

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G273	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/02/2013
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NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10151 W 93RD ST ST JOHN, IN 46373
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W000000	<p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: July 22, 23, 24, 25, 26, 30 and August 2, 2013.</p> <p>Surveyor: Christine Colon, QIDP.</p> <p>Facility Number: 000793 Provider Number: 15G273 AIM Number: 100243530</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/20/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients and 2 additional clients (clients #4, #6 and #7) to implement the clients' money management objectives utilizing United States currency.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 7/23/13 from 4:55 P.M. until 6:55 P.M.. At 5:55 P.M., Direct Support Professional (DSP) #7 showed clients #4, #6 and #7 a laminated sheet of paper which had cartoon pictures of quarters, nickels, dimes and pennies. As DSP #7 held the laminated sheets of paper she asked each client to identify each coin. DSP #7 implemented clients #4, #6 and #7's money management objectives not utilizing United States currency.</p> <p>A review of client #4's record was conducted at the facility's administrative office on 7/26/13 at 10:30 A.M.. A review of client #4's Individual Support Plan (ISP) dated 10/16/12 indicated "Will</p>	W000126	<p>The staff has been re-trained on the Protection of client rights (on Monday, August 26, 2013) & that anytime a staff is working on a money goal with consumer, US currency must be utilize. The group home manager is responsible for monitoring & ensuring that the staff is utilizing US currency when working on money goals with consumers. In addition, the QDDP will observe during unannounced visits that the staff is utilizing US currency when working on money goals with consumers.</p>	09/01/2013

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	<p>add various coins up to \$1...Will practice counting dollar bills up to \$5."</p> <p>A review of client #6's record was conducted at the facility's administrative office on 7/26/13 at 10:30 A.M.. A review of client #6's ISP dated 2/6/13 indicated "[Client #6] will learn to add coins to \$1.00."</p> <p>A review of client #7's record was conducted at the facility's administrative office on 7/26/13 at 10:30 A.M.. A review of client #7's ISP dated 7/12/12 indicated "Will learn to identify a quarter by feeling and touching it and state the value of the coin."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 7/26/13 at 4:30 P.M.. The QIDP indicated the group home staff should only use U.S. currency when implementing clients' money management objectives.</p> <p>9-3-2(a)</p>				

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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, the facility neglected to implement their abuse/neglect policy for 3 of 4 sampled clients and 1 additional client, (clients #1, #2, #3 and #6), to conduct thorough investigations in regards to missing medications, client to client aggression and injuries of unknown origin.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 7/22/13 at 10:55 A.M.. A request for all investigation files from 7/1/12 to 7/22/13 was made to the Qualified Intellectual Disabilities Professional (QIDP). No investigation files were available for review to indicate any investigations were completed.</p> <p>A review of the facility's BDDS reports was conducted on 7/22/13 at 11:15 A.M.. Review of the reports indicated:</p> <p>-BDDS report dated 6/26/13 involving client #1: "On 6/26/13 at approximately 10:15 P.M., Residential Nurse was notified that [client #1]'s Hydrocortisone 2% ointment was missing from the group</p>	W000149	<p>On Monday, August 26, 2013, staff was trained on Staff Treatment of Clients. All allegations of abuse & neglect will be completely investigated. When there is an allegation of abuse or neglect the staff member involved must be removed from the schedule (immediately) until such time as it is determined by a supervisory personnel (Residential Coordinator or higher) that the individual is able to return to work. The QDDP must be notified as soon as the incident is under control & there is no further danger to either client involved. Along with notifying the QDDP, all staff involved must complete an incident report & forward it to the QDDP & the Residential Nurse. The QDDP is responsible for making necessary incident reports to the Bureau of Developmental Disabilities (BDDS) within the guidelines established by Indiana State Regulations. It is the policy of Tradewinds Services to ensure that all clients have a safe environment free of aggression from all sources including client on client aggression.</p>	09/01/2013			

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	<p>home. [Client #1] was prescribed Hydrocortisone 2% Ointment by her physician for a rash under her right arm. Residential Nurse attempted to obtain a replacement for the Hydrocortisone ointment at the pharmacy on the morning of 6/27/13. A new ordered (sic) was obtained from [client #1]'s physician to replace the medication. The medication has been ordered and will be available on 6/28/13 for pick up...Residential Nurse was unable to determine what happened to the missing Hydrocortisone 2% Ointment..." No documentation was submitted for review to indicate an investigation was conducted in regards to client #1's missing medication.</p> <p>-BDDS report dated 7/2/13 involving client #1: "[Client #4] slapped [client #1] in the face. [Client #4] then hit [client #5] in the head. [Client #4] also, hit support staff, [Staff name] in the face." No documentation was submitted for review to indicate an investigation was conducted</p> <p>-BDDS report dated 7/24/12 involving client #2: "On 7/24/12, a Tradewinds staff reported to QDDP (Qualified Developmental Disabilities Professional), that she observed that [client #2] had a scratch on her back. Staff reported that she was unsure how [client #2] obtained</p>				

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	<p>the scratch. Staff reported that she cleaned the scratch and completed an internal incident report and submitted it to her supervisor." No documentation was submitted for review to indicate the facility conducted a thorough investigation of the injury of unknown origin.</p> <p>-BDDS report dated 7/15/13 involving client #3: "[Client #3] was seen by her Podiatrist for evaluation of left ankle swelling. Due to the swelling of the left ankle the physician ordered an x-ray of her left ankle. The x-ray showed a non-displaced well aligned fracture of the left ankle. The physician provided [client #3] a pneumatic boot for her left foot to provide support to the ankle. [Client #3] is to wear the pneumatic boot at all times except when showering and sleeping." No documentation was submitted for review to indicate the facility conducted a thorough investigation of the unknown injury to client #3's ankle.</p> <p>-BDDS report dated 7/27/12 involving client #6: "At approximately 6:15 A.M. I received a call from staff at the group home regarding a fall that [client #6] had sustained while in the bathroom. [Client #6] is a wheelchair client, however she is able to transfer from her chair to the toilet and bed. Staff had assisted her into the</p>				

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	<p>bathroom and asked [client #6] to wait while they obtained some needed supplies. [Client #6] attempted to transfer herself to the toilet while staff was out of the bathroom and forgot to lock in chair (sic) in place. She slide (sic) between the toilet and wheelchair landing on her buttocks. She was throughly (sic) examined by staff and no injuries were found. [Client #6] stated that she was not hurt." No documentation was submitted for review to indicate the facility conducted a thorough investigation in regards to this fall to see if neglect occurred.</p> <p>-BDDS report dated 9/12/12 involving client #6: "I received notification this morning that [client #6] attempted to transfer herself from her bed to her wheelchair to take herself to the bathroom. She is able to do this on her own, however on this attempt her wheelchair slid from under her and she landed on her buttocks on the floor. Staff immediately evaluated [client #6] for any injuries and know (sic) were found. [Client #6] was also asked if she was in any discomfort and she replied no. Staff assisted her into her chair, she used the restroom and returned to her bed without incident. It was discovered that [client #6]'s wheelchair which she keeps next to her bed was not in the locked position</p>						

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	<p>when she attempted to transfer herself thus causing the chair to move from under her." No documentation was submitted for review to indicate the facility conducted a thorough investigation in regards to this allegation to see if neglect occurred.</p> <p>-BDDS report dated 4/5/13 involving client #6: "On 4/5/13 at approximately 1:30 P.M., [client #6] was sitting in her wheelchair (in front of the television), as [day program client] stood up and tried to get a closer look at the television; however, [client #6] was in [day program client] line of sight for the television and that's when [day program client] stood up and flipped [client #6] over out of her wheelchair. [Client #6] landed on her hands, while the wheelchair remained bucked (sic) to her (on her back)." No documentation was submitted for review to indicate the facility conducted a thorough investigation in regards to this incident.</p> <p>-BDDS report dated 4/26/13 involving client #6: "It was reported by the Residential House Manager that she observed a scratch to the top of [client #6]'s nose and another scratch to [client #6]'s left upper lip. House Manager stated that no staff observed how the scratches were obtained. House Manager</p>						

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	<p>also reported that [client #6] stated that she did not know how she obtained the scratches. Residential Nurse assessed [client #6] and instructed staff to clean both areas and apply antibiotic ointment." No documentation was submitted for review to indicate the facility conducted a thorough investigation in regards to this incident.</p> <p>-BDDS report dated 6/11/13 involving client #6: "Residential Manager staff called Residential Nurse on 6/12/13 to report that she observed a bruise to [client #6]'s left thigh while assisting her in the shower. Residential staff reported that the bruise could have resulted from her transfer from the shower chair to her wheelchair while staff was assisting her with her shower. Residential Nurse assessed [client #6] and found a bruise located on the left anterior upper thigh which was dark red and black in color with skin intact. [Client #6] denied pain to the area. [Client #6] ambulates using a wheelchair. She has a wheelchair safety/fall risk plan in place and all staff have been trained on her risk plans." No documentation was submitted for review to indicate the facility conducted a thorough investigation in regards to this incident.</p> <p>A review of the facility's abuse/neglect</p>						

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	<p>policy date 4/20/10 was conducted at the facility's administrative office on 7/25/13 at 11:00 A.M.. Review of the policy indicated: "To establish prompt, accurate and effective procedures and investigating of all allegations of abuse and neglect and any incident or crime as defined...All allegations of abuse and neglect of consumers served and certain other incidents defined in this policy are to be reported and investigated in prompt and procedurally correct manner...Accidents and other injuries not defined as abuse or neglect must still be documented on the incident report form and reviewed according to policy and applicable standards...It is mandatory that all personnel follow this policy. This includes: reporting incidents immediately upon becoming aware of them, completing all forms as required by this policy...Physical abuse: willful infliction of injury...Verbal abuse: Oral, written and or gestured language that includes disparaging and derogatory remarks toward consumers...Injuries of unknown origin, in addition all injuries of unknown origin must be reported to Adult Protective Services within 24 hours of the injury being discovered. A complete investigation of the injury must be conducted by the Qualified Mental Retardation Professional (QMRP) or the Residential Coordinator...All staff with</p>			

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	<p>knowledge of the incident must complete a copy of the unknown injury report and forward it to the QMRP by the end of their shift...Inadequate medical support: including but not limited to failure to obtain needed follow-up medical appointments, failure to obtain routine dental or physician appointments, or failure to obtain medication refills in a timely manner."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 7/26/13 at 4:30 P.M.. The QIDP indicated the facility did not have a system in place where they conducted and documented investigations. The QIDP indicated there were no investigations conducted and no investigation files were available for review.</p> <p>9-3-2(a)</p>				

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 9 of 35 Bureau of Developmental Disabilities Services reports (BDDS) reviewed involving 3 of 4 sampled clients and 1 additional client, (clients #1, #2, #3 and #6), the facility failed to provide written evidence of thorough investigations.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 7/22/13 at 10:55 A.M.. A request for all investigation files from 7/1/12 to 7/22/13 was made to the Qualified Intellectual Disabilities Professional (QIDP). No investigation files were available for review to indicate any investigations were completed.</p> <p>A review of the facility's BDDS reports was conducted on 7/22/13 at 11:15 A.M.. Review of the reports indicated:</p> <p>-BDDS report dated 6/26/13 involving client #1: "On 6/26/13 at approximately 10:15 P.M., Residential Nurse was notified that [client #1]'s Hydrocortisone</p>	W000154	<p>On Monday, August 26, 2013, staff was trained on Staff Treatment of Clients. All allegations of abuse & neglect will be completely investigated. When there is an allegation of abuse or neglect the staff member involved must be removed from the schedule (immediately) until such time as it is determined by a supervisory personnel (Residential Coordinator or higher) that the individual is able to return to work. The QDDP must be notified as soon as the incident is under control & there is no further danger to either client involved. Along with notifying the QDDP, all staff involved must complete an incident report & forward it to the QDDP & the Residential Nurse. The QDDP is responsible for making necessary incident reports to the Bureau of Developmental Disabilities (BDDS) within the guidelines established by Indiana State Regulations. It is the policy of Tradewinds Services to ensure that all clients have a safe environment free of aggression from all sources including client on client aggression.</p>	09/01/2013	

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	<p>2% ointment was missing from the group home. [Client #1] was prescribed Hydrocortisone 2% Ointment by her physician for a rash under her right arm. Residential Nurse attempted to obtain a replacement for the Hydrocortisone ointment at the pharmacy on the morning of 6/27/13. A new ordered (sic) was obtained from [client #1]'s physician to replace the medication. The medication has been ordered and will be available on 6/28/13 for pick up...Residential Nurse was unable to determine what happened to the missing Hydrocortisone 2% Ointment..." No documentation was submitted for review to indicate an investigation was conducted in regards to client #1's missing medication.</p> <p>-BDDS report dated 7/2/13 involving client #1: "[Client #4] slapped [client #1] in the face. [Client #4] then hit [client #5] in the head. [Client #4] also, hit support staff, [Staff name] in the face." No documentation was submitted for review to indicate an investigation was conducted</p> <p>-BDDS report dated 7/24/12 involving client #2: "On 7/24/12, a Tradewinds staff reported to QDDP (Qualified Developmental Disabilities Professional), that she observed that [client #2] had a scratch on her back. Staff reported that</p>						

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	<p>she was unsure how [client #2] obtained the scratch. Staff reported that she cleaned the scratch and completed an internal incident report and submitted it to her supervisor." No documentation was submitted for review to indicate the facility conducted a thorough investigation of the injury of unknown origin.</p> <p>-BDDS report dated 7/15/13 involving client #3: "[Client #3] was seen by her Podiatrist for evaluation of left ankle swelling. Due to the swelling of the left ankle the physician ordered an x-ray of her left ankle. The x-ray showed a non-displaced well aligned fracture of the left ankle. The physician provided [client #3] a pneumatic boot for her left foot to provide support to the ankle. [Client #3] is to wear the pneumatic boot at all times except when showering and sleeping." No documentation was submitted for review to indicate the facility conducted a thorough investigation of the unknown injury to client #3's ankle.</p> <p>-BDDS report dated 7/27/12 involving client #6: "At approximately 6:15 A.M. I received a call from staff at the group home regarding a fall that [client #6] had sustained while in the bathroom. [Client #6] is a wheelchair client, however she is able to transfer from her chair to the toilet</p>				

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	<p>and bed. Staff had assisted her into the bathroom and asked [client #6] to wait while they obtained some needed supplies. [Client #6] attempted to transfer herself to the toilet while staff was out of the bathroom and forgot to lock in chair (sic) in place. She slide (sic) between the toilet and wheelchair landing on her buttocks. She was throughly (sic) examined by staff and no injuries were found. [Client #6] stated that she was not hurt." No documentation was submitted for review to indicate the facility conducted a thorough investigation in regards to this allegation to see if neglect occurred.</p> <p>-BDDS report dated 9/12/12 involving client #6: "I received notification this morning that [client #6] attempted to transfer herself from her bed to her wheelchair to take herself to the bathroom. She is able to do this on her own, however on this attempt her wheelchair slid from under her and she landed on her buttocks on the floor. Staff immediately evaluated [client #6] for any injuries and know (sic) were found. [Client #6] was also asked if she was in any discomfort and she replied no. Staff assisted her into her chair, she used the restroom and returned to her bed without incident. It was discovered that [client #6]'s wheelchair which she keeps next to</p>				

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	<p>her bed was not in the locked position when she attempted to transfer herself thus causing the chair to move from under her." No documentation was submitted for review to indicate the facility conducted a thorough investigation to see if neglect occurred.</p> <p>-BDDS report dated 4/5/13 involving client #6: "On 4/5/13 at approximately 1:30 P.M., [client #6] was sitting in her wheelchair (in front of the television), as [day program client] stood up and tried to get a closer look at the television; however, [client #6] was in [day program client] line of sight for the television and that's when [day program client] stood up and flipped [client #6] over out of her wheelchair. [Client #6] landed on her hands, while the wheelchair remained bucked (sic) to her (on her back)." No documentation was submitted for review to indicate the facility conducted a thorough investigation in regards to this incident.</p> <p>-BDDS report dated 4/26/13 involving client #6: "It was reported by the Residential House Manager that she observed a scratch to the top of [client #6]'s nose and another scratch to [client #6]'s left upper lip. House Manager stated that no staff observed how the scratches were obtained. House Manager</p>						

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	<p>also reported that [client #6] stated that she did not know how she obtained the scratches. Residential Nurse assessed [client #6] and instructed staff to clean both areas and apply antibiotic ointment." No documentation was submitted for review to indicate the facility conducted a thorough investigation in regards to this incident.</p> <p>-BDDS report dated 6/11/13 involving client #6: "Residential Manager staff called Residential Nurse on 6/12/13 to report that she observed a bruise to [client #6]'s left thigh while assisting her in the shower. Residential staff reported that the bruise could have resulted from her transfer from the shower chair to her wheelchair while staff was assisting her with her shower. Residential Nurse assessed [client #6] and found a bruise located on the left anterior upper thigh which was dark red and black in color with skin intact. [Client #6] denied pain to the area. [Client #6] ambulates using a wheelchair. She has a wheelchair safety/fall risk plan in place and all staff have been trained on her risk plans." No documentation was submitted for review to indicate the facility conducted a thorough investigation in regards to this incident.</p> <p>An interview with the Qualified</p>						

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	<p>Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 7/26/13 at 4:30 P.M.. The QIDP indicated the facility did not have a system in place where they conducted and documented investigations. The QIDP indicated there were no investigations conducted and no investigation files were available for review.</p> <p>9-3-2(a)</p>			

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W000249	<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 for 4 of 4 sampled clients and 1 additional client (clients #1, #2, #3, #4 and #5), the facility failed to implement the clients' training objectives when formal and/or informal opportunities existed at the group home.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/22/13 from 5:20 A.M. until 7:20 A.M.. During the entire observation period, clients #1, #2, #3 and #4 sat in the living room with no activity and client #5 stayed in her room. Direct Support Professionals (DSP) #1, #2, #3, #4 and #5 would walk into the room and occasionally check on clients #1, #2, #3 and #4, but did not offer any meaningful activity.</p> <p>An evening observation was conducted at the group home on 7/23/13 from 4:55 P.M. until 6:55 P.M.. From 4:55 P.M. until 5:55 P.M. and then from 6:05 P.M.</p>	W000249	<p>A Meaningful Day Activity Schedule will be developed & implemented into the 93rd Group Home for all consumers' effective 9/1/13. This schedule will allow staff guidance for activities throughout the day for each consumer. The Meaningful Day Activity Schedule outlines active treatment opportunities, training objectives & various activities for the consumers to be involved in & etc. The group home manager is responsible for monitoring the staff to ensure that the proper procedure is being followed & that all consumers are actively involved in their own care. In addition, the QDDP will observe staff during unannounced visits to the group home to ensure that staff is following the proper procedure of all consumers being actively involved in their own care.</p>	09/01/2013			

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	<p>until 6:40 P.M., clients #1, #2, #3 and #4 sat in the living/dining room area with no activity and client #5 stayed in her bedroom. Direct Support Professionals (DSP) #5, #6 and #7 would walk into the room and occasionally check on clients #1, #2, #3, #4 and #5, but did not offer any meaningful activity.</p> <p>A review of client #1's record was conducted on 7/26/13 at 2:00 P.M.. A review of client #1's Individual Support Plan (ISP) dated 6/20/13 indicated the following objectives that could have been implemented during both observations: "Will learn to shop for healthy snacks according to my diet...Will do my PT (Physical Therapy) exercises daily...Will learn to administer my own medication...Will learn to mail my family letters...Will learn coping skills...Will learn to prepare a side dish on the electric skillet...Will learn to ask for things rather than take things that are not mine...Will participate in a group exercise activity with my peers...Will learn community safety signs."</p> <p>A review of client #2's record was conducted on 7/26/13 at 2:30 P.M.. The ISP dated 6/5/13 indicated the following objectives that could have been implemented during both observations: "Will learn to make a choice of snacks I</p>						

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	<p>want to purchase at the grocery store using pictures...Will participate in a group activity with peers...Will play bingo with my peers...Will improve my coping skills."</p> <p>A review of client #3's record was conducted on 7/26/13 at 3:05 P.M.. The ISP dated 4/1/13 indicated the following objectives that could have been implemented during both observations: "Will exercise...Will learn money management skills."</p> <p>A review of client #4's record was conducted on 7/26/13 at 3:30 P.M.. The ISP dated 10/30/12 indicated the following objectives that could have been implemented during both observations: "Will add various coins up to \$1...Will practice counting dollar bills up to \$5...Will identify and repeat my 9 P.M. medication...Will work on my fine motor skills...Will work on complying with a structure schedule...Will work on conversation skills...Will work on coping skills."</p> <p>A review of client #5's record was conducted on 7/26/13 at 3:45 P.M.. The ISP dated 7/5/12 indicated the following objectives that could have been implemented during both observations: "Will mail my mother or sister a card or</p>			

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	<p>letter...Will learn to identify coins... Will have a 5 minute conversation with staff focusing on myself...Will exercise at least 15 minutes...Will participate in a leisure activity with a peer."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/26/13 at 4:30 P.M.. The QIDP indicated facility staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p>			

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W000250	<p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) to have Active Treatment Schedules (ATS).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/26/13 at 2:00 P.M.. Client #1's record did not include an ATS.</p> <p>Client #2's record was reviewed on 7/26/13 at 2:30 P.M.. Client #2's record did not include an ATS.</p> <p>Client #3's record was reviewed on 7/26/13 at 3:05 P.M.. Client #3's record did not include an ATS.</p> <p>Client #4's record was reviewed on 7/26/13 at 3:30 P.M.. Client #4's record did not include an ATS.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/26/13 at 4:30 P.M.. The QIDP indicated clients #1, #2, #3 and #4 did not have an ATS.</p>	W000250	A Meaningful Day Activity Schedule will be developed & implemented into the 93rd Group Home for all consumers' effective 9/1/13. This schedule will allow staff guidance for activities throughout the day for each consumer. The Meaningful Day Activity Schedule outlines various active treatment opportunities, training objectives & various activities for the consumers to be involved in & etc. The group home manager is responsible for monitoring the staff to ensure that the proper procedure is being followed & that all consumers are actively involved in their own care. In addition, the QDDP will observe staff during unannounced visits to the group home to ensure that staff is following the proper procedure of all consumers being actively involved in their own care.	09/01/2013			

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W000260	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview for 2 of 8 clients residing at the group home (clients #5 and #7), the failed failed to ensure their Individual Support Plans (ISP) were revised within 365 days of the previous ISP.</p> <p>Findings include:</p> <p>A review of client #5's record was conducted on 7/26/13 at 3:50 P.M.. Client #5's record indicated a most recent ISP dated 7/5/12. There was no evidence of a more recent signed and dated ISP.</p> <p>A review of client #7's record was conducted on 7/26/13 at 4:10 P.M.. Client #7's record indicated a most recent ISP dated 7/12/12. There was no evidence of a more recent signed and dated ISP.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/26/13 at 4:30 P.M.. The QIDP indicated the clients' ISPs should be updated annually and further indicated the ISPs in client #5 and #7's records were the most current</p>	W000260	The ISPs for client #5 & client #7 has been updated by the QDDP. The staff has all been trained on the updated ISP for client #5 & client #7 on: 8/21/13 by the QDDP. The QDDP is responsible for ensuring that current documents are available in the group home & consumer's file at the day program for all staff to review & implement for each consumer. The group home manager is responsible for reviewing all documents & notifying the QDDP if any documents have not been updated. The group manager is also responsible for monitoring the staff to ensure that the ISPs are being implemented. In addition, the QDDP will observe staff during unannounced visits to the group home to ensure that staff is following & implementing the ISPs.	09/01/2013

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	available for staff to implement. 9-3-4(a)				

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 3 clients observed during the morning medication administration, (client #7), the facility's nursing services failed to reconcile doctor's orders with labels and Medication Administration Records (MAR).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/22/13 from 5:20 A.M. until 7:20 A.M.. At 5:35 A.M., Direct Support Professional (DSP) #2 administered client #7's prescribed medications. DSP #2 took out a bottle of ear drops and administered 5 drops into each of client #7's ears. Review of the medication label at 5:40 A.M., indicated: "Carbamide Peroxide 6.5% (ear drops)...Place 3 drops in each ear." A review of the Medication Administration Record (MAR) dated July 1, 2013 to July 31, 2013 indicated: "Carbamide Peroxide 6.5%...Place 3 drops in each ear." The number 3 was written over with the number 5. A review of the Physician Order dated 7/1/13 to 7/31/13 indicated: "Carbamide Peroxide 6.5%...Place 3 drops in each ear."</p>	W000331	<p>Confirmation of physician order was made for consumer #7 regarding Carbamide Peroxide 6.5% ear drops as "Place 3 drops in each ear as needed." Relabeling of MAR sheet to show correct order was made by the Residential Nurse. The instructions given to the staff (per agency policy), states that all medications are to be labeled by the pharmacist or the Residential Nurse. MAR sheets may be changed by staff only upon instruction from the Residential Nurse & with his/her knowledge. Any discrepancies will be immediately reported to the residential nurse for clarification. Per Tradewinds labeling policy, all medications must be labeled & contain the following information: Client's name: Date medication dispensed: Name of medication: Dose of medication: Route of administration: Frequency of administration: Initials of the labeling personal: All medications are to be labeled by the pharmacist or the group home Residential Nurse. Any label that becomes illegible or missing must be reported immediately to the group home RN, who will come to the group home to re-label the medication(s).</p>	09/01/2013			

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	<p>An interview with DSP #2 was conducted on 7/22/13 at 5:42 A.M. DSP #2 stated she "always" administers 5 drops into each of client #7's ears.</p> <p>An interview with the Registered Nurse (RN) was conducted on 7/26/13 at 4:30 P.M.. The RN indicated staff should have administered 3 drops into each of client #7's ears. The RN indicated she did not know who changed the number 3 to a number 5 on the group home MAR. When asked who reconciles the MAR, medication labels and PO, she stated "The nurses do."</p> <p>9-3-6(a)</p>				

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W000369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 3 clients observed during the morning medication administration (client #7), to ensure staff administered 1 of 3 of the client's medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/22/13 from 5:20 A.M. until 7:20 A.M.. At 5:35 A.M., Direct Support Professional (DSP) #2 administered client #7's prescribed medications. DSP #2 took out a bottle of ear drops and administered 5 drops into each of client #7's ears. Review of the medication label at 5:40 A.M., indicated: "Carbamide Peroxide 6.5% (ear drops)...Place 3 drops in each ear." A review of the Medication Administration Record (MAR) dated July 1, 2013 to July 31, 2013 indicated: "Carbamide Peroxide 6.5%...Place 3 drops in each ear." The number 3 was written over with the number 5. A review of the Physician Order dated 7/1/13 to 7/31/13 indicated: "Carbamide Peroxide 6.5%...Place 3</p>	W000369	<p>The agency maintains a program for reporting & follow-ups of all medication errors. Staff has been provided with a copy of said program, including the medication error form & disciplinary action. The group home manager is responsible for monitoring the staff to ensure that they are following the physician's orders. In addition, the Residential Nurse & QDDP will observe staff during unannounced visits to the group home to ensure that staff is following the physician's orders.</p>	09/01/2013			

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	<p>drops in each ear."</p> <p>An interview with DSP #2 was conducted on 7/22/13 at 5:42 A.M. DSP #2 stated she "always" administers 5 drops into each of client #7's ears.</p> <p>An interview with the Registered Nurse (RN) was conducted on 7/26/13 at 4:30 P.M.. The RN indicated staff should have administered 3 drops into each of client #7's ears. The RN indicated she did not know who changed the number 3 to a number 5 on the group home MAR. The RN further indicated staff should have followed the directions on the label and if there were any conflicts the staff should contact the nurse.</p> <p>9-3-6(a)</p>						

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W000436	<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, for 1 of 4 sampled clients, (client #1), the facility failed to teach and encourage the use of her wheelchair footrests.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/22/13 from 5:20 A.M. until 7:20 A.M.. At 6:30 A.M., Direct Support Professional #3 wheeled client #5 from her bedroom into the living room with her left leg crossed over her right leg as her right leg was dragging on the floor. DSP #3 did not attach client #5's wheelchair footrest.</p> <p>An evening observation was conducted at the group home on 7/22/13 from 4:20 P.M. until 6:40 P.M.. At 6:20 P.M., Direct Support Professional #6 wheeled client #5 from her bedroom into the living room with her left leg crossed over her right leg as her right leg was dragging on the floor. DSP #6 did not attach client #5's wheelchair footrest.</p>	W000436	<p>The staff has been re-trained on the need to prompt individual consumers to use their adaptive equipment. Staff has been instructed to prompt & encourage the individual consumers to use all adaptive equipment & if they refuse to make necessary notations in the consumers communication book & on their behavior tracking data sheets, so that the behaviorist is aware of the refusals of wearing the adaptive equipment. The prompting of a consumer's use of their adaptive equipment has been an informal goal. However, in the future, if a consumer does have adaptive equipment, such as: glasses, hearing aids, wheelchair, walker & etc... & is inconsistent with utilizing the adaptive equipment, a formal goal will be included in the ISP with tracking sheets to determine the number of prompts needed for compliance & etc. This data will be shared with the behavioral specialist for possible inclusion in the behavior plan if deemed necessary by the IDT. The group home manager is responsible for monitoring staff &</p>	09/01/2013			

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	An interview with the Qualified Intellectual Disabilities Professional (QIDP) and the Registered Nurse (RN) was conducted on 7/26/13 at 4:30 P.M.. The RN indicated staff should not cross client #5's legs over each other when wheeling her in her wheelchair. The RN further indicated staff should attach client #5's footrests when wheeling her from place to place. 9-3-7(a)		ensuring that staff is prompting the consumer's to wear adaptive equipment. In addition, the QDDP will observe staff during unannounced visits to the group home to ensure that staff is prompting consumers to wear adaptive equipment.				

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W000484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8) to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/22/13 from 5:20 A.M. until 7:20 A.M.. At 6:40 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed eating breakfast which consisted of cold oat cereal, toast, strawberries, juice and milk. There was no sugar/sugar substitute, butter or jelly on the table for clients #1, #2, #3, #4, #5, #6, #7 and #8 to use for their morning meal.</p> <p>An evening observation was conducted at the group home on 7/23/13 from 4:55 P.M. until 6:55 P.M.. At 6:40 P.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their evening meal which consisted of baked chicken, macaroni and cheese and greens. There was no salt/salt substitute, pepper or ketchup on the table for clients #1, #2, #3, #4, #5, #6, #7 and #8 to use</p>	W000484	The staff has been re-trained on the need to provide condiments during meal time on Monday, August 26, 2013. The group home manager is responsible for monitoring staff to ensure that condiments are available on the table during meal time. The QDDP will also observe staff during unannounced visits to the group home to ensure that condiments are available on the table during mealtime. This includes, but not limited to: salt, pepper, mustard, mayo, jelly, butter, sugar substitutes & etc. The group home manager & QDDP will conduct home visits during meal times to ensure that this is properly implemented in the home.	09/01/2013			

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	<p>for their evening meal.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/26/13 at 4:30 P.M.. The QIDP indicated condiments should be put on the table for the clients to use.</p> <p>9-3-8(a)</p>			

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W000488	<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 assure 4 of 4 sampled clients and 4 additional clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) were involved in meal preparation.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/22/13 from 5:20 A.M. until 7:20 A.M.. At 6:30 A.M. Direct Support Professional (DSP) #4 put sliced bread into the toaster and placed each piece onto a plate, while clients #1, #2, #3, #4, #6, #7 and #8 sat in the living room with no activity and client #5 stayed in her room with no activity. At 6:40 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their breakfast which consisted of cold cereal, toast, strawberries, juice and milk. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation.</p> <p>An evening observation was conducted at the group home on 7/23/13 from 4:55 P.M. until 6:55 P.M.. During the observation period, clients #1, #2, #3, #4, #6, #7 and #8 sat in the living room with no activity, client #5 stayed in her room</p>	W000488	The staff has all been re-trained on the importance of each consumer's participation in the meal preparation on: Monday, August 26, 2013. The House Manager & QDDP will make random/unannounced visits to the group home during meal time. During the visit, the House Manager & QDDP will ensure that the consumer's goals are being completed & that all consumers are involved in the meal preparations. The House Manager is responsible for ensuring that the consumer's ISPs are being implemented, goals are being completed & consumers are being involved in the meal preparations.	09/01/2013			

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	<p>with no activity. At 5:00 P.M., DSP #7 cooked the evening meal which consisted of baked chicken, macaroni and cheese and greens. At 6:40 P.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their evening meal independently. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation.</p> <p>A review of client #1's record was conducted on 7/26/13 at 2:00 P.M.. Review of the most current Individual Support Plan (ISP) dated 6/20/13 indicated: "Will learn to prepare a dish on the electric skillet."</p> <p>A review of client #6's record was conducted on 7/26/13 at 4:00 P.M.. Review of the most current ISP dated 2/6/13 indicated: "Will make a healthy snack."</p> <p>A review of client #7's record was conducted on 7/26/13 at 4:10 P.M.. Review of the most current ISP dated 7/12/12 indicated: "Will learn to bake desserts in the oven."</p> <p>A review of client #8's record was conducted on 7/26/13 at 4:20 P.M.. Review of the most current ISP dated 7/2/13 indicated: "Will prepare a healthy side dish for dinner."</p>						

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	An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/26/13 at 4:30 P.M.. The QIDP indicated the clients could assist in meal preparation and further indicated they should be assisting in meal preparation at all times. 9-3-8(a)						

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W009999	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 1 of 4 staff (staff #13) personnel files reviewed, the facility failed to ensure a</p>	W009999	The General Manager/Human Resource Director is responsible for training the HR staff on the Personnel files & the need to have a Bureau of Motor Vehicles record, a Criminal history ran prior to employment along with 3 references & etc...at Tradewinds Services, Inc. Before any staff member can be placed on the schedule in a residential group home, the Personnel/Human Resource file for new employees must be reviewed by the Residential Coordinator to ensure that all necessary documents are in the file. There has been an additional staff member added to the HR department to assist with maintaining the Personnel files & to make sure that all necessary documents are placed into each Personnel file as needed & etc. Once the Personnel file has all necessary documents in place, the staff member can be placed on the schedule.	09/01/2013			

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	<p>bureau of motor vehicles record was obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's administrative records were reviewed on 7/30/13 at 1:45 P.M.. Review of the personnel file for staff #13 indicated a bureau of motor vehicles record was not obtained. The personnel files for staff #13 did not include a bureau of motor vehicles record.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 7/30/13 at 2:25 P.M. and indicated a bureau of motor vehicles record was not completed for staff #13 because the employee had a current out of state drivers license.</p> <p>9-3-2(c)(3)</p>				