

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G532	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/11/2014
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 107 BINKLEY KNOX, IN 46534
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 8, 9, 10, and 11, 2014.</p> <p>Facility number: 001046 Provider number: 15G532 AIM number: 100245310</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/24/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility nursing staff failed to develop and/or implement a pressure ulcer care plan for 1 of 4 sampled clients (#3) who had a history of friction pressure ulcers</p>	W000331	The physician previously and currently identifies the condition as "due to edema and venous insufficiency". Instructions for appropriate care and support for the condition, as noted, had been identified in various documents, including one entitled "Skin	01/10/2015

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>(blisters) on her feet.</p> <p>Findings include:</p> <p>On 12/10/14 at 3:10 PM, record review indicated Client #3's diagnoses included, but were not limited to, cerebral palsy, history of back and knee surgery, visual impairment, elevated cholesterol, venous insufficiency, and edema. Client #3's "Residential Medical/Progress Notes" were reviewed from 8/1/14 to 10/26/14 and indicated the following (not all inclusive):</p> <p>8/1/14 "Blisters on both feet are drying up." 8/2/14 "...blisters drying up." 8/3/14 "[Client #3]'s feet has (sic) a couple small blisters under the toes of her (L) (left) foot. Both heels have small blisters which are drying and peeling." 8/4/14 "Blisters on both feet are drying up. Small blisters under toes on left foot." 8/5/14 "Blisters on both feet are drying up. Couple of new blisters on left foot." 8/6/14 "[Client #3] continues to have blisters on both feet." 8/7/14 "Blisters on feet are drying up." 8/18/14 "Continues to have peeling & (and) on left foot." 8/19/14 "Both feet peeling. Blisters on both feet." 8/20/14 "Both feet peeling. Both feet</p>		<p>Integrity Protocol" and were being implemented. The Skin Integrity Protocol has been revised to include all of the documented instructions and supports for the care of the condition. To assure that appropriate care and support continues to be provided, instructions will be documented and staff will be trained on those instructions.</p> <p>W331 Addendum All other clients have risk plans and protocols in play to meet their needs.</p>				

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	<p>have blisters."</p> <p>8/20/14 "Both feet look good."</p> <p>8/22/14 "R (right) foot has a (sic) new blisters, L (left) foot blister drying up."</p> <p>8/31/14 "Blister on feet drying up."</p> <p>8/31/14 "[Client #3] has some new blisters on both of her feet, continues to have some older blisters that are drying up."</p> <p>9/1/14 "Blisters are drying up."</p> <p>9/1/14 "Blisters on right foot. Other blisters are drying up."</p> <p>9/3/14 "Blisters on right foot. Old blisters are drying up."</p> <p>9/4/14 "Blister on right foot and new one on left foot."</p> <p>9/6/14 "New blister on left heel. Old blisters on both feet seem to be healing."</p> <p>9/7/14 "New blister on (L) (left) heel."</p> <p>9/11/14 "Blisters on right foot. Old ones drying up."</p> <p>9/13/14 "...new blisters on both feet."</p> <p>9/20/14 "Blisters on both feet still visible."</p> <p>9/23/14 "Blisters on right foot...".</p> <p>9/24/14 "New blister on left foot, blisters on right foot are drying up."</p> <p>9/30/14 "Left foot looks good. Right foot has some peeling."</p> <p>10/2/14 "Both feet are peeling...".</p> <p>10/3/14 "[Client #3] still has blisters on (L) foot. Heel has one that is drying up."</p> <p>10/12/14 "[Client #3] has new blister on her L foot. Both feet are peeling."</p>						

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	<p>Record review indicated Client #3's ISP (Individual Support Plan) dated 11/14/14 indicated Client #3 wore compression stockings daily for edema (swelling caused by excessive tissue fluid). Client #3's ISP indicated staff were to "monitor feet closely for rash/swelling. Keep feet elevated to minimize swelling." A nurses note dated 11/18/14 indicated "continue to monitor feet closely for rash/swelling. Lotion is applied routinely to feet due to history of dry cracked skin. Elevate feet when possible due to chronic swelling lower extremities/venous insufficiency. Continue w/ (with) support hose daily due to chronic swelling/venous insufficiency." Client #3's ISP indicated a "Circulation Protocol" which indicated staff should document "any unusual leg swelling, skin breakdown, redness that won't go away after repositioning, blisters, skin color changes around the ankles or ulcers on the legs." Review of Client #3's ISP indicated no further documentation of chronic pressure ulcers of the feet or specific care and treatment protocols for chronic pressure ulcers on Client #3's feet.</p> <p>On 12/11/14 at 10:02 AM during an interview, the facility nurse stated she was new in her position and she did not develop a care plan for Client #3's</p>						

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W000488	<p>blisters or friction ulcers because it had "been an ongoing" situation which began before she started. The facility nurse was uncertain whether Client #3 had seen a physician for feet blisters. The facility nurse indicated there was not a specific care plan written to address the care of Client #3's feet blisters.</p> <p>9-3-6(a)</p> <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. Based on observation and interview for 7 of 8 clients (#1, #2, #3, #4, #5, #6, #8), the facility failed to encourage clients to function with as much independence to the extent possible in regards to family style dining.</p> <p>Findings include: On 12/8/14 between 4:40 PM and 6:10 PM, group home observation was conducted. At 4:50 PM, DSP (Direct Support Professional) #1 had filled all the clients' (#1, #2, #3, #4, #5, #6, and #8) plates and they were sitting on the kitchen island while the clients were seated at the living room table waiting for</p>	W000488	<p>Staff have been retrained in the need to promote family style dining. Staff will promote family style dining at all meals. To assure that family style dining occurs, observations will be made at least weekly by the Residential Manager and/or the QDDP. W488 Addendum Observations of meals will be made at least three times per week by the Residential Manager and/or QDDP. Family style dining will be promoted by staff encouraging and assisting the clients to eat in a manner consistent with their capabilities.</p>	01/10/2015

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	<p>dinner. Each client was served their meal which included mashed potatoes, green beans, and shredded meat. No family style dining occurred during the observation.</p> <p>On 12/10/14 at 12:20 PM during an interview, the House Manager (HM) stated staff do family style dining "2 to 3 times a week." The HM stated it "could be a situation when they are in a hurry." The HM stated the clients have "Wednesday bowling and Monday bingo." The HM stated stated "they don't do it (family style dining) as often as I'd like them too." The HM indicated clients (#1, #2, #3, #4, #5, #6, and #8) should be as independent as possible.</p> <p>9-3-8(a)</p>						