

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G576	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/16/2014
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NAME OF PROVIDER OR SUPPLIER BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 503 N THIRD ST DECATUR, IN 46733
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W000000	<p>This visit was for the investigation of complaint #IN00148703.</p> <p>COMPLAINT #IN00148703: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W149, W153, W154, W192, W248 and W249.</p> <p>Dates of Survey: May 15 and 16, 2014.</p> <p>Facility number: 001090 Provider number: 15G576 AIM number: 100245540</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/30/14 by Ruth Shackelford, QIDP.</p>	W000000	ThirdStreet Complaint Investigation Plan of Correction SurveyEvent ID OTQP11 May/June2014	
W000149	<p>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 upon record review and interview</p>	W000149	W149-StaffTreatment of Clients	06/15/2014

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>for 1 of 4 sampled clients (client A) the facility neglected to implement policy and procedures to protect client A from choking by failing to prepare his food as prescribed, failed to timely report to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law for 1 of 1 allegation of neglect involving client A and failed to document a thorough investigation into an incident of choking after client A choked on food that was not prepared to his prescribed consistency.</p> <p>Findings include:</p> <p>The facility's reports to the BDDS were reviewed on 5/15/14 at 4:10 PM and included the following:</p> <p>A report dated 4/28/14 and reported 4/30/14 indicated at 5:07 PM, client A "choked on a piece of hotdog while eating supper. He took a normal sized bite, but attempted to swallow without chewing beforehand. He was able to expel the hotdog piece without staff intervention and no other adverse effects occurred. [Client A] does not regularly have incidents of choking. Due to the incident not requiring staff intervention an initial report was not made. However, upon further thought into the matter, this report is being filed at this time to assure</p>		<p>Bi-County Services, Inc. (BCS) must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client(s). In the case of this complaints survey, the policy(s) in place, specifically the Abuse, Neglect, Exploitation and Violation of Individual Rights (A/N) policy, we feel continues to be appropriate, however it was determined that it was not implemented fully at the time of the incident investigated by the surveyor. As a result of the A/N policy not being implemented fully neglect was substantiated in regards to Consumer A choking on food that was not prepared to his prescribed consistency. In the interest of clarifying our intent as it relates to the W149 tag, there will be four separate categories addressed in this citation. These include A) Implementing consumers plans as written, in particular Consumer A's dining plan, B) A/N Policy being implemented consistently, C) BDDS Incident Reporting (IR) policy implementation, assuring timely reporting and D) thorough investigation & documentation into incidents where consumers were at risk/in jeopardy as a result of the A/N policy not being implemented. Creating confusion in this complaint investigation was a lack of continuity in Dining Risk Plans for Consumer A, as 3 similar, yet different plans were at</p>		

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	<p>reporting protocols are followed." The report indicated aspiration tracking and protocol was followed by staff. "[Client A's] Program Manager will add an addition (sic) to his risk plan to state that hotdogs and other food items of similar shape will be cut into bite size pieces prior to ingestion. A swallow study has been scheduled for Friday 5/2/14 as a proactive measure."</p> <p>The Program Director was interviewed on 5/15/14 at 4:15 PM and indicated client A's dining plan had been updated to mechanical soft after his swallow study. She indicated the incident had been reported late as initially the on call staff had thought it was not reportable since staff intervention had not been needed when client A choked on 4/28/14.</p> <p>A Mechanical Soft Diet dated 5/2/14 recommended for client A after his swallow study was reviewed on 5/15/14 at 4:25 PM. The diet indicated ground meat, rice in sauce, cooked/mashed, seedless, skinless fruits, soft, finely chopped, cooked seedless, skinless vegetables, pudding, custards, sherbet, ice cream, cupcakes, soft breads.</p> <p>During observation at the group home, on 5/15/14 from 5:08 PM until 6:09 PM, client B ate his evening meal of tuna</p>		<p>different settings where Consumer A participates in programming, nor was there documentation available to verify that all staff working with Consumer A had been trained on the separate plans (December 2012, April 2013 & May 2014). This lack of continuity of plans without verification of training created a situation where Consumer A was at risk and did indeed have an incident of choking on food that was not prepared to his prescribed consistency. It is the intent of BCS that our A/N policy be implemented at all times to the fullest extent to assure that we have a structure which protects consumers from mistreatment. The health, safety and welfare of each individual is our priority and BCS will make systems changes to organize itself in such a manner as to proactively assure that consumers are free from abuse, neglect, exploitation and violation of individual rights, including the potential for individuals at risk. This includes assurance that Risk Plans (RP) & Consumer Specific Training (CST) are revised as needs arise/are identified in a timely manner, plans are available/provided across all settings to relevant staff, that all staff working with the consumer(s) are trained with a focus on skills & competencies directed toward</p>		

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	<p>macaroni casserole, broccoli, and pineapple.</p> <p>Staff #6 was interviewed on 5/15/14 at 5:10 PM. Staff #6 indicated the clients had eaten earlier that day at 4:30 PM as there were two staff in the home. She indicated client A had eaten the same food earlier.</p> <p>Client A's plan was reviewed on 5/15/14 at 5:28 PM. Client A's 5/18/14 Health Risk Plan indicated a mechanical soft diet. Client A's dining plan dated 12/10/12 indicated "Appropriate, bite sized pieces for [client A] are to be teaspoon sized, measuring 1/4" (inch) -1/2" by 1/4"-1/2."</p> <p>The Program Manager was interviewed on 5/15/14 at 5:30 PM and indicated client A's hot dog had not been prepared to 1/4" by 1/2" bites when he choked on 4/28/14 and the plan dated 12/10/12 should have been implemented.</p> <p>Staff #6 was interviewed on 5/15/14 at 5:40 PM and indicated she had been present on 4/28/14 when client A choked. She indicated client A's hot dog had not been cut up and had been served whole. She indicated client A was on a regular diet and he did not want his food cut up. She stated, "At the time we knew he was</p>		<p>health/safety needs of the individual(s) and that documentation is available indicating training from all settings through Administrative Team monitoring.</p> <p>A) Corrective action and follow-up specific to Consumer A (will be referred to as CA throughout the rest of the POC): The following actions and plans have been developed to assure CA is free from the potential of neglect as it relates to his health care, especially in regard to his dining plan and mechanical soft diet, as well as other identified healthcare area(s). 1. Although CA's dining RP was not revised immediately, the 3rd Street staff was trained on his mechanical soft diet with ground meat with extra sauce diet orders. Day Services (DS) and Alternative Program (AP) were made aware of the diet change & trained on mechanical soft with ground meat with extra sauce diet. 2. 3rd Street Direct Care Staff (DCS) were re-trained on CA's risk for choking with training on his new mechanical soft diet & questions regarding changes at a House Meeting on 5/15/14 & on revised Dining/Dysphagia Plan on 5/22/14 3. The most current dining RP dated 5/8/14 was revised on 6/5/14 to include additional background information (choking incident date, swallow study date & orders, etc.). All staff</p>				

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	<p>having trouble with meat, but we couldn't do anything," and indicated staff (unidentified) had offered to cut his food up, but he declined. When asked if she had been trained on client A's plan dated 12/10/12, she indicated she had not been trained.</p> <p>Client A was interviewed on 5/15/14 at 5:55 PM and indicated his hot dog had not been cut up before he choked and stated, "It was too big."</p> <p>The Program Director was interviewed on 5/16/14 at 4:30 PM and indicated she was unaware the staff had not followed his dining plan and the incident was not investigated.</p> <p>The facility's Abuse and Neglect/Injury and Illness revised 11/13 was reviewed on 5/16/14 at 4:30 PM and indicated "Employees of Bi-County Services have the responsibility to ensure the protection of all consumers. This means that our consumers are free of mistreatment from abuse, neglect, exploitation or a violation of individual rights...NEGLECT is a failure to provide necessary supports needed to avoid physical harm and/or mental suffering." The policy indicated any incidents of abuse, neglect or exploitation would be reported to BDDS and investigated.</p>		<p>working with CA across all settings will have the plan available, be trained on the revised plan & documentation indicating staff training will be completed by 6/15/14. 4. CA's Consumer Specific Training (CST) was reviewed by Program Director (PD) & Administrative Assurance (AAQA) the week of June 1st and revisions made to Diet & Nutrition, as well as Swallowing Concerns sections of his CST. The revisions included documentation of the choking incident, swallow study information & recommendations and change in diet to mechanical soft with ground meat in extra sauces. Staff working with CA across all settings will have the CST available and be trained on the revisions by 6/15/14. 5. Conversations with direct care staff (DCS) working with CA when following-up (F/U) on CA's diet & other complaint survey items, indicated that CA has on occasion refused to follow his diets (both his previous regular diet with bite sized pieces cut to teaspoon measurement & current mechanical soft). It is important that an assessment of frequency and any risks involved with refusal to follow his diet be completed. Effective June 10th – July 31st at least, baseline data will be collected on any refusals to follow his mechanical soft diet, occurrences of throwing away</p>				

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	This federal tag relates to complaint #IN00148703. 9-3-2(a)		meals, as well as any other health&/or safety refusals noted during this baseline data collection period.Data will be collected at 3rd Street for all meals at that location,DS lunch and Alternative Program (AP) lunch. Snacks can be included in thebaseline data as well if indicated. The QIDP and CA's team will review the dataand make decisions as it regards any needs identified that may need to be includedin his annual Behavior Support Plan (BSP) which is due for submission to theHuman Rights Committee (HRC) for review/approval 8/27/14 with implementation startdate of September 1st. 6. Choking triggers such as teary eyes relatedto specific foods eaten is being monitored through data collection at his home asof 6/1/14 and at DS effective June 10th. Any trends or concerns willbe discussed with agency RN's, dietician & Residential Management Team(RMT) for decisions regarding changes needed to the Dining Risk Plan. 7. General Risk Assessment completed 11/2013 wasreviewed by QIDP & PD on the 1st week of June and documentationof current status will be added as part of the 2nd Quarter Review by6/15/14. 8. All staff working with CA across all settingswill be trained on revisions to his Dining RP & CST by 6/15/14. 9. All staff working with CA across all		

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			<p>settings will be trained on the baseline data collection forms & information to be collected by 6/15/14. Corrective Action Plan as it relates to all consumers at 3rd Street: 10. Textured Diet DVD training by Stephanie Gray, RD, is being viewed by all 3rd Street DCS to provide additional re-training on all the special diets prescribed to each of the men living in the group home. 11. On 6/3/14 the AAQA completed a file check on SP's, RP's & CST's for the men living at 3rd Street to assess needs for any updates/revisions to plans to assure that they are current to the identified needs of each consumer. A list of follow-up items needed was provided to the RMT on 6/4/14 with expectations for completion dates regarding plan revisions. 12. A mediation meeting was scheduled upon request to the Administrative Team for May 15th to address communication & team building between the Decatur RMT & the Medical Department. This group continues to meet in order to address the health & safety concerns of the consumers living in the Decatur group homes & better assist DCS with implementing physician, other health care professionals orders as well as agency RN's & Medical Caseworker (including On-Call) directives in a timely manner & with a supportive team approach.</p>		

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			<p>Mediation/Communication team meetings were held on 5/19/14, 6/2/14 & 6/9/14. Twice monthly meetings will continue indefinitely. This is an important component for continuity of care for the residents in Decatur. 13. All staff working with the consumers living at the 3rd Street group home will be trained on any revisions to RP's as a result of identifying plans requiring revisions to make them current to consumer need(s)/orders.</p> <p>Corrective Action Plan as it relates to BCS practices agency wide: Due to our commitment to assuring that all systems changes as they relate to this POC and the importance and priority of implementing these changes the following will occur:</p> <p>14. All Residential and Supported Living (SL) Management Team members, Medical Department and supervisory staff will be re-trained by the Administrative Team on:</p> <p>a) implementing plans as written, including but not limited to RP, CST, Protocols, BSP's, treatments, goals/objectives/strategies, etc.;</p> <p>b) plans are current & address identified needs;</p> <p>c) are revised as needed &/or new plan(s) added;</p> <p>d) new plans &/or revisions are completed in a timely manner;</p> <p>e) MUST be available across all settings;</p> <p>f) assuring that all staff working with consumers across all settings are thoroughly trained in a timely manner and</p> <p>g)</p>		

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			<p>signaturesheets are available to verify that all staff working with the consumer havebeen trained. Management teamtraining was completed on 6/10/14 & any team members unavailable at thattime will be trained by 6/15/14 or as soon as they are available by anadministrative team member. 15. Additional training with management team includedthe priority of Prevention & the importance of having current plans forconsumers with identified needs as the primary way to prevent health/safetyrisks for each consumer. 16. All management team members will assure thattheir staff are all trained on the importance of implementing plans as writtenin order to prevent &/or decrease the opportunity for consumers health& safety risks. All staff working with group home residents will be trainedby 6/15/14. All SL staff will be trained at their next scheduled staffmeetings. Person'sResponsible: PD, Residential Administrator (RA), AAQA, and RMT's. Target Completion Date (TCD): 6/15/14</p> <p>B) CorrectiveAction and follow-up specific to the failure to implement BCS policy on Abuse and Neglect/Injury and Illness: Itis the opinion of the BCS administration that our current A/N policy, which wasused by the surveyor during complaint survey process, meets</p>	

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			<p>the intent of theregulations. It was determined that the weak area is a lack of implementationof the policy to the fullest extent at all times. In this particular caseneglect was evidenced by a dining plan not being current nor verification oftraining of all staff working with CA across all settings, that the chokingincident was not investigated as per policy and that it was not reported perBDDS Incident Reporting policy in a timely manner. The corrective action willbe directed toward management & supervisory staff being retrained andfocused on implementing the policy at all times as written so as to assure thatthe agency priority is that all consumers MUST be protected from abuse,neglect, exploitation and violation of their individual rights is forefront inall BCS employees day to day work activities. Correctiveaction as it relates to agency A/N policy implementation consistently:</p> <ol style="list-style-type: none"> 1. All DCS working with residential consumersacross all settings will be re-trained on the A/N policy with special focus on mistreatment,violation of individual rights and neglect. Specific examples of each of the 3items listed will be provided during training. Training will be provided byRMT's &/or Administrative Team by 6/15/14. 2. All management team members (residential& SL), Medical Department, DS 		

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			<p>Supervisor will be re-trained on a) that the A/N policy MUST be implemented consistently; b) consumers MUST be free from mistreatment; c) review of neglect components including failure to provide necessary supports needed to avoid (prevent) physical &/or emotional harm with examples of med errors, choking, falls with injury and RP's not being appropriate to current needs and d) agency A/N policy expectations in accordance with BDDS IR policy and regulations specific to reporting, responding, investigating and correcting as priorities. Management, medical & supervisory staff will be trained by Administrative Team by 6/15/14. 3. The Administrative Team will continue to review and monitor Injury/Illness (I/I) Reports, IR's, On-Call notes, etc. to evaluate and identify any direction needed by management teams whenever necessary to implement components of the A/N policy that may have been overlooked, thus providing oversight in assurance of policy implementation. Person's Responsible: PD, RA, AAQA, Administrator, and RMT's. TCD 6/15/14</p> <p>C) Corrective Action and Follow-up specific to BDDS IR policy implementation: BCS failed to follow the BDDS IR policy for the choking incident involving CA within 24 hours of the incident. In addition, although the</p>		

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			<p>management team spoke with staff following the choking incident there was no actual "investigation" of the incident or documentation indicating that the management team had followed up on the event. 1. The agency will incorporate a system change where an administrative team member will be available for review of any I/I's, behavior tally sheets or other documents that might indicate a need for incident reporting to ensure the health, safety & well-being of our consumers. This will include scanning of any documents with potential risks for any individual, as well as being available by telephone or text over weekends or holidays for DCS &/or On-Call employees (RMT's, SL On-Call and Medical). The administrative team will rotate this task on a weekly basis to provide direction and guidance as needed in a timely manner. 2. DCS, RMT's and Medical Department will be trained on the administrative support system for IR questions & guidance by 6/15/14. 3. Management teams will also be trained on the agency policy & other oversight expectations for providers regarding incidents/events/situations with potential for risk to consumers to: a) Respond b) Report in a timely manner c) Investigate d) Correct 4. All other training needs identified previously in this</p>	

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			<p>corrective action tie into this component as well & assuch these are included as part of our corrective action response & will becompleted by 6/15/14. Person'sResponsible: PD, RA, AAQA & RMT's. TCD: 6/15/14</p> <p>D) CorrectiveAction and follow-up specific to failure to investigate and document incidentswhere consumers are at risk/in jeopardy as a result of the agency A/N policynot being implemented. As a result of the failure toinvestigate thoroughly following CA's choking incident, it was not discoveredin a timely manner that his dining RP was not current across all settings orthat verification of all staff working with CA across all settings had beentrained on plan(s). Although there was no actual "investigation" completed ordocumented at the time of CA's choking incident, the management team did speakwith staff involved in the incident and indicated that no physicalinterventions were required at the time of the incident and that CA suffered noadverse effects. 7 day Aspiration Protocol was implemented immediatelyfollowing the choking incident. Corrective action specific to investigationsincludes:</p> <p>1. A Health and Safety Risk Investigation formhas been developed as a tool for immediate use when an incident occurs</p>		

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			<p>where a consumer's health &/or safety are at risk or there is a potential for risk. These will be completed by the QIDP, Manager or if neither is available an administrative team member. The investigation report will need to be completed and submitted to the administrative team within 48 hours of the incident identified for investigation. Residential & SL management teams, medical department & designated supervisory staff will be trained on the investigation form & process by 6/15/14. 2. Although a formal "investigation" was not completed, the RMT will submit notes from their conversations and F/U with staff & recommendations made following the choking incident to indicate that there was actual follow through by the RMT. These notes will be submitted and reviewed no later than 6/15/14. 3. As indicated previously in section C of the W149 POC, expectations as per the agency A/N policy and outside oversight groups related to Respond, Report, Investigate and Correct training will be provided to all management teams, designated supervisory staff & medical department by 6/15/14. 4. All other identified training previously noted in the POC which ties in with implementing the agency A/N policy will be completed by 6/15/14. Persons Responsible: PD, RA, AAQA & RMT's TCD: 6/15/14</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 upon record review and interview for 1 of 4 sampled clients (client A) the facility failed to timely report to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law for 1 of 1 allegation of neglect involving client A.</p> <p>Findings include:</p> <p>The facility's reports to the BDDS were reviewed on 5/15/14 at 4:10 PM and included the following:</p> <p>A report dated 4/28/14 and reported 4/30/14 indicated at 5:07 PM, client A "choked on a piece of hotdog while eating supper. He took a normal sized bite, but attempted to swallow without chewing beforehand. He was able to expel the hotdog piece without staff intervention and no other adverse effects occurred. [Client A] does not regularly have incidents of choking. Due to the incident not requiring staff intervention an initial report was not made. However,</p>	W000153	<p>W153-Staff Treatment of Clients This standard for Staff Treatment of Clients, specifically ensuring that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown origin are reported immediately in accordance with State law through established procedures (BCS A/N policy) is interrelated with the W149 standard addressed previously in the POC. Reference to the W149 tag will be inclusive for the corrective action for this W153 tag. CA's choking incident was not reported in a timely manner to BDDS in accordance with state and federal law. In order to ensure that the agency A/N policy which requires all allegations of incidents of abuse, neglect, exploitation and violation of individual rights &/or investigation into potential risks related to consumers health, safety & well-being are reported in a timely manner for the protection of all BCS consumers re-training of management team to implement the A/N policy as well as the BDDS IR policy will be completed with specific areas identified for emphasis, for example neglect as it relates to</p>	06/15/2014			

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W000154	<p>upon further thought into the matter, this report is being filed at this time to assure reporting protocols are followed." The report indicated aspiration tracking and protocol was followed by staff. "[Client A's] Program Manager will add an addition (sic) to his risk plan to state that hotdogs and other food items of similar shape will be cut into bite size pieces prior to ingestion."</p> <p>The Program Director was interviewed on 5/15/14 at 4:15 PM and indicated client A's dining plan had been updated to mechanical soft after his swallow study. She indicated the incident had been reported late as initially the on call staff had thought it was not reportable since staff intervention had not been needed when client A choked on 4/28/14.</p> <p>This federal tag relates to complaint #IN00148703.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p>		<p>failure to provide necessary supports needed to PREVENT physical harm. In addition the Administrative Team will provide supports and availability for review of I/I's, Behavior Tally Sheets (BTS) or other documentation that might indicate a need for IR &/or investigation & to provide direction/guidance and support for DCS, management teams and On-Call staff for decisions related to questions &/or concerns. Reference W149, Section A 14-16, B 1-3, C 1-4 & D1-4 for specific corrective action & target completion dates for information related to IR in a timely manner.</p>		

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	<p>Based upon record review and interview for 1 of 4 sampled clients (client A) the facility failed to document a thorough investigation into 1 of 1 incident of choking after client A choked on food that was not prepared to his prescribed consistency.</p> <p>Findings include:</p> <p>The facility's reports to the BDDS (Bureau of Developmental Disabilities Services) were reviewed on 5/15/14 at 4:10 PM and included the following:</p> <p>A report dated 4/28/14 and reported 4/30/14 indicated at 5:07 PM, client A "choked on a piece of hotdog while eating supper. He took a normal sized bite, but attempted to swallow without chewing beforehand. He was able to expel the hotdog piece without staff intervention and no other adverse effects occurred. [Client A] does not regularly have incidents of choking. Due to the incident not requiring staff intervention an initial report was not made. However, upon further thought into the matter, this report is being filed at this time to assure reporting protocols are followed." The report indicated aspiration tracking and protocol was followed by staff. "[Client A's] Program Manager will add an</p>	W000154	<p>W154-Staff Treatment of Clients Thefacility must have evidence that all alleged violations are thoroughlyinvestigated. Again,as noted throughout this POC, we understand the importance of implementingconsumer protection(s) from abuse, neglect, exploitation and violation ofindividual rights and the importance of a thorough investigation into incidentsas a priority in prevention. We have developed an investigation format formanagement teams to investigate alleged violations. Our corrective action as itrelates to this citation is interrelated to the W149 tag and is addressed withcorrective actions identified through that citation. ReferenceW149, Section A 14-16, B 1-3, C 1-4 and D 1-4 for specific corrective actions& target completion dates related to investigations into allegedviolations.</p>	06/15/2014			

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	<p>addition (sic) to his risk plan to state that hotdogs and other food items of similar shape will be cut into bite size pieces prior to ingestion. A swallow study has been scheduled for Friday 5/2/14 as a proactive measure."</p> <p>The Program Director was interviewed on 5/15/14 at 4:15 PM and indicated client A's dining plan had been updated after his swallow study.</p> <p>Client A's plan was reviewed on 5/15/14 at 5:28 PM. Client A's 5/18/14 Health Risk Plan indicated the client was on a mechanical soft diet. Client A's dining plan dated 12/10/12 indicated "Appropriate, bite sized pieces for [client A] are to be teaspoon sized, measuring 1/4" (inch)-1/2" by 1/4"-1/2."</p> <p>The Program Manager was interviewed on 5/15/14 at 5:30 PM and indicated client A's hot dog had not been prepared to 1/4" by 1/2" bites when he choked on 4/28/14 and the plan dated 12/10/12 should have been implemented.</p> <p>Staff #6 was interviewed on 5/15/14 at 5:40 PM and indicated she had been present on 4/28/14 when client A choked. She indicated client A's hot dog had not been cut up and had been served whole. She indicated client A was on a regular</p>						

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W000192	<p>diet and he did not want his food cut up. She stated, "At the time we knew he was having trouble with meat, but we couldn't do anything," and indicated staff (unidentified) had offered to cut his food up, but he declined.</p> <p>Client A was interviewed on 5/15/14 at 5:55 PM and indicated his hot dog had not been cut up before he choked and stated, "It was too big."</p> <p>The Program Director was interviewed on 5/16/14 at 4:30 PM and indicated she was unaware the staff had not followed his dining plan and the incident was not investigated.</p> <p>This federal tag relates to complaint #IN00148703.</p> <p>9-3-2(a)</p> <p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based upon record review and interview</p>	W000192	<p>W192-Staff Training Program It is the intent of BCS to meet the regulation of staff displaying the</p>	06/15/2014

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	<p>for 1 of 4 sampled clients (client A), the facility failed to ensure staff were adequately trained to implement dining plans.</p> <p>Findings include:</p> <p>The facility's reports to the BDDS (Bureau of Developmental Disabilities Services) were reviewed on 5/15/14 at 4:10 PM and included the following:</p> <p>A report dated 4/28/14 and reported 4/30/14 indicated at 5:07 PM, client A "choked on a piece of hotdog while eating supper. He took a normal sized bite, but attempted to swallow without chewing beforehand. He was able to expel the hotdog piece without staff intervention and no other adverse effects occurred. [Client A] does not regularly have incidents of choking. Due to the incident not requiring staff intervention an initial report was not made. However, upon further thought into the matter, this report is being filed at this time to assure reporting protocols are followed." The report indicated aspiration tracking and protocol was followed by staff. "[Client A's] Program Manager will add an addition (sic) to his risk plan to state that hotdogs and other food items of similar shape will be cut into bite size pieces prior to ingestion. A swallow study has</p>		<p>knowledgeand competence to address the health and emergency medical needs of theconsumers residing in our group homes. Althoughthe W192 tag is directed primarily toward staff training as it relates tohealth needs, BCS is determined to assure that employees are provided withcontinued training that enables them to perform their duties effectively, efficientlyand competently in all areas of health, safety and well being. This includesdevelopmental and behavioral as well as health needs. In addition, BCS iscommitted to assuring this training occurs in a wide spread application of eachconsumer's life, including but not limited to Day Services, employment, community integration and homelife. It will be consumer driven and specific to individual needs. In servicetraining records will confirm training activities across all settings for eachconsumer's life, enabling each individual to benefit from the consistent, widespread application of the interventions and supports required by each personsneeds. This will assist in assuring the information is shared and communicatedto all employees working with each consumer, not departmentally. Forthis POC we could not verify that all staff working with CA across all settingshad a current</p>				

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	<p>been scheduled for Friday 5/2/14 as a proactive measure."</p> <p>The Program Director was interviewed on 5/15/14 at 4:15 PM and indicated client A's dining plan had been updated to mechanical soft after his swallow study. She indicated the incident had been reported late as initially the on call staff had thought it was not reportable since staff intervention had not been needed when client A choked on 4/28/14.</p> <p>Client A's plan was reviewed on 5/15/14 at 5:28 PM. Client A's 5/18/14 Health Risk Plan indicated he was on a mechanical soft diet. Client A's dining plan dated 12/10/12 indicated "Appropriate, bite sized pieces for [client A] are to be teaspoon sized, measuring 1/4" (inch)-1/2" by 1/4"-1/2."</p> <p>The Program Manager was interviewed on 5/15/14 at 5:30 PM and indicated client A's hot dog had not been prepared to 1/4" by 1/2" bites when he choked on 4/28/14 and the plan dated 12/10/12 should have been implemented.</p> <p>Staff #6 was interviewed on 5/15/14 at 5:40 PM and indicated she had been present on 4/28/14 when client A choked. She indicated client A's hot dog had not been cut up and had been served whole.</p>		<p>Dining Risk Plan available and all staff was trained on the plan(s) to assure that he was free from potential of risk related to his health, safety & well-being, in this case that his diet was being followed & prepared as per his prescribed consistency. Refer to the W149 tag, Section A 1-16, B 1-3, C 1-4 & D 1-4 for corrective actions & target completion dates for specific health related staff training components.</p>				

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W000248	<p>She indicated client A was on a regular diet and he did not want his food cut up. She stated, "At the time we knew he was having trouble with meat, but we couldn't do anything," and indicated staff (unidentified) had offered to cut his food up, but he declined. When asked if she had been trained on client A's plan dated 12/10/12, she indicated she had not been trained.</p> <p>Client A was interviewed on 5/15/14 at 5:55 PM and indicated his hot dog had not been cut up before he choked and stated, "It was too big."</p> <p>The Program Director was interviewed on 5/16/14 at 4:30 PM and indicated she was unaware the staff had not followed his dining plan and the incident was not investigated. She indicated there was no evidence of training for staff #6 on client A's dining plan.</p> <p>This federal tag relates to complaint #IN00148703.</p> <p>9-3-3(a)</p> <p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must</p>						

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	<p>be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 3 sampled clients (client B) by not ensuring his current dining plan was available at the group home.</p> <p>Findings include:</p> <p>During observation at the group home, on 5/15/14 from 5:08 PM until 6:09 PM, client B ate his evening meal of a full plate of tuna macaroni casserole, broccoli, and pineapple.</p> <p>Staff #6 was interviewed on 5/15/14 at 5:10 PM. Staff #6 indicated the clients had eaten earlier that day at 4:30 PM as there were two staff in the home. She indicated client A had eaten the same food earlier.</p> <p>Client B's record at the group home was reviewed on 5/15/14 at 5:25 PM. A Health Risk Plan dated 9/21/12 for Dining and Dysphagia indicated client B was to receive a mechanical soft, high protein, low carbohydrate diet as directed by his physician. The plan indicated client B was to eat six small meals with interspersed snack times.</p>	W000248	<p>W248-Individual Program Plan</p> <p>Acopy of each consumer's individual plan(s) must be available to all relevantstaff, the consumer and in CA's case his Health Care Representative (HCR). BCSfailed to ensure that CA's current dining plan was available at the group home,at DS or his Alternative Day Program. Again, this failure in having planscurrent and available for CA across all settings and to pertinent individualsinvolved in his life, such as HCR has been addressed in the W149 tag withcorrective action identified. Weunderstand the importance of having a consistent approach to implementing plansin all environments not only for an individual's health, safety and well-being,but also to allow for individual growth, development & independence. ReferenceW149 tag, Section A 1-16, B 1-3, C 1-4 & D 1-4 for specific correctiveaction & target completion dates for information related to assuring thatplans are available to all relevant staff, consumers and legal representatives.</p>	06/15/2014			

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W000249	<p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 5/15/14 at 5:35 PM. He indicated the plan in the records for client B was outdated and he no longer was required to eat six small meals per day.</p> <p>A revised Dining and Dysphagia Plan dated 2/2/14 was reviewed on 5/16/14 at 12:00 PM and indicated client B was to follow his prescribed mechanical soft diet.</p> <p>The QIDP was interviewed again on 5/15/14 at 6:00 PM and indicated updated client records should be available to staff in the group home.</p> <p>This federal tag relates to complaint #IN00148703.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed</p>			

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	<p>interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon record review and interview for 1 of 4 sampled clients (client A), the facility failed to implement his dining plan to ensure his food was prepared as prescribed.</p> <p>Findings include:</p> <p>The facility's reports to the BDDS (Bureau of Developmental Disabilities Services) were reviewed on 5/15/14 at 4:10 PM and included the following:</p> <p>A report dated 4/28/14 and reported 4/30/14 indicated at 5:07 PM, client A "choked on a piece of hotdog while eating supper. He took a normal sized bite, but attempted to swallow without chewing beforehand. He was able to expel the hotdog piece without staff intervention and no other adverse effects occurred. [Client A] does not regularly have incidents of choking. Due to the incident not requiring staff intervention an initial report was not made. However, upon further thought into the matter, this report is being filed at this time to assure reporting protocols are followed." The report indicated aspiration tracking and protocol was followed by staff. "[Client</p>	W000249	<p>W249-Program Implementation</p> <p>As soon as the IST has formulated a consumer's individual support plan (ISP), each consumer must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the ISP. In this case CA's most current Dining Risk Plan was not updated and made available to staff working with him across all settings or verification of staff working with him being trained on plans to protect him from the potential risk of choking on food not prepared per prescribed consistency. The W149 tag addresses this concern of assuring that plans are revised as needs are identified and that plans are available to all relevant staff in order to implement his plan & assuring his health, safety and well-being. Reference W149, Section A 1-16, B 1-3, C 1-4 & D 1-4 for specific corrective action & target completion dates for components of program implementation.</p>	06/15/2014			

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	<p>A's] Program Manager will add an addition (sic) to his risk plan to state that hotdogs and other food items of similar shape will be cut into bite size pieces prior to ingestion. A swallow study has been scheduled for Friday 5/2/14 as a proactive measure."</p> <p>The Program Director was interviewed on 5/15/14 at 4:15 PM and indicated client A's dining plan had been updated to mechanical soft after his swallow study.</p> <p>A Mechanical Soft Diet dated 5/2/14 recommended after the swallow study for client A was reviewed on 5/15/14 at 4:25 PM. The diet indicated ground meat, rice in sauce, cooked/mashed, seedless, skinless fruits, soft, finely chopped, cooked seedless, skinless vegetables, pudding, custards, sherbet, ice cream, cupcakes, soft breads.</p> <p>Client A's plan was reviewed on 5/15/14 at 5:28 PM. Client A's 5/8/14 Health Risk Plan indicated a mechanical soft diet. Client A's dining plan dated 12/10/12 indicated "Appropriate, bite sized pieces for [client A] are to be teaspoon sized, measuring 1/4" (inch)-1/2" by 1/4"-1/2."</p> <p>The Program Manager was interviewed on 5/15/14 at 5:30 PM and indicated</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G576	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/16/2014
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NAME OF PROVIDER OR SUPPLIER BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 503 N THIRD ST DECATUR, IN 46733
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	<p>client A's hot dog had not been prepared to 1/4" by 1/2" bites when he choked on 4/28/14 and the plan dated 12/10/12 should have been implemented.</p> <p>Staff #6 was interviewed on 5/15/14 at 5:40 PM and indicated she had been present on 4/28/14 when client A choked. She indicated client A's hot dog had not been cut up and had been served whole. She indicated client A was on a regular diet and he did not want his food cut up. She stated, "At the time we knew he was having trouble with meat, but we couldn't do anything," and indicated staff (unidentified) had offered to cut his food up, but he declined.</p> <p>Client A was interviewed on 5/15/14 at 5:55 PM and indicated his hot dog had not been cut up before he choked and stated, "It was too big."</p> <p>This federal tag relates to complaint #IN00148703.</p> <p>9-3-4(a)</p>			