

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G045	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/30/2014
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NAME OF PROVIDER OR SUPPLIER  PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360
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W000000	<p>This visit was for the investigation of complaint #IN00149249.</p> <p>COMPLAINT #IN00149249: Substantiated. Federal/state deficiencies related to the allegations are cited at W136 and W186.</p> <p>Dates of Survey: May 28, 29, and 30, 2014.</p> <p>Facility number: 000601 Provider number: 15G045 AIM number: 100233480</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/6/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000136	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities. Based on record review and interview,</p>	W000136	To correct this citation immediately and in the future, the	06/23/2014

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>the facility failed to assure 2 of 3 sampled clients (clients A and B) participated in community outings on a regular basis.</p> <p>Findings include:</p> <p>Client A's records were reviewed on 5/28/14 at 8:51 A.M. A review of the client's Monthly Recreation Summaries from 3/1/14 to 5/28/14 indicated the client had participated in three community outings on 3/13/14, 4/6/14, and 5/3/14.</p> <p>Client B's records were reviewed on 5/28/14 at 8:57 A.M. A review of the client's Monthly Recreation Summaries from 3/1/14 to 5/28/14 indicated the client had participated in one community outing on 4/6/14 during the reviewed period of time.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/28/14 at 9:09 A.M. QIDP #1 stated, "We are working on getting [clients A and B] out more in the community."</p> <p>This federal tag relates to complaint #IN00149249.</p> <p>9-3-2(a)</p>		<p>QIDP conducted a training with staff on specific ways they can encourage clients to participate in community outings. Staff were reminded to follow the monthly activity calendar and offer alternatives for clients who do not want to participate in the planned activity. Staff were also re-trained on documenting client refusals to participate in recreational activities, specifically community outings. The IDT will review recreation logs on a weekly basis for all clients who have a history of refusing to participate in community outings or clients who are more challenging to supervise while in the community. To address this citation systemically, the team will review all recreation logs to identify any client who has not been participating in recreation/community outings. The QIDP will then review the recreation goals for those clients, make the necessary adjustments and provide further staff training. The initial trainings to address this citation took place on 6/12/14 and 6/19/14. The IDT will monitor client recreation each week on an ongoing basis. Persons Responsible: Jeff Rupe, QIDP – Matthew Cunningham, Behavior Support – Debi Hagglund, Residential Program Manager – Tina Watts, Day Activity Manager</p>				

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W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a sufficient number of direct care staff were working the overnight shift to evacuate and monitor clients (clients A, B, C, D, and E) in the event of a fire.</p> <p>Findings include:</p> <p>Clients A, B, C, D, and E were observed at the group home on 5/28/14 from 4:05 A.M. until 6:10 A.M. During the observation period, clients A, B, C, and D were in their respective bedrooms sleeping. Client E was in and out of his bed to periodically to use the bathroom and talk with direct care staff #1. Direct care staff #1 was the only staff on duty at the facility from 4:05 A.M. until direct care staff #2 arrived at 6:02 A.M.</p> <p>Direct care staff #1 was interviewed on 5/28/14 at 6:05 A.M. When asked if she could evacuate clients A, B, C, D, and E from the home when working by herself,</p>	W000186	<p>To correct this citation immediately and in the future, the Residential Program Manager has made adjustments to the staffing schedule ensuring there are two staff on duty during the night. To ensure this citation has been corrected systemically, the Residential Director has reviewed all other group home schedules on all other shifts. The Residential Director has instructed the Program Manager to ensure all homes have the appropriate coverage on the shifts identified to be under-staffed. This consists of only night shifts; all other shifts have adequate coverage. The Residential Director will monitor the schedules bi-monthly on an ongoing basis. Shifts scheduled with inadequate coverage will be adjusted accordingly.</p> <p>Persons Responsible: Stephenie Dreessen, Residential Director – Debi Hagglund, Residential Program Manager</p>	06/29/2014			

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	<p>direct care staff #1 stated, "I could get [clients B, C, D, and E] out of the house but I don't know if I could get [client A] out. He refuses fire drills a lot of the time. And once I got [client B] outside, she just might go for a walk. I would have to keep an eye on her."</p> <p>The facility records were reviewed on 5/28/14 at 6:14 A.M. A review of the monthly staff schedule for May, 2014 indicated direct care staff #1 was the only direct care staff working the overnight shift at the facility two days a week for each week of May, 2014. The remaining five days of each week of May, 2014 two direct care staff were working the overnight shift.</p> <p>Client A's record was reviewed on 5/28/14 at 8:51 A.M. The client's 3/15/14 Individual Program Plan indicated client A "doesn't like to leave (the facility) during evacuation drills. If [client A] doesn't participate, staff to physically assist."</p> <p>The facility's records were further reviewed on 5/28/14 at 9:20 A.M. Review of the facility's fire drills from 1/1/14 to 5/28/14 indicated client A had refused to evacuate the group home during a 1/28/14 fire drill and was assisted out of the facility by direct care</p>			

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	<p>staff.</p> <p>Program Director #1 was interviewed on 5/28/14 at 9:27 A.M. Program Director #1 stated, "[Client A] is doing better with fire drills (evacuating the facility) but he still refuses. Once [client B] was outside, I believe she would stay out there." Program Director #1 further stated, "If the staff working the overnight (shift) needed help with evacuating [clients A, B, C, D, and E] they are to call the team leader. She lives just two minutes away."</p> <p>This federal tag relates to complaint #IN00149249.</p> <p>9-3-3(a)</p>			