her Individualized Program Plan (IPP).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/12/11 from 3:18 P.M. until 6:29 P.M.. Client #2 was asked to take her medication, asked to pack her lunch, visited with her guests, have her hair braided, and asked to serve herself her dinner. Client #2 was not encouraged by staff to use sign language or her communication board.</p> <p>On 12-13-11 from 6:20 A.M. until 8:15 A.M. an observation at the home of client #2 was conducted. At 7:30 A.M. direct care staff (DCS) #9 assisted client #2 with putting on her shoes and socks. DCS #9 did not use sign language or a communication device to assist client #2 with her dressing skills. At 8:00 A.M. client #2 came into the medication administration room prompted by DCS #8. Client #2 was administered her 7:00 A.M. medications by DCS #8. DCS #8 did not use sign language or a communication device during client #2's medication administration.</p>	W0249	In order for this citation to be fixed the QMRP is making a new communication board for the consumer involved in this citation. Staff will be trained on this new communication board. Systemically, if there are any nonverbal consumers that may benefit for a new communicatoin system, the QMRP will either make a new or revise the boards. (QMRP, Team Leader and Direct Care staff responsible)	01/15/2012	

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	<p>On 12-13-11 at 10:45 A.M. a record review for client #2 was conducted. The IPP dated 10-21-11 indicated client #2 had a communication objective/goal. The goal instruction sheet dated 10-12-11 with a target date of 10-12-12 indicated her short term goal was to improve her communication skills through learning, using sign language and a communication device. The methods for client #2 indicated to "introduce her communication device to her at every opportunity available."</p> <p>On 12-14-11 at 10:00 A.M. an interview with the Qualified Mental Retardation Professional indicated client #2's communication goal should be implemented at all available opportunities.</p> <p>9-3-4(a)</p>				
W0368	<p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #4) to ensure her morning medications were administered</p>	W0368	<p>In order for this citation to be corrected now and systemically, an IHP training is being held on 1/12/12 for all LaPorte staff for this group home. Staff will be</p>	01/15/2012	

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	<p>per her physician's order.</p> <p>Findings include:</p> <p>On 12-13-11 from 6:20 A.M. until 8:15 A.M. an observation at the home of client #4 was conducted. At 7:25 A.M. client #4 was observed to take her 7:00 A.M. medications. Her Oxybutynin (urinary tract antispasmodic) 5 mg (milligrams) indicated she should take this medication with a full glass of water. Client #2 was observed to take all of her medications with a nutritional shake. Client #2 was not offered a glass of water by direct care staff (DCS) #8 during the medication administration.</p> <p>On 7:45 A.M. an interview with DCS #8 indicated client #4 was not given water with her Oxybutynin but she did take it with a nutritional shake.</p> <p>On 12-13-11 at 7:35 A.M. a record review of client #4's medication administration record (MAR) dated 12-11 indicated she was to take her Oxybutynin with a full glass of water.</p> <p>On 12-13-11 at 12:15 P.M. a record review of client #4's Physician's Order (PO) dated 11/15/11 for Dec (December) 2011 indicated Oxybutynin 5 mg tablet. Give 1 (one) tablet by mouth twice daily.</p>		<p>retrained to make sure this consumer is taking her medication with fluid. The RN is going to ask the doctor if he will write the order for this consumer to take the medication with "fluid" rather than "water, if chooses to take her medication with her nutritional shake. (RN, Team Leader and Direct Care staff responsible)</p>		

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W0381	<p>Take with full glass of water.</p> <p>On 12-14-11 at 9:00 A.M. an interview with the Registered Nurse indicated the PO should be followed and the Oxybutynin should be given with water as instructed to ensure adequate hydration.</p> <p>9-3-6(a)</p> <p>The facility must store drugs under proper conditions of security.</p> <p>Based on observation, record review and interview, the facility failed to establish a system for the secure storage of scheduled (controlled) medications, for 3 of 4 clients who took controlled medications (clients #2, #3 and #4).</p> <p>Findings include:</p> <p>On 12-13-11 from 6:20 A.M. until 8:15 A.M. an observation at the home of clients #2, #3, and #4 was conducted. At 6:30 A.M. client #3 was given his Clonazepam for anxiety. The Clonazepam was locked in a single lock medication cart along with client #3's other medications. At 7:25 A.M. client #4 was given her Tramadol for pain. The</p>	W0381	<p>In order for this citation to be met now and systemically, the staff will be trained on locking all controlled drugs in a locked box inside of the medication carts. All four group homes will practice this measure. Staff will be trained on the double locking of all controlled drugs. The IDT is at the homes on a weekly basis. The IDT will check to make sure the controlled medications are being kept under double lock and key. This training will occur on January 12, 2012.(RN, Residential Coordinator, QMRP, Behavior Specialist, Team Leader and Direct Care staff responsible.)</p>	01/15/2012	

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	<p>Tramadol was locked in a single lock medication cart along with client #4's other medications. At 8:00 A.M. client #2 was given her Clonazepam. The Clonazepam was locked in a single lock medication cart along with her other medications.</p> <p>On 12-13-11 at 10:45 A.M. a record review of client #2's physician's order (PO) dated 12-11 indicated client #2 was prescribed Clonazepam 0.5 mg (milligram) tablet. This medication is a controlled substance schedule IV medication.</p> <p>On 12-13-11 at 11:30 A.M. a record review of client #3's (PO) dated 12-11 indicated client #3 was prescribed Clonazepam 0.5 mg tablet. This medication is a controlled substance schedule IV medication.</p> <p>On 12-13-11 at 12:15 P.M. a record review of client #4's (PO) dated 12-11 indicated client #4 was prescribed Tramadol HCL 50 mg tablet.</p> <p>A review of the Nursing Drug Handbook 2010 edition was conducted on 12/15/11 at 9:18 A.M.. The Handbook indicated the above medications were controlled substances.</p>						

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	<p>A review of the Living in The Community medication Core A and Core B curriculum was conducted on 12/15/11 at 9:42 A.M. The medication curriculum indicated scheduled (controlled) medications should be double locked.</p> <p>On 12-13-11 at 11:50 A.M. an interview with the facility RN (Registered Nurse) was conducted. When asked if the facility had a system in place to ensure controlled medications were double locked, the RN indicated they did not have the controlled medications double locked. They were kept locked in the medication cart with all the other medications. The RN indicated clients #2, #3 and #4 were on scheduled medications.</p> <p>9-3-6(a)</p>				
W0382	<p>The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation, record review and interview, the facility failed for 1 of 4</p>	W0382	In order for this citation to be corrected now and systemically, PAF QMRP and RN are retraining	01/15/2012	

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	<p>sampled clients (client #1) observed during a medication administration, to ensure her medication was kept locked except when being prepared for administration.</p> <p>Findings include:</p> <p>On 12-13-11 at 7:05 A.M. a medication administration for client #1 was observed. Client #1 was observed to take her 7:00 A.M. morning medications. At 7:10 A.M. direct care staff (DCS) #8 was observed to take client #1 out of the medication room and into the bathroom. DCS #8 left the medication cart unlocked while he was in the bathroom with client #1.</p> <p>At 7:12 A.M. an interview with DCS #9 indicated the medication cart was unlocked with client #1's medication in it. DCS #9 walked out of the medication room leaving the medication cart unlocked and the medication keys on top of the cart for anyone to have access to.</p> <p>On 12-13-11 at 9:45 A.M. a record review of the facility's Medication Dispensation Guidelines/Procedure (no date available) indicated the medication cart was to be locked and was to never be left unattended when unlocked.</p> <p>On 12-14-11 at 9:00 A.M. an interview</p>		<p>staff on 1/12/12 at the staff meeting on the mandate to always have the medication cart locked up at all times, with the exception of administering medications. At that time, the med cart keys will be kept with the authorized staff person. If that person steps out of the room where medications are being passed, the staff will be retrained on locking up the medication cart, keeping the keys with an authorized person or location, and shutting the office door. During a med pass, the keys must be on a secured staff. IDT makes weekly observations at the homes. IDT will check to make sure staff are maintaining compliance with this.(Team Leader, QMRP, RN, Direct Care staff responsible)</p>		

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W0383	<p>with Registered Nurse indicated the medications should never be left unlocked except when being administered.</p> <p>9-3-6(a)</p> <p>Only authorized persons may have access to the keys to the drug storage area. Based on observation, record review and interview the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and #4) observed during a medication administration, to ensure only authorized persons had access to the keys for the medication cart.</p> <p>Findings include:</p> <p>On 12-12-11 from 6:20 A.M. until 8:15 A.M. a medication administration for clients #1, #2, #3, and #4 was observed. At 6:40 A.M. after client #3 received his medications, direct care staff (DCS) #8 was observed to lay the keys to the medication cart on top of the cart. The keys were left on the cart with the office door open and unlocked. At 6:45 A.M. the medication keys were observed to be on top of the medication cart in the office with the door open and unlocked. Clients</p>	W0383	In order for this citation to be corrected now and systemically, the PAF QMRP and RN are retraining staff on 1/12/12 at the staff meeting on the mandate to always have the medication cart locked up at all times, with the exception of administering medications. At that time, the med cart keys will be kept with the authorized staff person. If that person steps out of the room where medications are being passed, the staff will be retrained on locking up the medication cart, keeping the keys with an authorized person or location, and shutting the office door. During a med pass, the keys must be on a secured staff. IDT makes weekly observations at the homes. IDT will chedk to make sure staff are maintaining compliance with this.(QMRP, RN, Team Leader, Direct Care staff, Residential Coordinator, and Behavior Specialist responsible)	01/15/2012	

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	<p>#1, #3, #7, and #8 all had access to the medication keys. At 7:05 A.M. client #1 entered the medication room with no DCS in the room with her. The keys to the medication cart were on top of the cart for client #1 to have access to. At 7:20 A.M. the medication keys were on top of the medication cart. At 8:00 A.M. client #2 went in and out of the medication room during her medication administration. The keys to the medication cart were on top of the medication cart for anyone to have access to.</p> <p>On 12-14-11 at 10:30 A.M. a record review of the facility's Medication Dispensation Guidelines/Procedure (no date available) indicated medications in the group home were to be secured and the keys kept in an assigned area.</p> <p>On 12-14-11 at 9:00 A.M. an interview with the Registered Nurse indicated the keys should only be available to authorized persons, not on top of the medication cart.</p> <p>9-3-6(a)</p>				

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W0436	<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, the facility failed for 1 of 4 sampled clients (client #1) to ensure she used her adaptive spoon at breakfast time.</p> <p>Findings include:</p> <p>On 12-13-11 from 6:20 A.M. until 8:15 A.M. an observation at the home of client #1 was conducted. At 6:40 A.M. client #1 was observed to eat her oatmeal and toast. Client #1 used a standard spoon.</p> <p>On 12-13-11 at 9:45 A.M. a record review for client #1 was conducted. The dietary review dated 11-8-11 indicated client #1 was to use adaptive silverware at meal times.</p> <p>On 12-14-11 at 10:00 A.M. an interview with the Qualified Mental Retardation Professional indicated client #1 should use her adaptive silverware at each meal.</p> <p>9-3-7(a)</p>	W0436	<p>In order for this citation to be met now and systemically, staff will be retrained on January 12, 2012 in regards to offering consumers adaptive equipment. It was mentioned by the surveyor that the consumer was offered in the morning meal, but not the other meals. This consumer will have her adaptive spoon available to her at all meals. Staff will be retrained to make sure any other consumer that has adaptive equipment will be offered at meal times. The IDT is at the homes on a weekly basis at both meal times. IDT will monitor make sure if consumers are offered and/or using their adaptive equipment. This will go for any adaptive equipment, not just silverware. If staff feel a consumer needs to have adaptive equipment or is in need of repair, they will document and send in to the RN and QMRP.(RN, QMRP, Team Leader, Direct Care staff responsible)</p>	01/15/2012	

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W0455	<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 maintain proper hygiene practices to prevent cross contamination, while administering topical and oral medications for 1 of 4 sampled clients (client #4).</p> <p>Findings include:</p> <p>On 12-13-11 at 7:25 A.M. a medication administration for client #4 was conducted. At 7:30 A.M. direct care staff (DCS) #8 squirted 2 sprays of Fluticasone nasal spray (allergies) into client #4's nose. DCS #8 then punched out client #4's oral medications and administered them to client #4. At 7:40 A.M. DCS #8 applied client #4's Exelon patch for dementia and her Lidoderm patch (antiarrhythmic) to the front of her shoulder and the back of her shoulder. DCS #8 was not observed to use gloves or wash hands between administering a nasal spray, oral medications, and skin patches.</p> <p>On 12-14-11 at 9:00 A.M. an interview with the Registered Nurse indicated hand washing practices should be followed</p>	W0455	In order for this citation to be met now and systemically, the RN will retrain staff on 1/12/12 in regards to appropriate handwashing techniques or the use of gloves during medication passes. She will explain staff must wear gloves or wash hands in between each pass, including sprays, pills, creams, etc. in order to control cross contamination. IDT and RN are at the homes on a weekly basis during medication passes. IDT will monitor to make sure this is consistently being done.(RN, QMRP, Residential Coordinator, Behavior Specialist, Team Leader and Director care staff responsible)	01/15/2012

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	when administering oral and topical medications and gloves should be worn when applying patches. 9-3-7(a)				