

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G144	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/08/2014
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NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 720 ROYAL RD MICHIGAN CITY, IN 46360
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 3, 4, 5, and 8, 2014.</p> <p>Facility number: 000680 Provider number: 15G144 AIM number: 100243080</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 12, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000149	<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 record review and interview, the facility neglected to implement their Incident Reporting and Management policy to thoroughly investigate 1 of 1 reviewed injury of unknown origin which affected 1 of 3 sampled clients living in the group home (client #1).</p>	W000149	To correct this citation immediately, for the affected individual, the Program Manager will provide training, to the staff at Royal Road, on the steps to take upon discovering an injury in which the cause is unknown. The staff will be instructed to contact the member of IDT on call immediately when the injury is	01/07/2015

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>Findings include:</p> <p>The facility's incident reports from 12/1/13 to 12/3/14 were reviewed on 12/3/14 at 8:22 A.M. The review indicated the following injury of unknown origin to client #1:</p> <p>- "Date: 09/23/2014, Date of Knowledge: 09/23/2014, [Client #1] has a bruise on the left side of his stomach area. It (bruise) is believed to be from his (client #1's) gait belt as it (bruise) is in the same place that his gait belt covers. [Client #1] rides the van and the new vans are higher and it is harder to get him into the van." Further review failed to indicate any further investigation into the possible cause of the bruise to rule out abuse and/or neglect.</p> <p>Residential Director #1 was interviewed on 12/4/14 at 11:42 A.M. Residential Director #1 stated, "The [injury of unknown origin] should have been investigated further."</p> <p>The facility's records were further reviewed on 12/5/14 at 10:13 A.M. Review of the facility's policy on "Incident Reporting and Management," dated 3/1/11 indicated, in part, "Unknown Injury Found, staff are to</p>		<p>discovered. If the staff are able to identify a probable cause they will document the details and submit an injury report, along with all other necessary documents, as usual, however the team will still conduct an investigation to confirm the suggested probable cause. Although, no other individuals have been identified as affected, this citation has the potential to affect all clients. To ensure systemic compliance, on 12/17/14, all PAF group home staff attended a training on the incident reporting policy with a focus on investigating unknown injuries and notification to the IDT member on call. The Residential Director will revise the existing Incident Reporting Procedure and modify the "Unknown Injury" section, and create a checklist/guide for the IDT to follow while conducting investigations. The IDT members will be retrained on the updated procedure and the use of the checklist. All investigations will be immediately reported to the Residential Director and the Executive Director for their review and, when necessary, their intervention. The team will monitor for compliance by reviewing all injury reports upon their arrival to the administrative office, (which is typically within 17 hours or less), to ensure the team has been notified as discussed above. This monitor will be ongoing on a daily basis</p>				

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W000154	<p>begin investigation to determine cause of injury."</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. Based on record review and interview, the facility failed to thoroughly investigate 1 of 1 reviewed injury of unknown origin which affected 1 of 3 sampled clients living in the group home (client #1).</p> <p>Findings include:</p> <p>The facility's incident reports from 12/1/13 to 12/3/14 were reviewed on 12/3/14 at 8:22 A.M. The review indicated the following injury of unknown origin to client #1:</p> <p>- "Date: 09/23/2014, Date of Knowledge: 09/23/2014, [Client #1] has a bruise on the left side of his stomach area. It (bruise) is believed to be from his (client #1's) gait belt as it (bruise) is in the same place that his gait belt covers.</p>	W000154	To correct this citation immediately, for the affected individual, the Program Manager will provide training, to the staff at Royal Road, on the steps to take upon discovering an injury in which the cause is unknown. The staff will be instructed to contact the member of IDT on call immediately when the injury is discovered. If the staff are able to identify a probable cause they will document the details and submit an injury report as usual, however the team will still conduct an investigation to confirm the suggested probable cause. Although, no other individuals have been identified as affected, this citation has the potential to affect all clients. To ensure systemic compliance, on 12/17/14, all PAF group home staff attended a training on the incident reporting policy with a focus on investigating unknown	01/07/2015			

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W000336	<p>[Client #1] rides the van and the new vans are higher and it is harder to get him into the van." Further review failed to indicate any further investigation into the possible cause of the bruise to rule out abuse and/or neglect.</p> <p>Residential Director #1 was interviewed on 12/4/14 at 11:42 A.M. Residential Director #1 stated, "The [injury of unknown origin] should have been investigated further."</p> <p>9-3-2(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical</p>		<p>injuries and notification to the IDT member on call. The Residential Director will revise the existing Incident Reporting Procedure and modify the "Unknown Injury" section, and create a checklist/guide for the IDT to follow while conducting investigations. The checklist/guide and all investigation notes will be attached to the initial injury report and filed in the appropriate folder with all other Incident/Injury Reports. The IDT members will be retrained on the updated procedure, the use of the checklist and the filing system. All investigations will be immediately reported to the Residential Director and the Executive Director for their review and, when necessary, their intervention. The team will monitor for compliance by reviewing all injury reports upon their arrival to the administrative office, (which is typically within 17 hours or less), to ensure the team has been notified as discussed above. This monitor will be ongoing on a daily basis. The team will also provide an ongoing monitor that all investigations are documented and filed appropriately each time there is an investigation.</p>		

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W000369	<p>care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, the facility failed to assure quarterly nursing exams were conducted at least quarterly (every three months) for 1 of 3 sampled clients (client #2).</p> <p>Findings include:</p> <p>Client #2's records were reviewed on 12/4/14 at 11:11 A.M. A review of the client's quarterly nursing assessments from 12/1/13 to 12/4/14 indicated quarterly nursing assessments were completed on 1/23/14, 7/18/14, and 11/4/14. The review failed to indicate the client's quarterly nursing assessments were completed at least quarterly (every three months).</p> <p>Residential Director #1 was interviewed on 12/4/14 at 11:51 A.M. Residential Director #1 stated, "Our nurse had unexpectedly left employment last spring and we had missed completing some of our quarterly nursing assessments."</p> <p>9-3-6(a)</p> <p>483.460(k)(2)</p>	W000336	To prevent this citation from occurring in the future, the RN has been conducting chart audits on all individuals. She has developed a calendar to identify when all individual quarterly nursing assessments have been completed and are next due. This calendar has been submitted to the Program Director for review. In the event of a sudden departure of the RN or in the case of a personal emergency that results in the nurse being unavailable, the team will utilize the services of the PRN on-call nurse to complete assessments as needed. The current RN has been trained on this standard and is up to date with all assessments. The Program Director will monitor compliance through monthly Interdisciplinary Team meetings and random chart reviews.	01/07/2015	

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	<p>DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed to assure 2 of 18 administered medications were administered according to physician's orders for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1 was observed during the group home observation period on 12/3/14 from 4:55 A.M. until 7:30 A.M. At 6:22 A.M., direct care staff #2 handed client #1 a nasal inhalant of Deep Sea nose spray (for nasal congestion). Client #1 self-administered two sprays of the nose spray into his right nostril and one spray into his left nostril as direct care staff watched. Direct care staff #2 did not prompt or assist client #1 to administer one spray of the Deep Sea nose spray into each of his nostrils. Direct care staff #2 handed client #1 a nasal inhalant of Fluticasone nasal spray (for allergies). Client #1 self-administered one spray into his right nostril and 2 sprays into his left nostril as direct care staff #2 watched. Direct care staff #2 did not prompt or assist client #1 to administer two sprays of the Fluticasone nasal spray into each</p>	W000369	<p>To address this citation immediately the staff member who was assisting the individual will be attending the next Med Core Review training and has received disciplinary action in accordance with the PAF Policy on Medication Errors. She has been retrained on the appropriate way to assist this individual with his nasal spray so that he self-administers the correct dose.</p> <p>The team has identified other clients with the potential to be affected by this citation. To ensure systemic compliance, all Residential staff attended a training on 12/17/14 in which they reviewed the procedure to dispense medications correctly (6 rights), and also focused on assisting individuals with medication self-administration goals. The QIDP explained that staff must ensure the individual is aware of the correct medication, dose and route prior to and during all steps of self-administration.</p> <p>The IDT members will monitor for compliance through observation of medication passes of all individuals with a self-administering goal. The monitor will take place three times weekly for a period of 6 weeks and then be reduced to routine monitoring during their</p>	01/07/2015

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W000382	<p>of his nostrils.</p> <p>Client #1's record was reviewed on 12/4/14 at 9:51 A.M. Review of client #1's 10/31/14 physician's orders indicated the following orders: "Deep Sea 0.65% nose spray, instill 1 spray in each nostril 3 times daily. Fluticasone - 50 mcg (micro-gram) nasal spray - use 2 sprays in each nostril daily at 7 AM."</p> <p>Nurse #1 was interviewed on 12/4/14 at 11:51 A.M. Nurse #1 stated, "[Client #1's] Deep Sea and Fluticasone nasal sprays should have been administered as ordered by the physician."</p> <p>9-3-6(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, the facility failed to ensure medications were locked except when they were being prepared for administration for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p>	W000382	<p>visits to the group homes.</p> <p>To address this citation immediately the staff member who left the medications unsecured will be attending the next Med Core Review training and has received disciplinary action for leaving the medications unsecured. She has been retrained on the policy to ensure all medications are locked at all</p>	01/07/2015			

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	<p>Direct care staff #2 was observed passing medications during the 12/3/14 observation period from 4:55 A.M. until 7:30 A.M. At 6:16 A.M., direct care staff #2 retrieved client #1's medications and placed them on top of the medication cart. Direct care staff #2 punched out 18 tablets for client #1 and placed them on top of the medication cart along with the medication cards. Direct care staff #2 left the medication room for 17 seconds with medications and the medication cards left unattended. The door to the medication area was left open which allowed access to the area by clients #1, #2, #3, #4, #5, and #6.</p> <p>Nurse #1 was interviewed on 12/4/14 at 11:51 A.M. Nurse #1 stated, "Medications are to be locked when they aren't being administered."</p> <p>9-3-6(a)</p>		<p>times, except when being prepared for administration. All individuals have the potential to be affected by this citation. To ensure compliance systemically, all Residential staff attended a training on 12/17/14, in which the securing of all medications was reviewed in accordance with the Medication Procedure/Guidelines. A focus was placed on this procedure being followed during the entire medication dispensing process even when the staff must leave the immediate area for any amount of time. The Program Manager will create laminated signs to attach to the top of all medication carts, reminding staff to ensure all medications are locked at all times. In addition, a general memo will be sent to all group homes one time weekly, that will include various reminders to staff; locking the medications will be included in that memo for at least 8 weeks. To monitor for future compliance of this citation the IDT members will observe random medication passes, 4 times weekly at announced and unannounced times, for a period of one month. Team members will immediately provide staff with corrective suggestions and report their findings to the Program Manager and the Residential Director. Any staff member found to leave the medication dispensing area without securing all medications, will be subject to progressive disciplinary action. An</p>				

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

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			ongoing monitor will then continue each time the team members are present in the homes for their routine visits.		