

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  12/14/2012	
NAME OF PROVIDER OR SUPPLIER  TRADEWINDS SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 10151 W 93RD ST ST JOHN, IN 46373			
(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		
W0000	<p>This visit was for the investigation of complaint #IN00118864.</p> <p>COMPLAINT #IN00118864: SUBSTANTIATED, a federal and state deficiency related to the allegation is cited at W120.</p> <p>Dates of Survey: November 29 and December 7, 12, 13 and 14, 2012.</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP.</p> <p>Facility Number: 000793 Provider Number: 15G273 AIM Number: 100243530</p> <p>This federal deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 12/28/12 by Tim Shebel, Medical Surveyor III.</p>	W0000					

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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W0120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client A), by not ensuring the outside day program provided staff with client specific lift training.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's satellite office on 11/29/12 at 2:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>Incident dated 10/26/12: "On October 26, 2012, I (nurse) received a call from the group home that [client A] was complaining of pain in her left upper arm and that it appeared bruised and swollen. [Client A] is a quadraplegic and I instructed staff to call an ambulance for pick up to the emergency room as I felt they would be better equipped to lift and transport [client A] I arrived at the ER (Emergency Room) along with the house manager prior to [client A]'s arrival. She was seen by [Physician name] who ordered x-rays of left humerus (sic) and</p>			W0120	<p>Client #1 has not returned to the outside provider for day services. After the incident Client #1 chose to attend day services at Tradewinds. The staff at Tradewinds has been trained on proper moving and lifting procedures when moving client #1 A copy of the training log is attached for review. In the future Tradewinds will ensure that staff including staff at outside providers are properly trained on moving and lifting when necessary. It is the responsibility of the QMRP to ensure all training is completed before any client attends any day service program</p>		12/14/2012

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	<p>bloodwork. X-rays revealed a fracture of the mid-humerus. All blood work completed was within normal limits. Upon consulting with an orthopedic specialist the decision was made to apply a soft cast from the shoulder down with a body sling. Instructions were received for care at home including elevation, ice and pain medication PRN (as needed). Supplies were obtained for manual transfers of the client and a cradle hoyo (sic) sling may be used. The home is equipped with an electric hoyo (sic) lift in [client A]'s bathroom and bedroom. The orthopedic specialist is to be contacted Monday morning for an appointment on Monday or Tuesday. He will review her x-rays at the hospital over the weekend. I spoke with [client A]'s sister at length and will keep her updated. I have spoken with The [outside day service provider name], [client A]'s day service provider and will follow up with them on Monday. In speaking with [client A] she conveyed at me that she had asked staff at The [outside day service provider] to lift her up higher into her wheelchair which they have done on numerous occassions. As they were lifting her up [client A] stated she heard a 'pop' and that her arm felt sore. Staff did a complete range of motion, but did not detect any injury. She was given Motrin for the discomfort. Later I evaluated [client A] and she was</p>						

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	<p>able to bring her arm up to shoulder height which is her functional capability. I measured both her upper arms for comparison for swelling and they were the same in diameter. There was no redness. There was a small bruise approximately 3 inches across and 1 inch in length at the midline of the left upper arm. We kept [client A] home from the workshop and continued with extra strength Tylenol for any discomfort. When I saw [client A] the next morning the area of the bruise had increased and the decision was made to transport [client A] to the ER for evaluation. Once we returned home I did training with all the present staff on [Physician name]'s instructions as well as manual lifting techniques. These were also provided in written form for reference. I will be visiting the home today to see [client A] and train staff present for the weekend and will also see [client A] on Sunday. At this time she is comfortable and staff is following doctor's instructions."</p> <p>An interview with the outside day service supervisor was conducted on 12/7/12 at 2:00 P.M.. When asked to see day program staff training records on lifting and transferring of client A, the supervisor stated, "We don't have any training records here." When asked if any client specific training was given to the</p>						

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	<p>day program staff who worked with client A, the supervisor stated, "We do annual training on lifting but nothing client specific."</p> <p>An interview with the outside day program Service Coordinator (SC) was conducted at the outside day program on 12/7/12 at 2:30 P.M.. The SC indicated staff were not trained on client specific lifting and transferring for client A.</p> <p>An interview with the Program Director (PD) was conducted at the facility's administrative office on 12/13/12 at 1:30 P.M.. The PD indicated the day program staff should have been trained on proper lifting and transferring for client A.</p> <p>This federal tag relates to complaint #IN00118864.</p> <p>9-3-1(a)</p>						