

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G730	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/09/2013
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1487 W 4TH ST HOBART, IN 46342
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 6, 7, 8 and 9, 2013</p> <p>Facility number: 011241 Provider number: 15G730 AIM number: 200837460</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/21/13 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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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS 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.</p> <p>Based on observation, record review and interview, for 1 of 3 sampled clients (client #1), the facility failed to ensure the client's rights by not obtaining a legally sanctioned decision maker to assist in medical and financial decisions.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 8/6/13 from 4:00 P.M. until 6:45 P.M.. During the observation client #1 was non-verbal in communication in that the client did not speak.</p> <p>A morning observation was conducted at the group home on 8/9/13 from 6:10 A.M. until 7:40 P.M.. During the observation client #1 was non-verbal in communication in that the client did not speak.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 8/9/13 at 12:25 P.M.. Client #1's Individual Support Plan (ISP) dated</p>	W000125	<p>Client #1's mother had been his guardian, but had past away. The brother had told us he was going to take this over, but had not followed through. Several calls had been made to the brother. Responsible person: Elaina Blystone, QDDP. Information was gathered at a seminar on guardianship that was attended this year. We got information on IAGS that we are looking into. Responsible person: Elaina Blystone, QDDP. A certified letter will be sent out to the brother to ensure he has gotten our information along with the other possible options. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, annually at ISP, guardianship issue will be discussed and to follow up to ensure this process has been completed. We are showing attempts to resolve this issue. We will be sending this information out certified mail and will be receiving receipt of delivery. If then we don't hear from client #1's brother; we will fill out paperwork for IAGS. There is a waiting list for IAGS due to limited number of people willing to</p>	09/08/2013	

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	8/24/12 indicated: "Legal Status: Adjudicated Incompetent. Family Involvement-[Client #1]'s mother/guardian, passed away unexpectedly in November 2010. [Client #1]'s brother, contacted InPact about possibly stepping in as guardian for [client #1]. [Brother's name] took [client #1] home for an overnight visit on Christmas but has not seen him since. Multiple calls have been placed to [Brother's name] and we have not heard back from him....Will learn to identify coins." The "Assessing and Exercising Consumer Rights Decision Making/Critical Skills Inventory" dated 7/27/12 indicated client #1 could not exchange money for an item of service, could not understand individual value of coins or currency, could not spend according to priority, could not understand the purpose of saving money and did not understand the purpose of budgeting money. Further review of the record indicated: "Order Appointing of Guardian Over Person and Estate of Incapacitated Person" dated 7/15/05 which indicated: "[Client #1] was not served notice of these guardianship proceedings because he is unable to read, speak, understand or sign such waiver...is incapable of handling his person and property and is hereby found to be incapacitated under Indiana Law...is		volunteer to become guardians. Responsible person: Elaina Blystone, QDDP.				

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	<p>unable to care for this person and estate and is therefore adjudicated to be an incapacitated person, and the appointment of a guardian over his person and estate is necessary."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was completed at the facility's administrative office on 8/9/13 at 2:45 P.M.. The QIDP indicated client #1 did not have a legally sanctioned decision maker to assist him with financial and medical decisions since his mother's passing in 2010. The QIDP further indicated client #1 could not independently manage his finances and was unable to independently make financial and medical decisions.</p> <p>9-3-2(a)</p>				

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed for 1 of 1 allegation of abuse involving 1 of 3 sampled clients (client #3), to report the allegation immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 8/7/13 at 12:00 P.M.. A review of the facility's BDDS reports indicated:</p> <p>-BDDS report dated 6/26/13 time 11:30 A.M....Date of Knowledge: 7/8/13...Submitted Date: 7/8/13: "[Client #3] was eating his lunch. He appeared to become agitated by one of his peers in his 4:1 (4 clients to 1 staff) ratio group. [Client #3] told this other consumer to 'shut up or else'. The peer continued. [Client #3] got out of his chair and hit the peer on the side of his head with an open hand. At this point, staff separated the 2</p>	W000153	All staff are trained on abuse/neglect and reporting policy upon hire and at least annually thereafter. Responsible person: Ruth Fields, Training Coord. Staff received disciplinary action for not reporting timely and was retrained on reporting procedures. Responsible person: Heather Holt, Community Resource Director. To ensure future compliance, a reliability will be completed to show competency. Responsible person: Elaina Blystone, QDDP. Incident and behavior reports are reviewed daily by the manager/supervisor to ensure future compliance. Responsible persons: Heather Holt, Community Resource Director & Sandy Phillips, Group Home Manager.	09/08/2013			

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	<p>consumers by stepping in between them and pushing them away from each other. This action caused [client #3] to lose his balance and he fell to the floor. Staff assisted [client #3] to get up and [client #3] elbowed him in the stomach. Staff redirected [client #3] back to his lunch and the incident did not repeat. This report is being submitted late because [Staff name] did not report this until today when being questioned as part of an investigation that was opened due to [client #3] reporting it to his residential manager."</p> <p>An interview with the Group Home Director (GHD) was conducted at the facility's administrative office on 8/9/13 at 2:45 P.M.. The GHD indicated this incident was not reported to the administrator or BDDS. The GHD further indicated the incident should have been immediately reported to the administrator and within 24 hours to BDDS.</p> <p>9-3-2(a)</p>						

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W000192	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on observation, record review and interview for 2 of 4 clients observed during medication administration (clients #2 and #5), the facility failed to ensure staff were sufficiently trained to administer medications as prescribed.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 8/6/13 from 4:00 P.M. until 6:45 P.M.. At 4:35 P.M., Direct Support Professional (DSP) #4 began administering client #5's prescribed medications. DSP #4 prompted client #5 to get his water. Client #5 got a small clear plastic medication cup from the cup holder on the sink and filled the small clear plastic medication cup half way. Review of the medication label indicated: "Docusate Sodium 100 mg (milligram) capsule (stool softener)...1 capsule orally three times a day...take with plenty of water." Client #5 was not prompted and did not take his medication with plenty of water. Client #5 took his medication with 1/2 ounce of water.</p> <p>A morning observation was conducted at</p>	W000192	<p>All staff are trained in medication administration upon hire and at least annual thereafter. Responsible person: Sherri DiMarrco, RN. Staff will be retrained to administer medication as prescribed per label, which include to take with plenty of water and to shake well. Responsible person: Sandy Phillips, Group Home Manager. The cup holder has been refilled with appropriate sized cups. Responsible person: Sandy Phillips, Group Home Manager. To ensure future compliance, administration directions will be added to the MAR. Responsible person: Sherri DiMarrco, RN. Monthly a medication reliability will be completed on staff to ensure future compliance. Responsible person: Sandy Phillips, Group Home Manager.</p>	09/08/2013	

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	<p>the group home on 8/9/13 from 6:10 A.M. until 7:40 A.M.. At 7:16 A.M., DSP #7 administered client #2's prescribed medications. Review of the medication bottle indicated: "Oxcarbazepine 300 mg liquid (seizures)...300 mg orally four times a day...Shake well." DSP #7 did not shake client #2's Oxcarbazepine liquid.</p> <p>An interview with DSP #7 was conducted on 8/9/13 at 7:20 A.M.. When asked how many ounces were in the small plastic medication cups used for all clients to drink water during medication administration, DSP #7 looked at the bottom of the cup and stated "One ounce." When asked if client #2's Oxcarbazepine should have been shaken, she stated "Yes."</p> <p>An interview with the facility's Group Home Director (GHD) was conducted at the facility's administrative office on 8/9/13 at 2:45 P.M.. The GHD indicated staff should have given at least 8 ounces of water and should have shaken the medication as directed.</p> <p>9-3-3(a)</p>				

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W000220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (client #1), the comprehensive functional assessment failed to indicate the facility had obtained a speech/communication assessment of the client's language skills/abilities.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 8/6/13 from 4:00 P.M. until 6:45 P.M.. During the observation client #1 was non-verbal in communication in that the client did not speak.</p> <p>A morning observation was conducted at the group home on 8/9/13 from 6:10 A.M. until 7:40 P.M.. During the observation client #1 was non-verbal in communication in that the client did not speak.</p> <p>A review of client #1's record was conducted on 8/9/13 at 12:25 P.M.. Review of the record indicated client #1 was admitted to the group home on 8/1/07. Review of client #1's most current Individual Support Plan (ISP)</p>	W000220	<p>Client #1 had a speech eval upon being admitted into the home dated 8/19/07 and again on 7/31/11. Responsible person: Sheila O'Dell, Group Home Director. One of the recommendations is the use of a technology communication device. Client #1 has a nexus and a program in place to learn to use it. This was double checked to ensure we were in compliance due to the citation and everything is in place and current. There is a current speech eval, training objective for speech/language skills in place on Client #1. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, reliabilities will be completed monthly. Responsible person: Sandy Phillips, Group Home Manager. To ensure future compliance, annually a book review will be completed to ensure documents are in place. Responsible person: Elaina Blystone, QDDP.</p>	08/09/2013			

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	<p>dated 8/24/12 and/or record did not indicate the client's speech and/or language skills had been assessed.</p> <p>An interview with the Group Home Director (GHD) was conducted on 8/9/13 at 2:45 P.M.. The GHD indicated client #1 was non-verbal and further indicated client #1's speech and/or language skills had not been assessed.</p> <p>9-3-4(a)</p>				

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W000268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed for 1 of 3 sampled clients (client #3), to promote his dignity by not ensuring his hair was cut.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 8/6/13 from 4:00 P.M. until 6:45 P.M.. During the observation period, client #3 kept pushing his hair back from his forehead. The back of his neck had hair growing from his hair line to the bottom of his ears. At 5:45 P.M., client #3 stated to Direct Support Professional (DSP) #2 "When are you going to bring your clippers here so you can cut our hair? I need a hair cut."</p> <p>A morning observation was conducted at the group home on 8/9/13 from 6:10 A.M. until 7:40 A.M.. During the observation period, client #3 kept pushing his hair back from his forehead. The back of his neck had hair growing from his hair line to the bottom of his ears. At 6:30 A.M., client #3 stated to DSP #6 "Tell [DSP #2] I need a haircut."</p> <p>An interview with client #3 was</p>	W000268	<p>All client's can get their haircut at their request at our cost monthly. Responsible person: Sandy Phillips, Group Home Manager. Client #3 had requested get his hair cut and on 8-10-13, he got his hair cut as requested. Responsible person: Sandy Phillips, Group Home Manager. To ensure future compliance, staff will encourage or suggest haircuts to the clients if they have not request to get one and it has been a month since their last hair cut. Responsible person: Sandy Phillips, Group Home Manager. At the monthly client meetings held at the homes, consumer will be asked if they want their haircut to ensure future compliance. Responsible person: Sandy Phillips, Group Home Manager.</p>	09/08/2013

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	<p>conducted on 8/9/13 at 6:35 A.M.. Client #3 stated "I need a haircut." When asked when he last got a haircut he stated "About 2 months."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/9/13 at 2:45 P.M.. The QIDP indicated clients should get out monthly for haircuts.</p> <p>9-3-5(a)</p>			

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (client #2), the facility failed to assure the staff provided food in accordance with the client's diet order.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 8/6/13 from 4:00 P.M. until 6:45 P.M.. At 6:30 P.M., Direct Support Professional (DSP) #5 prepared client #2's meal which consisted of a pork chop, rice and apple pie. Client #2's meal was of a smashed soft texture. Client #2's meal was not of a chopped/minced texture.</p> <p>An interview with DSP #5 was conducted on 8/6/13 at 6:40 P.M.. DSP #5 indicated client #2 was on a mechanically soft diet.</p> <p>A morning observation was conducted at the group home on 8/9/13 from 6:10 A.M. until 7:40 A.M.. At 6:40 A.M., client #2 ate his breakfast which consisted of scrambled eggs, sausage patties and toast. Client #2's sausage patties and toast were cut into pieces. Client #2's meal was not of a chopped/minced texture.</p>	W000460	<p>All staff will ensure that the client # 2's diet is the correct texture. Responsible person: Sandy Phillips, Group Home Manager & Elaina Blystone, QDDP. All staff will be retrained on client #2's prescribed diet, which will include knowing what it is called and what the texture is. Responsible person: Sandy Phillips, Group Home Manager. The diet was added to the back of the menu for quick reference of client #2's diet. Responsible person: Sandy Phillips, Group Home Manager. Client #2 will have a program in place to help him chop his own food daily. Responsible person: Elaina Blystone, QDDP and Sandy Phillips, Group Home Manager. A meal time reliability will be completed by all the staff to show competency. Responsible person: Sandy Phillips, Group Home Manager. To ensure future compliance, a random reliability will be completed weekly the first month and then monthly there after to maintain compliance. Responsible person: Sandy Phillips, Group Home Manager.</p>	09/08/2013			

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	<p>A review of client #2's record was conducted on 8/9/13 at 1:15 P.M.. Review of client #2's most current Nutritional Assessment dated 11/17/12 indicated: "Chopped or minced."</p> <p>An interview with the Group Home Director (GHD) was conducted on 8/9/13 at 2:45 P.M.. The GHD indicated staff should have followed the client's prescribed diet.</p> <p>9-3-8(a)</p>			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
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 5 of 6 clients residing at the group home (clients #1, #2, #3, #5 and #6) were involved in meal preparation.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 8/6/13 from 4:00 P.M. until 6:45 P.M.. At 5:25 P.M., Direct Support Professional (DSP) #2 prompted client #4 to prepare lunches as clients #1, #2, #3, #5 and #6 sat with no activity. Client #4 retrieved 5 lunch pails and a Ziploc freezer bag and placed them on the dining table. Client #4 then retrieved a loaf of bread, lunch meat, cheese, chips, rice krispie treats and juice boxes and placed each item on the dining table. DSP #2 and client #4 then prepared 6 sandwiches and placed each sandwich into plastic baggies. Client #4 then placed a bag of chips, a rice krispie treat, and a juice box into each lunch pail and the Ziploc baggie. Clients #1, #2, #3, #5 and #6 were not prompted and did not prepare their own lunches.</p> <p>A morning observation was conducted at</p>	W000488	<p>All clients are to be involved in meal preparation and all staff are trained in this upon hire. Responsible person: Sandy Phillips, Group Home Manager. All staff will be retrained in letting all clients (including #1, 2, 3, & 6) to participate in the preparation of their own lunches and breakfast toast. Responsible person: Sandy Phillips, Group Home Manager. Meal prep will be added to everyone's schedule daily. Responsible person: Sandy Phillips, Group Home Manager. A reliability will be completed on each staff to show competency. Responsible person: Sandy Phillips, Group Home Manager. To ensure future compliance, a random reliability will be completed weekly the first month and at least monthly there after to maintain compliance. Responsible person: Sandy Phillips, Group Home Manager.</p>	09/08/2013			

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	<p>the group home on 8/9/13 from 6:10 A.M. until 7:40 A.M.. Clients #1, #2, #3, #5 and #6 sat at in the living room with no activity as DSP #6 prompted client #4 to prepare toast. Client #4 then put butter on the already toasted bread and placed each slice of toast on a plate. When client #4 finished he placed the plate of already buttered toast on the dining table. Clients #1, #2, #3, #5 and #6 were not prompted and did not prepare their own toast.</p> <p>An interview with the Group Home Director (GHD) was conducted on 8/9/13 at 2:45 P.M.. The GHD indicated clients could assist in meal preparation and further indicated they should be assisting in preparation at meal time.</p> <p>9-3-8(a)</p>				