

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G786	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2022
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NAME OF PROVIDER OR SUPPLIER  PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP COD 1570 JESSUP STREET HUNTINGTON, IN 46750
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W 0000  Bldg. 00	<p>This visit was for the pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 11/16, 11/17, and 11/18/2022.</p> <p>Facility number: 012414 Provider Number: 15G786 AIMS Number: 200998980</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0382  Bldg. 00	<p>483.460(l)(2) <b>DRUG STORAGE AND RECORDKEEPING</b> The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation, record review, and interview, for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 additional clients (clients #4, #5, and #6), the facility failed to keep medications locked when medications were not being administered.</p> <p>Findings include:</p> <p>During observations on 11/16/2022 from 3:10pm until 5:35pm and on 11/17/2022 from 5:50am until 7:45am, clients #1, #2, #3, #4, #5, and #6 were at the group home. During both observation periods, an unlabeled bottle of Miralax medication (for constipation) sat on top of the desk in the medication office and the office door was left open to the hallway. During the observation periods, clients #1, #2, #3, #4, #5, and #6 walked into and out of the medication room independently without staff present.</p>	W 0382	<p>POC for tag number W382: Drug Storage and Recordkeeping -Staff will be retrained to ensure medications are locked properly when not in use -Staff at all group homes will verify receipt of training on maintaining medications not in use in a secure locked area -Shift checks will be implemented to ensure employees are following Core A/B guidelines and Pathfinder Services, Inc. policies and procedures -Staff found to not be following Core A/B guidelines and Pathfinder Services, Inc. policies and procedures will be subject to disciplinary action taken of all staff working the checked shift</p>	12/16/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Connie Noonan	QIDP	12/15/2022

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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	<p>On 11/16/2022 at 4:26pm, an interview was conducted with DSP (Direct Support Professional) #1. DSP #1 indicated medication should be kept locked when not being administered. DSP #1 indicated the facility staff followed Core A/Core B medication administration training which indicated all medications should be kept locked unless being administered.</p> <p>On 11/17/2022 at 7:12am, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated medications should be kept locked when staff were not present inside the medication room. The QIDP indicated the facility staff should follow Core A/Core B medication administration training which indicated all medications should be kept locked except when being administered.</p> <p>On 11/17/2022 at 12:35pm, an interview was conducted with the Licensed Practical Nurse (LPN). The LPN indicated the facility followed Core A/Core B medication administration training when administering medications.</p> <p>On 11/17/2022 at 12:15pm, the agency's 3/20/2022 policy and procedure for "Medication Administration Handbook" indicated the agency followed the Core A/Core B medication training. The policy and procedure indicated medications should be locked when not being administered.</p> <p>On 11/17/2022 at 12:15pm, a review of the 2004 "Living in the Community" medication administration training manual, "Core Lesson : Principles of Administering Medications" indicated medications should be kept secured/locked when not being administered.</p>			

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W 0440 Bldg. 00	<p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 additional clients (clients #4, #5, and #6), the facility failed to ensure emergency evacuation drills were conducted at least every 90 days for the day shift (6am-8am and 8am-8pm), for the evening shift (2:30pm-10pm and 4pm-8pm) and the night shift (10pm-8am) of personnel.</p> <p>Findings include:</p> <p>On 11/16/2022 at 12:40pm, on 11/17/2022 at 11:45am, 11/18/2022 at 8:00am, and on 11/18/2022 at 2:00pm, the facility's emergency evacuation drills were requested for review from the QIDP (Qualified Intellectual Disabilities Professional) for the period from 11/1/2021 through 11/18/2022. No emergency/evacuation drills were provided for review.</p> <p>On 11/18/2022 at 2:00pm, an interview was conducted with the Residential Manager (RM) and the Qualified Intellectual Disabilities Professional. The QIDP and the RM both indicated the day shift was from 6am until 8am Monday through Friday and 8am until 8pm on the weekends, evening shift was from 2:30pm until 10:00pm and 4:00pm until 8:00pm daily, and night shift was from 10:00pm until 8:00am. The QIDP and the RM both indicated no emergency evacuation drills were available for review for the day shift, evening shift, and night shift of personnel. The RM indicated she was new to her position at the group home and she was not able to locate the records of completed emergency</p>	W 0440	<p>POC for tag number W440: Evacuation Drills</p> <ul style="list-style-type: none"> <li>-Staff will be retrained to ensure monthly emergency/evacuation drills are completed as scheduled</li> <li>-Staff at all group homes will verify training on conducting/completing steps for emergency/evacuation drills</li> <li>-Staff will be assigned monthly, per the quarterly evacuation drill shift/schedule, to complete the emergency/evacuation drill by the 21st of the month</li> <li>-Group Home Manager to verify drills' completion and proper filing of documentation</li> </ul>	12/16/2022

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

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	evacuation drills for the period from 11/1/2021 through 11/18/2022.  9-3-7(a)				