

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G765	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2012
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2033 DUNCAN DR HUNTINGTON, IN 46750
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W0000	<p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: May 16, 17, 18, 21, and 22, 2012.</p> <p>Facility Number: 012373 Provider Number: 15G765 AIMS Number: 200993530</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP.</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 5/29/12 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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W0227	<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, record review, and interview for 1 of 2 sampled clients (client #2), the facility failed to initiate programming in client #2's Individual Support Plan (ISP) to address client #2's community safety, pedestrian safety, and behavioral needs.</p> <p>Findings include:</p> <p>On 5/16/12 from 3:15pm until 7:23pm, client #2 was observed at the group home. From 4:08pm until 4:21pm, clients #1 and #2 went for a walk outside around the block and to retrieve the mail with Group Home Staff (GHS) #1. From 4:08pm until 4:21pm, client #2 walked and ran into the street where automobiles were driving down the street, walked along the curb of in the street, and walked off the curb at the end of the street into the intersection without stopping before crossing the street. Client #2 walked, ran, and stood in neighboring houses yards, driveways, and decorative landscapes. Client #2 pulled up her shirt to expose her bra and chest. Client #2 sat down and</p>	W0227	<p>Client # 2's ISP will be updated and a formal goal added to address community safety, pedestrian safety and any behavioral needs. This will be done by June 21 st by the QDDP. A reminder will be sent to all QDDP's to review the ISP on an ongoing basis for all group home clients to ensure needs are prioritized and addressed. This will be done by June 21 st by the Community Supports Coordinator.</p>	06/21/2012			

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	<p>stood in the yards and decorative landscapes. Client #2 grabbed her pelvic area throughout the observation. GHS #1 provided constant redirection to client #2 who continued to run ahead and behind GHS #1 with client #1. At 4:18pm, GHS #1 indicated passing motorists and children on bicycles could observe client #2's activity. GHS #1 indicated client #1 required stand by assistance from staff when walking because of client #1's medical need.</p> <p>On 5/17/12 at 8:35am, client #2 record was reviewed. Client #2's 7/15/11 CFA (Comprehensive Functional Assessment) indicated she did not recognize hazards, community safety signs, boundaries for safety, and did not have pedestrian safety skills. Client #2's record indicated she was non verbal and could use basic sign language to communicate her wants and needs. Client #2's 7/27/11 ISP (Individual Support Plan) did not indicate a community safety objective. Client #2's 7/27/12 ISP indicated goals for client #2 to ask others before touching them and to not lift her shirt. Client #2's 4/23/12 "Medical Report" indicated client #2 was blind in her left eye. Client #2's 5/7/12 updated Behavior Management Program indicated client #2 "has a history of leaving without telling anyone, but her family says that she has not done this for</p>			

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	<p>several years...Baseline data is still being gathered at this time" and did not address observed behaviors.</p> <p>An interview with the PD/QMRP (Program Director/Qualified Mental Retardation Professional) was conducted on 5/17/12 at 10am. The PD/QMRP indicated client #2 did not have pedestrian safety skills. The PD/QMRP indicated client #2 did not have available for review a community safety objective, a pedestrian safety objective, or a behavioral objective to address her behaviors when she was observed on the community walk on 5/16/12. The PD/QMRP indicated facility staff should not have had clients #1 and #2 alone on the same walk. The PD/QMRP indicated client #1 required stand by staff assistance to walk and client #2 required constant redirection and supervision in the community.</p> <p>9-3-4(a)</p>				

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview, the facility failed to administer prescribed medications per physician's orders to 2 of 4 clients living at the group home (clients #1 and #2).</p> <p>Findings include:</p> <p>The facility's incident reports from 5/1/2011 to 5/16/2012 were reviewed on 5/16/12 at 1:30pm.</p> <p>1. "Incident Date: 4/1/12 at 8pm, Client: [Client #1], Narrative: Staff failed to give [Client #1] Asacol (Mesalamine) for Colitis as ordered on 4/1/12 and 4/2/12 at 8pm."</p> <p>2. "Incident Date: 10/26/11 at 7am, Client: [Client #1], Narrative: Staff gave one of two tablets of [Client #1] Asacol (Mesalamine) for Colitis at 7am and did not administer medication as ordered (by client #1's physician)."</p> <p>3. "Incident Date: 10/4/11 at 7am, Client: [Client #1], Narrative: Staff failed to give [Client #1's] morning medications Prozac (Fluoxetine) 20mg (for</p>	W0368	<p>All staff at this group home will be required to attend a mandatory Medication Administration retraining with the Nurse. This will be completed by June 21 st . The Medication Administration handbook was revised on 5-14-12 and that policy will be followed and updated as needed..</p> <p>Ongoing Medication Administration training and refresher training will be provided to all staff who pass medications. This will be done by the agency nurses. Disciplinary action will be taken with staff who commit errors as outlined in the Medication Administration handbook.</p>	06/21/2012			

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	<p>depression), Asacol (Mesalamine) 400mg 2 tablets 3 times a day for Colitis, Depakote (Divalproex Sodium) 500mg (for Schizoaffective Disorder), Haldol (Haloperidol 2.5mg (for Schizoaffective Disorder) twice daily, and Claritin (for Allergies) 10mg daily."</p> <p>4. "Incident Date: 9/2/11 at 8pm, Client: [Client #1], Narrative: On 9/1/11 and 9/2/11 Haldoperidol (Haldol) (for schizoaffective disorder) and Cogentin (Benztrophe mesylate) (for medication side effects) were not given."</p> <p>5. "Incident Date: 8/26/11 at 8pm, Client: [Client #1], Narrative: Staff gave [Client #1] Benztrophe mesylate (Cogentin) 1mg (milligram) (for medication side effects) and .5mg was prescribed (by client #1's physician)."</p> <p>6. "Incident Date: 10/4/11 at 7am, Client [Client #2] missed morning medication of Strattera 40mg daily (for behaviors)."</p> <p>Client #1's 3/6/12 physician orders were reviewed on 5/17/12 at 9:15am. The review indicated the following orders: "Prozac (Fluoxetine) 20mg (for depression), Asacol (Mesalamine) 400mg 2 tablets 3 times a day for Colitis, Depakote (Divalproex Sodium) 500mg (for Schizoaffective Disorder), Haldol</p>			

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	<p>(Haloperidol 2.5mg (for Schizoaffective Disorder) twice daily, and Claritin (for Allergies) 10mg daily."</p> <p>Client #2's 7/25/11 physician orders were reviewed on 5/17/12 at 8:35am. The review indicated "Strattera 40mg daily" and signed by client #2's psychiatrist."</p> <p>The Agency Nurse was interviewed on 5/16/12 at 1:50pm. The Agency Nurse stated continued medication administration errors were the result of "staff committing med errors." The Agency Nurse further indicated she followed up on each medication error and stated "medication errors happened."</p> <p>9-3-6(a)</p>			

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W0432	<p>483.470(f)(2) FLOORS</p> <p>The facility must have nonabrasive carpeting, if the area used by clients is carpeted and serves clients who lie on the floor or ambulate with parts of their bodies, other than feet, touching the floor.</p> <p>Based on observation, record review, and interview, for 4 of 4 clients (clients #1, #2, #3, and #4) who lived in the group home, the floor areas in the medication room, television room, and back hallway did not have a floor covering and the cement floor was exposed.</p> <p>Findings include:</p> <p>On 5/16/12 from 3:15pm until 7:23pm, observation and interview were completed at the group home for clients #1, #2, #3, #4, and GHS (Group Home Staff) #1. From 3:15pm until 7:23pm, clients #1, #2, #3, and #4 walked throughout the group home. At 3:15pm, client #2 sat on the sofa in the television room and the floor had no covering. The television floor had the cement exposed. At 3:30pm, GHS #1 came into the television room to verbally prompt client #2. GHS #1 indicated the hallway floor to the television room, the television room floor, and the medication room were converted from a garage to activity space for the clients and the floor was not</p>	W0432	Carpeting for the activity space at the group home was installed on 5-31-12.. This was overseen by Community Supports Coordinator	05/31/2012

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	<p>finished. GHS #1 indicated the floors were cement and clients #1, #2, #3, and #4 emergency food supply, activity supplies, television, sofa, and activity table were inside the television room. GHS #1 indicated clients #1, #2, #3, and #4 walked throughout the group home and had access to the cement floor areas.</p> <p>On 5/17/12 at 10am, an interview was conducted with the PD/QMRP (Program Director/Qualified Mental Retardation Professional). The PD/QMRP indicated the cement floor was in the process of being finished to add floor coverings. The PD/QMRP indicated the facility's garage was being converted to activity space for the clients who lived in the home. The PD/QMRP indicated clients #1, #2, #3, and #4 had access to the cement areas of the group home.</p> <p>On 5/17/12 at 10am, the PD/QMRP provided a 5/17/12 "Purchase Order" for "Flooring in the new living room and office" for the group home.</p> <p>9-3-7(a)</p>				