

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G534	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/30/2011 12:00:C
NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 605 ACADEMY RD CULVER, IN46511		
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Date of Survey: December 27, 28, 29, 30, 2011.</p> <p>Facility number: 001048 Provider number: 15G534 AIM number: 100245410</p> <p>Surveyors: Susan Reichert, Medical Surveyor III-Team Leader Claudia Ramirez, Public Health Nurse Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/6/12 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/02/2012

FORM APPROVED

OMB NO. 0938-0391

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W0125	The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.				

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	<p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #1) by not ensuring representation of a legally sanctioned representative to assist in making informed health or financial decisions.</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 12/28/11 at 12:00 PM. Client #1's Behavior Management Plan dated 8/29/11 indicated the use of Risperdal 1 mg (milligram) daily to address behaviors which included physical aggression. Client #1's Individual Support Plan (ISP) dated 03/07/11 indicated she was emancipated, did not have a legally sanctioned representative and had diagnoses including, but not limited to: Borderline Mental Retardation. Client #1's Comprehensive Functional Assessment (CFA) dated 03/07/11 indicated client #1 required 24 hour supervision, had short term memory loss, had lost money in the past and was not able to independently manage her own finances. The CFA indicated client #1 was not able advocate for herself, required assistance with maintaining personal skills of daily living, required physical therapy exercises for her health daily and needed physical assistance to identify</p>	W0125	<p>An individual has been contacted and is interested in becoming a representative for the client. The individual will attend meetings and assist the client in exercising her rights and make informed decisions. Person Responsible: Residential ManagerW 125ADDENDUMThe Functional Assessment Tool from 3/2011 indicated the following: She knows what to buy. What she needs for lunch. She is a very good food shopper. Client does not pay attention to price. She sometimes forgets items she needs while shopping. Client has many academic skills. Client identifies/names coins and/or bills of each common denomination. Client knows basic concept of money. Client can count money. Client does not pay attention to cost. Client has lost money. Client can converse her wants and needs. Client expresses what she likes to do. Client is able to express needs and desires. Client enjoys being asked questions about her needs and desires. In addition a new Decision-Making/Critical Skills assessment is being completed with consideration of decision making with the assistance of an advocate explaining the implications choices. The previous assessment was done with consideration for only yes and no responses. The new</p>	01/29/2012	

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W0140	<p>money values, to have awareness of the value of money, and to make small purchases. The CFA indicated client #1 was unable to manage her health needs including the use of medication and financial needs independently.</p> <p>On 12/29/11 at 1:05 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated client #1 did not have a legal representative and was not able to fully make informed decisions on her own, regarding health or finances.</p> <p>9-3-2(a)</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p>		<p>assessment is indicating that the client will be able to make informed decisions with support from an advocate. That is consistent with the information from the FAT noted above. Based on this information the client will be able to independently exercise her rights and make informed decision. If additional assessments indicate that the client is unable to make informed decisions then legal representation will be pursued.</p>		

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	<p>Based on record review and interview for 1 of 4 sampled clients (client #1), the facility failed to ensure client's personal funds accounts coordinated and kept by the facility had an accurate and complete accounting</p> <p>Findings include:</p> <p>The financial records of the home were reviewed on 12/28/11 at 8:25 AM and the December, 2011 ledger for client #1's funds kept in the group home indicated a balance of \$43.10. The house manager completed an audit of client #1's funds on 12/28/11 at 8:26 AM which found \$43.28.</p> <p>The house manager was interviewed on 12/28/11 at 8:26 AM and indicated she was unaware of a system to audit client monies kept in the group home and was unaware of the cause of the inaccurate accounting of client #1's funds.</p> <p>The Qualified Developmental Disabilities Professional (QDDP) was interviewed on 12/29/11 at 1:39 PM and indicated there should be complete and accurate accounting of client funds.</p> <p>The Community Supports Assistant Director was interviewed on 12/29/11 at</p>	W0140	<p>The client personal funds in the home will be audited at least annually to assure that they are accurate. Person Responsible: Community Supports Assistant Director W 140 ADDENDUM The person assigned responsibility for the client funds will count the money at each transactions of money taken from or added back to the funds to assure accuracy. The count will be documented on the Personal Account sheet.</p>	01/29/2012	

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	<p>1:55 PM and indicated there was no system to audit client funds maintained in the group home.</p> <p>The facility's Personal Account and Petty Cash Guidelines revised 7/26/11 were reviewed on 12/29/11 at 1:55 PM and failed to include a system to audit client funds to ensure a complete and accurate accounting of client funds maintained in the group home.</p> <p>9-3-2(a)</p>				