STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G141	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 12/09/2014
NAME OF PROVIDER OR SUPPLIER PUTNAM COUNTY COMPREHENSIVE SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 914 TENNESSEE ST GREENCASTLE, IN 46135	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	This visit was for a fundamental recertification and state licensure survey. Survey Dates: December 2, 3, 4, 5, 9, 2014 Provider Number: 15G141 Aims Number: 100234430 Facility Number: 000678 Surveyor: Mark Ficklin, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/17/14 by Ruth Shackelford, QIDP.	W000000		
W000124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. Based on record review and interview, the facility failed for 1 of 1 sampled client (#1) with a guardian to ensure the guardian was informed of locked knives/sharps at the group home.	W000124	Client #1's guardian was informed of the knife lock, reason for the restrictive technique, and approved the knife lock on December 15, 2014 (see document entitled "Client #1's Knife Lock Consent"). QIDP has	12/15/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Findings Include: The record for client #1 was reviewed on 12/4/14 at 2:20p.m. Client #1's 10/8/14 quarterly program review indicated client #1 had a guardian, put in place on 7/16/14. Client #1's record did not have any documentation that client #1's guardian had been informed of the facility's practice to lock up the group home knives/sharps due to a peer's behavior. Professional staff #1 was interviewed on 12/4/14 at 2:58p.m. Professional staff #1 indicated the facility kept the group home knives/sharps locked (only staff had a key) due to a client's behavior. Staff #1 indicated client #1 had a guardian, with the guardianship start date of 7/16/14. Staff #1 indicated there was no documentation client #1's guardian had been informed of the facility's practice to lock the knives/sharps. 9-3-2(a)		reviewed all other consumer's programming books and has found no further restrictive techniques that are implemented by the facility that have not been approved by a guardian. QIDP has created an annual checklist that is to be completed prior to all annual meetings that outlines all restrictive techniques implemented within the facility and within each client's individual plans (please see document entitled "Annual Checklist"). In the future, upon a client obtaining a guardian, a team meeting will be held with the individual and their guardian within a week of the start date of guardianship to discuss all restrictive techniques implemented by the facility and to get guardianship approval of those techniques. The knife lock consent will be completed annually and addressed quarterly at each client meeting as to whether the team believes that the knife lock is still a necessary restrictive technique that the facility needs to implement.	
W000159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must			

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	be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the facility failed for 1 of 3 sampled clients (#1) to ensure the qualified intellectual disabilities professional (QIDP) monitored client #1's individual support program (ISP) to ensure written guardian approval for a facility restrictive program was documented. Findings include: The record for client #1 was reviewed on 12/4/14 at 2:20p.m. Client #1's 10/8/14 quarterly program review indicated client #1 had a guardian, put in place on 7/16/14. Client #1's record did not have any documentation that client #1's guardian had been informed of the facility's practice to lock up the group home knives/sharps due to a peer's behavior. Professional staff #1 (QIDP) was interviewed on 12/4/14 at 2:58p.m. Staff #1 indicated client #1 had a guardian. Staff #1 indicated the facility's sharps/knives were kept locked due to client #2's behavior. Staff #1 indicated the facility did not have written consent from client #1's guardian for the facility practice of locked sharps. Staff #1 indicated client #1 had acquired a	W000159	Since the finding of the incident, QIDP has reviewed all other consumer programming books to ensure that no further restrictive techniques are being implemented by the facility and not approved by any other guardians. QIDP has found no further incidences of restrictive techniques being utilized by the facility that have not been approved either by the emancipated individual or their guardian. Further, QIDP has created an annual checklist that is to be completed prior to the annual meeting of all consumers (please see document entitled “Annual Checklist”). The annual checklist outlines all restrictive techniques implemented by the facility so as to ensure that there are no further incidents of a guardian or individual who has not been adequately informed of a restrictive technique implemented by the facility.	12/16/2014

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	guardian on 7/16/14 and the facility had not attempted to get written consent from the guardian for the locked sharps. Staff #1 indicated the facility QIDP was responsible to ensure guardian approvals were acquired for restrictive programs. 9-3-3(a)			