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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G730 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 08/07/2012 |
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| NAME OF PROVIDER OR SUPPLIER IN-PACT INC | STREET ADDRESS, CITY, STATE, ZIP CODE 1487 W 4TH ST HOBART, IN 46342 |
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| W0000 | <p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: July 23, 24, August 6 and 7, 2012</p> <p>Facility number: 011241 Provider number: 15G730 AIM number: 200837460</p> <p>Surveyors: Susan Eakright, Medical Surveyor III-Team Leader (July 23 and 24, 2012) Kathy Wanner, Medical Surveyor III (August 6 and 7, 2012)</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/14/12 by Ruth Shackelford, Medical Surveyor III.</p> | W0000 | | |

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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| W0193 | <p>483.430(e)(3) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.</p> <p>Based on record review and interview, the facility failed to ensure staff were sufficiently trained to perform the behavioral interventions correctly as indicated in the Behavior Support Plan for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p> <p>Facility records were reviewed on 7/23/12 at 2:10 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports. The reports indicated the following:</p> <p>A BDDS report dated 9/20/11 for an incident on 9/20/11 at 7:00 A.M. indicated "[Client #1] was agitated and aggressive this morning, so staff performed a physical restraint. When [client #1] got home from work today, he told his group home manager about the incident and also said the staff performing the restraint was choking him and he couldn't breathe. The staff was immediately suspended pending the outcome of our investigation."</p> <p>A follow-up BDDS report dated 9/27/11</p> | W0193 | <p>DCS staff #10, received a disciplinary action for improper restraint and was re-trained on client # 1's BSP on 9-27-11. She also was required to go back through crisis intervention refresher, which was completed on 10-25-11. This was just doubled check and it was in her personal file. Responsible person: Traci Hardesty, QMRP. All staff were trained on 5-22-12 on client #1's updated BSP dated 5-14-12. This was just doubled check and supporting documents verify this. Responsible person: Karen Warner, Behaviorist. To ensure future compliance, all staff will continue to receive at least annual training in client's BSP or as needed, as well as annual training in crisis intervention refresher. Responsible person: Traci Hardesty, QMRP & Ruth Fields, Training Coordinator. To ensure future compliance, reliabilities/test on BSP's will be completed to ensure competency. Responsible person: Traci Hardesty, QMRP & Karen Warner, Behaviorist.</p> | 09/06/2012 | | | |

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| | <p>for the incident on 9/20/11 indicated "[Client #1] did not receive any injuries from the incident. He was checked out by the group home manager and group home director. The allegation was investigated and abuse was not substantiated. It was determined however, that [client #1's] Behavior Support Plan (BSP) was not followed correctly and the staff did an improper restraint."</p> <p>Review of facility investigation documentation was completed on 7/23/12 at 2:10 P.M.. The documentation indicated "She (DCS #10) demonstrated how she block (sic), arm wrapped, etc. She demonstrated a basket hold during the first restraint and an arm wrap during the second restraint. I (Group Home Services Director) pointed out to her that we do not do a basket hold and she stated she was only doing what she could at that moment, but was able to correct it when he (client #1) came at her again."</p> <p>Client #1's record was reviewed on 7/24/12 at 11:10 A.M.. Client #1's record indicated he had a Behavior Support Program (BSP) dated 5/14/12 with the targeted behaviors of negative verbal behavior, aggression and stealing. Client #1's BSP did include the use of physical restraint.</p> | | | | | | |

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| | <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 7/24/12 at 11:30 A.M.. The QMRP indicated staff are to follow each client's BSP and only to use restraints which are approved by the facility.</p> <p>9-3-3(a)</p> | | | | |

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| W0249 | <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 and interview, the facility failed to ensure formal and informal medication training was implemented during all medication administrations for 3 of 3 sampled clients (clients #1, #2 and #3); and the behavior support plan (BSP) for 1 of 3 sampled clients (client #1) was followed.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 7/24/12 from 5:15 A.M. until 7:40 A.M. including observations of the morning medication administration to clients #1, #2 and #3.</p> <p>At 7:05 A.M. client #3 was administered his medications. During client #3's medication pass client #3 washed his hands, took his medications, and put the medication box back into the cabinet. Client #3 did not put the medication cards back into the box or throw his cup into the trash can as indicated in his self</p> | W0249 | <p>Staff were all re-trained on self medication programs for client #1 & client #2. They also reviewed medcore, pill passing and agency policy on medication administration. Responsible person: Traci Hardesty, QMRP. Staff who improperly passed medication received a disciplinary action. Responsible person: Traci Hardesty, QMRP. To ensure future compliance, med pass reliabilities will be completed for competency. Responsible person: Sandy Phillips, Group Home Manager. DCS staff #10, received a disciplinary action for improper restraint and was re-trained on client # 1's BSP on 9-27-11. She also was required to go back through crisis intervention refresher, which was completed on 10-25-11. This was just doubled check and it was in her personal file. Responsible person: Traci Hardesty, QMRP. All staff were trained on 5-22-12 on client #1's updated BSP dated 5-14-12. This was just doubled check and supporting documents verify this. Responsible person: Karen</p> | 09/06/2012 | | | |

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| | <p>administration medication goal in his Individual Support Plan (ISP) dated 8/29/11 reviewed on 7/24/12 at 12:05 P.M..</p> <p>At 7:06 A.M. client #1 was administered his medications. During client #1's medication pass client #1 got his medication box out of the cabinet, and took his medications. Client #1 did not wash his hands, get glass of water, get key out, unlock cabinet, get med (medication) book out, ask what you take (Baclofen), ask why you takes it (muscle relaxer), compare bottle with color coded med sheet, sign the med sheet, put the meds away, put the med book away as indicated in his self administration medication goal in his ISP dated 8/29/11 reviewed on 7/24/12 at 11:10 A.M..</p> <p>At 7:12 A.M. client #2 was administered his medications. During client #2's medication pass client #2 took his medications. Client #2 did not put the med box away, did not put the med book away, did not throw cup away as indicated in his self administration medication goal in his ISP dated 1/20/12 reviewed on 7/24/12 at 11:45 A.M..</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 7/24/12 at 11:30 A.M.. The QMRP stated,</p> | | Warner, Behaviorist. To ensure future compliance, all staff will continue to receive at least annual training in client's BSP or as needed, as well as annual training in crisis intervention refresher. Responsible person: Traci Hardesty, QMRP & Ruth Fields, Training Coordinator. To ensure future compliance, reliabilities/test on BSP's will be completed to ensure competency. Responsible person: Traci Hardesty, QMRP & Karen Warner, Behaviorist. | | | | |

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| | <p>"Formal and informal medication training should be taught during all medication passes."</p> <p>2. Facility records were reviewed on 7/23/12 at 2:10 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports. The reports indicated the following:</p> <p>A BDDS report dated 9/20/11 for an incident on 9/20/11 at 7:00 A.M. indicated "[Client #1] was agitated and aggressive this morning, so staff performed a physical restraint. When [client #1] got home from work today, he told his group home manager about the incident and also said the staff performing the restraint was choking him and he couldn't breathe. The staff was immediately suspended pending the outcome of our investigation."</p> <p>A follow-up BDDS report dated 9/27/11 for the incident on 9/20/11 indicated "[Client #1] did not receive any injuries from the incident. He was checked out by the group home manager and group home director. The allegation was investigated and abuse was not substantiated. It was determined however, that [client #1's] Behavior Support Plan (BSP) was not followed correctly and the staff did an improper restraint."</p> | | | | | | |

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| | <p>Review of facility investigation documentation was completed on 7/23/12 at 2:10 P.M.. The documentation indicated "She (DCS #10) demonstrated how she block (sic), arm wrapped, etc. She demonstrated a basket hold during the first restraint and an arm wrap during the second restraint. I (Group Home Services Director) pointed out to her that we do not do a basket hold and she stated she was only doing what she could at that moment, but was able to correct it when he (client #1) came at her again."</p> <p>Client #1's record was reviewed on 7/24/12 at 11:10 A.M.. Client #1's record indicated he had a Behavior Support Program (BSP) dated 5/14/12 with the targeted behaviors of negative verbal behavior, aggression and stealing. Client #1's BSP did include the use of physical restraint.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 7/24/12 at 11:30 A.M.. The QMRP indicated staff are to follow each client's BSP and only to use restraints which are approved by the facility.</p> <p>9-3-4(a)</p> | | | | | | |

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| W0316 | <p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>Based on record review and interview, the facility failed to ensure an annual reduction of medications for the control of inappropriate behaviors was attempted or to show contraindication why medications for the control of inappropriate behaviors for 2 of 2 sampled clients (clients #1 and #3) who took medications for behaviors could not be reduced.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/24/12 at 11:10 A.M.. Client #1's record indicated he had a Behavior Support Program (BSP) dated 5/14/12 with the targeted behaviors of negative verbal behavior, aggression and stealing. Client #1's record indicated he was prescribed Adderall (ADHD) and Depakote (mood stabilizer). Client #1's record indicated he had not had a medication reduction in the past year. Client #1's record did not indicate contraindication why a medication reduction was not attempted. Client #1's medication review dated 6/14/12 indicated client #1 had had no incidents of stealing since 2/12, and his incidents of aggression had decreased</p> | W0316 | <p>Client #1 has not met his behavioral criteria for a med reduction to decrease negative verbal 2 or fewer per month, stealing to zero per month and aggression to 1 or fewer per month for a 12 month period. Client #1 has had behaviors as high as 11 negative verbal per month, as high as 9 stealing per month & as high as 11 aggression per month. Client #3 has not met his behavioral criteria for a med reduction to decrease self-injurious behaviors to one or fewer per month for a six month period. Client #3 has had behaviors as high as 6 SIB per month. Responsible persons: Med review team. Our med review team meets regularly to discuss the client's medications, criterion, data, etc. Our team is based up of at 6-8 team members, which include the Psychiatrist, Nurse, Behaviorist, QMRP, etc. Each client also see the Psychiatrist at his office every 6 months for close monitoring. Responsible person: Sherri DiMarrco, Nurse & Sandy Phillips, Group Home Manager. Client #1 & Client #3 are up for review again in Sept. The team will discuss the risk verses benefits of a med reduction without meeting the behavioral criterion for these two</p> | 09/06/2012 | | | |

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| | <p>from 11 during 2/12 to 2 during 6/12.</p> <p>Client #3's record was reviewed on 7/24/12 at 12:05 P.M.. Client #3's record indicated he had a BSP dated 5/11/12 with the targeted behaviors of self injurious behaviors (SIB) and stealing food and items. Client #3's record indicated he was prescribed Luvox (anti-depressant) and Risperdal (anti-psychotic). Client #3's record indicated he had not had a medication reduction since 6/16/2009 (Risperdal). Client #3's record did not indicate contraindication why a medication reduction was not attempted. Client #3's medication review dated 11/23/12 indicated "Doing well, no changes."</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 7/24/12 at 11:30 A.M.. The QMRP indicated client #1 and client #3 had not had medication reductions, and stated, "I will need to look into this."</p> <p>9-3-5(a)</p> | | <p>Clients. Responsible person: Med review team.</p> | | |

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