

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G617	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/23/2014
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 607 MEADOWDALE DR N MANCHESTER, IN 46962
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 5/13, 5/14, 5/15, 5/16, 5/20, 5/21, 5/22, and 5/23/2014.</p> <p>Facility Number: 001202 Provider Number: 15G617 AIMS Number: 100245670</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed June 2, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, for 4 of 4 clients (clients #1, #2, #3, and #4) and 4 additional clients (clients #5, #6, #7, and #8) who lived in the group home, the governing body failed to exercise operating direction over the facility to complete maintenance and repairs at the group home.</p>	W000104	<p>1. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice:</p> <p>a. Vinyl material for repair of 11 of 11 dining chairs will be ordered.</p> <p>b. Vinyl seats on 11 of 11 dining room chairs that clients #1-8 use will be replaced.</p>	06/22/2014

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>Findings include:</p> <p>On 5/13/14 from 3:45pm until 6:15pm and on 5/14/14 from 6:40am until 8:25am, observations were conducted at the group home. During both observation periods clients #1, #2, #3, #4, #5, #6, #7, and #8 accessed the dining room, kitchen, and clients #1, #2, #4, #5, #7, and #8 sat at the dining room table. On 5/14/14 at 7:00am, eleven of twelve (11/12) dining room chairs' vinyl covering on the seat cushions was split. At 7:00am, Group Home Staff (GHS) #1 indicated the eleven dining room chairs needed repair and the seats cushions were split to expose rough vinyl edges against each client when they sat down on the chairs.</p> <p>On 5/23/14 at 9:30am, an interview with the Community Supports Director (CSD) was conducted. The CSD indicated the group home dining room chairs needed repair and were on the list to be repaired.</p> <p>9-3-1(a)</p>		<p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>a. Vinyl seats 11 of 11 dining room chairs used by client #1-8 will be replaced.</p> <p>b. Staff will inform Res. Mgr., anytime they notice cracks in vinyl chair seats.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practices does not recur:</p> <p>a. Staff will inform Res. Mgr., anytime they notice cracks in vinyl chair seats.</p> <p>b. As needed, maintenance repair request will be submitted when the vinyl of a dining room chair is cracked.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place:</p> <p>a. Staff will inform Res. Mgr. anytime the notice any cracks in vinyl chair seats.</p> <p>b. As needed, a maintenance repair request will be submitted anytime the vinyl of a dining room chair is cracked.</p> <p>5. What date will the systematic changes be complete:</p> <p>a. 6/22/14</p>		

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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <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, record review, and interview, for 1 of 1 sampled clients (client #4), the facility failed to develop criteria and include the need to lock sharp objects and utensils criteria in a document. The facility failed to ensure unimpeded access to sharps for 3 of 4 sampled clients (clients #1, #2, and #3) and four additional clients (clients #5, #6, #7, and #8) who did not require restricted access to sharps and utensils.</p> <p>Findings include:</p> <p>On 5/13/14 from 3:45pm until 6:15pm and on 5/14/14 from 6:40am until 8:25am, clients #1, #2, #3, #4, #5, #6, #7, and #8 were observed at the group home and there was a locked cabinet which held knives, scissors, and sharp objects in the kitchen. During both observation periods, clients #1, #2, #3, #4, #5, #6, #7, and #8 did not have access to locked sharp objects and were not taught to use sharp objects in the group home. At 6:45am, GHS (Group Home Staff) #1</p>	W000125	<p>1. What corrective action will be accomplished for these residents found to have been affected by the deficient practice: a. Goal will be created and added to #4 ISP for education of proper use of sharps. b. Goal will be created for how to access sharps in the home when wanted and added to ISP of clients #1, 2, 3, 5, 6, 7, & 8 to ensure unimpeded access to sharps in the home.c. Staff will be in-serviced on "What Sharps are", that need to be locked up. 2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:a. Goal will be created for how to access sharps in the home when wanted and added to ISP of clients #1, 2, 3, 5, 6, 7, & 8 to ensure unimpeded access to sharps in the home.b. Any new resident to the home will have a goal if still needed to know how to access sharps anytime they want. 3. What measures will be put into place or what systematic changes will you make to</p>	06/22/2014

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	<p>indicated sharp objects were kept locked in the cabinet in the kitchen because of client #4's history of misuse. GHS #1 stated "all" sharp objects were kept locked and "no" client had independent access to "any" sharp objects. GHS #1 indicated staff had the key to access locked objects.</p> <p>On 5/23/14 at 9:30am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated facility staff should have ensured that knives were kept secured and locked. The QIDP indicated the practice of locked sharp objects was not addressed in the clients' plans. The QIDP indicated client #4 had a history of misusing sharp objects. The QIDP indicated clients #1, #2, #3, #5, #6, #7, and #8 did not have an identified safety need for the locked sharp objects and that sharps were restricted for the clients who lived in the group home. The QIDP indicated the practice of locked sharp objects was not addressed in client #1, #2, #3, #4, #5, #6, #7, and #8's plans. The QIDP indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 would need to gain access to the sharps via staff.</p> <p>Client #1's record was reviewed on 5/15/14 at 2:10pm. Client #1's 4/8/14 ISP (Individual Support Plan), 4/8/14</p>		<p>ensure that the deficient practices does not recur: a. Goal will be created for clients #1, 2, 3, 5, 6, 7, & 8 to ensure unimpeded access to sharps in the home.b. Goal for #4 to be educated on proper use of sharps.c. Client #4 ISP & FATS will be updated as well as, clients #1, 2, 3, 5, 6, 7, & 8 , to include new goal.d. Staff will be in-serviced on what sharps are in home that needs to be locked. e. All new staff in the home will be trained on need for sharps locked up by Res. Mgr.f. Documentation on goal done daily by staff.g. Res. Mgr will review monthly to ensure documentation is completed.h. Documentation on goal will be reviewed by QDDP monthly. 4. How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place:a. Documentation on goal will be done daily by staff.b. Res. Mgr will review monthly to ensure documentation on goal is being done.c. Documentation on goal will be reviewed by QDDP monthly. 5. What is the date the systematic changes will be complete: a. 6/22/14</p>				

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W000440	<p>BSP (Behavior Support Plan), and 4/8/14 Functional Assessment Tool (FAT) did not indicate an identified need to lock sharp objects.</p> <p>Client #2's record was reviewed on 5/15/14 at 11:45am. Client #2's 3/11/14 ISP and 3/11/14 FAT did not indicate an identified need to lock sharp objects.</p> <p>Client #3's record was reviewed on 5/15/14 at 12:41pm. Client #3's 6/27/13 ISP, 4/5/14 BSP, and 6/27/13 FAT did not indicate an identified need to lock sharp objects.</p> <p>Client #4's record was reviewed on 5/15/14 at 1:20pm. Client #4's 12/12/13 ISP, 3/5/14 BSP, and 3/5/14 FAT indicated no identified need to lock sharp objects. Client #4's 3/5/14 BSP indicated he had a history of throwing objects at staff and others. Client #4's plans did not include the behavior of throwing sharp objects and did not address the need for locked sharp objects.</p> <p>9-3-2(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 interview and record review,</p>	W000440	1. What corrective action(S)	06/22/2014

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	<p>for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) living in the group home, the facility failed to ensure evacuation drills were conducted every ninety (90) days for each shift of personnel for evening and overnight shifts.</p> <p>Findings include: On 5/13/14 at 2:35pm, the facility evacuation drills for clients #1, #2, #3, #4, #5, #6, #7, and #8 were reviewed from 5/2013 through 5/13/14 and indicated the following: -Evacuation drills for second/evening shift personnel (from 2:00pm until 10:00pm)- one on 11/17/13 at 3:15pm and no evacuation drills were done from 11/17/13 through 4/24/14 at 5:00pm. -Evacuation drills for third/overnight shift personnel (10:00pm until 8:00am)- one on 9/28/13 at 3:50am and no evacuation drills were done from 9/28/13 until 5/13/14. On 5/23/14 at 9:30am, an interview with the Community Supports Director (CSD) was conducted. The CSD indicated no additional drills were available for review. The CSD indicated the facility failed to complete emergency drills every</p>		<p>will be accomplished for these residents found to have been affected by the deficient practice.</p> <p>a. A computer generated automatic monthly reminder will be set up to remind all staff when drills are due for evening and overnight shifts for the safety of clients #1, 2,3,4,5,6,7 & 8. b. In-service staff on the reminder.</p> <p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>a. For the safety of clients #1-8, all staff in the home will be attached to the computer generated automatic reminder to ensure that drills are completed. b. All new staff in the home will be added to the automatic reminder of safety drills.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</p> <p>a. For the safety of clients #1-8, all staff in the home will be attached to the computer generated automatic reminder to ensure that drills are completed. b. Res. Mgr. will add any new staff to the automatic computer reminder of safety drills as needed. c.</p> <p>4. How the corrective action</p>				

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	ninety days for the evening and overnight shifts of personnel for clients #1, #2, #3, #4, #5, #6, #7, and #8. 9-3-7(a)		will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place: a. For the safety of clients #1-8, all staff in the home will be attached to the computer generated automatic reminder to ensure that drills are completed. 5. What is the date by which the systematic changes will be completed: a. 6/22/14		