

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G113		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/25/2013	
NAME OF PROVIDER OR SUPPLIER IN-PACT INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5802 VERMONT ST MERRILLVILLE, IN 46410			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: June 14, 17, 18, and 25, 2013.</p> <p>Facility number: 000650 Provider number: 15G113 AIM number: 100243070</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 7/1/13 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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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, for 5 of 5 clients (clients #1, #2, #3, #4, and #5) who resided in the home, the governing body failed to exercise operating direction over the group home to ensure maintenance was completed for the exterior of the home in regards to the painted condition of front entrance porch and stairs, unused rusted flag pole, and cleaning out gutters of growing grass and weeds and the interior of the home in regards to scratched and marred paint on the front door and a missing section of laminate edging on the kitchen island.</p> <p>Findings include:</p> <p>During group home observations on 6/17/13 between 3:24 PM and 6:25 PM and on 6/18/13 between 6:00 AM and 7:30 AM, the exterior of the group home was observed. The stairs and porch leading to the front entrance to the group home were observed to be white painted wood. The front porch, stairs, railing, and supporting beams had peeled and chipped paint throughout the surface area exposing the gray wood beneath. The white painted flag pole in the front yard was unused and rusted throughout. The gutter along the front porch roof contained visible growing grass and weeds. The maintenance issues of the painted porch, flag pole, and porch gutters were visible from the road in front of the group home where Clients #1, #2, #3, #4, and #5 reside.</p> <p>During group home observations, the interior of the painted front door was observed to be scratched and marred in a large area around the</p>	W000104	<p>A maintenance request was submitted to paint the front porch, stairs, flag pole and front door. To clean out gutters and to fix the laminate edging on the kitchen island. Responsible person: Peggy Buchanan, Group Home Manager. Maintenance will complete the jobs that are requested from the maintenance request in a timely manner. Responsible person(s): Maintenance department. To ensure future compliance, maintenance issues will be address at least monthly during our program status report. Responsible person: Sheila O'Dell, Group Home Director and Traci Hardesty, QMRP.</p>	07/25/2013			

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	<p>door knob and a corner piece of laminate on the edge of the kitchen island was missing.</p> <p>During an interview on 6/18/13 at 12:10 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated there were no current maintenance work orders for the exterior of the group home. The QIDP indicated there were maintenance issues at the home.</p> <p>9-3-1(a)</p>			

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, interview, and record review for 1 of 3 sampled clients (Client #2), the facility failed to ensure the client's Individual Support Plan (ISP) included a plan to address self-injurious behavior (SIB).</p> <p>Findings include:</p> <p>During group home observation on 6/17/13 between 3:24 PM and 6:25 PM, the facility's internal incident reports were reviewed. An incident report dated 1/23/13 indicated Client #2 had a habit of scratching and picking the bridge of his nose. An incident report dated 6/5/13 indicated Client #2 had scratched his nose.</p> <p>On 6/17/13, Client #2 was observed to return from his day service program at 3:58 PM. Client #2 was observed to have a scab on the bridge of his nose lengthwise which measured approximately 1/3" (inch) in length by 1/16" in width.</p>	W000227	<p>A doctor's appointment was made to monitor the healing of client #2's nose. Responsible person: Peggy Buchanan, Group Home Manager. A 1st aid program will be added to help client #2 care for irritations to the bridge of the nose. Responsible person: Traci Hardesty, QMRP. SIB will be discussed with the behaviorist and address accordingly. Responsible person: Traci Hardesty, QMRP and Karen Warner, behaviorist. To ensure future compliance, the PRN medication record will be reviewed at least monthly during the program status report and that the reason for frequently use of a PRN medication are being addressed. Responsible person: Sheila O'Dell, Group Home Director and Traci Hardesty, QMRP.</p>	07/25/2013			

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	<p>On 6/18/13 at 11:30 AM, record review for Client #2 indicated the client's diagnoses included, but were not limited to, developmental disabilities, autism, Type II Diabetes, and high cholesterol. The record review indicated Client #2 had risk plans for bowel management, diabetes management, and high cholesterol.</p> <p>Record review indicated Client #2's Individual Service Plan (ISP) dated 3/14/13 included goals in the areas of medication administration, money management, kitchen maintenance skills, decrease in the behaviors of elopement and aggression, food preparation, and domestic chores.</p> <p>Record review indicated Client #2 had a Behavior Support Plan (BSP) dated 4/23/13 which included a targeted behavior of aggression as defined as "physical contact with others that causes pain or injury and may accompany throwing, banging, ripping or otherwise breaking an object." Client #2's BSP also addressed the targeted behavior of elopement as defined as "leaving the supervision of staff without permission."</p> <p>Client #2's "PRN (given as needed) Medication Record" indicated Client #2 had antibiotic ointment applied to the top</p>			

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	<p>of his nose due to "redness" or "irritation" the following dates: 10/5/12, 10/7/12, 10/12/12, 10/26/12, 10/27/12, 10/28/12, 10/29/12, 10/30/12, 11/1/12, 11/2/12, 11/4/12, 11/6/12, 11/8/12, 11/13/12, 11/14/12, 11/15/12, 11/16/12, 11/18/12, 11/22/12, 11/23/12, 11/24/12, 1/15/13, 1/16/13, 1/27/13, 2/2/13, 2/7/13, 2/10/13, 2/12/13, 5/19/13, 5/24/13, 5/29/13, and 5/30/13.</p> <p>On 6/18/13 at 11:30 AM, the QIDP (Qualified Intellectual Disabilities Professional) stated Client #2 did have a behavior of "messaging" with his nose. The QIDP indicated the self-injurious behavior of scratching his nose did not have a care plan nor was it addressed in Client #2's BSP.</p> <p>9-3-4(a)</p>				

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W000455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based upon observation and interview, the facility failed to ensure proper hand washing and infection control procedures were implemented during food handling and dining for 4 of 5 clients living in the home (Clients #1, #2, #3, #5).</p> <p>Findings include:</p> <p>During group home observations on 6/17/13 between 3:24 PM and 6:25 PM and on 6/18/13 between 6:00 AM and 7:30 AM, observations of medication administration, dinner, and breakfast were completed. On 6/17/13, dinner preparation, serving, and eating were observed between 3:40 PM to 6:25 PM. At 3:40 PM, the lid of the trash was observed to be visibly soiled with grease and other residue on it. At 4:36 PM, Client #2 was observed to wash his hands prior to assisting with meal preparation. Client #2 had to push the lid of the trash container in to dispose of his paper towel. Client #2 used his bare hands to push the lid and then proceeded to take frozen rolls from a package and place the rolls on a cookie sheet for baking without washing his hands first. At 5:42 PM, Client #5 was observed using his bare hands to push the lid of the trash to throw trash away during dinner clean up and did not wash his hands.</p> <p>On 6/18/13, breakfast was observed to be prepared and served between 6:00 AM and 7:00 AM. At 6:41 AM, Client #3 was observed to throw away his trash from breakfast using his bare hands to lift the lid of the trash without washing his hands thereafter.</p>	W000455	Wash the trash can and lid will be added to the awake's check off list to complete. Responsible person: Peggy Buchanan, Group Home Manager. A garbage can with a foot pedal was purchased to help with infection control. Responsible person: Peggy Buchanan, Group Home Manager. To ensure future compliance, a program status report will be completed at least month to check the home for infection control, which includes the garbage can/lid. Responsible person: Sheila O'Dell, Group Home Manager and Traci Hardesty, QMRP.	07/25/2013			

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	<p>During an interview on 6/18/13 at 12:10 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated she could see having to lift a lid to throw trash away would pose an infection control issue. The QIDP indicated a trash container with a foot pedal to lift the lid would be a more sanitary choice in the kitchen.</p> <p>9-3-7(a)</p>				