

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G470	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/07/2014
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NAME OF PROVIDER OR SUPPLIER BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 466 BALTIMORE ST BERNE, IN 46711
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: August 4, 5, 6 and 7, 2014.</p> <p>Facility number: 000984 Provider number: 15G470 AIM number: 100244870</p> <p>Surveyor: Kathy Wanner, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/14/14 by Ruth Shackelford, QIDP.</p>	W000000	<p>Baltimore Recertification &Licensure Survey Plan of Correction Survey Event ID HEJS11 August 2014</p>	
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview, the governing body failed to provide 1 of 4 sampled clients (client #3) with a bedroom which was not also being utilized for other group home activities.</p>	W000104	<p>Baltimore Recertification &Licensure Survey Plan of Correction Survey Event ID HEJS11 August 2014</p>	09/06/2014

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.

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	<p>Findings include:</p> <p>Observation of the group home where client #3 lived was completed on 8/4/14 from 4:03 P.M. through 6:30 P.M. Client #3's bedroom was located in a room on the first floor of the home. The room had previously been used as the office for the House Manager (HM), the Qualified Intellectual Disabilities Professional (QIDP) and as the medication administration area. The room was divided into half by a tri-fold screen. Located on the right side of the room/screen were client #3's hospital bed and his personal items. On the left side of the room/screen (door side) were a desk and the medication storage/administration area. During medication administration client #3 was not in his room while the other clients in the home (clients #1, #2, #4, #5, #6 and #7) received their medications at the medication area.</p> <p>Client #3's record was reviewed on 8/5/14 at 3:45 P.M. Client #3's Physician's Order (PO) signed and dated by his PCP (Primary Care Physician) on 7/14/14 indicated client #3 was diagnosed in 7/2013 with Renal Cancer with wide spread metastasis. Client #3's record indicated he was receiving</p>		<p>W104- Governing Body</p> <p>The governing body of Bi-CountyServices, Inc. (BCS) will exercise general policy, budget and operatingdirection over the agency. This includes providing, monitoring and revising, asneeded, policy and operating directions which ensure the necessary staffing,training resources, equipment and environment to provide consumers with activetreatment and to provide for their health & safety..</p> <p>This standard was not met as thegoverning body failed to provide one resident with a bedroom which was not alsobeing used for other group home activities, in this case for medicationadministration. As the Surveyor's comments and findings indicate, Consumer #3'sbedroom was moved to the first floor of the group home for health & safetyreasons. The home is very limited in options for environmental changes allowingfor privacy and accessibility. Understanding that we must provide anenvironment for each resident that is not used for other group home activities,the governing body will provide the operating direction of moving themedication administration area from Consumer #3's bedroom area to anotherlocation in the home. Although there is no ideal location</p>		

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	<p>Hospice care, oxygen therapy, PRN (as needed) and pain medications.</p> <p>Client #3 was interviewed 8/4/14 at 6:25 P.M. Client #3 stated, "No, I don't mind. It's okay," when asked about the medication area being in his bedroom.</p> <p>Direct Care Staff (DCS) #5 was interviewed on 8/5/14 at 7:53 A.M. DCS #5 stated, "He hasn't had to have any oxygen for awhile. He was retaining some water but was prescribed medication and it has been better. He has had the cancer diagnosis for over a year. The Doctor said it would be six months at the time, but it has progressed slower. No, he did not have treatment (chemotherapy) for it. They said it was so wide spread when it was discovered that treatment would not help."</p> <p>The HM and QIDP were interviewed on 8/5/14 at 8:22 A.M. The QIDP stated, "We wanted him to not have to climb the stairs, especially when taking pain medication. Staff can monitor him more closely if he is here. We are very limited on where we can put the medication area. We have two other clients who have gait issues (clients #4 and #5) and we didn't want them to have to go upstairs for meds." The HM stated, "Really, he (client #3) is fine with it. He likes to sit in the</p>		<p>available on the 1st floor at Baltimore that would allow for privacy and freedom from distractions; we know that this situation is sadly temporary in nature due to Consumer #3's terminal cancer diagnosis. His wish is to die at home and this wish will be honored. He will also have the privacy cited in this standard for assuring that his bedroom is not used for other group home activities.</p> <p>1. Corrective action and follow-up specific to Consumer #3, as well as the Baltimore group home in general:</p> <p>1. Following an environmental assessment of the 1st floor of the Baltimore group home; input from the Residential Management Team (RMT), Medical Department, Administrative Team (AT) and most importantly the Baltimore Direct Care Staff (DCS) responsible for medication administration, a decision was made to move the medication administration area to a section in the dining room. Other locations were tried first, but were neither popular nor practical. We will continue to assess & revamp the area as need arises, for example, finessing the space & equipment identified as the process is implemented. The medication administration area was moved on August 19th 2014. Effective 8/19/14, Consumer #3 has a bedroom free of any</p>				

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	<p>recliner in the living room."</p> <p>The Program Director (PD) was interviewed on 8/5/14 at 4:25 P.M. When asked about client #3's bedroom also being the medication area, the PD stated, "I thought we may have a problem with moving his bed into the medication room, but we are so limited on what we can do in that house and didn't want him to go up and down the stairway." The PD indicated they had only moved client #3's bed into the medication area to better care for him. The PD stated, "We will just have to figure out a different place for the medication area."</p> <p>9-3-1(a)</p>		<p>other activities related to the group home. He states thathe didn't mind the med area in his room because "I like being in my recliner".This is noted just to assure & verify that he was not upset with thesituation and change in his environment.</p> <p>·The other six residents of the grouphome care a great deal about Consumer #3 and have been very adaptive &agreeable to the needs presented by moving the med area to a less privatelocation with more distractions. There have been no complaints.</p> <p>·It is very likely that as we continueto assess the temporary medication administration area, that modifications mayneed to be made. Any adaptations will be driven by need(s) identified & in order to find new and better ways of assuring that medications &/ortreatments are administered without error and with as much privacy as possiblefor all residents.</p> <p>1. TheRMT, AT, Medical Department and Baltimore DCS will continue to assess issues& concerns related to privacy, health & safety needs and consumers'input regarding their home & environment in order to make improvements asneeded within the scope of our abilities.</p> <p>2. Ourmaintenance department is always willing to assist with anything they can toassure that all consumers' adaptive &</p>		

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			<p>accessibility needs are met as identified and in a timely manner.</p> <p>3. The Baltimore DCS has been working on this medication administration project since the "Exit" survey meeting on 8/7/14. They fully understand and are proactively assuring the best possible options for medication administration for the 7 guys living in the home.</p> <p>4. The Baltimore DCS will receive training on all components of this POC by September 6th 2014</p> <p>Person's responsible: Program Director (PD) and AT; RMT; Medical Department; Baltimore DCS & Maintenance Department as indicated.</p> <p>Target Completion Date: 8/19/14 medication administration area moved. Ongoing assessment and adjustments made as identified by need.</p> <p>1. Corrective action as it relates to monitoring practices for assuring operating directives relating to group home environment agency wide:</p> <p>1. Training on the Governing Body standard with special emphasis on operating directives regarding group home environment(s) as related to this standard as well as facility practices & guidelines identified in the W104 tag (including ensuring</p>	

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W000149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility neglected to follow their policy "Abuse, Neglect, Exploitation and Violation of Individual Rights" for 1 of 1 allegation of neglect as indicated in 1 of 7	W000149	necessary staffing, trainingresources, equipment & environment to provide consumers with activetreatment & to provide for their health & safety) will be completedwith all RMT members at a team meeting scheduled for August 27th 2014. 2.All staff working with Baltimoreconsumers across all settings will be trained on item B.1 above as well as allother identified POC training components by 9/6/14. 3.All Residential DCS will be trained onitem B.1 above during scheduled residential house meetings no later than 9/6/14. 4.Supported Living Management Teammembers will also be trained on item B.1 above, as well as all other identifiedPOC training components. . Person's Responsible: PD & AT; Berne RMT and all otherRMT members. Target completion date: 9/6/14 W149-Staff Treatment of Clients The facility must develop and implementwritten policies and procedures that prohibit mistreatment, neglect or abuse ofthe client. . BCS failed to	09/06/2014

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	<p>Bureau of Developmental Disabilities Services (BDDS) reports reviewed for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>Facility records including the BDDS reports were reviewed on 8/5/14 at 1:20 P.M. and indicated the following:</p> <p>- A BDDS report dated 4/28/14 for an incident on 4/26/14 at 7:50 A.M. indicated "On 4/19 (sic) [Direct Care Staff (DCS) #8], came to pick up another consumer and noticed [client #1's] Choking Risk Plan was not being followed. [Client #1's] plate contained a sausage patty that was not prepared to mechanical soft guidelines. It was reported that the DCS working with [client #1], [DCS #5], was in the med (medication) room at the time completing documentation and doing medication administration. During meals, [client #1] is to be given mechanical soft foods, and his food is plated for him. [Client #1] has a history of trying to select non-mechanical soft food, including food on other's plates. [DCS #8] reported the incident to her supervisor on 4/28/14 at 8:00 A.M. [DCS #5] was pulled from the schedule pending a neglect investigation. [Client #1] did not have any ill effects from this incident. It is not clear if he</p>		<p>assure that the our Abuse, Neglect, Exploitation and Violation of Individual Rights (A/N) policy was followed regarding an allegation of neglect occurring on April 26th 2014, which was not reported per policy to a supervisor &/or administrator until April 28th 2014. An investigation was completed at the date of knowledge and neglect was not substantiated for the staff working at time of the incident. However, management and administrative teams as a governing body was found to be neglectful in not assuring that a sufficient number of Direct Care Staff (DCS) in the group home was available to manage and supervise the seven consumers in accordance with their individual support plan (ISP) needs. The staffing model was changed immediately to add an additional DCS earlier in the morning on weekends to assure that consumer's needs are well met, that they are safe & free from risk(s) and that active treatment is taking place. In addition to addressing facility staffing concerns, the recommendations identified during the agency's investigation into allegations of neglect, as well as this citation related to the standard of staff treatment of consumers, provides us with the opportunity to address &/or retrain on a variety of issues related to communication agency wide to be more proactive in</p>				

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	<p>even ate any of the sausage. After the conclusion of the investigation, any recommendations of the investigating team will be completed. [DCS #5] will be given a verbal warning...[Client #1's] choking plan will be retrained across all settings. [DCS #8] will be trained in the importance of reporting any incidents of suspected neglect immediately. Training will be completed to assure that all staff are all following the recommendations of [client #1's] Occupational Therapist and Dietician."</p> <p>Facility internal investigation documentation was reviewed on 8/5/14 at 1:20 P.M. The investigation documentation indicated two staff from the day program, DCS #8 and DCS #9, had arrived to transport another client to an event. The two day program staff were aware of client #1's risk plan from working with him at the day program. DCS #8 and DCS #9 did not remove the sausage from client #1's plate, did not fix the sausage to the correct consistency, did not sit with client #1 while he ate, did not communicate to DCS #5 that client #1 had sausage on his plate, and did not contact anyone of their concern regarding client #1's risk plan not being implemented until two days later. DCS #5 indicated during the investigation that client #1 had already completed his</p>		<p>assuring freedom from abuse, neglect, exploitation and violation of individual rights.</p> <p>A)Corrective Action and Follow-up specific to Consumers # 1 (C1), as well as the Baltimorehome:</p> <p>1.C1 had a quarterly nutritional review on May 29th and August 11th by Stephanie Gray, RD, C.D., with recommendations to continue with his current diet order of 2000kcal Mechanical Soft with double meat ground at meals. She expressed no concerns at the May quarterly nutritional review which was shortly following the April 26th incident. He is encouraged to drink 64 ounces of fluid daily, uses his maroon spoon and lipped plate. C1 is monitored at meal time at DS & at Baltimore. He loves meat and having the double meat option in his diet is something that he desires, & what led to his getting additional meat at the time of the neglect incident. There are no concerns or recommendations from the dietician at this time.</p> <p>2.C1's Dining Risk Plan (RP) and Consumer Specific Training (CST) document were reviewed by the Program Director on 8/18/14 & 8/25/14 with minor additions/revisions to the Risk Plan & CST. All staff working with C1 across all settings will be trained on the revisions to the RP & CST by 9/6/14.</p> <p>3.The agency A/N policy was</p>				

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	<p>breakfast prior to DCS #8 and DCS #9 arriving, while he (DCS #5) was passing medication. The sausage patty was cut into two pieces and did not have any portion missing. DCS #5 indicated he removed the plate and sausage from in front of client #1 as soon as he returned to the kitchen.</p> <p>Client #1's record was reviewed on 8/5/14 at 2:30 P.M. Client #1 had a dining risk plan dated 1/2014 which indicated he was a moderate choke risk and was to have mechanical soft/ground meat (double portions), with sauce of choice (ranch dressing). The 2/24/14 nutritional review indicated client #1 "ate slowly chewing in a nibbling manner. No difficulty chewing or swallowing...."</p> <p>The facility policy Abuse, Neglect, Exploitation and Violation of Individual Rights dated 11/2013 was reviewed on 8/5/14 at 1:12 P.M. and indicated "Employees of Bi-County Services have the responsibility to ensure the protection of all consumers. This means our consumers are free of mistreatment from abuse, neglect, exploitation or the violation of individual rights...Neglect is a failure to provide necessary supports needed to avoid physical harm and/or mental suffering. This would include failure to administer medication(s) as</p>		<p>reviewed by a quorum of administrative & supervisory staff on 8/25/14 and found the policy to be appropriate, but the identified need at this time is on implementing the policy as written. For this POC, the policy retraining for all management, administrative and DCS staff will focus specifically on:</p> <ol style="list-style-type: none"> 1. A/N policy review and the priority of all staff to implement the policy as written. 2. BCS must assure that all allegations of mistreatment, abuse, neglect, exploitation &/or injuries of unknown origin are reported in accordance with Indiana State law through established procedures including notification of supervisory &/or administrative staff IMMEDIATELY as well as per Bureau of Developmental Disabilities Services (BDDS) Incident Reporting policy. 3. Through implementation of our A/N policy, we can assure that BCS has in place a structure which protects individuals from the potential for abuse, neglect, exploitation and violation of individual rights. 4. Utilize On-Call system for any questions/concerns (no matter how Big or Small) regarding A/N policy and reporting. 5. Review of neglect component in particular to clarify definition and provide examples. 6. It is the responsibility of all BCS employees to ensure the 				

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	<p>prescribed, failure to follow Behavior Support Plans and/or failure to report suspected abuse, neglect or exploitation immediately."</p> <p>An interview was conducted with the Program Director (PD) on 8/5/14 at 4:35 P.M. The PD stated, "No, they (DCS #8 and DCS #9) really didn't follow the policy and they should have even stayed and helped to assist [client #1]." The PD stated, "They waited to report to their supervisor on Monday morning, but they could have called immediately."</p> <p>An interview was conducted with the Day Service Coordinator (DCS) on 8/7/14 at 1:37 P.M. When asked why day program staff had waited to report the allegation of neglect for client #1, the DCS stated, "I believe it was Monday morning (when they reported to me) it happened over the weekend. They (staff) are supposed to report immediately. I think they knew it was a problem, but not sure how big it was. I think it was just out of place for them being at the group home, and happened so fast they didn't know exactly what to do."</p> <p>9-3-2(a)</p>		<p>protection of all our consumers. We work for the consumers and not specific departments within the agency. We MUST COMMUNICATE with one another to assure the health, safety and well-being of our consumers who are entrusted to our care. This is our #1 priority as employees of BCS.</p> <p>7. Assist and intervene if necessary to support consumer(s) and staff in order to assure health & safety needs. Ask if we can be of any help.</p> <p>8. Work as a team across all settings, not by departments.</p> <p>1. All management, supervisory, medical department and administrative staff will be re-trained on items 3.a-h above in addition to the following:</p> <p>1. Reference facility staffing standards (W186) as there is often a relationship between the adequacy of facility staffing and staff treatment of individuals.</p> <p>2. Assess staff schedules to assure that there is sufficient DCS to manage & supervise consumers in accordance with the ISP's, individual needs and implement active treatment. Are there enough staff available to get through the hectic time frames throughout the day/ADL's?</p> <p>3. Management Team training on completing a thorough investigation and assuring that all components/recommendations identified during the investigation process are completed (for</p>		

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, facility staff failed to report immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) an allegation of neglect for 1 of 4 sampled clients (client #1).</p>	W000153	<p>example revisions to plans, training staff, documentation & collateral) will be provided on 8/27/14.</p> <p>4. Assure that BDDS IR's are submitted as per State law through established procedures (within 24 hours of incident occurrence). Person's Responsible: Program Director, Administrative Team and RMT. Target Completion Date: 9/6/14</p> <p>B) Corrective Action as it relates to BCS practices agency wide:</p> <p>1. Training on items a.3.a-h and A.4.a-d above will assure that corrective action is implemented through BCS practices agency wide. This will be completed on or before 9/6/14. Person's Responsible: PD, AT, all RMT's, SLMT's and Day Services Coordinator. Target Completion Date: 9/6/14</p> <p>W153-Staff Treatment of Clients</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries if unknown source, are reported immediately to the</p>	09/06/2014	

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(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			
	<p>Findings include:</p> <p>Facility records including the BDDS reports were reviewed on 8/5/14 at 1:20 P.M. and indicated the following:</p> <p>- A BDDS report dated 4/28/14 for an incident on 4/26/14 at 7:50 A.M. indicated "On 4/19 (sic) [Direct Care Staff (DCS) #8], came to pick up another consumer and noticed [client #1's] Choking Risk Plan was not being followed. [Client #1's] plate contained a sausage patty that was not prepared to mechanical soft guidelines. It was reported that the DCS working with [client #1], [DCS #5], was in the med (medication) room at the time completing documentation and doing medication administration. During meals, [client #1] is to be given mechanical soft foods, and his food is plated for him. [Client #1] has a history of trying to select non-mechanical soft food, including food on other's plates. [DCS #8] reported the incident to her supervisor on 4/28/14 at 8:00 A.M. [DCS #5] was pulled from the schedule pending a neglect investigation. [Client #1] did not have any ill effects from this incident. It is not clear if he even ate any of the sausage. After the conclusion of the investigation, any recommendations of the investigating</p>		<p>administrator or to other officials inaccordance with State law through established procedures.</p> <p>BCS was found to have failed inreporting immediately as per agency A/N policy to Supervisory and/or administrator,as well as to meet criteria for the BDDS Incident Reporting policy anallegation of neglect.</p> <p>We believe that the corrective action identified in the W149tag meets the criteria for our POC related to this W153 tag.</p> <p>Please reference W149 A.3.a-h and A.4.a-d for our correctiveaction related to the W153 standard cited. Corrective action will be completedby 9/6/14 with the PD, Administrative Team and Residential Management Teamsresponsible for POC implementation.</p>				

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	<p>team will be completed. [DCS #5] will be given a verbal warning...[Client #1's] choking plan will be retrained across all settings. [DCS #8] will be trained in the importance of reporting any incidents of suspected neglect immediately. Training will be completed to assure that all staff are all following the recommendations of [client #1's] Occupational Therapist and Dietician."</p> <p>Facility internal investigation documentation was reviewed on 8/5/14 at 1:20 P.M. The investigation documentation indicated two staff from the day program, DCS #8 and DCS #9, had arrived to transport another client to an event. The two day program staff were aware of client #1's risk plan from working with him at the day program. DCS #8 and DCS #9 did not remove the sausage from client #1's plate, did not fix the sausage to the correct consistency, did not sit with client #1 while he ate, did not communicate to DCS #5 that client #1 had sausage on his plate, and did not contact anyone of their concern regarding client #1's risk plan not being implemented until two days later. DCS #5 indicated during the investigation that client #1 had already completed his breakfast prior to DCS #8 and DCS #9 arriving, while he (DCS #5) was passing medication. The sausage patty was cut</p>			

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	<p>into two pieces and did not have any portion missing. DCS #5 indicated he removed the plate and sausage from in front of client #1 as soon as he returned to the kitchen.</p> <p>An interview was conducted with the Program Director (PD) on 8/5/14 at 4:35 P.M. The PD stated, "They (DCS#8 and DCS #9) waited to report to their supervisor on Monday morning, but they could have called immediately."</p> <p>An interview was conducted with the Day Service Coordinator (DCS) on 8/7/14 at 1:37 P.M. When asked why day program staff had waited to report the allegation of neglect for client #1, the DCS stated, "I believe it was Monday morning (when they reported to me) it happened over the weekend. They (staff) are supposed to report immediately. I think they knew it was a problem, but not sure how big it was. I think it was just out of place for them being at the group home, and happened so fast they didn't know exactly what to do."</p> <p>9-3-2(a)</p>						

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

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