

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  09/04/2012	
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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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 27, 28, 29, 30, 31, and September 4, 2012</p> <p>Facility number: 000984 Provider number: 15G470 AIM number: 100244870</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality review completed September 10, 2012 by Dotty Walton, Medical Surveyor III.</p>			W0000	<p><b>Baltimore Recertification &amp; Licensure Survey Plan of Correction</b></p> <p><b>Survey Event ID NZLN11</b></p> <p><b>September 2012</b></p>		

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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W0104	<p><b>483.410(a)(1) GOVERNING BODY</b> The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, the governing body failed to exercise operating direction in a manner that resulted in the facility being well maintained for 4 of 4 sampled clients (clients #1, #2, #3, and #4), and 3 additional clients (clients #5, #6 and #7).</p> <p>Findings include:</p> <p>On 8-28-12 from 3:00 p.m. until 5:15 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7 was conducted. The carpet in the living room had red and black stains in a 1 foot by 1 foot area. The metal box in clients #5 and #6's room was rusted in a 6 inch by 12 inch area on the top and down the front in a 2 feet by 1 inch area. White stains were on the carpet in the upstairs hallway, with 2 areas of cracked plaster going up the stairs in a 6 inch by 6 inch area. The kitchen flooring had a 8 inch by 1 inch rip in it. Client #7's bedroom carpet was covered with brown stains throughout the room. The carpet in the medication room had 15 small black stains.</p> <p>On 8-28-12 at 12:30 p.m. a record review</p>	W0104	<p><b>W104- Governing Body</b> The governing body of Bi-County Services, Inc. (BCS) will exercise general policy, budget and operating direction over the agency as it pertains to areas such as health, safety, sanitation and maintenance &amp; repairs. This will be demonstrated as it pertains to the Baltimore residence being well maintained, especially as it relates to carpeting, flooring, walls, i.e. plaster and rust in shared living areas, such as living and dining rooms, kitchen, as well as bedrooms. <b>A) Corrective action and follow-up specific to Consumers #5, 6 &amp; 7, as well as the Baltimore group home in general:</b>1. BCS President and Maintenance Crew Leader inspected the Baltimore group home on September 13 th 2012 to assess findings cited in the POC. The following recommendations have been made: · The carpeting in the living room area will be replaced with carpet tiles so that future replacements can be made in sections if needed due to the high level of foot traffic in that area. · The rusty metal heating cover located in consumer #5 &amp; 6's bedroom has been fixed by the maintenance department with no</p>	10/04/2012			

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	<p>of the facility's maintenance requisitions was conducted. The review failed to indicate work orders had been reported to keep the home well maintained for the listed items.</p> <p>On 8-29-12 at 1:15 p.m., an interview with the House Manager indicated the carpets were cleaned within the last 6 weeks and the brown stains on client #7's carpet were feces stains. On 8-29-12 at 1:15 p.m., the Program Manager indicated the maintenance issues should be taken care of and there were no maintenance orders available for review.</p> <p>9-3-1(a)</p>		<p>rust present. · White stains on carpet in the upstairs hallway and stairway were noted in the POC citation and will be replaced with new carpeting. It should be noted that carpet cleaning is done routinely (approximately every 3-4 months) by Gersch's Carpet Cleaners, a local vendor. · Two minor areas of cracked plastering noted in the stairway will be fixed by the maintenance department. The stairway will also be repainted if needed. · The kitchen/dining room flooring with small indentations in the linoleum are being assessed by Cliff's Carpets, a local vendor, for repair suggestions. BCS will follow through with the repair recommendations. It should be noted that the two locations are very small and are not safety issues, nor unsightly. · The carpeting in consumer #7's bedroom does not have any odor or obvious staining, as it has been well maintained. However, to avoid the possibility of staining in the future due to a chronic health related concern of consumer #7, the carpeting will be replaced with vinyl tile squares. · The carpeting in the medication room/office area will be replaced with vinyl tile squares. This is another high traffic area. 2. The BCS Work Request (work orders) process will be utilized for items such as those listed above. The Work Request forms include specific</p>		

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			request information with need(s) reviewed & approved by a supervisor and assigned priority. The Maintenance Department provides status of work order, comments on work done and date & name of Maintenance Technician completing the work order request. 3. The Residential Management Check Off Sheet will be revised to include rust in the environmental portion of the Check Off form. 4. The Maintenance Department Monthly Inspection Checklist will be revised to include checks of home being well maintained as it relates to carpeting, flooring, plaster, rust, etc. The current Monthly Inspection Checklist includes a wide variety of health, safety and sanitation categories including priority Life Safety Code components. 5. From a safety and sanitation standpoint there were no concerns as it relates to the W104 tag. The citations were of a cosmetic nature. However, due to time constraints with ordering materials/supplies and executing the replacement and repairs indicated in section A.1, completion of the work will need to be extended past the October 4 th target completion date. Anticipated date for completion would be toward the end of October. Person's responsible: Maintenance Department; Residential Manager (RM) &/or Residential Management Team (RMT) and Residential		

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			<p>Administrative Team (RAT). Target Completion Date: 10/4/12 for initiating work project supplies/needs with an anticipated project(s) completion by October 31 st 2012   <b>B)</b> <b>Corrective action as it relates to monitoring practices for assuring operating directives relating to group home environment agency wide:</b></p> <ol style="list-style-type: none"> <li>The Residential Management Check Off Sheet was revised in June 2012 to include regular checks of environmental issues such as walls, doorways, furniture, carpeting, etc. are in good condition and if needs are noted, The Management Check Off Sheet will be revised as part of this POC to include environmental checks for rust. RM's will follow through and utilize the BCS Work Request process for any environmental issues identified. All RMT's will be trained on this process at the 9/27/12 RMT meeting.</li> <li>Training on the Governing Body standard with special emphasis on operating directives relating to group home environment will be completed with all RMT members at their team meeting scheduled for September 27 th 2012. This will also include a review of the revised Management Check Off Sheet &amp; Maintenance Monthly Check List, as well as using the Home Observation (HO) process as ways to identifying and correct problems as they arise.</li> <li>All</li> </ol>		

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			Residential DCS will be trained on item A.2 above during scheduled residential house meetings no later than 10/4/12. Person's Responsible: Program Director (PD); Maintenance Department, RAT and RM's. Target completion date: 10/4/12		

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W0112	<p><b>483.410(c)(2)</b> <b>CLIENT RECORDS</b> The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation and interview the facility failed to keep 4 of 4 sampled clients (clients #1, #2, #3, and #4), and 3 additional clients (clients #5, #6, and #7), information confidential by posting their first names and prescribed diets on the refrigerator in the kitchen.</p> <p>Findings include:</p> <p>On 8-28-12 at 5:10 p.m. client #1's first name was observed to be posted on the refrigerator in the kitchen with his prescribed diet (1500 calorie) listed.</p> <p>On 8-28-12 at 5:10 p.m. client #2's first name was observed to be posted on the refrigerator in the kitchen with his prescribed diet (regular) listed.</p> <p>On 8-28-12 at 5:10 p.m. client #3's first name was observed to be posted on the refrigerator in the kitchen with his prescribed diet (regular with cut up pieces) listed.</p> <p>On 8-28-12 at 5:10 p.m. client #4's first name was observed to be posted on the refrigerator in the kitchen with his</p>	W0112	<p><b>W112-Client Records</b></p> <p>The facility must keep confidential all information contained in the consumers' records, regardless of the form or storage method of records.</p> <p>BCS failed to assure information was kept confidential by posting dietary information with consumers' names observable and identifiable in the Baltimore kitchen area. On August 29<sup>th</sup> 2012, the RMT removed all postings with names and confidential information observed from the kitchen setting and/or placed in cabinet areas where the information is not observable. At the same time, other areas of the home were assessed by the RMT to assure that violation of confidentiality was not occurring elsewhere.</p> <p><b>A) Corrective Action and Follow-up specific to Consumers # 1, 2, 3,4,5,6 &amp; 7 as well as the Baltimore home:</b></p>	10/04/2012			

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	<p>prescribed diet (mechanical soft with extra portions) listed.</p> <p>On 8-28-12 at 5:10 p.m. client #5's first name was observed to be posted on the refrigerator in the kitchen with his prescribed diet (low fat, low cholesterol, no concentrated sweets) listed.</p> <p>On 8-28-12 at 5:10 p.m. client #6's first name was observed to be posted on the refrigerator in the kitchen with his prescribed diet (low fat, low cholesterol, no concentrated sweets) listed.</p> <p>On 8-28-12 at 5:10 p.m. client #7's first name was observed to be posted on the refrigerator in the kitchen with his prescribed diet (mechanical soft) listed.</p> <p>On 8-29-12 at 1:15 p.m. an interview with the Program Manager indicated the names and diets should be kept on the inside door of a cabinet not posted out in the open for everyone to see.</p> <p>9-3-1(a)</p>		<p>1.It is felt that we were lax in assuring the confidentiality of all the consumers living at Baltimore as a result of using convenient reminders of specific dietary orders, in this case posted information on the refrigerator, which violated rights by lack of assuring confidentiality. As noted above, the home was assessed for violations of confidentiality and the posted names and diets were removed from the refrigerator and located in a manner that does not violate confidentiality. No other violations were found at the time of the assessment on August 29<sup>th</sup> 2012. The Management Check Off Sheet will be revised to include checking home for any violations of confidentiality. The Home Observation (HO) format can also be used to document follow-up with assessing the group home for assurance of consumer confidentiality. All RMT members will be trained on the revision to Management Check Off Sheet to assess home for assurance of consumers' confidentiality at scheduled RMT meeting on 9/27/12.</p> <p>2.All Direct Care Staff (DCS) working with the Baltimore guys will be re-trained on consumer rights, especially as it relates to each consumer's rights to confidentiality. Also staff will be reminded that this is the consumers' home &amp;/or work/habilitation area and that we do not do things for convenience,</p>		

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			<p>but rather show respect and support each individuals privacy. DCS training for all staff working with Baltimore guys across all settings will occur by 10/4/12.</p> <p>3.Consumer #1 no longer has his name and special dietary information posted in the kitchen. All his confidential information is being kept private effective 8/29/12.</p> <p>4.Consumer #2 no longer has his name and diet information posted in the kitchen. All his confidential information is being kept private effective 8/29/12.</p> <p>5.Consumer #3 no longer has his name and special dietary information posted in the kitchen. All his confidential information is being kept private effective 8/29/12.</p> <p>6.Consumer #4 no longer has his name and special dietary information posted in the kitchen and all confidential information is being kept private effective 8/29/12.</p> <p>7.Consumer #5 no longer has his name and special dietary information posted in the kitchen is being kept private effective 8/29/12.</p> <p>8.Consumer #6 has his name and special dietary information posted in the kitchen and all confidential information is being kept private effective 8/29/12.</p> <p>9.Consumer #7 no longer has his name and special dietary information posted in the kitchen and all confidential information is</p>		

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			<p>being kept private effective 8/29/12.</p> <p>Person's Responsible: RAT and Baltimore RMT.</p> <p>Target Completion Date: 10/4/12</p> <p><b>B) Corrective Action as it relates to BCS practices agency wide:</b></p> <p>1.All DCS working with group home consumers across all settings will be retrained on respecting consumer rights relating to confidentiality and privacy by 10/4/12.</p> <p>2.All RMT's will receive retraining on monitoring homes to assure consumer confidentiality and respect for privacy; using the revised Management Check Off Sheet related to privacy in the home and alternative locations consumers participate in and utilizing the HO for additional monitoring by management and administration by 9/27/12.</p> <p>3.Supported Living Management Teams (SLMT) will be re-trained on respecting consumer rights to confidentiality and privacy at their next scheduled training meeting on 9/27/12. They will be responsible</p>		

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			<p>for training their staff providing direct care to waiver consumers at their next scheduled "staff" meetings.</p> <p>Person's Responsible: RAT, all RMT's, SLMT's and Day Services Coordinator.</p> <p>Target Completion Date: 10/4/12</p>	

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W0234	<p>483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used.</p> <p>Based on record review and interview the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and #4), to ensure specific methods were designed and implemented in their Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>On 8-29-12 at 9:30 a.m. a record review for client #1 was conducted. The ISP dated 7-28-12 indicated client #1 had objectives to name his medications and their side effects, not pick at nails, participate in activities, prepare his C-pap machine, bring his receipts back after purchases, and drink more water. The review failed to indicate the goals/objectives had any specific methods to assist staff in the implementation of the goals/objectives per the ISP.</p> <p>On 8-29-12 at 8:30 a.m., a record review for client #2 was conducted. The review indicated client #2 had objectives to complete his medication routine, brush his teeth, check his legs for bluish color, exit for evacuation drills, budget his money, and plan and prepare a meal. The</p>	W0234	<p><b>W234-Individual Program Plan</b> Each written training program designed to implement the objectives in the Individual Support Pan (ISP) must specify the methods to be used. BCS was found to be deficient in having Individual Support Plan (ISP) goals &amp; objectives lacking specific, individualized methodology/strategies designating clear step-by-step techniques to be used by staff to achieve the objectives identified through comprehensive functional assessment(s) and targeted by the Individual Support Team (IST) for those needs most likely to impact each individual's ability to function in daily life in a more independent manner. BCS will assure that the ISP goals, objectives and strategies are written in such a manner that they are specific to individual needs identified in each individuals functional assessment, have single measureable outcomes with projected completion dates, with logical steps to effectively meet the objective(s) with clear directions for staff to implement the teaching strategies and directives for when the strategies are to be implemented. We understand that such plans are</p>	10/04/2012			

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	<p>review failed to indicate the goals/objectives had any specific methods to assist staff in the implementation of the goals/objectives per the ISP dated 3-1-12.</p> <p>On 8-29-12 at 10:30 a.m., a record review for client #3 was conducted. The review indicated client #3 had objectives to identify his medications, brush his teeth, temper water (mix water to safe temperature), exit for evacuation drills, complete his exercises, look directly at person when communicating, improve manners, interact with peers, improve communication skills, make a purchase, make his drink correctly, and improve his attention span. The review failed to indicate the goals/objectives had any specific methods to assist staff in the implementation of the goals/objectives per the ISP dated 3-1-12.</p> <p>On 8-29-12 at 11:30 a.m., a record review for client #4 was conducted. The review indicated client #4 had objectives to take his medications, brush his teeth, temper water (mix water to safe temperature), exit for evacuation drills, complete his exercises, improve communication skills, make a purchase, void every 2 hours, and go on community outings. The review failed to indicate the goals/objectives had any specific methods to assist staff in the implementation of the goals/objectives</p>		<p>necessary to ensure that all staff implements the training program/goals in the same way each time allowing for consumers to have consistency in learning skills. Each plan will have a form of data collection that clearly reflects each individual's level of achievement or progress toward meeting the objectives. The plans will be written in a simple, straight forward manner that staff can follow. It is the QMRP's responsibility that the DCS carries out the plans correctly and revise(s) the plans as needed.</p> <p><b>A) Corrective Action and Follow-up specific to consumer #1,2,3 and 4 and Baltimore group home:</b> 1. The Baltimore QMRP will be re-trained on the regulatory components of individualized measureable goals, objectives and strategies, especially focusing on individualized strategies/methodologies no later than 9/24/12. 2. The QMRP will review and assess each of consumers #1, 2, 3 &amp; 4's comprehensive functional assessments and ISP Outcomes toward which their specific ISP will work including desired outcomes, current status, past experience and proposed strategies/activity along with their current formal goals, objectives and strategies to assure appropriateness of current plan(s). This will assure that identified needs and targeted</p>		

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	<p>per the ISP dated 5-1-12.</p> <p>On 8-29-12 at 1:15 p.m. an interview with the Program Manager indicated there were no methodologies written for client #1, #2, #3, or #4's current goals/objectives.</p> <p>9-3-4(a)</p>		<p>outcomes are appropriate and reflect the developmental progression appropriate to each individual. In addition the QMRP, with IST input will review and revise current chosen objectives and strategies to assure that the most direct means for resolving identified needs are written into the plan. All revisions will be completed no later than 10/1/12. 3. The QMRP and/or RM will assure that all DCS working with consumers #1, 2, 3 and 4 across all settings are trained on all revisions to consumers #1, 2, 4 &amp; 4's ISP goals, objectives and strategies prior to the plans being implemented. 4. In upcoming monthly reviews the QMRP will complete the process identified in section A.2 Persons Responsible: QMRP; RM and RAT. Target Completion Date: 10/4/12 <b>B) Corrective Action as it relates to BCS practices agency wide:</b> 1. All RMT members, SLMT members and other agency supervisors will be retrained on all items listed in paragraph #2 of W234 to assure ISP components are being written, developed and implemented as per regulations and best practice. Specific attention will be paid to writing individualized strategies/methodology with clear training techniques for DCS so to assure consistency in implementation. Training will be</p>		

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  09/04/2012
NAME OF PROVIDER OR SUPPLIER  BI-COUNTY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 466 BALTIMORE ST BERNE, IN 46711		
(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	
			completed on 9/27/12. 2. All RMT members will be retrained on the priority of comprehensive assessments being completed and assuring that needs identified are addressed with appropriate plans, goals/objectives, training, etc. and become a part of consumer ISP's. Retraining will also address the importance of individualized methodologies. revisions and additions to plans/programming as identified in a timely manner. This training will also include documentation of revisions, changes in needs &/or priorities and progress through the monthly program reviews. Training will occur on 9/27/12. Person's Responsible: Program Director, RAT and RMT(s) Target Completion Date: 10/4/12		