

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G349	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/18/2013
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1135 E TIPTON ST HUNTINGTON, IN 46750
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Date of Survey: December 11, 12, 13, 16, 17, and 18, 2013.</p> <p>Facility number: 000865 Provider number: 15G349 AIM number: 100244090</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/26/13 by Ruth Shackelford, QIDP.</p>	W000000		
W000164	<p>483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan. Based on record review and interview for 1 of 4 sampled clients (client #1), the facility failed to assure the professional</p>	W000164	Pathfinder Services, Inc. will contact a professional behavioral consultant for client #1 in order to have an assessment done. We	01/24/2014

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>program services clinician (behavioral consultant) was available in the group home to develop and ensure implementation of the client's behavior plan to address physically aggressive behavior.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 12/11/13 at 10:50 AM and included the following reports involving client #1:</p> <p>-a BDDS report dated 1/17/13 indicated client #1 had been physically restrained after becoming aggressive to staff and peers. The report indicated client #1 had a plan to address her behavior.</p> <p>-a BDDS report dated 1/28/13 indicated client #1 had been restrained after becoming physically aggressive (grabbing) to peers and staff. The report indicated the IDT (interdisciplinary team) had met and staff had been retrained on her plan.</p> <p>-a BDDS report dated 2/13/13 indicated client #1 was restrained after grabbing and hitting staff and peers during transition to home from day service.</p>		<p>will utilize our contract with the Bowen Center to accomplish this. Pathfinder Services will follow the recommendations set forth by the behavioral consultant. The Inter Disciplinary Team will review behavior reports to guide them in deciding if a particular professional's further involvement is necessary and, if so, to what extent professional involvement must continue on a direct or indirect basis. The behavior reports will be reviewed at each quarterly meeting. The IDT will then use that information to decide if a professional's further involvement is necessary. This need has been added to the Case Conference Checklist to ensure that it is being discussed at each annual meeting. The QDDP will meet quarterly with the IDT to assess the trend analyses to determine the possible need for outside professional help.</p>		

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	<p>-a BDDS report dated 3/15/13 indicated client #1 was restrained after grabbing at a peer and continued to "charge" towards peers and staff. Staff called the QDDP (qualified developmental disabilities professional) who gave staff other options of ways to prevent client #1 from grabbing them and peers "(such as grabbing a couch cushion to block attempts)."</p> <p>-a BDDS report dated 4/8/13 indicated client #1 was restrained after she grabbed at staff after an "accident" in her pants while staff were assisting her to clean up. The report indicated client #1's Risperdal and Zoloft to address her behavior had been increased.</p> <p>-a BDDS report dated 6/9/13 indicated client #1 was restrained after grabbing staff's shirt causing a scratch. The report indicated staff had followed client #4's behavior plan.</p> <p>-a BDDS report dated 8/10/13 indicated client #1 was restrained after she hit a peer's helmet as he passed her in the kitchen. The report indicated staff will continue to encourage client #1 to "use her words and to not put her hands on her peers or staff."</p> <p>-a BDDS report dated 9/7/13 indicated</p>			

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	<p>client #1 grabbed at a peer because she wanted her shirt. Client #1 was redirected to go to the bathroom or her room and she slid to the floor attempting to grab at the peer, kicking at staff's legs. Staff used a transport hold to get client #1 into her room. The report indicated staff will continue to follow the BMP (behavior management plan) "and will track her behaviors to try to find the answer as how to help [client #1] be free of these behaviors."</p> <p>-a BDDS report dated 10/16/13 indicated client #1 grabbed and scratched a peer and started to pull the peer to the ground. Staff used a wrist release technique to release her hold. The report indicated staff would continue to follow her plan to include the hierarchy of the use of physical restraint.</p> <p>Client #1's record was reviewed on 12/16/13 at 3:55 PM. A BMP dated 9/27/13 indicated a target behavior of aggressive behavior. There was no evidence in the plan of the involvement of a behavioral specialist in the development of a plan to address client #1's behavior.</p> <p>The Coordinator was interviewed on 12/11/13 at 12:50 PM. She indicated there was not a behavioral specialist involved in developing, implementing, and training staff in regards to client #1's plan to address her behavior.</p>			

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W000322	<p>9-3-3(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed to obtain a gynecological examination for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 12/16/13 at 3:55 PM. Client #1's annual physical indicated "deferred" regarding a pap smear, and did not indicate a gynecological evaluation had been completed. Physician's orders dated 9/6/13 indicated client #1 received drospirenone and ethinyl estradiol 1 tab daily for birth control.</p> <p>The Coordinator was interviewed on 12/17/13 at 3:46 PM. She indicated she would look for evidence of an gynecological evaluation for client #1.</p> <p>The Coordinator was interviewed again on 12/18/13 at 9:10 AM and indicated</p>	W000322	<p>Pathfinder Services, Inc. will contact client #1's guardian to sign the Pap Smear Declination form, if that is indeed what she still wants. If the client or their guardian does not want the client to have a Pap Smear, The Pap Smear Declination form is required at time of entry into services and will be re-signed at each annual meeting. This need has been added to the Case Conference Checklist to ensure that it is being signed or discussed at each annual meeting. QDDPs will ensure at each annual meeting that either a gynecological examination has been done or there is a current, signed Declination of Pap Smear form in the client's file.</p>	01/24/2014	

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W000331	<p>there had not been a gynecological evaluation of client #1 or an Interdisciplinary Team Meeting to discuss the risk versus the benefits of an examination. She indicated client #1 took birth control medication to regulate her menses.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility's nursing services failed for 1 additional client (client #6) to ensure the medication label matched the medication administration record (MAR).</p> <p>Findings include:</p> <p>Medication administration was observed at the group home on 12/12/13 at 5:10 PM. Client #6 received 500 mg (milligrams) of Naproxen (pain reliever) after complaining of pain in her arm, and the house manager called the nurse for instructions. The label on the medication indicated client #6 was to receive Naproxen 500 mg twice daily.</p>	W000331	<p>Pathfinder Services, Inc. will ensure that medication labels will match MAR. Staff will be retrained. Pathfinder Services, Inc. has a Medication Administration Policy that addresses this issue. On the night of changeover to the new month, the overnight staff person will go through the MAR and compare to the old MAR to ensure that all medications are listed correctly. It goes on to state that "if a change is ordered on a current medication, the MAR must be immediately updated to reflect this change". A retraining will occur for all staff to remind them that they are to follow our Medication Administration Policy and check the Medication against the MAR. If there are any discrepancies, the nurse is to be</p>	01/24/2014

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	<p>Client #6's December, 2013 MAR was reviewed on 12/12/13 at 5:25 PM. The MAR indicated client #6 was to receive 500 mg of Naproxen "as needed."</p> <p>The house manager was interviewed on 12/12/13 at 5:15 PM and indicated client #6 was to receive Naproxen twice daily until 12/10/13, but now was to receive the medication as needed. She indicated she would need to get the medication re-labeled.</p> <p>The group home nurse was interviewed on 12/18/13 at 9:17 AM and indicated the label on the bottle of medication being dispensed should match the MAR.</p> <p>9-3-6(a)</p>		<p>called immediately. A test for all staff on our Medication Administration Policy has recently been implemented by the residential nurse The House Manager will ensure that all medication labels match the MAR. If it does not, the Residential Nurse will be notified and the proper corrections will be made.</p>				
W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional clients (#4, #5 and #6), to ensure an evacuation drill was conducted quarterly for the personnel on the second shift (5:00 PM-8:00 PM).</p>	W000440	<p>Staff will be retrained to ensure that at least quarterly for each shift of the personnel, evacuation drills are run. The need for drills to be run on each shift, quarterly is stated on the drill reports. A retraining will be done with all staff, reminding them of the need for quarterly drills to be run for</p>	01/24/2014			

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	<p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 12/11/13 at 12:30 PM. The review indicated the facility had failed to conduct evacuation drills for clients #1, #2, #3, #4, #5 and #6 for the second shift from 3/8/13 until 7/18/13.</p> <p>The Coordinator was interviewed on 12/11/13 at 1:05 PM and indicated there were no additional drills for the home to review.</p> <p>9-3-7(a)</p>		<p>each shift. The residential coordinator will go over each report as they are done to ensure the proper timing. This measure will be put into place by January 24, 2014.</p>		