

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G033	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2014
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 456 W MARKET ST WABASH, IN 46992
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W000000	<p>This visit was for the investigation of complaint #IN00151222.</p> <p>Complaint #IN00151222: SUBSTANTIATED, Federal and State deficiencies related to the allegations are cited at W122, W149, W154, W155, and W249.</p> <p>Dates of Survey: 7/9, 7/10, and 7/11/2014.</p> <p>Facility Number: 000593 Provider Number: 15G033 AIMS Number: 100233370</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/17/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview, and record review, the facility failed to meet</p>	W000122	W122 Client Protections 1. What corrective action(s) will be accomplished for these residents	08/10/2014

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>the Condition of Participation: Client Protections for 1 of 3 sampled clients (client A). The facility failed to implement their policy and procedures to protect client A by staff failing to provide sufficient supervision, failed to take proactive measures to prevent further neglect, failed to immediately suspend staff after the allegation, and failed to thoroughly investigate the incident of client A's AWOL (Absent Without Leave) behavior.</p> <p>Findings include:</p> <p>Please refer to W149. The facility neglected for 1 of 1 allegation of neglect (for client A), to implement its Abuse/Neglect/Mistreatment policy to thoroughly investigate, provide staff supervision at the group home, and to immediately suspend staff after an allegation of neglect for client A.</p> <p>Please refer to W154. The facility failed for 1 of 1 allegation/incident of abuse, neglect, and/or mistreatment (for client A) to thoroughly investigate an allegation of neglect for client A.</p> <p>Please refer to W155. The facility failed for 1 of 1 allegation/incident of abuse, neglect, and/or mistreatment (for client A) to take proactive measures to protect</p>		<p>found to have been affected by the deficient practice? Ans.:</p> <p>1.Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues.</p> <p>2.Door Alarms are activated whenever clients are home.</p> <p>3.15 minute check on client's documentation checker sheet started.</p> <p>4.In-service all staff on Abuse/Neglect; Clients Rights; 15 Minute Checks; Door Alarms Procedure.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Ans.:</p> <p>1.Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues.</p> <p>2.Door Alarms are activated whenever clients are home.</p> <p>3.15 minute check on clients checker page started.</p> <p>4.In-service all staff on Abuse/Neglect; Clients Rights; 15 Minute Checks; Door Alarms Procedure.</p> <p>3. What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur?Ans.: 1. Community Supports Coordinator will update her Team Member Meeting</p>				

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W000149	<p>client A from further neglect and failed to immediately suspend staff after an allegation for client A.</p> <p>This federal tag relates to complaint #IN00151222.</p> <p>9-3-2(a)</p> <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 observation, record review, and interview, for 1 of 1 allegation of neglect (for client A), the facility neglected to implement their Abuse/Neglect/Mistreatment policy to thoroughly investigate, provide staff supervision at the group home, and to immediately suspend staff after an</p>	W000149	<p>Questions to talk about any staff concerns/issues. 2. Door Alarms are activated whenever clients are home. 3. 15 minute check on clients checker page started. 4. Sexual Awareness Assessment completed with Client A. 5. Updated ISP; BSP; FATS on possible AWOL for Client A. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not occur, what quality assurance program will be put into place? Ans.: 1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues and use for her monthly or more meeting. 2. Door Alarms are activated whenever clients are home. 3. 15 minute check on client's checker sheet will be reviewed by Res. Mgr and QIDP monthly. 5. Date Completed: 8/10/14.</p> <p>W149 Staff Treatment of Clients 1. What corrective action will be accomplished? 1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues. 2. Door Alarms are activated whenever clients are home. 3. 15 minute check on clients checker page</p>	08/10/2014	

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	<p>incident/allegation of neglect for client A.</p> <p>Findings include:</p> <p>On 7/9/14 at 2:30pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 04/01/2014 through 07/09/2014 and indicated the following:</p> <p>-A 6/17/14 BDDS report for an incident on 6/16/14 at 5:10pm, indicated client A "was in her room folding her clothes before dinner and left out the back door of her home without the knowledge of her staff. [Client A] walked down the street three houses down. [Client A] was last seen at 5:10pm and when she did not come to dinner when called at 5:35pm, staff went to check on [client A], and after looking throughout the home (the staff) realized [client A] not in the home (sic)." The report indicated staff "recalled (an unknown male) neighbor from 3 doors down had been down earlier in the afternoon to see if [client A] was home. Staff went to his home and found [client A] there. [Client A] was located at 5:45pm and requested to return home." The report indicated "Plan to Resolve: Door alarms will be active at all times when clients are home. 15 minute checker will be put into place for staff to document. Review of Sexual Awareness</p>		<p>started. 4. In-service all staff on Abuse/Neglect; Clients Rights; 15 Minute Checks; Door Alarms Procedure. 2. How the facility will identify other residents having the potential to be affected by deficiency? 1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues. 2. Door Alarms are activated whenever clients are home.3. 15 minute check on clients checker page started.4. In-service all staff on Abuse/Neglect; Clients Rights; 15 Minute Checks; Door Alarms Procedure. 3. What measures will be put into place or what systematic changes the facility will make to ensur deficient practice will not happen again? 1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues. 2. Door Alarms are activated whenever clients are home. 3. 15 minute check on clients checker page started. 4. Sexual Awareness Assessment completed with Client A. 5. Updated ISP; BSP; FATS on possible AWOL for Client A. 4. How the corrective action will be monitored? 1. Community Supports Coordinator will update her monthly Team Member Meeting Questions to talk about any staff concerns/issues and use for her monthly or more meeting. 2.</p>		

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	<p>Assessment (for client A)" was completed.</p> <p>On 7/9/14 from 4:20pm until 6:30pm, observation and interviews were conducted at the group home with client A, GHS (Group Home Staff) #1, GHS #2, and GHS #3. At 4:30pm, GHS #2 stated "it was neglect, we neglected [client A], we did not know where she was" on 6/17/14. GHS #2 stated "it was our fault." GHS #2 indicated the door alarms were not activated at the group home until after client A's elopement incident on 6/17/14 and client B (a different group home client) had the identified need for the alarms. GHS #2 stated "we couldn't find [client A], we remembered about that guy down the street visiting (earlier in the day), I took off down the street, and started knocking on doors." GHS #2 stated she knocked on the unknown neighbor's door, he "answered the door, I could see [client A] sitting on the sofa inside, I pushed by him, went to [client A's] side, and asked her if she was ready to go." GHS #2 stated client A returned home with her at that time "about 5:45pm." GHS #2 stated "I checked [client A] out, her clothing was not torn and was in order, she had no injuries, and she was not talking." GHS #2 indicated client A brushed her teeth after the incident and made a "swiping</p>		<p>Door Alarms are activated whenever clients are home. 3. 15 minute check on client's checker sheet will be reviewed by Res. Mgr and QIDP monthly. Date Completed by 8/10/14</p>		

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	<p>motion with her hands across her mouth and said no, no, no, no more [name of unknown neighbor]." GHS #2 stated "I took that as he must have kissed her." At 6:00pm, GHS #1 and GHS #3 both indicated the door alarms were not activated before client A left the group home on 6/17/14 and should have been activated. GHS #1 stated "it was our neglect, we should always know where our clients are." From 4:20pm until 6:30pm, an interview was attempted three times with client A and client A would state a few words then walk away. At 5:15pm, client A was asked if she remembered leaving the group home. Client A dropped her gaze to the floor, stated "no more [unknown neighbor's name]," and client A made a swiping motion across her lips with a grunt sound. Client A then walked away from the interview.</p> <p>On 7/10/14 at 10:00am, an interview with the agency nurse was conducted. The agency nurse stated she conducted a "complete" check for client A after she was notified of this incident on 6/17/14. The nurses notes indicated "6/17/14 assessed client d/t (due to) AWOL yesterday at neighbors. [Client A] denies any inappropriate behavior. Head to toes assessment...(vital signs within normal limits), skin pale warm, dry, and intact,</p>			

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	<p>no s/s (signs / symptoms) of discomfort, active Range of Motion to extremities...trace edema to lower extremities. No signs of discharge or bleeding from vaginal area, client does receive depo (birth control) injection quarterly last received 6/6/14."</p> <p>On 7/9/14 at 2:16pm, the facility's investigations from 4/1/14 through 7/9/14 were requested from the CSC (Community Supports Coordinator). At 3:00pm, the CSC indicated no investigation into the allegation of neglect was available for review. The CSC provided program revisions from the QIDP (Qualified Intellectual Disabilities Professional) for client A's programs and a house meeting regarding staff retraining for client A's programs, supervision at the group home, and door alarm activation schedule. The CSC stated "I missed it. I did not complete an investigation. I did not suspend staff. We were looking at this incident as an AWOL (Absent Without Leave) behavior" for client A. When asked the agency's definition of Abuse, Neglect, and/or Mistreatment, the CSC stated "neglect included the failure of staff to provide direct supervision" for client A who had the identified need for twenty-four hour supervision. The CSC stated the agency had not investigated the</p>			

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	<p>"unknown neighbor" and did not know the unknown neighbor's full name. The CSC stated the QIDP was investigating client A's incident for a "programming need," not investigating for abuse/neglect, and provided one email. The CSC indicated the investigation did not include a result of the investigation and did not include witness statements. The CSC indicated the three staff on duty at the time of the incident were not suspended pending the investigation which exposed the clients to the potential of continued abuse, neglect, and/or mistreatment.</p> <p>On 7/9/14 at 2:35pm, a 6/17/14 at 12:20pm email between the Residential Manager (RM) and the QIDP was reviewed. The email indicated "We have had the alarms hooked up and going for quite some time. We just don't normally have them on unless there is only one to two staff here. We started last night having them on unless nobody is home... [QIDP] email 6/17/14 at 12:17pm...We need to make sure the door alarms are hooked up today. We have guardian approval for all the clients in the home and HRC (Human Rights Committee) approval when [client B] moved in."</p> <p>On 7/10/14 at 10:00am, a 6/18/14 at 1:01pm email between the RM and the</p>			

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	<p>QIDP was reviewed. The email indicated "Do you know the full name of [the unknown neighbor]? Do you know what the address is? Is he MR (Mentally Retarded)...living alone, ect.? (sic) I asked [name of the local workshop] about [name of unknown neighbor] and they tell me they have no (one with that name) that goes there...I did not understand the report. It was a guy [client A] knew from [name of the workshop]? I am trying to sort out if this person could pose a problem for all the ladies (at the group home) or not...What do we know about him? Does she understand about sexual activity and the things that can result from it? If we don't know him we don't know those answers... (Response) 6/18/14 at 4:48pm...I don't know his full name. All I know is [first name of unknown neighbor]. He lives alone, his nephew was taking care of him but he's in jail now so...[the nephew's] girlfriend is watching him now. His brother also lives in the apartment underneath his own apartment with his girlfriend. He is MR. He used to go to [name of workshop] with the girls (sic) he was kicked out a while ago...I was told the reasoning was due to biting others and/or aggression. I don't know much about [first name of unknown neighbor] except for what [the nephew's girlfriend] had told me and it's not much. Just that</p>			

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	<p>he knows what he does is wrong and does it any way on purpose, such as taking his pants off in front of people."</p> <p>On 7/9/14 at 2:45pm, a record review was conducted of the 6/11/2002 BDDS "Incident Reporting" policy and procedure indicated "...Neglect, includes failure to provide appropriate care, food, medical care, or supervision...."</p> <p>On 7/9/14 at 2:45pm, a review of the facility's records indicated the facility's undated "Handling client Abuse, Neglect, and Injuries of Unknown Origin & BDDS Incident Reporting" policy which indicated "It is Pathfinder Services, Inc. policy to provide a service where clients are free from abuse, neglect, or exploitation. In the event that any of these conditions are suspected, an investigation will immediately be conducted...Any alleged, suspected, or actual abuse-physical, sexual, emotional, or domestic improper treatment, neglect-failure to provide appropriate care, environment, food, medical care, or supervision, exploitation or any other mistreatment must be immediately reported...." The policy and procedure indicated staff would be suspended pending an investigation.</p> <p>Client A's record was reviewed on 7/9/14</p>			

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W000154	<p>at 3:15pm. Client A's 9/19/13 ISP (Individual Support Plan) and 8/7/13 BSP (Behavior Support Plan) both indicated client A "required" twenty-four hour staff supervision in the group home. Client A's plans indicated she had limited verbal skills, did not recognize personal dangers, was not aware of the dangerous situations around her, did not possess community safety skills, did not possess pedestrian safety skills, and was a fall risk while walking. Client A's ISP and BSP indicated client A had identified behaviors of bosses others, skin picking, and teases others.</p> <p>This federal tag relates to complaint #IN00151222.</p> <p>9-3-2(a)</p> <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 observation, record review, and interview, for 1 of 1 allegation of abuse, neglect, and/or mistreatment (for client A), the facility failed to thoroughly investigate an allegation of neglect for client A.</p> <p>Findings include:</p>	W000154	<p>W154 Staff Treatment of Clients. What corrective action will be accomplished?1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues. 2. Door Alarms are activated whenever clients are home.3. 15 minute check on clients checker</p>	08/10/2014

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	<p>On 7/9/14 at 2:30pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 04/01/2014 through 07/09/2014 and indicated the following:</p> <p>-A 6/17/14 BDDS report for an incident on 6/16/14 at 5:10pm, indicated client A "was in her room folding her clothes before dinner and left out the back door of her home without the knowledge of her staff. [Client A] walked down the street three houses down. [Client A] was last seen at 5:10pm and when she did not come to dinner when called at 5:35pm, staff went to check on [client A], and after looking throughout the home (the staff) realized [client A] not in the home (sic)." The report indicated staff "recalled (an unknown male) neighbor from 3 doors down had been down earlier in the afternoon to see if [client A] was home. Staff went to his home and found [client A] there. [Client A] was located at 5:45pm and requested to return home." The report indicated "Plan to Resolve: Door alarms will be active at all times when clients are home. 15 minute checker will be put into place for staff to document. Review of Sexual Awareness Assessment (for client A)" was completed.</p>		<p>page started.4. In-service all staff on Abuse/Neglect; Clients Rights; 15 Minute Checks; Door Alarms Procedure. 2. How the facility will identify other residents having the potential to be affected by deficiency? 1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues. 2. Door Alarms are activated whenever clients are home. 3. 15 minute check on clients checker page started. 4. In-service all staff on Abuse/Neglect; Clients Rights; 15 Minute Checks; Door Alarms Procedure. 3. What measures will be put into place or what systematic changes facility will make ? 1. Community Supports Coordinator will update herTeam Member Meeting Questions to talk about any staff concerns/issues. 2. Door Alarms are activated whenever clients are home. 3. 15 minute check on clients checker page started. 4. Sexual Awareness Assessment completed with Client A. 5. Updated ISP; BSP; FATS on possible AWOL for Client A. 4. How the corrective action will be monitored? 1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues and use for her monthly or more meeting. 2. Door Alarms are activated whenever clients are home. 3.</p>				

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	On 7/9/14 from 4:20pm until 6:30pm, observation and interviews were conducted at the group home with client A, GHS (Group Home Staff) #1, GHS #2, and GHS #3. At 4:30pm, GHS #2 stated "it was neglect, we neglected [client A] we did not know where she was" on 6/17/14. GHS #2 stated "it was our fault." GHS #2 indicated the door alarms were not activated at the group home until after client A's elopement incident on 6/17/14 and client B (a different client living at the group home) had the identified need for the alarms. GHS #2 stated "we couldn't find [client A], we remembered about that guy down the street visiting (earlier in the day), I took off down the street, and started knocking on doors." GHS #2 stated she knocked on the unknown neighbor's door, he "answered the door, I could see [client A] sitting on the sofa inside, I pushed by him, went to [client A's] side, and asked her if she was ready to go." GHS #2 stated client A returned home with her at that time "about 5:45pm." GHS #2 stated "I checked [client A] out, her clothing was not torn and was in order, she had no injuries, and she was not talking." GHS #2 indicated client A brushed her teeth after the incident and made a "swiping motion with her hands across her mouth (and said) no, no, no, no more [name of unknown neighbor]." GHS #2 stated "I		15 minute check on client's checker sheet will be reviewed by Res. Mgr and QIDP monthly. 5. Date Completed by 8/10/14				

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	<p>took that as he must have kissed her." At 6:00pm, GHS #1 and GHS #3 both indicated the door alarms were not activated before client A left the group home on 6/17/14 and should have been activated. GHS #1 stated "it was our neglect, we should always know where our clients are." From 4:20pm until 6:30pm, an interview was attempted three times with client A and client A would state a few words then walk away. At 5:15pm, client A was asked if she remembered leaving the group home. Client A dropped her gaze to the floor, stated "no more [unknown neighbor's name]," and client A made a swiping motion across her lips with a grunt sound. Client A then walked away from the interview.</p> <p>On 7/10/14 at 10:00am, an interview with the agency nurse was conducted. The agency nurse stated she conducted a "complete" check for client A after she was notified of this incident on 6/17/14. The nurses notes indicated "6/17/14 assessed client d/t (due to) AWOL yesterday at neighbors. [Client A] denies any inappropriate behavior. Head to toes assessment...(vital signs within normal limits), skin pale warm, dry, and intact, no s/s (signs / symptoms) of discomfort, active Range of Motion to extremities...trace edema to lower</p>			

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	<p>extremities. No signs of discharge or bleeding from vaginal area, client does receive depo (birth control) injection quarterly last received 6/6/14."</p> <p>On 7/9/14 at 2:16pm, the facility's investigations from 4/1/14 through 7/9/14 were requested from the CSC (Community Supports Coordinator). At 3:00pm, the CSC indicated no investigation into the allegation of possible abuse, neglect, and/or mistreatment was available for review. The CSC provided program revisions from the QIDP (Qualified Intellectual Disabilities Professional) for client A's programs and a house meeting regarding staff retraining for client A's programs, supervision at the group home, and door alarm activation schedule. The CSC stated "I missed it. I did not complete an investigation. I did not suspend staff. We were looking at this incident as an AWOL (Absent Without Leave) behavior" for client A." When asked the agency's definition of Abuse, Neglect, and/or Mistreatment, the CSC stated "neglect included the failure of staff to provide direct supervision" for client A who had the identified need for twenty-four hour supervision. The CSC stated the agency had not investigated the "unknown neighbor" and did not know the unknown neighbor's full name. The</p>						

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	<p>CSC stated the QIDP was investigating client A's incident for a "programming need," not investigating for abuse/neglect, and provided one email. The CSC indicated the investigation did not include a result of the investigation and did not include witness statements.</p> <p>On 7/9/14 at 2:35pm, a 6/17/14 at 12:20pm email between the Residential Manager (RM) and the QIDP was reviewed. The email indicated "We have had the alarms hooked up and going for quite some time. We just don't normally have them on unless there is only one to two staff here. We started last night having them on unless nobody is home... [QIDP] email 6/17/14 at 12:17pm...We need to make sure the door alarms are hooked up today. We have guardian approval for all the clients in the home and HRC (Human Rights Committee) approval when [client B who was a different client living in the group home] moved in."</p> <p>On 7/10/14 at 10:00am, a 6/18/14 at 1:01pm email between the RM and the QIDP was reviewed. The QIDP email indicated "Do you know the full name of [the unknown neighbor]? Do you know what the address is? Is he MR (Mentally Retarded)...living alone, ect.? (sic) I asked [name of the local workshop]</p>						

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	<p>about [name of unknown neighbor] and they tell me they have no (one with that name) that goes there...I did not understand the report. It was a guy [client A] knew from [name of the workshop]? I am trying to sort out if this person could pose a problem for all the ladies (at the group home) or not...What do we know about him? Does she understand about sexual activity and the things that can result from it? If we don't know him we don't know those answers... (Response) 6/18/14 at 4:48pm...I don't know his full name. All I know is [first name of unknown neighbor]. He lives alone, his nephew was taking care of him but he's in jail now so...[the nephew's] girlfriend is watching him now. His brother also lives in the apartment underneath his own apartment with his girlfriend. He is MR. He used to go to [name of workshop] with the girls he was kicked out a while ago...I was told the reasoning was due to biting others and/or aggression. I don't know much about [first name of unknown neighbor] except for what [the nephew's girlfriend] had told me and it's not much. Just that he knows what he does is wrong and does it any way on purpose, such as taking his pants off in front of people."</p> <p>This federal tag relates to complaint #IN00151222.</p>						

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W000155	<p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must prevent further potential abuse while the investigation is in progress. Based on observation, record review, and interview, for 1 of 1 allegation of abuse, neglect, and/or mistreatment (for client A), the facility failed to take proactive measures to protect client A from further neglect and failed to immediately suspend staff after an allegation of neglect for client A.</p> <p>Findings include:</p> <p>On 7/9/14 at 2:30pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 04/01/2014 through 07/09/2014 and indicated the following:</p> <p>-A 6/17/14 BDDS report for an incident on 6/16/14 at 5:10pm, indicated client A "was in her room folding her clothes before dinner and left out the back door of her home without the knowledge of her staff. [Client A] walked down the street three houses down. [Client A] was last seen at 5:10pm and when she did not come to dinner when called at 5:35pm, staff went to check on [client A], and</p>	W000155	<p>W155 Staff Treatment of Client 1. What corrective action will be accomplished?1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues. 2. Door Alarms are activated whenever clients are home.3. 15 minute check on clients checker page started.4. In-service all staff on Abuse/Neglect; Clients Rights; 15 Minute Checks; Door Alarms Procedure. 2. How the facility will identify other residents having the potential to be affected by this deficiency?1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues. 2. Door Alarms are activated whenever clients are home. 3. 15 minute check on clients checker page started. 4. In-service all staff on Abuse/Neglect; Clients Rights; 15 Minute Checks; Door Alarms Procedure. 3. What measures will be put into place or what systematic changes the facility will make?1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff</p>	08/10/2014

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	<p>after looking throughout the home (the staff) realized [client A] not in the home (sic)." The report indicated staff "recalled (an unknown male) neighbor from 3 doors down had been down earlier in the afternoon to see if [client A] was home. Staff went to his home and found [client A] there. [Client A] was located at 5:45pm and requested to return home." The report indicated "Plan to Resolve: Door alarms will be active at all times when clients are home. 15 minute checker will be put into place for staff to document. Review of Sexual Awareness Assessment (for client A)" was completed.</p> <p>On 7/9/14 from 4:20pm until 6:30pm, observation and interviews were conducted at the group home with client A, GHS (Group Home Staff) #1, GHS #2, and GHS #3. At 4:30pm, GHS #2 stated "it was neglect, we neglected [client A], we did not know where she was" on 6/17/14. GHS #2 stated "it was our fault." GHS #2 indicated the door alarms were not activated at the group home until after client A's elopement incident on 6/17/14 and client B (a different client living at the group home) had the identified need for the alarms. GHS #2 stated "we couldn't find [client A], we remembered about that guy down the street visiting (earlier in the day), I</p>		<p>concerns/issues. 2. Door Alarms are activated whenever clients are home.3. 15 minute check on clients checker page started.4. Sexual Awareness Assessment completed with Client A.5. Updated ISP; BSP; FATS on possible AWOL for Client A. 4. How the corrective action will be monitored?1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues and use for her monthly or more meeting. 2. Door Alarms are activated whenever clients are home. 1. 15 minute check on client's checker sheet will be reviewed by Res. Mgr and QIDP monthly. Date Completed by 8/10/14</p>				

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	<p>took off down the street, and started knocking on doors." GHS #2 stated she knocked on the unknown neighbor's door, he "answered the door, I could see [client A] sitting on the sofa inside, I pushed by him, went to [client A's] side, and asked her if she was ready to go." GHS #2 stated client A returned home with her at that time "about 5:45pm." GHS #2 stated "I checked [client A] out, her clothing was not torn and was in order, she had no injuries, and she was not talking." GHS #2 indicated client A brushed her teeth after the incident and made a "swiping motion with her hands across her mouth and said no, no, no, no more [name of unknown neighbor]." GHS #2 stated "I took that as he must have kissed her." At 6:00pm, GHS #1 and GHS #3 both indicated the door alarms were not activated before client A left the group home on 6/17/14 and should have been activated. GHS #1 stated "it was our neglect, we should always know where our clients are." From 4:20pm until 6:30pm, an interview was attempted three times with client A and client A would state a few words then walk away. At 5:15pm, client A was asked if she remembered leaving the group home. Client A dropped her gaze to the floor, stated "no more [unknown neighbor's name]," and client A made a swiping motion across her lips with a grunt</p>			

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W000249	<p>sound. Client A then walked away from the interview.</p> <p>On 7/9/14 at 2:16pm, the facility's investigations from 4/1/14 through 7/9/14 were requested from the CSC (Community Supports Coordinator). At 3:00pm, the CSC stated "I missed it. I did not complete an investigation. I did not suspend staff. We were looking at this incident as an AWOL (Absent Without Leave) behavior" for client A. The CSC indicated the three staff on duty at the time of the incident were not suspended pending the investigation and exposed the clients to the potential of continued abuse, neglect, and/or mistreatment.</p> <p>This federal tag relates to complaint #IN00151222.</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review, and</p>	W000249	W249 Program Implemntation1. What corrective action will be	08/10/2014			

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	<p>interview, for 2 of 3 sampled clients (clients A and B), the facility failed to provide staff supervision for client A based on her identified need and failed to implement ISPs (Individual Support Plans) and BSPs (Behavior Support Plans) for clients A and B when opportunities existed.</p> <p>Findings include:</p> <p>On 7/9/14 at 2:30pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 04/01/2014 through 07/09/2014 and indicated the following:</p> <p>-A 6/17/14 BDDS report for an incident on 6/16/14 at 5:10pm, indicated client A "was in her room folding her clothes before dinner and left out the back door of her home without the knowledge of her staff. [Client A] walked down the street three houses down. [Client A] was last seen at 5:10pm and when she did not come to dinner when called at 5:35pm, staff went to check on [client A], and after looking throughout the home (the staff) realized [client A] not in the home (sic)." The report indicated staff "recalled (an unknown male) neighbor from 3 doors down had been down earlier in the afternoon to see if [client A] was home. Staff went to his home and found</p>		<p>accomplished?</p> <p>1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues.</p> <p>2. Door Alarms are activated whenever clients are home.</p> <p>3. 15 minute check on clients checker page started.</p> <p>4. In-service all staff on Abuse/Neglect; Clients Rights; 15 Minute Checks; Door Alarms Procedure.</p> <p>5. In-service staff on How to communicate with Client B.</p> <p>2. How the facility will identify other residents having the potential to be affected by this deficiency? 1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues. 2. Door Alarms are activated whenever clients are home. 3. 15 minute check on clients checker page started. 4. In-service all staff on Abuse/Neglect; Clients Rights; 15 Minute Checks; Door Alarms Procedure. 3. What measures will be put into place or what systematic changes will facility make to ensur deficiency does not recur? 1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues. 2. Door Alarms are activated whenever clients are home. 3. 15 minute check on clients checker page</p>				

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	<p>[client A] there. [Client A] was located at 5:45pm and requested to return home." The report indicated "Plan to Resolve: Door alarms will be active at all times when clients are home. 15 minute checker will be put into place for staff to document. Review of Sexual Awareness Assessment (for client A)" was completed.</p> <p>On 7/9/14 from 4:20pm until 6:30pm, observation and interviews were conducted at the group home with client A, GHS (Group Home Staff) #1, GHS #2, and GHS #3. At 4:30pm, GHS #2 stated "it was neglect, we neglected [client A], we did not know where she was" on 6/17/14. GHS #2 stated "it was our fault." GHS #2 indicated the door alarms were not activated at the group home until after client A's elopement incident on 6/17/14 and client B had the identified need for the alarms. GHS #2 stated "we couldn't find [client A], we remembered about that guy down the street visiting (earlier in the day), I took off down the street, and started knocking on doors." GHS #2 stated she knocked on the unknown neighbor's door, he "answered the door, I could see [client A] sitting on the sofa inside, I pushed by him, went to [client A's] side, and asked her if she was ready to go." GHS #2 stated client A returned home with her at</p>		<p>started. 4. Sexual Awareness Assessment completed with Client A. 5. Updated ISP; BSP; FATS on possible AWOL for Client A. 6. Updated ISP; BSP; FATS for Client B –How staff are to communicate with her. 7. In-service staff on How to communicate with Client B. 4. How the corrective action will be monitored? 1. Community Supports Coordinator will update her Team Member Meeting Questions to talk about any staff concerns/issues and use for her monthly or more meeting. 2. Door Alarms are activated whenever clients are home. 3. 15 minute check on client's checker sheet will be reviewed by Res. Mgr and QIDP monthly. 4. ISP's, BSP; FATS are reviewed and updated annually or as needed by QDDP. 5. Date Completed by 8/10/14</p>				

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	<p>that time "about 5:45pm." GHS #2 stated "I checked [client A] out, her clothing was not torn and was in order, she had no injuries, and she was not talking." GHS #2 indicated client A brushed her teeth after the incident and made a "swiping motion with her hands across her mouth and said no, no, no, no more [name of unknown neighbor]." GHS #2 stated "I took that as he must have kissed her." At 6:00pm, GHS #1 and GHS #3 both indicated the door alarms were not activated before client A left the group home on 6/17/14 and should have been activated. GHS #1 stated "it was our neglect, we should always know where our clients are." From 4:20pm until 6:30pm, an interview was attempted three times with client A and client A would state a few words then walk away. At 5:15pm, client A was asked if she remembered left the group home. Client A dropped her gaze to the floor, client A stated "no more [unknown neighbor's name]," and client A made a swiping motion across her lips with a grunt sound. Client A then walked away from the interview. From 4:20pm until 6:30pm, client B walked independently throughout the group home and when doors to the outside were opened/closed client B would walk to the door. Client B was non verbal during the observation period.</p>			

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	<p>On 7/9/14 at 2:16pm, the facility's investigations from 4/1/14 through 7/9/14 were requested from the CSC (Community Supports Coordinator). At 3:00pm, the CSC indicated clients A and B had the identified need for staff to provide direct supervision who had the identified need for twenty-four hour supervision.</p> <p>Client A's record was reviewed on 7/9/14 at 3:15pm. Client A's 9/19/13 ISP (Individual Support Plan) and 8/7/13 BSP (Behavior Support Plan) both indicated client A "required" twenty-four hour staff supervision in the group home. Client A's plans indicated she had limited verbal skills, did not recognize personal dangers, was not aware of the dangerous situations around her, did not possess community safety skills, did not possess pedestrian safety skills, and was a fall risk while walking. Client A's ISP and BSP indicated client A had identified behaviors of bosses others, skin picking, and teases others.</p> <p>Client B's record was reviewed on 7/9/14 at 8/6/14. Client B's 9/6/13 ISP (Individual Support Plan), 8/6/13 BSP (Behavior Support Plan), and 7/29/13 FAT (Functional Assessment Tool) indicated she was non verbal and did not</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G033	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2014
NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 456 W MARKET ST WABASH, IN 46992		
(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	
	<p>include how staff were to communicate with client B. Client B's plans indicated she did not recognize personal dangers, was not aware of dangerous situations around her, did not possess community safety skills, did not possess pedestrian safety skills, and required twenty-four hour staff supervision. Client B's 8/6/13 BSP indicated client B "may leave an area, building, room when she is done being there. Usually she will head for the door, grab her coat, go out and stand by the car to let staff know she is done."</p> <p>This federal tag relates to complaint #IN00151222.</p> <p>9-3-4(a)</p>				