

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G532	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2022
NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 107 BINKLEY KNOX, IN 46534		
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W 0000 Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey. This visit included the COVID-19 focused infection control survey.</p> <p>Survey dates: January 12, 13, and 18, 2022.</p> <p>Facility Number: 001046 Provider Number: 15G532 AIM Number: 100245310</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 1/26/22.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 3 sample clients (#1), the governing body failed to exercise operating direction over the facility to provide sufficient oversight for client #1's finances.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 1/12/22 at 12:54 pm.</p> <p>Client #1's bank statement dated 9/7/21 indicated the following:</p> <p>8/24/21 - Deposit, Deposit, \$22.00 9/1/21 - Deposit, Social Security Payment \$30.00 9/7/21 - Deposit, Interest Payment \$0.01</p>	W 0104	<p>QIDP contacted the bank and they corrected the issue for client #1 on 01/18/2022. They stated that they were able to get this fixed on client #1 account, and they will waive all fees here on out and no charges will incur on this account moving forward.</p>	01/18/2022

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.

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

PRINTED: 02/11/2022

FORM APPROVED
OMB NO. 0938-0391

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W 0331 Bldg. 00	<p>9/7/21 - Withdrawal, Account Service Fee \$10.00</p> <p>9/7/21 - Withdrawal, Paper Statement Fee \$3.00 Ending Account Balance \$1,712.59</p> <p>Client #1's bank statement dated 10/5/21 indicated the following:</p> <p>9/28/21 - Deposit, Deposit \$30.74</p> <p>10/1/21 - Deposit, Social Security Payment \$30.00</p> <p>10/5/21 - Deposit, Interest Payment \$0.01</p> <p>10/5/21 - Withdrawal, Account Service Fee \$10.00</p> <p>10/5/21 - Withdrawal, Paper Statement Fee \$3.00</p> <p>Review of client #1's financial records indicated the facility failed to address the \$13.00 service fees charged by the bank.</p> <p>Group Home Director (GHD) #1 was interviewed by phone on 1/18/22 at 10:53 am and stated, "We are in the process of getting rid of those fees. They shouldn't be there. The bank charges a fee if the monthly deposits are under a certain amount."</p> <p>9-3-1(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review, and interview for 1 of 3 sample clients (#2), the facility's nursing services failed to address the diet texture discrepancy in client #2's high risk plans.</p> <p>Findings include:</p>	W 0331	Client #2 was seen for a cookie swallow test on February 1st, 2022. Findings were based off of IDDSI dietary levels. Client #2 can now have level 5 minced and moist foods. Needs to be sitting upright as much as possible and	02/07/2022

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	<p>Observations were conducted on 1/12/22 from 4:00 pm through 6:30 pm and on 1/13/22 from 6:00 am through 7:00 am. Client #2 was present in the home for the duration of the observation period.</p> <p>On 1/12/22 at 5:10 pm, client #2 was served vegetable lasagna, cottage cheese, and salad. Client #2's meal was served in a mechanical soft consistency.</p> <p>On 1/13/22 at 6:00 am, client #2 was served ground cereal moistened with milk, a finely chopped egg, and toast in a mechanical soft consistency.</p> <p>House Manager (HM) #1 was interviewed on 1/12/22 at 5:38 pm and stated, "[Client #2's] food is pureed. I thought I prepared it pureed. The cottage cheese was just mashed up a little. Puree should be thin with no chunks. Mechanical soft is just soft food."</p> <p>Direct Support Professional (DSP) #1 was interviewed on 1/12/22 at 6:07 pm and stated, "[Client #2's] food is pureed in a grinder."</p> <p>DSP #2 was interviewed on 1/12/22 at 6:12 pm and stated, "[Client #2's] food is pureed."</p> <p>Client #2's record was reviewed on 1/12/22 at 12:54 pm. Client #2's Dysphagia/Dining Plan dated 11/11/21 indicated the following: "[Client #2] will receive a puree diet with thin liquids with full staff assist for feeding a (sic) swallowing precautions."</p> <p>Client #2's GERD (Gastroesophageal Reflux Disease) plan dated 11/11/21 indicated the</p>		<p>offer small bites. Assist with eating slowly to encourage swallowing after chewing. Encourage drinks throughout the meal. Client #2 is no longer on a puree diet, but is at the lowest level of a mechanical soft diet, client #2 is to be at Level 5 Minced and moist. New risk plans along with a handout explaining what different levels consist of were handed out to staff. QIDP provided training on the new high-risk plans 2/7/2022 to staff.</p>	

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W 0436 Bldg. 00	<p>following:</p> <p>"[Client #2] is on a mechanical soft diet and is seen regularly by a dietitian."</p> <p>Client #2's nutrition assessment dated 9/14/21 indicated client #2's diet was mechanical soft.</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed on 1/13/22 at 10:10 am and stated, "[Client #2] is served a pureed diet with thin liquids. His food should be an applesauce consistency." LPN #1 indicated she was not aware client #2's nutrition assessment indicated a mechanical soft diet. LPN #1 stated, "I will have to look into that."</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview for 1 additional client (#4), the facility failed to provide client #4 with her adaptive spoon during a meal.</p> <p>Findings include:</p> <p>Observations were conducted on 1/12/22 from 4:00 pm through 6:30 pm. Client #4 was present throughout the observation period.</p> <p>On 1/12/22 at 5:13 pm, client #4 was served lasagna and lettuce cut into pieces approximately 3 inches by 3 inches. Client #4 was given a</p>	W 0436	<p>QIDP ordered client #4 the correct adaptive spoons and forks on January 14th, 2022 and received them January 19th, 2022. QIDP dispersed 4 of the adaptive silverware to Day Programming, and 4 of the adaptive silverware to the group home in which client #4 resides.</p>	01/19/2022

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	<p>regular dining spoon and a fork with a large, round handle. Client #4 used the spoon to scoop a bite of lasagna. Client #4's hand was shaking, and the lasagna fell off of her spoon. Client #4 again scooped lasagna onto her spoon then bit a piece off of the amount on her spoon and the rest fell onto her plate. At 5:19 pm, client #4 scooped lettuce onto her spoon and attempted to take a bite. The lettuce fell into her lap. At 5:21 pm, Direct Support Professional (DSP) #2 offered to cut client #4's food. Client #4 accepted. At 5:31 pm, client #4 picked up the fork. Client #4 used the fork to spear a pear slice and took a bite off the end of the slice. Staff did not offer to assist client #4 to cut her pears.</p> <p>House Manager (HM) #1 was interviewed on 1/12/22 at 5:58 pm and stated, "[Client #4] has silverware with bigger grips. She's shaky and can't grab small utensils. Both the spoon and fork should have bigger handles. She does have a spoon with large grips." HM #1 indicated client #4 is capable of cutting her own food. HM #1 stated, "[Client #4's] hands shake, so the food falls off of her utensils."</p> <p>DSP #2 was interviewed on 1/12/22 at 6:07 pm and stated, "[Client #4] has adapted utensils. They are bigger and a little bit heavier. Sometimes she prefers not to use them. The black one was the big fork. She has a spoon. I don't know why it wasn't out there. It makes it easier for her to hold onto them. She needs help cutting."</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed on 1/13/22 at 10:10 am and stated, "[Client #4] shouldn't have had a regular spoon. She has special utensils."</p>			

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W 0455 Bldg. 00	<p>9-3-7(a)</p> <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 on observation, record review, and interview for 2 additional clients (#5 and #7), the facility failed to ensure staff working in the home implemented universal precautions when passing clients #5 and #7's medications.</p> <p>Findings include:</p> <p>An observation was conducted in the group home on 1/12/22 from 4:00 pm until 6:30 pm. Clients #5 and #7 were present throughout the observation period.</p> <p>1. On 1/12/22 at 5:02 pm, Direct Support Professional (DSP) #1 sanitized her hands and called client #5 to the office for her medications. DSP #1 prepared client #5's Reguloid Powder (treats constipation). DSP #1 stated, "What's this for?" Client #5 stated, "Helps you go to the bathroom." Client #5 drank a cup of water with the Reguloid Powder. Client #5 left the medication room.</p> <p>2. On 1/12/22 at 5:04 pm, DSP #1 sanitized her hands and called client #7 to the medication room. DSP #1 prepared client #7's Carvedilol (treats high blood pressure), Calcium 600/Vitamin D3 (supplement), Famotidine (treats stomach ulcers), Lisinopril (treats high blood pressure), Daily Vite (supplement), and Oxybutynin (treats over active bladder). Client #7 took her medications with water.</p>	W 0455	<p>On 01/18/2022, QIDP provided retraining of universal precautions as well as went over the medical administration handbook, on the protocols when passing medications. Reminded them multiple times through the training, that during each med pass it is important to wash their hands as well as client's hands before individuals receive their medication.</p>	01/18/2022

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W 0474 Bldg. 00	<p>DSP #1 did not prompt clients #5 or #7 to wash or sanitize their hands before taking their medications.</p> <p>DSP #1 was interviewed on 1/12/22 at 5:07 pm and stated, "The clients did not wash or sanitize their hands before taking their medications."</p> <p>The facility's Policy/Procedure for Universal Precautions/Infection Control dated 1/14/20 was reviewed on 1/13/22 at 9:30 am and indicated the following:</p> <p>"Hands should be washed:</p> <p>8. Before and after giving medication."</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed on 1/13/22 at 10:10 am and stated, "Clients should wash their hands before they take medications."</p> <p>9-3-7(a)</p> <p>483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client. Based on observation, record review, and interview for 1 of 3 sample clients (#2), the facility failed to ensure client #2's high risk plans were consistent with his needs and assessments.</p> <p>Findings include:</p> <p>Observations were conducted on 1/12/22 from 4:00 pm through 6:30 pm and on 1/13/22 from 6:00 am through 7:00 am. Client #2 was present in the home for the duration of the observation period.</p>		W 0474	<p>Client #2 seen for a cookie swallow test 2/1/2022. Risk plans were updated by the nurse based on his needs assessment dining protocol. QIDP provided updated training on the new high-risk plans on 2/7/2022 to staff.</p>	02/07/2022

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	<p>On 1/12/22 at 5:10 pm, client #2 was served vegetable lasagna, cottage cheese, and salad. Client #2's meal was served in a mechanical soft consistency.</p> <p>On 1/13/22 at 6:00 am, client #2 was served ground cereal moistened with milk, a finely chopped egg, and toast in a mechanical soft consistency.</p> <p>House Manager (HM) #1 was interviewed on 1/12/22 at 5:38 pm and stated, "[Client #2's] food is pureed. I thought I prepared it pureed. The cottage cheese was just mashed up a little. Puree should be thin with no chunks. Mechanical soft is just soft food."</p> <p>Direct Support Professional (DSP) #1 was interviewed on 1/12/22 at 6:07 pm and stated, "[Client #2's] food is pureed in a grinder."</p> <p>DSP #2 was interviewed on 1/12/22 at 6:12 pm and stated, "[Client #2's] food is pureed."</p> <p>Client #2's record was reviewed on 1/12/22 at 12:54 pm.</p> <p>Client #2's Dysphagia/Dining Plan dated 11/11/21 indicated the following:</p> <p>"[Client #2] will receive a puree diet with thin liquids with full staff assist for feeding a (sic) swallowing precautions."</p> <p>Client #2's GERD (Gastroesophageal Reflux Disease) plan dated 11/11/21 indicated the following:</p> <p>"[Client #2] is on a mechanical soft diet and is seen regularly by a dietitian."</p> <p>Client #2's nutrition assessment dated 9/14/21 indicated client #2's diet was mechanical soft.</p>			

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