

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G631	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/09/2013
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NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1738 FIFTH ST LA PORTE, IN 46350
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: December 18, 19, 20, 2012 and January 9, 2013</p> <p>Facility number: 001204 Provider number: 15G631 AIM number: 100245720</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/16/13 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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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to provide age appropriate activities for 1 of 4 sampled clients (client #3).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 12/19/12 from 3:55 P.M. until 5:40 P.M.. At 4:00 A.M., Direct Support Professional (DSP) #5 placed a wooden children's puzzle on the table in front of where client #3 sat. DSP #5 also placed a plastic light up musical toy on the table in front of client #3. DSP #5 prompted client #3 to play with the toys. At 5:10 P.M., DSP #6 placed a brown stuffed teddy bear on client #3's lap. Client #3 placed the bear on the couch. Client #3 was not provided any other activities during the observation.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/20/12 at 12:55 P.M.. The QMRP indicated client #3 should be offered age appropriate activities.</p>	W0137	In order to ensure this citation is met now and systemically, staff in this home will be retrained over active treatment measures and what are age appropriate activities should be provided. QDDP will go over all individual's ipps with staff to have consumers participate in active treatment and appropriate ipps. Each staff member will be given a quiz over the active treatment training. (Team Leader, Direct Care Staff and QDDP responsible)	02/08/2013			

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	9-3-2(a)				

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed for 1 of 3 clients observed at the facility owned day program (client #4), by not ensuring the client's updated Individual Support Plan (ISP) was available for all staff who worked at the day program.</p> <p>Findings include:</p> <p>A day program observation was conducted on 12/20/12 from 10:10 A.M. until 11:40 A.M.. During the entire observation period client #4 sat with no activity.</p> <p>A review of client #4's day program record was conducted on 12/20/12 at 11:15 A.M.. A review of client #4's record failed to indicate an ISP.</p> <p>An interview with day program staff #1 was conducted on 12/20/12 at 11:20 A.M.. Day program staff #1 indicated they did not have an ISP for client #4.</p> <p>A review of client #4's record was conducted at the facility's administrative</p>	W0248	<p>In order to ensure this citation is met now and systemically, PAF will send a copy of all individual's ipp to our day activity program. These goals will be kept in an individual file and available for staff to work on in the case of a consumer going to day activities. Staff will be retrained by the QDDP on each ipp and have a quiz on individual goals that should be implemented at all opportunities. Consumers' ipp's will be gone over at ongoing meetings each month to ensure staff are updated and informed of consumer plans. QDDP and remainder of IDT will monitor in the homes to see that active treatment is being implemented when they complete their monthly observations.(QDDP and day activities staff responsible)</p>	02/08/2013			

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	<p>office on 12/19/12 at 2:45 P.M.. Client #4's record indicated a most current ISP dated 10/15/12.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 12/20/12 at 12:55 P.M.. The QMRP indicated each client's updated ISP should be available to the staff at the day program.</p> <p>9-3-4(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, record review, and interview, the facility failed to implement written objectives during times of opportunity for 4 of 4 sampled clients (clients #1, #2, #3 and #4).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 12/18/12 from 5:45 A.M. until 7:45 A.M.. From 5:45 A.M. until 7:10 A.M., client #3 sat on her bed with no activity or active treatment.</p> <p>During the entire observation period clients #1 and #2 walked back and forth from the living room to the kitchen/dining area without activity or active treatment. Client #4 sat in her wheelchair with no activity or active treatment. During the noted time periods, direct care staff #1, #2 and #3 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.</p>	W0249	As mentioned in tag 248, PAF will ensure this tag is met now and systemically for both the group home and the day activities program. The QDDP will send all ipps over to the day activities program for all consumers immediately. Staff will be trained on the ipps for each individual. QDDP will then give a quiz to test for competency in knowing the ipps. The ipps will be reviewed at ongoing monthly meetings to ensure staff are updated and informed of consumer plans. The same will go for the house staff where the consumers live. The QDDP will retrain the staff on their ipps and when to implement them in their natural surroundings and the give a competency quiz. The QDDP and IDT make weekly observations in the home and will monitor to see that active treatment is being done in the natural surroundings.(QDDP, Team Leader, direct care staff responsible)	02/08/2013			

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	<p>An evening observation was conducted at the group home on 12/19/12 from 3:55 P.M. until 5:40 P.M.. During the observation period client #2 walked back and forth from the living room to the kitchen/dining area without activity. From 4:35 P.M. until 5:30 P.M., clients #3 and #4 sat with no activity or active treatment. During the noted time periods, direct care staff #4, #5 and #6 would occasionally walk through and visually check on clients #2, #3 and #4 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>A facility owned day program observation was conducted on 12/20/12 from 10:10 A.M. until 11:40 A.M.. During the entire observation period client #4 sat with no activity.</p> <p>A review of client #1's record was conducted on 12/19/12 at 1:40 P.M.. A review of the client's 12/15/12 Individual Program Plan (IPP) indicated the following objectives which could have been implemented during the 12/18/12 and 12/19/12 morning and evening observation periods: 1. Participate in exercise. 2. Improve ability to sign name. 3. Will identify coins. 4. Will answer simple "wh--" questions. 5. Will participate in household tasks.</p>			

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	<p>A review of client #2's record was conducted on 12/19/12 at 2:15 P.M.. A review of the client's 5/15/12 Individual Program Plan (IPP) indicated the following objectives which could have been implemented during the 12/18/12 and 12/19/12 morning and evening observation periods: 1. Practice relaxation techniques. 2. Follow a daily schedule. 3. Exercise regularly. 4. Participate in a variety of recreational activities. 5. Help prepare meals with staff assistance.</p> <p>A review of client #3's record was conducted on 12/19/12 at 2:30 P.M.. A review of the client's 11/15/12 Individual Program Plan (IPP) indicated the following objectives which could have been implemented during the 12/18/12 and 12/19/12 morning and evening observation periods: 1. Follow a personal routine/schedule. 2. Learn and use various forms of communication. 3. Participate in leisure/recreational activities. 4. Exercise regularly. 5. Demonstrate basic housekeeping skills with assistance.</p> <p>A review of client #4's record was conducted on 12/19/12 at 2:45 P.M.. A review of the client's 10/15/12 Individual Program Plan (IPP) indicated the following objectives which could have</p>			

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	<p>been implemented during the 12/18/12 and 12/19/12 morning and evening observation periods: 1. Enhance memory skills and identity skills. 2. Learn empathetic listening to improve social skills. 3. Establish and follow a personal routine/schedule. 4. Exercise regularly. 5. Assist with household chores. 6. Enhance reading skills.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 12/20/12 at 12:55 P.M.. The QMRP stated client objectives should be implemented "during all times of opportunity." The QMRP also indicated clients #1, #2, #3 and #4 should have had been provided with meaningful active treatment activities during the 12/18/12, 12/19/12 and 12/20/12 morning, evening and day program observation periods.</p> <p>9-3-4(a)</p>						

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W0436	<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, the facility failed for 1 of 3 clients with prescribed eyeglasses (client #6) to provide eyeglasses as recommended.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 12/18/12 from 5:45 A.M. until 7:45 A.M.. During the entire observation period client #6 did not wear eyeglasses.</p> <p>An evening observation was conducted at the group home on 12/19/12 from 3:55 P.M. until 5:40 P.M. During the entire observation period client #6 did not wear eyeglasses.</p> <p>A facility owned day program observation was conducted on 12/20/12 from 10:10 A.M. until 11:10 A.M.. During the entire observation period client #6 did not wear eyeglasses.</p> <p>A review of client #6's record was</p>	W0436	<p>This citation has been met. Individual's glasses have been replaced and there will be a goal written to have the staff start working with the consumer to get him use to wearing his glasses. To meet this citation systemically, whenever a consumer's glasses get broken, the RN will have the staff get the glasses in for repair immediately.(QDDP, Team Leader, Direct Care Staff, RN responsible)</p>	02/08/2013			

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	<p>conducted on 12/19/12 at 3:10 P.M.. Review of client #1's most current vision assessment dated 10/17/12 indicated he was prescribed eyeglasses.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 12/20/12 at 12:55 P.M.. The QMRP indicated client #6 was prescribed to wear eyeglasses but his eyeglasses needed repair. The QMRP further indicated he was not sure when the eyeglasses would be repaired.</p> <p>9-3-7(a)</p>			

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed to ensure 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8) assisted in preparing and packing their lunches.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 12/18/12 from 5:45 A.M. until 7:45 A.M.. At 7:00 A.M., Direct Support Professional (DSP) #3 prepared and packed clients #1, #2, #3, #4, #5, #6, #7 and #8's lunches into their lunch boxes, as the clients sat in the living area with no activity. Clients #1, #2, #3, #4, #5, #6, #7 and #8 were not prompted and did not assist in preparing and packing their lunches.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 12/20/12 at 12:55 P.M.. The QMRP indicated the clients could assist in preparing and packing their lunches and further indicated they should be assisting in preparing and packing their lunches at all times.</p>	W0488	In order to ensure this citation is met now and systemically, the QDDP will retrain staff on active treatment involving consumers assisting in preparing and pakcing their own lunches. All consumers will be given the opportunity to assist in making and packing their own lunches. The QDDP and IDT will monitor to see that staff are prompting consumers to help pack their lunches when IDT does weekly observations in the homes. (QDDP, IDT, Team Leader, Direct Care Staff responsible)	02/08/2013			

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