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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G171 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>07/24/2024 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>TRADEWINDS SERVICES INC | STREET ADDRESS, CITY, STATE, ZIP COD<br>8286 E 101ST AVE<br>CROWN POINT, IN 46307 |
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| W 0000<br><br>Bldg. 00 | <p>This visit was for a predetermined full recertification and state licensure survey. This visit included the investigation of complaint #IN00434735.</p> <p>Complaint #IN00434735: No deficiencies related to the allegation(s) are cited.</p> <p>Dates of Survey: July 17, 18, 22, 23, and 24, 2024.</p> <p>Facility Number: 000705<br/>Provider Number: 15G171<br/>Aims Number: 100248690</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.<br/>Quality Review of this report completed by #15068 on 8/8/24.</p>   | W 0000        |  |                      |
| W 0440<br><br>Bldg. 00 | <p>483.470(i)(1)<br/>EVACUATION DRILLS<br/>at least quarterly for each shift of personnel.</p> <p>Based on record review and interview for 3 of 3 sample clients (A, B, and C), plus 4 additional clients (D, E, F, and G), the facility failed to ensure clients A, B, C, D, E, F, and G participated in evacuation drills at least once per quarter for each shift of personnel.</p> <p>Findings include:</p> <p>Clients A, B, C, D, E, F, and G's evacuation drills were reviewed on 7/17/24 at 4:45 pm.<br/>The review indicated drills were conducted on the following dates and times:</p> | W 0440        | <p>The facility failed to meet the standards of fire drills as evidenced based on record review and interview for 3 of 3 sample clients A, B, and C plus 4 additional clients. The facility failed to ensure clients A, B, C, D, E, F, and G participated in evacuation drills at least once per quarter for each shift of personnel. To ensure systemic and ongoing compliance, the facility has done the following:</p> <p>a.) Staff were trained on 8/14/2024 and it was reiterated that staff will</p> | 08/14/2024           |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE  |
| Qiana Jones   | Residential Coordinator | 09/04/2024 |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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| W 0446<br><br>Bldg. 00   | <p>1st shift: 7:00 am to 3:00 pm.<br/>11/20/23 at 7:00 am.<br/>The review indicated no drills were run on the 1st shift in the 3rd quarter of 2023 and the 1st and 2nd quarters of 2024.</p> <p>2nd shift: 3:00 pm to 11:00 pm.<br/>2/23/24 at 4:15 pm.<br/>7/10/24 at 4:30 pm.<br/>The review indicated no drills were run on the 2nd shift in the 3rd and 4th quarters of 2023.</p> <p>3rd shift: 11:00 pm to 7:00 am.<br/>10/30/23 at 10:33 pm.<br/>7/11/24 at 5:00 am.<br/>8/4/24 (sic) at 6:24 am.<br/>The review indicated no drills were run on the 3rd shift in the 3rd quarter of 2023 and 1st and 2nd quarters of 2024.</p> <p>Direct Support Professional (DSP) #1 was interviewed on 7/17/24 at 5:06 pm and stated, "We do a drill on every shift, every other week. We document on a piece of paper in the office. It's kept in a binder."</p> <p>House Manager (HM) #1 was interviewed on 7/17/24 at 6:30 pm and stated, "Drills should be done every quarter for every shift for every staff."</p> <p>Residential Coordinator was interviewed on 7/22/24 at 2:37 pm and stated, "Evacuation drills should be done every quarter for every shift. Every staff should participate."</p> <p>9-3-7(a)<br/>483.470(i)(2)(ii)<br/>EVACUATION DRILLS<br/>The facility must make special provisions for</p> |                     | <p>conduct fire drills quarterly for every shift, every staff, and every client.</p> <p>To ensure systemic and ongoing compliance, and to ensure other participants will not be affected by the same deficient practice, QIDPs will monitor the drill books to ensure that the drills are being run in accordance to state regulations. The residential coordinator will also inspect drill books during unannounced visits.</p> |                            |

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|                          | <p>the evacuation of clients with physical disabilities.</p> <p>Based on observation, record review, and interview for 1 of 3 sample clients (A), the facility failed to develop a plan to address client A's use of a mechanical lift in case of an emergency evacuation.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/17/24 from 4:15 pm to 7:00 pm and on 7/18/24 from 5:40 am to 6:45 am. Client A was present in the home throughout the observation periods.</p> <p>Throughout the observation periods, client A used a wheelchair to ambulate through his home. Client A transferred from his bed to his wheelchair using a mechanical lift and assistance from 2 staff.</p> <p>Client A was interviewed on 7/17/24 at 6:03 pm and stated, "I don't know what to do for a tornado. We haven't practiced. When the weather was bad, and the sirens were on, staff said they would get me out of bed if there was a tornado. I don't know what to do. I was worried about it."</p> <p>Client A's record was reviewed on 7/22/24 at 1:04 pm and did not include a plan for evacuation in case of emergency.</p> <p>Residential Coordinator was interviewed on 7/22/24 at 2:37 pm and stated, "New clients should participate in evacuation drills. We had training and told staff how to evacuate [client A]. We did it in this month's staff meeting. When the weather was bad, I told all staff to take cover. At that point, they should have gotten him out of the bed.</p> | W 0446              | <p>The facility failed to exercise general policy, budget, and operating direction over the facility to ensure that special provisions for the evacuation of clients with physical disabilities. This standard is not evidenced by: based on observation and, record, review, and interview for 1 of 3 sample clients (A) the facility failed to develop a plan to address client A's use of a mechanical lift in case of an emergency evacuation. To ensure systemic and ongoing compliance, on August 14, 2023, Residential Coordinator held a staff training and nursing went over and implemented a updated evacuation plan to include wheelchair bound clients. Additionally, QIDPs will monitor the tracking log to show that wheelchair bound clients participated in drills and the method through weekly and monthly site visit checks. The residential coordinator will also inspect the condition of the house during unannounced visits.</p> | 08/14/2024                 |

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| W 0454<br><br>Bldg. 00   | <p>They could have still used the [mechanical lift] because it was only a tornado warning." Residential Coordinator indicated client A did not have a written evacuation plan. Residential Coordinator indicated client A should have a plan for evacuation.</p> <p>9-3-7(a)</p> <p>483.470(l)(1)<br/>INFECTION CONTROL</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation and interview for 3 of 3 sample clients, (A, B, and C), plus 4 additional clients (D, E, F, and G), the facility failed to ensure staff working in the home implemented universal precautions in regards to hand washing at meal times for clients A, B, C, D, E, F, and G.</p> <p>Findings include:</p> <p>An observation was conducted on 7/17/24 from 4:15 pm to 7:00 pm. Clients A, B, C, D, E, F, and G were present in the home throughout the observation period.</p> <p>On 7/17/24 at 6:04 pm, clients A, B, C, D, E, F, and G were prompted to the table for dinner. Clients A, B, C, D, E, F, and G did not wash their hands before the meal and were not prompted by staff to do so.</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed on 7/22/24 at 2:30 pm and stated, "Clients should be prompted to wash their hands before coming to the table. Staff have hand sanitizer if clients prefer that. Clients have the</p> | W 0454              | <p>The facility failed to ensure staff working in the home implemented universal precautions regarding hand washing at mealtimes for all clients. Clients A, B, C, D, E, F, and G were called to dining table for dinner and was not prompted to wash their hands.</p> <p>To ensure systemic and ongoing compliance, staff were retrained on 8/14/2024 on Universal Precautions including handwashing during mealtimes. To further ensure systemic and ongoing compliance, QIDPs will visit at mealtimes during weekly visits to ensure that handwashing is being completed. The residential coordinator will also monitor compliance with implementing Universal Precautions.</p> | 08/14/2024                 |

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| W 0488<br>Bldg. 00 | <p>right to refuse, but staff should prompt. Staff's hands should be washed prior to the meal as well."</p> <p>Residential Coordinator was interviewed on 7/22/24 at 2:37 pm and stated, "Everybody should wash their hands before they get to the table. Staff should prompt."</p> <p>9-3-7(a)</p> <p>483.480(d)(4)<br/>DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview for 3 of 3 sample clients (A, B, and C), the facility failed to ensure clients A, B, and C participated in meal preparation.</p> <p>Findings include:</p> <p>On 7/17/24 at 4:30 pm, Direct Support Professional (DSP) #1 opened a can of green beans. DSP #2 put leftover cake in a plastic bag. DSP #1 filled a pot with water. DSP #2 removed a bag of garbage from the garbage can in the living room and set it on the floor. At 5:05 pm, DSP #1 was washing dishes and cooking. At 5:37 pm, DSP #1 was cooking in the kitchen. At 6:04 pm, clients A, B, and C were served chicken, mashed potatoes, green beans, pears, and rolls.</p> <p>From 4:15 pm to 6:00 pm, clients A, B, and C were in their bedrooms engaged in independent activities. Staff did not prompt or encourage clients A, B, and C to participate in meal preparation.</p> | W 0488        | <p>The facility failed to ensure that 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, a) as the facility failed to ensure clients #A, #B, and #C active treatment programs were implemented during meal times.</p> <p>To ensure systemic and ongoing compliance, staff were retrained on 8/14/2024 on implementing active treatment at meal time and ensure clients A, B, and C participated in meal prep.</p> <p>To further ensure systemic and ongoing compliance, QIDPs will monitor treatment programs as part of their weekly and monthly site checks to ensure compliance.</p> | 08/14/2024           |

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|                          | <p>Client A's record was reviewed on 7/22/24 at 1:04 pm.<br/>Client A's Individual Support Plan (ISP) dated 1/4/24 indicated the following:<br/>"With 1 verbal prompt from staff, he will read a new recipe once a week with 100% of trials successful for 12 consecutive months."</p> <p>Client B's record was reviewed on 7/22/24 at 1:17 pm.<br/>Client B's ISP dated 6/28/24 did not include a cooking or meal preparation goal.</p> <p>Client C's record was reviewed on 7/22/24 at 12:54 pm.<br/>Client C's ISP dated 9/27/23 indicated the following:<br/>"Weekly with 3 verbal prompts from staff, [client C] will help every Friday to make a dessert or main dish Friday for 70% of trials attempted."</p> <p>House Manager (HM) was interviewed on 7/17/24 at 6:30 pm and stated, "Clients should help with cooking. [Client A] can use hand over hand. There is a schedule they are all supposed to follow."</p> <p>Residential Coordinator was interviewed on 7/22/24 at 2:37 pm and stated, "Everyone has goals for cooking. Clients should be setting the table. Depending on whose goal it is, at some point, they should be helping. [Client A] reads the recipe. Everyone has a day to help. Staff should be prompting them."</p> <p>9-3-8(a)</p> |                     | <p>The residential coordinator will also monitor compliance with implementing active treatment programs. Treatment programs will be updated a minimum of once a year or as needed and staff will receive training on program plans a minimum of once per year or each time the high-risk plan is updated.</p> |                            |