

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G608	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/28/2014
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 132 BERENS ST DYER, IN 46311
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 24, 25, 26, 27 and 28, 2014</p> <p>Facility number: 001179 Provider number: 15G608 AIM number: 100240130</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 3/14/14 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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed for 3 of 3 sampled clients and 1 additional client (clients #1, #2, #3 and #4), to exercise general operating direction over the facility to ensure their abuse and neglect policy was implemented. The governing body failed to report injuries of unknown origin and allegations of abuse/neglect to the Bureau of Developmental Disabilities Services (BDDS). The governing body failed to provide evidence thorough investigations were conducted in regard to injuries of unknown origin.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Please refer to W149: The governing body failed for 3 of 3 sampled clients and 1 additional client (clients #1, #2, #3 and #4), to implement written policy and procedures to prevent alleged abuse and neglect in regards to client to client aggression and Injuries of Unknown Origin (IUO). Please refer to W153: The governing body failed for 2 of 3 sampled clients (clients #2 and #3), to report injuries of unknown origin and allegations of 	W000104	<p>All management staff will be re-trained on the abuse/neglect policy. Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy. Responsible person: Dana Hesse, Group Home Manager. A reliability will be completed to ensure competency. Responsible person: Dana Hesse, Group Home Manager. To ensure future compliance, Manager will review all internal reports daily. Responsible person: Dana Hesse, Group Home Manager. All management staff will be re-trained on the abuse/neglect policy, which includes reporting any unknown injuries timely. Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy, which includes reporting any unknown injuries timely. Responsible person: Dana Hesse, Group Home Manager. A reliability will be completed to ensure competency. Responsible person: Dana Hesse, Group Home Manager. To ensure future compliance, Manager will review all internal reports daily. Responsible person: Dana Hesse, Group Home Manager. All management staff will be</p>	03/30/2014	

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	<p>abuse/neglect immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>3. Please refer to W154: The governing body failed for 2 of 3 sampled clients (clients #2 and #3), to provide evidence thorough investigations were conducted in regard to injuries of unknown origin.</p> <p>9-3-1(a)</p>		<p>re-trained on the abuse/neglect policy, which includes investigating any unknown injuries and reporting it timely. Responsible person: Sheila O'Dell, Group Home Director. The Manager will review all internal reports daily. If there is any unknown injuries, an investigation packet will be completed, which includes steps of a through investigation. Responsible person: Dana Hesse, Group Home Manager. To ensure future compliance, all internal incident reports will be reviewed at least monthly. Responsible person: Elaina Blystone, QDDP and Sheila O'Dell, Group Home Director.</p>		

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W000126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS 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 observation and interview, for 5 of 5 clients residing at the group home (clients #1, #2, #3, #4 and #5), the facility failed to encourage and teach each client to access their personal finances.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 2/24/14 from 4:45 P.M. until 7:20 P.M.. At 5:00 P.M., Direct Support Professional (DSP) #1 was asked to reconcile clients #1, #2, #3, #4 and #5's personal petty cash funds. DSP #1 indicated the clients' personal petty cash funds were locked in the manager's office. When asked how clients were able to utilize their personal finances, DSP #1 indicated the group home manager would have to access their finances.</p> <p>A morning observation was conducted at the group home on 2/25/14 from 6:10 A.M. until 8:00 A.M.. At 7:20 A.M., DSP #5 was asked to retrieve the clients' personal petty cash funds. DSP #5 indicated the clients' money was locked</p>	W000126	<p>Management staff and direct care staff were re-trained on our policy. There is a system in place to encourage and teach each client to access their own personal funds. Responsible person: Elaina Blystone, QDDP. Clients # 1, 2, 3, 4 and 5 will have money accessible to their money/wallets at all times. Responsible person: Dana Hesse, Group Home Manager. To ensure compliance, a program status report will be completed monthly, which will include client access to the money and that safety measure are in place to detour misappropriation of those funds. Responsible person: Elaina Blystone, QDDP and Sheila O'Dell, Group Home Director.</p>	03/30/2014			

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	<p>up in the manager's office.</p> <p>An interview with client #5 was conducted on 2/25/14 at 11:00 A.M.. Client #5 indicated she did not have a wallet and did not bring money to workshop because her money was locked in the group home manager's office. Client #5 indicated she would like to have some of her money in a wallet to spend when she wanted to buy something.</p> <p>An interview with the outside day program staff #4 was conducted on 2/25/14 at 11:10 A.M.. Staff #4 indicated clients #3, #4 and #5 did not bring money with them to the workshop to spend on vending machines when they wanted.</p> <p>An interview with the Group Home Director (GHD) was conducted at the facility's administrative office on 2/28/14 at 1:09 P.M.. The GHD indicated the clients should be taught how to manage their personal funds and should have access at all times to some of their money to make purchases they may want.</p> <p>9-3-2(a)</p>				

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W000130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed for 1 of 3 clients observed during medication administration (client #2) to ensure privacy during medication administration.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/25/14 from 6:10 A.M. until 8:00 A.M.. At 6:50 A.M., Direct Support Professional (DSP) #1 began administering client #2's morning medication in the medication room while DSP #2 and clients #1, #3, #4 and #5 walked in and out of the kitchen area where client #2's medication information could be heard. As DSP #1 administered each of client #2's prescribed medications she stated the names and dosage and reason for each medication. There was no staff redirection regarding privacy observed during medication administration.</p> <p>An interview with the Registered (RN) was conducted on 2/26/14 at 1:30 P.M.. The RN indicated all clients should have</p>	W000130	<p>All staff will be retrained to administer medication to ensure privacy during medication administration. Responsible person: Dana Hesse, Group Home Manager. Staff will be trained to redirect clients not only to be in another area, but to be far enough away so that they do not over hearing client #2's medication information.</p> <p>Responsible person: Dana Hesse, Group Home Manager.</p> <p>To ensure compliance, a med pass reliability will be completed to show competency.</p> <p>Responsible person: Dana Hesse, Group Home Manager.</p>	03/30/2014			

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	<p>privacy during medication administration.</p> <p>9-3-2(a)</p>			

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 3 of 3 sampled clients and 1 additional client (clients #1, #2, #3 and #4), the facility failed to implement written policy and procedures in regards to client to client aggression and Injuries of Unknown Origin (IUO). The facility failed to report unknown injuries and client to client aggression to the Bureau of Developmental Disabilities Services (BDDS) and failed to conduct investigations of unknown injuries.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 2/25/14 at 1:20 P.M.. Review of the records indicated:</p> <p>1. BDDS report dated 6/23/13 involving clients #2 and #4 indicated: "[Client #2] was having a behavior and following staff around the house. She became aggressive with staff then grabbed [client #4]'s right breast causing a red mark. Staff followed [client #2]'s BSP (Behavior Support Plan), and another staff examined [client #4]'s injury. [Client #4]'s injury was</p>	W000149	All management staff will be re-trained on the abuse/neglect policy. Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy. Responsible person: Dana Hesse, Group Home Manager. A reliability will be completed to ensure competency. Responsible person: Dana Hesse, Group Home Manager. To ensure future compliance, Manager will review all internal reports daily. Responsible person: Dana Hesse, Group Home Manager.	03/30/2014			

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	<p>cleaned and neosporin was applied."</p> <p>-BDDS report dated 7/2/13 involving clients #1 and #2 indicated: "Staff was driving [client #1] and [client #2] home from workshop. [Client #1] was sitting in the front seat and [client #2] was sitting in the back. [Client #2] became agitated and grabbed [client #1]'s left arm above her elbow. Staff immediately removed [client #2]'s hand from [client #1]'s arm. [Client #1] had red marks and a scratch on her arm."</p> <p>-BDDS report dated 8/5/13 involving client #3 indicated: "On Friday August 2st (sic), [client #3] complained to manager and staff that her right arm hurt. When asked what happened, [client #3] stated 'finger, arm, floor.' Knowing that finger is how [client #3] refers to her staff [Staff #13]. I asked [client #3] if [Staff #13] grabbed her arm to help her up from the floor. [Client #3] said yes. There was no bruising to the arm, but there was an obvious tightness to the muscle. While on a home visit on Sunday, [client #3] told her mother that [Staff #13] had taken her arm and pulled it behind her back. [Client #3]'s mom called and spoke to [Data Specialist name] on Monday evening and let her know what [client #3] had said. The Data Specialist promptly called the manager....[Staff #13] was</p>						

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	<p>suspended pending the outcome of the investigation and has returned to work. [Staff #13] received disciplinary actions for not reporting and documenting the incident from 8/1/13. Staff trained on reporting incidents and documenting behaviors per state regulations and InPact's policy within the allotted time and appropriate people."</p> <p>-BDDS report dated 9/15/13 involving clients #1 and #2 indicated: "[Client #1] was agitated in the living room. She sat on the couch where [client #2] was sitting. She pulled her hair and slapped her on the left side of her face. Staff told [client #1] to stop while walking over to the ladies on the couch. [Client #1] pulled her hair and slapped her face a second time. One staff attempted to shield [client #2] while another attempted to grab [client #1]'s hands. [Client #1] then leaned back and kicked [client #2] several times in the side. Staff got [client #2] up and away from danger..."</p> <p>-BDDS report dated 9/15/13 involving client #1 indicated: "Earlier in the day [client #1] was having behaviors and a state report was filed by staff. Later in the day after an outing, [client #1] decided to sit on a bench outside. After exhibiting behaviors, [client #1] will take time out to reflect on events prior in the</p>			

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	<p>day when she feels remorseful. She was asked to come inside by staff before it started to rain but she was non compliant so staff monitored her through the living room window. However [client #1] stood up when it began to rain and started rubbing the right side of her face. Eventually, [client #1] did come back in the house approximately 15 minutes of being asked a second time to come in. Staff noticed that [client #1]'s right side of her face from her cheek bone to her jaw bone was completely red and the skin had been rubbed off."</p> <p>-BDDS report dated 10/17/13 involving client #2 indicated: "On 10/22/13, staff reported to the group home manager and program coordinator that on Thursday 10/17/13, 3 staff and 1 consumer were sitting around the table after dinner. Staff stated that one of the consumers, [client #2] who was not sitting at the table had walked up to staff, [Staff #13] who was sitting at the table. Staff stated that [client #2] was standing over [Staff #13] indicating she wanted something. [Staff #13] leaned backwards in her chair and asked [client #2] what she wanted but [client #2] continued to stand there. As [Staff #13] continued to lean back in her chair, the staff stated [Staff #13] put her hand on [client #2]'s face as she began to get up from the chair to walk away from</p>			
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	<p>the table. It was stated that [Staff #13] gradually pushed [client #2] away while her hand was still on her face. [Staff #13] was immediately suspended after the incident was reported. Management feels that the playful gesture that she has admitted doing with [client #2] is not appropriate because [client #2] does not understand what she is doing. [Staff #13] was suspended an additional 3 days on top of being suspended during the investigation. [Staff #13] will be returning back to work on 10/29/13. The staff who reported the incident late has received disciplinary action and training on InPact's policy on reporting allegations of abuse. It was made clear that she must report to management immediately when there is suspicion of abuse. The group home manager was talked to about ensuring she follows up with her staff when they call to report an incident...."</p> <p>2. A review of the group home records was conducted on 2/24/14 at 7:00 P.M.. Review of the medical record book indicated the following internal incident reports documented by group home staff:</p> <p>-Internal Incident Report dated 11/2/13 involving client #3: "Staff was showering [client #3] after an accident. Staff was drying [client #3] when she said 'That hurts.' Staff looked between [client</p>			

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	<p>#3]'s buttock cheeks and saw a line of raw flesh. The raw flesh was in the upper part of her crack. It was about 2 inches long and was as wide as a pencil lead." Further review of the report failed to indicate this unknown injury was reported to BDDS. No written documentation was submitted for review to indicate an investigation was conducted.</p> <p>-Internal Incident Report dated 3/3/13 involving client #2: "Was getting consumer ready for bed notice (sic) bruise on her when she removed her clothes to put on pajamas. 4 1/2 inch by 1 inch bruise #1, 2 inch by 1/4 inch second bruise purple and bluish in color." Further review failed to indicate this unknown injury was reported to BDDS. No written documentation was submitted for review to indicate an investigation was conducted.</p> <p>-Internal Incident Report dated 9/5/13 involving client #2: "Staff asked [client #1] to make her lunch, she refused (being non-compliant), she was given seven minutes, staff asked again she was still non-compliant, then slapped another consumer (client #2)." This incident of client aggression was not reported to BDDS.</p> <p>-Internal Incident Report dated 11/25/13</p>						

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	<p>involving client #2: "While giving [client #2] a shower notice (sic) her right breast is all white. Don't no (sic) why it's white and scratches from her pinching herself." Further review failed to indicate this unknown injury was reported to BDDS.</p> <p>-Internal Incident Report dated 12/17/13 involving client #2: "[Client #2] has a long thin scratch on the front of her neck-unknown injury. I did not see her do it or anyone else do it to her." Further review failed to indicate this incident was reported to BDDS. No written documentation was submitted for review to indicate an investigation was conducted.</p> <p>A review of the facility's records was conducted at the facility's administrative office on 2/25/14 at 7:30 P.M.. Review of the facility's "28. POLICY ON REPORTING AND INVESTIGATING INCIDENTS AND ALLEGATIONS OF ABUSE AND NEGLECT", no date noted, indicated, in part, the following: "... Consumers must not be subjected to abuse by anyone, including, but not limited to, facility staff, other consumers...Until the incident is reported and investigated, one may not be able to determine whether it is abuse (willful), neglect, or mistreatment but the incident must be treated as an allegation of abuse,</p>						

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	neglect or mistreatment and follow the regulations for reporting, responding, investigating and correcting... The term 'willful' does not have to do with 'competence' but with 'intent' to cause harm. Someone with a mental illness or mental retardation can willfully inflict harm to someone who has been bothering them, even though they may not be considered 'competent'... It is mandatory in all situations involving abuse, neglect, exploitation, mistreatment of an individual or the violation of an individual's rights that there is notification made to legal representative, guardian/parent, if applicable, Case Manager, if applicable, BDDS (Bureau of Developmental Disabilities Services), APS/CPS (Adult Protection Services/Child Protection Services) and other person the (sic) designated by the consumer...Physical-includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain....b. Neglect-includes failure to provide appropriate care, food, medical care or supervision....Incident Reporting: In=Pact requires that all staff immediately verbally report all incidents as defined in this policy to their Program Director/Administrator. Under no conditions may an employee leave the work site without reporting and						

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	<p>documenting any incident which occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift."</p> <p>An interview with the Group Home Director (GHD) was conducted on 2/28/14 at 1:09 P.M.. The GHD indicated staff should follow the facility's abuse/neglect policy. The GHD indicated the facility's abuse/neglect policy should be followed at all times. The GHD indicated staff are to write an Internal Incident report as the policy indicates, they then fax it to the office and are to call the Group Home Manager. The GHD then indicated the Qualified Intellectual Disabilities Professional (QIDP) is to file a BDDS report. When asked if incident reports and BDDS reports and investigations were completed in regards to the mentioned incidents, the GHD stated "No."</p> <p>9-3-2(a)</p>				

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed for 2 of 3 sampled clients (clients #2 and #3), to report injuries of unknown origin and allegations of abuse/neglect immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 2/25/14 at 1:20 P.M.. Review of the records indicated:</p> <p>1. BDDS report dated 8/5/13 involving client #3 indicated: "On Friday August 2st (sic), [client #3] complained to manager and staff that her right arm hurt. When asked what happened, [client #3] stated 'finger, arm, floor.' Knowing that finger is how [client #3] refers to her staff [Staff #13]. I asked [client #3] if [Staff #13] grabbed her arm to help her up from the floor. [Client #3] said yes. There</p>	W000153	<p>All management staff will be re-trained on the abuse/neglect policy, which includes reporting any unknown injuries timely. Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy, which includes reporting any unknown injuries timely. Responsible person: Dana Hesse, Group Home Manager. A reliability will be completed to ensure competency. Responsible person: Dana Hesse, Group Home Manager. To ensure future compliance, Manager will review all internal reports daily. Responsible person: Dana Hesse, Group Home Manager.</p>	03/30/2014			

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	<p>was no bruising to the arm, but there was an obvious tightness to the muscle. While on a home visit on Sunday, [client #3] told her mother that [Staff #13] had taken her arm and pulled it behind her back. [Client #3]'s mom called and spoke to [Data Specialist name] on Monday evening and let her know what [client #3] had said. The Data Specialist promptly called the manager...[Staff #13] was suspended pending the outcome of the investigation and has returned to work. [Staff #13] received disciplinary actions for not reporting and documenting the incident from 8/1/13. Staff trained on reporting incidents and documenting behaviors per state regulations and InPact's policy within the allotted time and appropriate people."</p> <p>-BDDS report dated 10/17/13 involving client #2 indicated: "On 10/22/13, staff reported to the group home manager and program coordinator that on Thursday 10/17/13, 3 staff and 1 consumer were sitting around the table after dinner. Staff stated that one of the consumers, [client #2] who was not sitting at the table had walked up to staff, [Staff #13] who was sitting at the table. Staff stated that [client #2] was standing over [Staff #13] indicating she wanted something. [Staff #13] leaned backwards in her chair and asked [client #2] what she wanted but</p>						

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	<p>[client #2] continued to stand there. As [Staff #13] continued to lean back in her chair, the staff stated [Staff #13] put her hand on [client #2]'s face as she began to get up from the chair to walk away from the table. It was stated that [Staff #13] gradually pushed [client #2] away while her hand was still on her face. [Staff #13] was immediately suspended after the incident was reported. Management feels that the playful gesture that she has admitted doing with [client #2] is not appropriate because [client #2] does not understand what she is doing. [Staff #13] was suspended an additional 3 days on top of being suspended during the investigation. [Staff #13] will be returning back to work on 10/29/13. The staff who reported the incident late has received disciplinary action and training on InPact's policy on reporting allegations of abuse. It was made clear that she must report to management immediately when there is suspicion of abuse. The group home manager was talked to about ensuring she follows up with her staff when they call to report an incident...."</p> <p>2. A review of the group home records was conducted on 2/24/14 at 7:00 P.M.. Review of the medical record book indicated the following internal incident reports documented by group home staff:</p>				

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NAME OF PROVIDER OR SUPPLIER IN-PACT INC				STREET ADDRESS, CITY, STATE, ZIP CODE 132 BERENS ST DYER, IN 46311			
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	<p>-Internal Incident Report dated 11/2/13 involving client #3: "Staff was showering [client #3] after an accident. Staff was drying [client #3] when she said 'That hurts.' Staff looked between [client #3]'s buttock cheeks and saw a line of raw flesh. The raw flesh was in the upper part of her crack. It was about 2 inches long and was as wide as a pencil lead." Further review of the report failed to indicate this unknown injury was reported to the administrator and BDDS.</p> <p>-Internal Incident Report dated 3/3/13 involving client #2: "Was getting consumer ready for bed notice (sic) bruise on her when she removed her clothes to put on pajamas. 4 1/2 inch by 1 inch bruise #1, 2 inch by 1/4 inch second bruise purple and bluish in color." Further review failed to indicate this unknown injury was reported to the administrator and BDDS.</p> <p>-Internal Incident Report dated 11/25/13 involving client #2: "While giving [client #2] a shower notice (sic) her right breast is all white. Don't no (sic) why it's white and scratches from her pinching herself." Further review failed to indicate this incident of unknown injury was reported to the administrator and BDDS.</p> <p>-Internal Incident Report dated 12/17/13</p>						

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NAME OF PROVIDER OR SUPPLIER IN-PACT INC			STREET ADDRESS, CITY, STATE, ZIP CODE 132 BERENS ST DYER, IN 46311		
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	<p>involving client #2: "[Client #2] has a long thin scratch on the front of her neck-unknown injury. I did not see her do it or anyone else do it to her." Further review failed to indicate this incident was reported to the administrator and BDDS.</p> <p>An interview with the Group Home Director (GHD) was conducted on 2/28/14 at 1:09 P.M.. The GHD indicated these incidents were not immediately reported to the administrator or BDDS. The GHD further indicated the incidents should have been immediately reported to the administrator and within 24 hours to BDDS.</p> <p>9-3-2(a)</p>				

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 3 sampled clients (clients #2 and #3), the facility failed to provide evidence thorough investigations were conducted in regard to injuries of unknown injury.</p> <p>Findings include:</p> <p>A review of the group home records was conducted on 2/24/14 at 7:00 P.M.. Review of the medical record book indicated the following internal incident reports documented by group home staff:</p> <p>-Internal Incident Report dated 11/2/13 involving client #3: "Staff was showering [client #3] after an accident. Staff was drying [client #3] when she said 'That hurts.' Staff looked between [client #3]'s buttock cheeks and saw a line of raw flesh. The raw flesh was in the upper part of her crack. It was about 2 inches long and was as wide as a pencil lead." No written documentation was submitted for review to indicate an investigation was conducted.</p> <p>-Internal Incident Report dated 3/3/13 involving client #2: "Was getting consumer ready for bed notice (sic) bruise</p>	W000154	<p>All management staff will be re-trained on the abuse/neglect policy, which includes investigating any unknown injuries and reporting it timely. Responsible person: Sheila O'Dell, Group Home Director. The Manager will review all internal reports daily. If there is any unknown injuries, an investigation packet will be completed, which includes steps of a through investigation. Responsible person: Dana Hesse, Group Home Manager. To ensure future compliance, all internal incident reports will be reviewed at least monthly. Responsible person: Elaina Blystone, QDDP and Sheila O'Dell, Group Home Director.</p>	03/30/2014
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC			STREET ADDRESS, CITY, STATE, ZIP CODE 132 BERENS ST DYER, IN 46311		
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	<p>on her when she removed her clothes to put on pajamas. 4 1/2 inch by 1 inch bruise #1, 2 inch by 1/4 inch second bruise purple and bluish in color." No written documentation was submitted for review to indicate an investigation was conducted.</p> <p>-Internal Incident Report dated 12/17/13 involving client #2: "[Client #2] has a long thin scratch on the front of her neck-unknown injury. I did not see her do it or anyone else do it to her." No written documentation was submitted for review to indicate an investigation was conducted.</p> <p>An interview with the Group Home Director (GHD) was conducted on 2/28/14 at 1:09 P.M.. When asked if investigations were completed in regards to the incidents of unknown injury, the GHD stated "No."</p> <p>9-3-2(a)</p>				

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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 132 BERENS ST DYER, IN 46311
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC				STREET ADDRESS, CITY, STATE, ZIP CODE 132 BERENS ST DYER, IN 46311			
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W000192	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients(client #3) by staff not demonstrating skills and competency to follow client #3's health risk plans.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 2/24/14 from 4:45 P.M. until 7:20 P.M.. Upon entering the group home Direct Support Professional (DSP) #2 was stirring a pan with taco meat in which she added taco seasoning. Beginning at 6:20 P.M., clients #1, #2, #3 and #4 began eating their dinner. The Group Home Manager (GHM) asked client #3 if she wanted hot sauce, then retrieved a 32 ounce bottle of hot sauce and placed it on the table in front of client #3. Client #3 poured hot sauce on her food with no redirection from staff. At 6:35 P.M., client #3 started coughing and trying to clear her throat. The GHM stated "Did you pour too much?"</p> <p>A outside day program observation was conducted on 2/25/14 from 10:30 A.M. until 11:30 A.M.. An observation of</p>	W000192	<p>All staff will be re-trained in client # 3's high risk plan for GERD. Responsible person: Elaina Blystone, QDDP. A reliability/test will be completed to ensure competency. Responsible person: Elaina Blystone, QDDP. A mealtime log will be completed for client #3 for every meal daily for one month to ensure the high risk plan for GERD is being followed. Responsible person: Dana Hesse, Group Home Manager. This mealtime log will be monitor at least 5 days a week throughout the month by the manager and spot checked by the Coordinator weekly. Responsible person: Dana Hesse, Group Home Manager. To ensure future compliance, A mealtime reliability will be completed once a week for 4 weeks. Responsible person: Dana Hesse, Group Home Manager. To ensure future compliance, reliabilities will be completed monthly. Responsible person: Dana Hesse, Group Home Manager.</p>	03/30/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G608	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/28/2014
NAME OF PROVIDER OR SUPPLIER IN-PACT INC			STREET ADDRESS, CITY, STATE, ZIP CODE 132 BERENS ST DYER, IN 46311		
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	<p>client #3's lunch brought from the group home indicated Dinty Moore spaghetti and meatballs, chocolate covered mint cookies, blueberry muffins, sun chips and 2 cans of Pepsi.</p> <p>A review of client #3's record was conducted on 2/26/14 at 3:30 P.M.. Review of client #3's "High Risk Management Plan GastroEsophageal Reflux Disease (GERD)" dated 3/6/13 indicated: "Gastroesophageal reflux is a physical condition in which acid from the stomach flows backward up into the esophagus....Change diet by avoiding foods that may irritate the damaged lining of the esophagus, such as citrus juice, tomato juice, pepper, fats and chocolate....Notify the physician with any changes in GERD or GERD symptoms: ...Repeated coughing or clearing throat."</p> <p>An interview with the Registered Nurse (RN) was conducted on 2/28/14 at 12:30 P.M.. The RN indicated staff should follow client #3's risk plan and should avoid the foods listed.</p> <p>9-3-3(a)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G608	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/28/2014
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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, the facility failed to implement written objectives during times of opportunity for 3 of 3 sampled clients and 1 additional client (clients #1, #2, #3 and #4).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 2/24/14 from 4:45 P.M. until 7:20 P.M.. During the entire observation period, clients #1, #3 and #4 sat/stood in the living room and kitchen with no activity. Client #2 stood in the dining room in front of a heater with no activity. Direct Support Professionals (DSP) #1, #2, #3 and #4 would occasionally walk through and visually check on and speak to clients #1, #2, #3 and #4 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>A morning observation was conducted at the group home on 2/25/14 from 6:10</p>	W000249	<p>Staff will be retrained on program implementation, which includes that each consumer must receive continuous active treatment programming. Responsible person: Elaina Blystone, QDDP. All programs are scheduled on each client's activity schedule to meet the frequency to support the achievement of the objectives. It also should be ran during any other opportunity. Responsible person: Dana Hesse, Group Home Manager. Weekly an observation will be completed to ensure that the scheduled programs are being completed. During these observation, we will also be specifically looking to see if there were any missed opportunities. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, programmatic and active treatment reliability will be completed at least monthly. Responsible person: Dana Hesse, group home manager & Elaina Blystone, QDDP.</p>	03/30/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G608		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/28/2014	
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	<p>A.M. until 8:00 A.M.. Beginning at 6:20 A.M., clients #3 and #4 sat in the living room with no activity. Client #1 stood in the kitchen with no activity. Client #2 stood in the dining room in front of a heater with no activity. Direct Support Professionals (DSP) #1 and #2 would occasionally walk through and visually check on clients #1, #2, #3 and #4 but did not offer meaningful active treatment activities or implement client objectives. DSP #5 cooked breakfast and DSP #1 passed medications. Clients #2, #3 and #4 did not learn to self medicate.</p> <p>A review of client #1's records was conducted on 2/26/14 at 2:30 P.M.. A review of the client's 12/19/13 Individual Support Plan indicated the following objectives which could have been implemented during the observation periods: "Will learn to sort silver and copper coins...will learn to stamp her name...will learn her right and left."</p> <p>A review of client #2's records was conducted on 2/26/14 at 3:00 P.M.. A review of the client's 1/20/14 Individual Support Plan indicated the following objectives which could have been implemented during the observation periods : "Will stamp her name...will learn to wipe down her mat...will learn to exchange money...will use PECS (Picture</p>						

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NAME OF PROVIDER OR SUPPLIER IN-PACT INC				STREET ADDRESS, CITY, STATE, ZIP CODE 132 BERENS ST DYER, IN 46311			
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	<p>Exchange Communication System) to communicate...will learn to scrape her plate into garbage after the evening meal...will learn to self medicate...will learn to do laundry."</p> <p>A review of client #3's records was conducted on 2/26/14 at 3:30 P.M.. A review of the client's 7/20/13 Individual Support Plan indicated the following objectives which could have been implemented during the observation periods: "Will to learn self medicate...will learn to make healthy food choices...will learn the value of coins through matching...will learn to match sight words with pictures...will learn "social circles 'orange'...will learn to exercise."</p> <p>A review of client #4's records was conducted on 2/26/14 at 3:50 P.M.. A review of the client's 9/5/13 Individual Support Plan indicated the following objectives which could have been implemented during the observation periods: "Will learn to add coins up to the value of \$1.50...will learn to self medicate...will learn to write her first and last name...will learn will learn to unload the dishwasher...will learn to read simple sentences and be able to identify 1 out of the 3 words in the sentence."</p>						

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	<p>The Group Home Director (GHD) was interviewed on 2/28/14 at 1:09 P.M.. The GHD stated client objectives should be implemented "daily." The GHD further indicated clients #1, #2, #3 and #4 should have been provided with meaningful active treatment activities during the observation periods.</p> <p>9-3-4(a)</p>			

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and record review for 2 of 3 sampled clients (clients #2 and #3), the facility's nursing services failed to meet the needs of the clients in regard to assessing client #3 after documented injuries of unknown origin and injury. The facility's nursing services failed to reconcile doctor's orders, pharmacist recommendations with labels and Medication Administration Records (MAR) for clients #2 and #3.</p> <p>Findings include:</p> <p>1. A review of the group home records was conducted on 2/24/14 at 7:00 P.M.. Review of the medical record book indicated the following internal incident reports documented by group home staff:</p> <p>-Internal Incident Report dated 11/2/13 involving client #3: "Staff was showering [client #3] after an accident. Staff was drying [client #3] when she said 'That hurts.' Staff looked between [client #3]'s buttock cheeks and saw a line of raw flesh. The raw flesh was in the upper part of her crack. It was about 2 inches long and was as wide as a pencil lead."</p> <p>-Internal Incident Report dated 2/17/14</p>	W000331	<p>Staff will review adjectives to accurately be able to describe injuries on paper objectively....how to properly describe an injury objectively i.e. (a small cut 1/2 long by 1/16th wide vs. saying it is a gash). If a picture is taken of the injury, place an item next to it like a quarter. Responsible person: Elaina Blystone, QDDP.</p> <p>Management was retrained to contact the nurse for any significant or unknown injuries. Responsible person: Sheila O'Dell, Group home Director. The nurse will be contacted for any significant or unknown injuries. The injury will visually be assessed by the facility nurse or by a physician. Responsible person: Dana Hesse, Group Home Manager & Sherri DiMarrco, RN. To ensure future compliance, there will be a record of the assessed injury.</p> <p>Responsible person: Sherri DiMarrco, RN & Dana Hesse, Group Home Manager. To ensure future compliance, monthly during our program status review, the internal incident reports will be reviewed to see a record that the nurse assessed injury. Responsible person: Sheila O'Dell, Group Home Director & Elaina Blystone, QDDP.</p> <p>The MARs for client#2 & #3 were</p>	03/30/2014			

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	<p>involving client #3: "[Client #3] found staff in the hallway and showed staff a gash in her right lower leg. [Client #3] let another staff clean area. [Client #3] told staff she hit her leg on the trunk in her room. Gash matched corner of trunk. It was a 'v' shape cut from the corner of her trunk in her room. It was bleeding, cleaned it with alcohol."</p> <p>A review of client #3's record was conducted on 2/26/14 at 3:30 P.M.. Review of her medical record did not indicate the facility's nursing staff assessed her after each of the documented incidents made by the group home staff.</p> <p>An interview with the Group Home Director (GHD) was conducted on 2/28/14 at 1:09 P.M.. The GHD indicated when nursing staff assess clients they document nursing notations in the client's medical record. After reviewing client #3's medical record and nursing notations, the GHD indicated no documentation was in client #3's record to indicate if the facility's nursing staff assessed client #3 after the documented injuries. When asked if the facility's nursing staff assessed client #3 after the documented injuries, the GHD indicated she did not know because there was no documentation in the client's record to indicate so.</p>		<p>reconciled with the doctor's orders and pharmacist recommendations with labels. Responsible person: Sherri DiMarro, RN. When medications are checked in, the labels and pharmacist recommendations will be compared to the MARs to ensure accuracy. Responsible person: Dana Hesse, Group Home Manager. To ensure future compliance, the PO will be reviewed monthly with the MARs and the MARs will be compared to the pharmacist recommendations with labels. If conflicting, clarification will be made. Responsible person: Sherri DiMarro, RN & Dana Hesse, Group Home Manager.</p>		

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	<p>2. A morning observation was conducted at the group home on 2/25/14 from 6:10 A.M. until 8:00 A.M.. At 6:50 A.M., Direct Support Professional (DSP) #1 began passing client #2's prescribed oral medications. DSP #1 passed client #2's Omeprazole 20 mg (milligrams) capsule (Gastroesophageal reflux disease). Review of the medication packet label indicated: "Omeprazole DR 20 mg capsule...Give 2 capsules, 40 mg once daily...Take before food/meal." Review of the 2/14 Medication Administration Record did not indicate to take the medication before food/meal.</p> <p>A review of client #3's record was conducted on 2/26/14 at 3:30 P.M.. Review of client #3's Physician Order (PO) for her Simvastatin 10 mg tablet (high cholesterol) dated 8/14/13 indicated: "Simvastatin 10 mg tablet...Take 1 tablet by mouth every evening." Review of client #3's Medication Administration Record (MAR) dated 2/14 indicated: "Simvastatin 10 mg...1 tablet daily...6:00 A.M.."</p> <p>An interview with the Registered Nurse was conducted on 2/28/14 at 12:30 P.M.. The RN indicated she is responsible for reconciling the medication labels, PO and</p>			
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	<p>MARS for the clients' medications.</p> <p>When asked if the PO should be followed as ordered, she indicated yes. The nurse stated, "We always give her that medication in the morning; I didn't realize the PO said to give in the evening."</p> <p>9-3-6(a)</p>				

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview, the facility failed to assure drugs were administered to 2 of 4 sampled clients (clients #3 and #4) in compliance with the physician's orders.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 2/25/14 at 1:20 P.M.. Review of the records indicated:</p> <p>-BDDS report dated 7/2/13 indicated: "Upon passing morning Medications for [client #3] (under supervision of Group Home Manager), [Staff #1] noticed that the 6 A.M. dose of Risperdal 1 mg (milligram) (schizophrenia) and Chlorthalidone 25 mg (high blood pressure) were still in medication card and were not passed on 7/2/13. She promptly brought it to the attention of her manager."</p> <p>-BDDS report dated 10/15/13 indicated: "While preparing to pass morning medications, staff noticed that the medication was already punched out.</p>	W000368	<p>All staff are trained and required to pass Med core A & B upon hire. They are also required to be trained on site with the specific client's med and must pass a med pass reliability prior to being able to pass meds. Responsible person: Sherri DiMarrco, RN & Dana Hesse, Group Home Manager. If a med error occurs, additional training, disciplinary action, observations, reliabilities takes place to ensure all medications are administered as ordered. Responsible person: Sherri DiMarrco, RN and Dana Hesse, Group Home Manager. Records were reviewed to ensure corrective action occurred. Staff had received a supervisory note, verbal warning and a written warning. They also received additional training, could only pass meds with supervisory for a period of time and reliabilities were completed. There has not been a med error since. Responsible person: Dana Hesse, Group Home Manager and Sheila O'Dell, Group Home Director. Monthly our safety committee reviews all incident reports to ensure recommendations and follow-up are done. Responsible person: Mary Jane Lewis, HR and Sheila O'Dell, Group Home Director.</p>	03/30/2014			

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	<p>Upon further examination 2 of [client #4]'s medications for the A.M. dose had already been used and two of the evening medications were still in the bubble pack from the 9:00 P.M. medications on 15th. On 10/15/13 at 9:00 P.M. [client #4] was given Levothyroxine 50 mcg (micrograms) (thyroid) and Sertraline 25 mg (antidepressant) (which are morning medications and already passed that day). She was not given Meloxicam 15 mg (osteoarthritis) and Olanzapine 10 mg (schizophrenia). The staff passing the incorrect medications will do a medication passing reliability with supervisor."</p> <p>-BDDS report dated 11/3/13 indicated: "Upon checking the Medication Administration Record, Manager noted that [client #3]'s 5 P.M. medications were not signed for. When Manager spoke to staff that passed medications at 5P.M., she stated she had passed liquid medications. In checking Medication card the 5 P.M. dose of Bzotropine MES 1 mg (parkinsons) and Risperdone 1 mg (schizophrenia) were still present in card...Staff and Manager went over 5:00 P.M. medication pass together on 11/4/13. All medications were passed correctly."</p> <p>-BDDS report dated 12/21/13 indicated:</p>		<p>To ensure future compliance, at least year training and med pass reliability will occur. Responsible person: Sherri DiMarrco, RN and Dana Hesse, Group Home Manager. To ensure future compliance, monthly a med pass reliability will be completed. Responsible person: Dana Hesse, Group Home Manager.</p>				

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	<p>"Upon passing medications for [client #3], it was noticed that 5 P.M. meds were not passed for 12/21/13. Meds not passed were Depakote syrup 1000 mg (milligrams)-4 teaspoons (seizures), Risperdal 1 mg 1 tablet (schizophrenia), Cogentin 1 mg 1 tablet (parkinsons), and calcium carb 2 teaspoons (supplement)...Manager will give staff involved a medication reliability to insure she is following agency policy for med pass."</p> <p>--BDDS report dated 1/2/14 involving client #3 indicated: "During morning med pass on 1/3/14, it was noticed the A.M. dose of Cogentin 1 mg (parkinsons) was still in the medication card...Staff responsible for morning med pass on 1/2/14 will receive a written warning. She will be required to do med pass reliability with manager prior to passing any further medication."</p> <p>An interview with the Registered Nurse (RN) was conducted on 2/28/14 at 12:30 P.M.. The RN indicated staff are trained on medication administration upon employment. The RN further indicated medications should be administered as ordered.</p> <p>9-3-6(a)</p>						

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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 3 sampled clients (client #3), the facility failed to encourage and teach the use of her prescribed eyeglasses.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 2/24/14 from 4:45 P.M. until 7:20 P.M.. Client #3 did not wear her prescribed eyeglasses during the entire observation period. DSPs #1, #2, #3 and #4 did not prompt client #3 to wear her eyeglasses..</p> <p>A morning observation was conducted at the group home on 2/25/14 between 6:10 A.M. and 8:00 A.M.. Client #3 did not wear her prescribed eyeglasses during the entire observation period. DSPs #1 and #5 did not prompt client #3 to wear her eyeglasses.</p> <p>An observation was conducted at the outside day program on 2/25/14 between</p>	W000436	<p>No other clients were affected by the deficient practice. Staff will be re-trained that eyeglasses for client #3 are to be encouraged to be worn/used. Responsible person: Elaine Blystone, QDDP. If a consumer is refusing to wear their glasses or often breaks them, a program will be put into place to tolerate wearing them. A formal program/goal will be put into place to encourage and teach client #3 to wear her eyeglasses. Responsible person: Elaina Blystone, QDDP. The frequency of this goal/program is daily. The program was put on the activity schedule. The data sheet will be monitored on a weekly basis by the Manager. Responsible person: Dana Hesse, Group home manager. A reliability will be done to ensure client #3 is encouraged to wear her glasses. Responsible person Dana Hesse, Group Home Manager. To ensure future compliance, quarterly client #3's eye glasses along with any other client's adaptive aids will be reviewed to ensure they are in place, in good condition and using them. To ensure future</p>	03/30/2014	

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	<p>10:45 A.M. and 11:45 A.M.. Client #3 did not wear her prescribed eyeglasses during the entire observation period. Day program staff did not prompt client #3 to wear her eyeglasses.</p> <p>A review of client #3's record was conducted on 2/26/14 at 3:30 P.M.. A review of client #3's vision assessment dated 6/28/13 indicated: "Eyeglasses full time."</p> <p>An interview with the Group Home Director (GHD) was conducted on 2/28/14 at 1:09 P.M.. The GHD indicated client #3 was prescribed eyeglasses for full time use and should have been prompted to do so.</p> <p>9-3-7(a)</p>		<p>compliance, this review will be noted in each client's quarterly report. Responsible person: Elaina Blystone, QDDP.</p>		

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview and record review for 3 of 3 sampled clients and 1 additional client (clients #1, #2, #3, #4), the facility failed to assure the staff provided food in accordance with the menu.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 2/24/14 from 4:45 P.M. until 7:20 P.M.. At 4:55 P.M., a review of the menu dated 2/24/14 indicated: "Tacos...1/2 cup rice, 1/2 cup corn, 1 cup 2% milk, 2 tortillas, salsa." At 6:20 P.M., clients #1, #2, #3 and #4 began eating their dinner which consisted of tacos. There was no rice, corn or 2% milk provided for clients #1, #2, #3 and #4 to eat with their meal.</p> <p>An interview with the Group Home Director (GHD) was conducted on 2/28/14 at 1:09 P.M.. The GHD indicated staff should follow the menu.</p> <p>9-3-8(a)</p>	W000460	<p>All management and staff will be retrained to follow the menus. Responsible person: Sheila O'Dell, Group Home Director and Elaina Blystone, QDDP. Staff will also be trained that if a change is needed to be made to the menu that it will be substituted with an item within the same food group and nutritional value. Responsible person: Dana Hesse, Group Home Manager. A mealtime log will be completed for one of the clients for every meal daily for one month to ensure the menu is being followed. Responsible person: Dana Hesse, Group Home Manager. This mealtime log will be monitor at least 5 days a week throughout the month by the manager and spot checked by the Coordinator weekly. Responsible person: Dana Hesse, Group Home Manager. To ensure future compliance, a reliability will be completed monthly for 3 months and then quarterly reliabilities will be done to maintain compliance. Responsible person: Dana Hesse.</p>	03/30/2014			

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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 5 of 5 clients (clients #1, #2, #3, #4 and #5) residing in the group home to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 2/25/14 from 6:10 A.M. until 8:00 A.M.. At 6:20 A.M., a review of the menu dated 2/25/14 indicated: "1 sausage patty, 1/2 cup grits, 6 ounces orange juice, 1 cup 2% milk, margarine and Equal (sugar substitute)." At 6:55 A.M., clients #1, #2, #3, #4 and #5 began eating their breakfast which consisted of grits and sausages. There was no butter/margarine or sugar/sugar substitute provided for clients #1, #2, #3, #4 and #5 to use for their meal.</p> <p>An interview with the Group Home Director (GHD) was conducted on 2/28/14 at 1:09 P.M.. The GHD indicated butter/margarine and equal should be put on the table for the clients to use.</p>	W000484	<p>Staff will ensure that condiments will be provided at each meal. Responsible person: Dana Hesse, Group Home Manager. Staff will be retrained to provide all condiments for each of the client during all of the meal provide. Responsible person: Dana Hesse, Group Home Manager. To ensure future compliance, a dining reliability/test will be completed to show competency. Responsible person: Dana Hesse, Group Home Manager and Elaina Blystone, QDDP.</p>	03/30/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G608	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/28/2014
NAME OF PROVIDER OR SUPPLIER IN-PACT INC			STREET ADDRESS, CITY, STATE, ZIP CODE 132 BERENS ST DYER, IN 46311		
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	9-3-8(a)				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G608		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/28/2014	
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W000488	<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 assure 5 of 5 clients residing at the group home (clients #1, #2, #3, #4 and #5) were involved in meal preparation and served themselves.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 2/24/14 from 4:45 P.M. until 7:20 P.M.. Upon entering the group home Direct Support Professional (DSP) #2 was stirring a pan with taco meat while clients #1 and #2 were standing with no activity. At 5:15 P.M., clients #3 and #4 returned from their day program. At 5:40 P.M., DSP #4 began cutting up lettuce and tomatoes while clients #1, #2, #3 and #4 sat/stood in the living and dining rooms with no activity. Beginning at 6:20 P.M., clients #1, #2, #3 and #4 began eating their dinner. Clients #1, #2, #3 and #4 did not assist in meal preparation. Clients #1, #2, #3 and #4 ate their meal independently.</p> <p>A morning observation was conducted at the group on 2/25/14 from 6:10 A.M. until 8:00 A.M.. From 6:10 A.M. until 6:20 A.M., DSP #5 began cooking a pot</p>	W000488	<p>Staff will be retrained to ensure clients are given the opportunity to participate in meal preparation. Responsible person: Dana Hesse, Group Home Manager. Client's will be scheduled to assist in meal prep. If others are available and able, they can also assist even if it is not their assigned cook time. Responsible person: Dana Hesse, Group Home Manager. To ensure future compliance, a meal prep reliability/test will be completed to show competency. Responsible person: Dana Hesse, Group Home Manager and Elaina Blystone, QDDP.</p>	03/30/2014			

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	<p>of grits while clients #1, #2, #3, #4 and #5 sat in their bedrooms with no activity. At 6:55 A.M., clients #1, #2, #3, #4 and #5 began eating their breakfast. Clients #1, #2, #3, #4 and #5 did not assist in meal preparation. Clients #1, #2, #3, #4 and #5 ate their meal independently.</p> <p>An interview with the Group Home Director (GHD) was conducted on 2/28/14 at 1:09 P.M.. The GHD indicated clients were capable of assisting in meal preparation and further indicated they should be assisting in preparation at all meal times.</p> <p>9-3-8(a)</p>				