

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G608	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/13/2015
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NAME OF PROVIDER OR SUPPLIER  IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 132 BERENS ST DYER, IN 46311
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W 000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 10, 11, 12 and 13, 2015.</p> <p>Facility number: 001179 Provider number: 15G608 AIM number: 100240130</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed 2/25/15 by Dotty Walton, QIDP.</p>	W 000		
W 249  Bldg. 00	<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, interview and record review for 3 of 3 sampled clients (clients #1, #2 and #3), the facility failed to</p>	W 249	Client's objectives that are formal or informal will be done during all times of opportunities across all settings. Responsible person: Patti Harris, QIDP. Staff will be retrained on the goals and that	03/15/2015

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>implement the clients' Individual Support Plan (ISPs) objectives when formal and/or informal opportunities for training existed.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/10/15 from 6:15 A.M. until 8:00 A.M.. During the entire observation period, client #3 was non-verbal in communication in that the client did not speak. No communication training was provided and/or encouraged. Clients #1 and #2 only used 1 word answers during the entire observation. No communication training was provided and/or encouraged. From 6:25 A.M. until 7:00 A.M., client #3 walked around the home with no meaningful activity. From 6:25 A.M. until 7:00 A.M., client #1 sat in the living room with no meaningful activity and client #2 sat at the dining table.</p> <p>An evening observation was conducted on 2/11/15 from 4:20 P.M. until 5:20 P.M. During the entire observation period, client #3 was non-verbal in communication in that the client did not speak. No communication training was provided and/or encouraged. Clients #1 and #2 only used 1 word answers during the entire observation. No</p>		<p>each client's programs need to be ran in sufficient number and frequency to support the achievement of the objective. They also will implement the clients training objectives at all times of opportunity as the arise throughout the day across all settings. Responsible person: Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager. To ensure future compliance and that the minimum frequency per objective is completed, all programs will be scheduled on the each client's daily activity schedule at least the minimum amount for formal training. Responsible person: Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager. To ensure future compliance, monthly a frequency report will be completed to compare number of times the objective should be ran verses the number of actual times the objective was completed and documented for formal training. This will be an on-going monthly report to ensure formal training is completed. Responsible person: Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager. To ensure future compliance, reliabilities will be completed on each staff during their shift to spot check that they are implementing objectives for the clients during formal and informal opportunities across all settings. Responsible person: Patti Harris, QIDP &amp; Dana Hesse,</p>		

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	<p>communication training was provided and/or encouraged. During the entire observation client #3 sat in a recliner in located in the living room with no meaningful activity.</p> <p>A review of client #1's record was conducted on 2/11/15 at 12:30 P.M.. Review of client #1's Individual Support Plan (ISP) dated 7/29/14 indicated the following objectives which could have been implemented during the observation periods: "Will learn the value of coins through matching...Will learn to match sight words with pictures...Will learn to exercise for 20 minutes...Will wear her glasses for 45 minutes...Will learn her phone number."</p> <p>A review of client #2's record was conducted on 2/11/15 at 1:05 P.M.. Review of client #2's Individual Support Plan (ISP) dated 9/4/14 indicated "Will learn to write her first and last name...Will learn to read single words...Will learn her phone number."</p> <p>A review of client #3's record was conducted on 2/11/15 at 1:30 P.M.. Review of client #3's ISP dated 1/19/15 indicated "Will stamp her name...Will learn to exchange money...Will use PEC (Picture Exchange Communication) to communicate."</p>		<p>Group Home Manager. To ensure future compliance, these reliabilities will then be completed randomly 5 times per week for one month and then 1 time per week for 1 month. To continue monitoring for compliance, monthly a reliability will be completed on-going. Responsible person: Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager.</p>	

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W 382 Bldg. 00	<p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 2/13/15 at 11:21 A.M.. The QIDP indicated the facility staff should implement clients #1, #2 and #3's training objectives at all times of opportunity.</p> <p>9-3-4(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview, for 5 of 5 clients (clients #1, #2, #3, #4 and #5) who lived in the group home, the facility failed to maintain proper medication security.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/10/15 from 6:15 A.M. until 8:00 A.M.. Upon entering into the group home, the medication cart which contained all of clients #1, #2, #3, #4 and #5's prescribed medications was observed to be unlocked in the open unsecured hallway leading from the kitchen to the clients' bedrooms. The</p>			W 382	<p>All staff are trained upon hire and then as needed, which includes maintain proper medication security. Responsible person: Ruth Estrada, training Coord, Sherri DiMarco, RN, Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager. Staff will be retrained that the medications should be locked at all times except when being administered and if staff needed to leave the area they need to lock the med cart. Responsible person: Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager. To ensure future compliance, a reliability will be completed to ensure competency with staff and then once a week for one month. To continue monitoring for</p>		03/15/2015

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W 436 Bldg. 00	<p>medication cart was unlocked and unsupervised from 6:15 A.M. until 6:25 A.M..</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 2/13/15 at 11:21 A.M.. The QIDP indicated the medications should be locked at all times except when being administered and if staff needed to leave the area they needed to lock the medication cart.</p> <p>9-3-6(a)</p> <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, the facility failed for 1 of 3 sampled clients (client #1), to ensure she wore her prescribed eyeglasses.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/10/15 from 6:15 A.M. until 8:00 A.M.. During the entire</p>	W 436	<p>compliance, monthly a reliability will be completed on-going. Responsible person: Responsible person: Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager. To ensure future compliance, daily when present, the manager will check upon arrival to work, prior and following med passes to ensure that medication is secure. Responsible person: Dana Hesse, Group Home Manager.</p> <p>Staff will be retrained to ensure that any adaptive aides including glasses are being worn and maintain in good repair. Responsible person: Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager. Glasses will be added to the activity schedule in the mornings and afternoons to ensure they are prompting Client #1 to wear her prescribed eyeglasses. Responsible</p>	03/15/2015

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W 455 Bldg. 00	<p>observation client #1 did not and was not prompted to wear her prescribed eyeglasses.</p> <p>A review of client #1's record was conducted on 2/11/15 at 12:30 P.M.. Review of client #1's vision evaluation dated 8/28/13 indicated she was prescribed eyeglasses for full time use.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 2/13/15 at 11:21 A.M.. The QIDP indicated client #1 was to wear her eyeglasses full time and should wear her glasses at all times as prescribed.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed to maintain proper hygiene practices and prevent cross contamination, for 3 of 3 sampled clients (#1, #2, and #3), and 2 additional clients (#4 and #5) observed during meal time.</p> <p>Findings include:</p>	W 455	<p>person: Dana Hesse, Group Home Manager. A program will be put into place for client #1 to wear and maintain glasses in good repair. Responsible person: Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager. To ensure future compliance, a spot check to see that Client #1 had her glasses on will be completed at least 5 times during the first week and then weekly for a month. To continue monitoring for compliance, monthly a reliability will be completed on-going. Responsible person: Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager.</p> <p>All staff will be retrained to be actively preventing any cross contamination including washing hands before and during setting the table. Responsible person: Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager. A program will be put into place for hand washing for client #4. Responsible person: Patti Harris,</p>	03/15/2015			

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W 484  Bldg. 00	<p>A morning observation was conducted at the group home on 2/10/15 from 6:15 A.M. until 8:00 A.M.. At 6:25 A.M., Direct Support Professional (DSP) #2 prompted client #4 to set the dining table for breakfast. Client #4 took off her shoe and rubbed the bottom of her shoe with her bare hands, put the shoe back on her foot and began setting table ware, bowls and cups on the dining table in front of clients #1, #2, #3, #4 and #5's place settings, as DSP #2 watched. Client #4 did not, and was not prompted to, wash her hands.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 2/13/15 at 11:21 A.M. The QIDP indicated staff should have prompted client #4 to wash her hands before handling the tableware, cups and bowls.</p> <p>9-3-7(a)</p> <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. Based on observation and interview, the</p>			W 484	<p>QIDP &amp; Dana Hesse, Group Home Manager. Hand washing will be added to the activity schedule. Responsible person: Dana Hesse, Group Home Manager. To ensure future compliance, a reliability will be completed 5 times randomly the first week and then weekly for one month. To continue monitoring for compliance, monthly a reliability will be completed on-going. Responsible person: Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager.</p> <p>All staff will be re-trained on providing the</p>		03/15/2015

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W 488  Bldg. 00	<p>facility failed for 3 of 3 sampled clients (#1, #2 and #3) and 2 additional clients (#4 and #5) residing in the group home, to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 2/10/15 from 6:15 A.M. until 8:00 A.M.. At 7:00 A.M., clients #1, #2, #3, #4 and #5 began eating their breakfast which consisted of unsweetened oat cereal and oatmeal. There was no butter/margarine or sugar/sugar substitute provided for clients #1, #2, #3, #4 and #5 to use for their meal.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 2/13/15 at 11:21 A.M.. The QIDP indicated butter/margarine and sugar/sugar substitute should be put on the table for the clients to use.</p> <p>9-3-8(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</p>		designated/appropriate condiments for the clients at each meal. Responsible person: Patti Harris, QIDP & Dana Hesse, Group Home Manager. To ensure future compliance, mealtime reliability will be completed to ensure competency on each staff during several mealtime observations. Responsible person: Patti Harris, QIDP & Dana Hesse, Group Home Manager. To ensure future compliance, the mealtime reliability will be completed weekly for one month. To continue monitoring for compliance, monthly a reliability will be completed on-going. Responsible person: Patti Harris, QIDP & Dana Hesse, Group Home Manager.				

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	<p>developmental level.</p> <p>Based on observation and interview, the facility failed to assure 1 of 3 sampled clients (client #1) was involved in meal preparation.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 2/10/15 from 6:15 A.M. until 8:00 A.M.. At 6:55 A.M., Direct Support Professional (DSP) #2 began cooking a bowl of oatmeal in the microwave, while client #1 sat at the dining table with no activity. DSP #2 placed the prepared bowl of oatmeal in front of client #1. Client #1 did not assist in meal preparation. Client #1 ate her meal independently.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 2/13/15 at 11:21 A.M.. The QIDP indicated client #1 was capable of assisting in meal preparation and further indicated she should be assisting in preparation at all meal times.</p> <p>9-3-8(a)</p>	W 488	<p>Staff will be retrained that all clients need to be involved in meal preparation. Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager. To ensure future compliance, food preparation reliability will be completed to ensure competency on each staff during several observations. Responsible person: Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager. To ensure future compliance, the mealtime reliability will be completed weekly for one month. To continue monitoring for compliance, monthly a reliability will be completed on-going. Responsible person: Patti Harris, QIDP &amp; Dana Hesse, Group Home Manager.</p>	03/15/2015	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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