

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G385	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/21/2020
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NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12046 FORREST DR ST JOHN, IN 46373
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00339759. This visit included the COVID-19 focused infection control survey.</p> <p>Complaint #IN00339759: Substantiated, Federal and state deficiencies related to the allegation(s) were cited at W157 and W289.</p> <p>Dates of Survey: December 17 and 21, 2020.</p> <p>Facility Number: 000899 Provider Number: 15G385 Aims Number: 100249270</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #39778 on 1/6/21.</p>	W 0000		
W 0157 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review, and interview for 1 of 3 sampled clients (client A), the facility failed to take appropriate corrective action regarding client A's elopement.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/17/20 from 2:20 pm through 3:30 pm. Clients C, D, E, and F were present in the home for the duration of the observation period. A working door chime was observed on the exterior door in client A's bedroom and on the door leading into the garage. There was a door</p>	W 0157	The facility failed to take corrective action regarding Client A's elopement by failing to ensure all chimes places on doors were in working order and to ensure that chimes were placed on appropriate exterior doors. To ensure systemic and ongoing compliance, an additional door chime was placed on the door leading from the dining room into the backyard. The door chime that is placed on the front door was also checked and turned to the on	01/15/2021

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 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>chime placed on the front door, but it was not in working order when tested upon entering and leaving the home. There was no door chime on the door leading from the dining room into the backyard.</p> <p>The facility's Bureau of Developmental Disabilities Services reports and related investigations were reviewed on 12/17/20 at 10:28 am.</p> <p>A BDDS report dated 10/18/20 indicated the following: "[Client A] is [identifying characteristics]. He has diagnoses of Moderate MR (mental retardation) with Hypomania (a state of increased energy and irritability), Parkinson's (a disorder of the central nervous system), Mitral Valve Prolapse (improper closure of valves in the heart), and BPH (benign prostatic hyperplasia - enlargement of the prostate). Staff discovered that [client A] was not in his bed when they went to wake him up for his morning medications. He had been in bed asleep approximately 2 hours prior. After searching the house, staff called 911 and police assistance (sic) in searching the house and surrounding area. Police located [client A] and returned him to the group home. EMTs (Emergency Medical Technicians) evaluated [client A] at the group home and vital signs were all normal with no visible injuries. [Client A] denied pain or discomfort. Staff transported [client A] to [name of hospital] Emergency Room (ER) for further evaluation. [Client A] was evaluated in the ER, and all vitals were within normal range and was discharged (sic). Nursing staff evaluated [client A] in the afternoon. No bruising, swelling, or scratches were noted, and [client A] denied pain or discomfort.</p> <p>Plan to Resolve (Immediate and Long Term). [Client A] will follow up with his primary</p>		<p>position.</p> <p>To further ensure systemic and ongoing compliance, the QIDP will check that all door chimes are in working order during twice weekly site visits. Additionally, the Residential Coordinator will also check for working door chimes during unannounced site visits.</p>		

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	<p>physician. Door chimes were installed at the common doors of the group home and at [client A's] deck door in his bedroom. Staff is conducting 15-minute location checks."</p> <p>An Analysis Committee Report signed 10/23/20 was reviewed on 12/17/20 at 12:08 pm and indicated the following: "Recommendations, including corrective action recommended: Develop Risk Plan - [Residential Nurse #1]."</p> <p>Client A's Elopement Risk Plan dated 10/19/20 was reviewed on 12/17/20 at 12:15 pm and did not indicate the use of door alarms.</p> <p>Direct Support Professional (DSP) #1 was interviewed on 12/17/20 at 2:33 pm. DSP #1 stated, "[Client A] walked out of his bedroom at night. They put an alarm on his bedroom door. There's also one on the garage and the front door. They didn't put one on the patio door. The one on the front door doesn't work. I don't know what's wrong with it."</p> <p>DSP #2 was interviewed on 12/17/20 at 2:43 pm. DSP #2 stated, "The door alarms are meant to alert us of any elopements. [Client A] walked out one night. He has an elopement plan now. That was the first time he's done that. We're supposed to do bed checks every hour and check the alarms to make sure they're working."</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 12/21/20 at 11:25 am. QIDP #1 stated, "[Client A's] elopement plan was done in an emergency. It was the first time he had eloped. The door alarms are not in a plan. He does not have a behavior plan. We can add the alarms to the elopement plan."</p>			

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W 0289 Bldg. 00	<p>Residential Coordinator (RC) #1 was interviewed by phone on 12/21/20 at 11:37 am. RC #1 stated, "We had someone from maintenance come in to install chimes on the front door, the garage door, and the door in [client A's] room. We developed a risk plan and trained staff on the plan."</p> <p>This federal tag relates to complaint #IN00339759.</p> <p>9-3-2(a)</p> <p>483.450(b)(4)</p> <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c) (4) and (5) of this subpart.</p> <p>Based on observation, record review, and interview for 1 of 3 sampled clients (client A), the facility failed to ensure door alarms were part of client A's plan to manage his behavior of elopement.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/17/20 from 2:20 pm through 3:30 pm. Clients C, D, E, and F were present in the home for the duration of the observation period.</p> <p>A working door chime was observed on the exterior door in client A's bedroom and on the door leading into the garage. There was a door chime placed on the front door, but it was not in working order when tested upon entering and leaving the home. There was no door chime on the door leading from the dining room into the backyard.</p>	W 0289	<p>The facility failed in its use of systemic intervention to manage inappropriate client behavior by ensuring door alarms were part of Client A's elopement risk plan.</p> <p>To ensure systemic and ongoing compliance, the use of door chime was added to Client A's elopement risk plan and staff was retrained on the risk plan on January 6, 2021.</p> <p>To further ensure systemic and ongoing compliance, door chimes will be included in all elopement risk plans for a consumer that lives in a group home that utilizes door chimes. These risk plans will be reviewed and updated if needed at a minimum of each year.</p>	01/06/2021

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	<p>The facility's Bureau of Developmental Disabilities Services reports and related investigations were reviewed on 12/17/20 at 10:28 am.</p> <p>A BDDS report dated 10/18/20 indicated the following: "[Client A] is a [identifying characteristics]. He has diagnoses of Moderate MR (mental retardation) with Hypomania (a state of increased energy and irritability), Parkinson's (a disorder of the central nervous system), Mitral Valve Prolapse (improper closure of valves in the heart), and BPH (benign prostatic hyperplasia - enlargement of the prostate). Staff discovered that [client A] was not in his bed when they went to wake him up for his morning medications. He had been in bed asleep approximately 2 hours prior. After searching the house, staff called 911 and police assistance (sic) in searching the house and surrounding area. Police located [client A] and returned him to the group home. EMTs (Emergency Medical Technicians) evaluated [client A] at the group home and vital signs were all normal with no visible injuries. [Client A] denied pain or discomfort. Staff transported [client A] to [name of hospital] Emergency Room (ER) for further evaluation. [Client A] was evaluated in the ER, and all vitals were within normal range and was discharged (sic). Nursing staff evaluated [client A] in the afternoon. No bruising, swelling, or scratches were noted, and [client A] denied pain or discomfort.</p> <p>Plan to Resolve (Immediate and Long Term). [Client A] will follow up with his primary physician. Door chimes were installed at the common doors of the group home and at [client A's] deck door in his bedroom. Staff is conducting 15-minute location checks."</p>			

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	<p>An Analysis Committee Report signed 10/23/20 was reviewed on 12/17/20 at 12:08 pm and indicated the following: "Recommendations, including corrective action recommended: Develop Risk Plan - [Residential Nurse #1]."</p> <p>Client A's Elopement Risk Plan dated 10/19/20 was reviewed on 12/17/20 at 12:15 pm and did not indicate the use of door alarms.</p> <p>Direct Support Professional (DSP) #1 was interviewed on 12/17/20 at 2:33 pm. DSP #1 stated, "[Client A] walked out of his bedroom at night. They put an alarm on his bedroom door. There's also one on the garage and the front door."</p> <p>DSP #2 was interviewed on 12/17/20 at 2:43 pm. DSP #2 stated, "The door alarms are meant to alert us of any elopements. [Client A] walked out one night. He has an elopement plan now."</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 12/21/20 at 11:25 am. QIDP #1 stated, "[Client A's] elopement plan was done in an emergency. It was the first time he had eloped. The door alarms are not in a plan. He does not have a behavior plan. We can add the alarms to the elopement plan."</p> <p>Residential Coordinator (RC) #1 was interviewed by phone on 12/21/20 at 11:37 am. RC #1 stated, "We had someone from maintenance come in to install chimes on the front door, the garage door, and the door in [client A's] room. We developed a risk plan and trained staff on the plan."</p> <p>This federal tag relates to complaint #IN00339759.</p>			

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W 0455 Bldg. 00	<p>9-3-5(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. Based on observation, record review, and interview for 1 of 3 sampled clients (client C), plus 3 additional clients (D, E, and F), the facility failed to ensure staff working in the home implemented proactive/preventative infectious control measures during a world wide pandemic of COVID-19.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/17/20 from 2:20 pm through 3:30 pm. Upon arrival at the group home, there were no signs posted on the exterior of the home indicating procedures to be taken for those entering the home. At 2:20 pm, Direct Support Professional (DSP) #1 greeted the surveyor at the door. DSP #1 invited the surveyor into the home and stated, "I'll be right back, I need to help the other staff transfer someone." DSP #1 walked away. DSP #1 came back into the main living space at 2:24 pm. At 2:26 pm, DSP #1 stated, "I knew I was forgetting something. Could you go into the office and take your temperature?" DSP #1 gestured to the office door. DSP #1 provided a thermometer and a sanitizing wipe. The surveyor took her own temperature and recorded the results while DSP #1 supervised.</p> <p>The facility's Procedures for persons entering TradeWinds' buildings during COVID-19 policy dated 7/10/20 was reviewed on 12/17/20 at 11:30 am and indicated the following:</p>	W 0455	<p>The facility failed to ensure staff working in the home implemented proactive/preventative infectious control measures during a world wide pandemic of COVID-19. To ensure systemic and ongoing compliance, an exterior sign indicating COVID procedures for entering the home was placed on the entrance of the Forest Group Home on January 6, 2021. Staff was retrained on COVID-19 and pandemic procedures on January 6, 2021. To further ensure systemic and ongoing compliance, exterior signs indicating COVID procedures for entering the home were placed on the front doors of all group home residences on January 6, 2021. The QIDPs will check that exterior door signs are visible and in good condition and that staff are following COVID-19 procedures during twice weekly site visits. Additionally, the Residential Coordinator will also check for signs and that staff are complying with COVID-19 procedures during unannounced site visits.</p>	01/06/2021	

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

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FORM APPROVED

OMB NO. 0938-039

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	<p>"1. All staff, participants, and visitors must take his/her temperature taken prior to the start of his/her shift (sic)."</p> <p>The CDC (Center for Disease Control) website https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html#source-control was reviewed on 12/17/20 at 11:10 am. The CDC website indicated the following:</p> <p>"Post signage at all entrances and leave notices for contract service providers at all residences that:</p> <ul style="list-style-type: none"> - Provide information about current visitation policies or restrictions; - Remind visitors and personnel not to enter the building if they have fever or symptoms consistent with COVID-19. <p>Consider designating one central point of entry to the facility to facilitate screening (while maintaining social distancing) and establishing visitation hours if visitation is allowed.</p> <p>Designate one or more facility employees to actively screen all visitors and personnel, including essential consultant personnel, for the presence of fever and symptoms consistent with COVID-19 before starting each shift/when they enter the building."</p> <p>DSP #1 was interviewed on 12/17/20 at 2:50 pm. DSP #1 stated, "We have to check the visitor's temperature before they can come into the house."</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed on 12/21/20 at 11:15 am. LPN #1 stated, "Visitors should have their temperature taken and answer the questions on the questionnaire for COVID before they come into the house. There are no signs posted at the door."</p>			

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	<p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 12/21/20 at 11:25 am. QIDP #1 stated, "Staff should check visitors' temperatures and ask questions about COVID. They take the person's temperature in the office. Maybe it should be done at the door. By the time they get to the office, they've walked through the house. I wasn't aware there should be signs."</p> <p>Residential Coordinator (RC) #1 was interviewed by phone on 12/21/20 at 11:37 am. RC #1 stated, "Staff should take the temperature of everyone who comes in the house, record it, and sign the log. Typically, the visitor stands inside the door. Staff bring the thermometer to the person at the door. I don't know if there are any signs posted. I don't think there are."</p> <p>9-3-7(a)</p>				