

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G077	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/16/2014
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 317 E FRANKLIN ST HUNTINGTON, IN 46750
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: October 15 and 16, 2014.</p> <p>Surveyor: Kathy Wanner, QIDP.</p> <p>Facility Number: 000621 Provider Number: 15G077 AIM Number: 100248610</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/28/14 by Ruth Shackelford, QIDP.</p>	W000000		
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, facility staff failed to follow the facility's policy regarding Abuse and Neglect for 1 of 3 additional clients (client #5) by failing to provide supervision for client #5 in accordance with his needs, which resulted in client #5 missing and being</p>	W000149	<p>It is always the intention of Pathfinder Services, Inc. to follow all polices in order to maintain the health and safety of all of our clients. On this particular day, staff failed to follow this policy. This staff has been reprimanded and retrained. The client has shown no ill effects of this</p>	01/19/2015

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>with out supervision for 10 minutes during a community outing.</p> <p>Findings include:</p> <p>On 10/15/14 at 2:58 P.M., the BDDS (Bureau of Developmental Disabilities Services) incident reports were reviewed for the period from 10/2013 through 10/15/2014 and indicated the following:</p> <p>- a BDDS report dated 4/27/14 for an incident on 4/26/14 at 1:00 P.M. indicated "[Client #5] is a non-verbal gentleman that is ambulatory. While at the Special Olympics Track Meet, [name of staff #8] was with [client #5] and other Pathfinder staff and clients. All were eating their lunch. One peer finished his lunch, he needed to go to another area to compete. [Client #5] was still eating and sitting with his peers. [Staff #8] left with the peer and failed to ask another staff directly to watch [client #5]. When [staff #8] came back to the table, [client #5] was gone. It was approximately 10 minutes later that he (client #5) was found safe, in the company van. It appears that [client #5] was confused by the new surroundings and went to a place that was familiar to him. Staff (staff #8) realizes that he should not have assumed that someone else would watch [client #5] and that</p>		<p>episode. Our Prevention of Abuse and Neglect policy is taught to every new DSP hired by Pathfinder Services. Thereafter, the policy is one of our annual trainings. Staff utilize a task checklist system stating what responsibilities each staff have. A staff will then be assigned to at least maintain line of site with the client in question. These checklists are reviewed by the Manager on a weekly basis to ensure that staff are complying with the checkslit.</p>				

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	<p>communication is key to ensuring the safety of those we serve. All staff were reminded to be vigilant in their efforts to watch the clients and keep them safe to the best of their abilities. [Staff #8] received a re-training on client safety in the community."</p> <p>Client #5's record was reviewed on 10/16/14 at 12:50 P.M. Client #5 had a Behavior Support Plan (BSP) dated 10/8/14 which included the targeted behavior of hazardously running (running through areas, house, workshop, without attending to his surroundings, running into walls, people, things, etc.)." Client #5's BSP indicated "Due to his dementia and his tendency to run hazardously and wander: 4.a. At day services, [client #5] will stay within line of sight with support team members at all times, with the exception to this rule when he is in the restroom unless assistance is needed. b. At home, [client #5] will stay in line of sight with support team members at all times with the exception to this rule being while he is in the restroom or his bedroom...5. Within the community: a. Prior to outing, staff will remind [client #5] of community safety, walking with the group and risks associated with hazardous running during this time. b. It is helpful if staff remain within arms length to [client #5] in the event he</p>			

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	<p>begins the hazardous running. c. It may be helpful to guide [client #5] with an open hand on his elbow giving him the comfort and direction of where you are going."</p> <p>The facility Policy Handling Client Abuse, Neglect, Injuries of Unknown Origin & BDDS incident reporting dated 10/24/13 was reviewed on 10/15/14 at 3:31 P.M. and indicated the following: "...2. Alleged, suspected or actual neglect...includes but is not limited to: a. failure to provide appropriate supervision, care, training...."</p> <p>An interview was conducted with staff #6 on 10/16/14 at 1:10 P.M. Staff #6 stated, "He (client #5) is to be in line of sight at all times according to his plan."</p> <p>An interview was conducted with the Senior Director for Community Supports (SDCS) the Residential Coordinator (RC) and the Qualified Intellectual Disabilities Professional (QIDP) on 10/16/14 at 2:10 P.M. The SDCS stated, "No, it is against our policy for staff to not provide adequate supervision. The staff (staff #8) failed to communicate to his fellow staff. He received a write up for the incident. It was a failure to communicate who was taking whom."</p>			

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W000249	<p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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 record review and interview, the facility staff failed to follow the Behavior Support Plan for 1 of 3 additional clients (client #5) by failing to provide supervision for client #5 in accordance with his needs, which resulted in client #5 missing and being with out supervision for 10 minutes during a community outing.</p> <p>Findings include:</p> <p>On 10/15/14 at 2:58 P.M., the BDDS (Bureau of Developmental Disabilities Services) incident reports were reviewed for the period from 10/2013 through 10/15/2014 and indicated the following:</p> <p>- a BDDS report dated 4/27/14 for an incident on 4/26/14 at 1:00 P.M.</p>	W000249	<p>While in the community, staff are to maintain line of site with this particular client. On the day in question, due to a lack of communication, the client was left with no one directly supervising him. The staff in charge has been reprimanded and retrained. The client was found to have no ill effects from this episode. The Behavior Support Plan is updated at least annually. At that time all staff are to read the plan and to ensure that they fully understand it. Staff utilize a task checklist system stating what responsibilities each staff have. A staff will then be assigned to at least maintain line of site with the client in question. These checklists are reviewed by the Manager on a weekly basis to ensure that staff are complying with the checkslit</p>	01/19/2015

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	<p>indicated "[Client #5] is a non-verbal gentleman that is ambulatory. While at the Special Olympics Track Meet, [name of staff #8] was with [client #5] and other Pathfinder staff and clients. All were eating their lunch. One peer finished his lunch, he needed to go to another area to compete. [Client #5] was still eating and sitting with his peers. [Staff #8] left with the peer and failed to ask another staff directly to watch [client #5]. When [staff #8] came back to the table, [client #5] was gone. It was approximately 10 minutes later that he (client #5) was found safe, in the company van. It appears that [client #5] was confused by the new surroundings and went to a place that was familiar to him. Staff (staff #8) realizes that he should not have assumed that someone else would watch [client #5] and that communication is key to ensuring the safety of those we serve. All staff were reminded to be vigilant in their efforts to watch the clients and keep them safe to the best of their abilities. [Staff #8] received a re-training on client safety in the community."</p> <p>Client #5's record was reviewed on 10/16/14 at 12:50 P.M. Client #5 had a Behavior Support Plan (BSP) dated 10/8/14 which included the targeted behavior of hazardously running (running</p>			

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	<p>through areas, house, workshop, without attending to his surroundings, running into walls, people, things, etc.)." Client #5's BSP indicated "Due to his dementia and his tendency to run hazardedly and wander: 4.a. At day services, [client #5] will stay within line of sight with support team members at all times, with the exception to this rule when he is in the restroom unless assistance is needed. b. At home, [client #5] will stay in line of sight with support team members at all times with the exception to this rule being while he is in the restroom or his bedroom...5. Within the community: a. Prior to outing, staff will remind [client #5] of community safety, walking with the group and risks associated with hazardous running during this time. b. It is helpful if staff remain within arms length to [client #5] in the event he begins the hazardous running. c. It may be helpful to guide [client #5] with an open hand on his elbow giving him the comfort and direction of where you are going."</p> <p>An interview was conducted with staff #6 on 10/16/14 at 1:10 P.M. Staff #6 stated, "He (client #5) is to be in line of sight at all times according to his plan."</p> <p>An interview was conducted with the Senior Director for Community Supports</p>			

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	(SDCS) the Residential Coordinator (RC) and the Qualified Intellectual Disabilities Professional (QIDP) on 10/16/14 at 2:10 P.M. The SDCS stated, "The staff (staff #8) failed to communicate to his fellow staff. He received a write up for the incident. It was a failure to communicate who was taking whom. No, we didn't follow his plan." 9-3-4(a)				