

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G274	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/10/2012
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NAME OF PROVIDER OR SUPPLIER PUTNAM COUNTY COMPREHENSIVE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1222 BLOOMINGTON GREENCASTLE, IN 46135
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: October 1, 3, 4, 9, 10, 2012</p> <p>Provider Number: #15G274 Aims Number: #100234880 Facility Number: #000794</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 10/15/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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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W0149	<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 on interview and record review, for 1 of 1 injury of an unknown origin (client #2) reviewed, the facility failed to implement policy and procedures to complete a thorough investigation.</p> <p>Findings include:</p> <p>Record review of the facility incident reports was done on 10/3/12 at 1:44p.m. The incident report review indicated the following: The reportable incident report dated 8/22/12 indicated client #2 had been physically restrained and escorted by staff during a behavior (client #2). The incident report indicated after the restraint, client #2 was found to have a 2 inch scratch on the left side of her face. The incident report indicated the injury was of unknown origin. The incident report indicated the injury of unknown origin could have been from the staff restraint or client #2's self injurious behavior (SIB). There was no documentation of a thorough investigation including client and staff interviews to determine the possible cause of the injury (restraint or SIB).</p> <p>The facility's policy and procedures were</p>	W0149	<p>The reason that we failed to implement the policy to do a thorough investigation is that Client #2's scratch on the left side of her face did not meet the criteria in the Incident Reporting/Adminstrative On-Call Policy. The policy that was in effect at that time only required investigation of injuries of unknown origin to be investigated if it required medical evaluation or treatment. In this incident dated August 22, 2012 no medical treatment or evaluation was needed, nor was any minor first aid required.</p> <p>Due to an oversight at the time the agency's Incident Reporting/Administrative On-Call Policy (see Attachment 1) was being revised the section regarding injuries of unknown origin for individuals residing in a Supervised Group Living Home was inadvertently omitted. As a result of this survey the Incident Reporting/Administrative On-Call Policy has been revised (see Attachment 2) to include the provision for immediate investigation of all injuries of unknown origin involving Supervised Group Living Home Clients regardless of whether or not the</p>	11/01/2012	

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	<p>reviewed on 10/9/12 at 11:08a.m. The facility policy "Investigation Protocol Policy" (undated), indicated: "Incidents requiring investigation will follow the outline defined by State protocol. Investigators will review information available, allegations etc., and compile a questions list, schedule interviews with witnesses and accused, and gather all documentary evidence. Interviews are to be concluded in a timely manner and should not exceed (3) days. Interview questions and witness statements are to be type written for neatness and clarity. Program Director shall oversee and assist during investigations to ensure accuracy and thoroughness."</p> <p>Professional staff #1 was interviewed on 10/9/12 at 1:02p.m. Staff #1 indicated the above identified incident of injury of an unknown origin had not been thoroughly investigated. Staff #1 indicated they did not follow investigation policy to have documented interviews of clients and staff to determine the cause of client #2's 8/22/12 identified injury of unknown origin. 9-3-2(a)</p>		<p>injury required medical evaluation or treatment.</p> <p>The incident report dated August 22, 2012 occurred in a newly developed program area and staff were unaware of the different regulation for Supervised Group Living Home clients.</p> <p>All agency staff working with group home clients will be trained on Thursday, November 1, 2012. The Residential Director met with ASC and QA Director on October 10, 2012 to ensure they were aware that all injuries of unknown origin involving group home clients required immediate investigation.</p>		

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed for 1 of 1 incident of injury (client #2) of an unknown origin reviewed to ensure all injuries of an unknown origin are thoroughly investigated.</p> <p>Findings include:</p> <p>Record review of the facility incident reports was done on 10/3/12 at 1:44p.m. The incident report review indicated the following: The reportable incident report dated 8/22/12 indicated client #2 had been physically restrained and escorted by staff during a behavior (client #2). The incident report indicated after the restraint client #2 was found to have a 2 inch scratch on left side of her face. The incident report indicated the injury was of unknown origin. The incident report indicated the injury of unknown origin could have been from the restraint or client #2's self injurious behavior (SIB). There was no documentation of a thorough investigation including client and staff interviews to determine the possible cause of the injury (restraint or SIB).</p> <p>Professional staff #1 was interviewed on 10/9/12 at 1:02p.m. Staff #1 indicated the</p>	W0154	<p>Effective immediately, all injuries of unknown origin involving group home clients regardless of service location will be thoroughly investigated.</p> <p>Due to an oversight at the time the agency's Incident Reporting/Administrative On-Call Policy (see Attachment 1) was being revised the section regarding injuries of unknown origin for individuals residing in a Supervised Group Living Home was inadvertently omitted. As a result of this survey the Incident Reporting/Administrative On-Call Policy has been revised (see Attachment 2) to include the provision for immediate investigation of all injuries of unknown origin involving Supervised Group Living Home Clients regardless of whether or not the injury required medical evaluation or treatment.</p> <p>The incident report dated August 22, 2012 occurred in a newly developed program area and staff were unaware of the different regulation for Supervised Group Living Home clients.</p> <p>All agency staff working with group</p>	11/01/2012	

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	above identified incident of injury of an unknown origin had not been thoroughly investigated. Staff #1 indicated they did not have documented interviews of clients and staff to determine the cause of client #2's 8/22/12 identified injury of unknown origin. 9-3-2(a)		home clients will be trained on Thursday, November 1, 2012 to discuss the revision made to the agency's Incident Reporting/Administrative On-Call Policy (see Attachment 3 for Staff Development Form and topic). The Residential Director met with ASC and QA Director on October 10, 2012 to ensure they were aware that all injuries of unknown origin involving group home clients required immediate investigation. In the future, anytime the agency revises policies that impact group home clients, either the Residential Director or the group home QMRP will be involved in the revision process so as to ensure compliance with the ICF/MR regulations.		