

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G141	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/18/2013
NAME OF PROVIDER OR SUPPLIER PUTNAM COUNTY COMPREHENSIVE SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 914 TENNESSEE ST GREENCASTLE, IN 46135		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: November 7, 12, 15 and 18, 2013.</p> <p>Provider Number: 15G141 Aims Number: 100234430 Facility Number: 000678</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed November 25, 2013 by Dotty Walton, QIDP.</p>	W000000			

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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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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 interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed, for 1 non-sampled client (#4), to ensure client #4's wiping his mouth and running (ambulating quickly) training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation at the facility owned day service was done on 11/15/13 from 1:04p.m. to 1:44p.m. During the observation, the facility was getting work materials to the clients in workshop. Client #4 was walking quickly around the work area with an unsteady gait without verbal prompts to slow down. At 1:23p.m. client #4 had some cardboard boxes to work on. Client #4 had saliva hanging from his chin down to the boxes he was working on. Staff, who were working in his area, did not prompt client #4 to wipe his mouth.</p> <p>The record of client #4 was reviewed on</p>	W000249	<p>The facility has taken steps to correct the citation by retraining staff on client #4's Behavior Support Plan, which addresses drooling within the "General Strategies" of his Behavior Support Plan and also provides reactive measures to Elopement, which is a targeted behavior. The retraining was completed with November 25, 2013 and conducted by client #4's behaviorist. Those in attendance were the Workshop staff, HAB staff, Adult Educator, HAB Coordinator, Workshop Supervisor, and Day Services Coordinator. Another retraining was completed on November 26, 2013 at the Workshop and the trainer was the Day Services Coordinator; this retraining was completed because 2 staff members were unable to attend the first training. Please see the documents entitled "Workshop Staff Development Form Pg. 1" and "Workshop Staff Development Form Pg. 2" respectively for a list of those staff attending. Also, two new goals specific to the workshop setting</p>	12/05/2013

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	<p>11/18/13 at 9:48a.m. Client #4's 3/12/13 individual support plan (ISP) indicated client #4 had training programs for personal hygiene (use handkerchief to wipe saliva) and running (ambulating too quickly). The personal hygiene program indicated client #4 was to be reminded to swallow and to use a handkerchief to wipe his mouth. The running program indicated client #4 was to be prompted to slow down and to provide the reasons not to run.</p> <p>Interview of staff #3 on 11/15/13 at 1:28p.m., indicated client #4 needed verbal prompts to wipe saliva from his mouth. Staff #3 indicated client #4 was supposed to carry a tissue or handkerchief with him. Staff #3 indicated client #4 had an unsteady gait and needed verbal prompts to slow down and walk correctly. Staff #3 indicated client #4 had fallen in the past at the workshop.</p> <p>Staff #1 was interviewed on 11/18/13 at 10:04a.m. Staff #1 indicated client #4's personal hygiene and running programs should be implemented at all opportunities.</p> <p>9-3-4(a)</p>		<p>have been created for drooling and running within the workshop please see "Client #4 Drooling Goal" & "Client #4 Running Goal"; workshop staff members were trained on the two new goals on Wednesday, December 04, 2013. Please see "Workshop Staff Development Form #2 Pg. 1" for the list of those attending the training. Also at the time that the retraining for client #4's Behavior Support Plan took place, Workshop staff, HAB staff, Adult Educator, HAB Coordinator, Workshop Supervisor, and Day Services Coordinator also retrained on all other Supervised Group Living clients' Behavior Support Plan. There will continue to be a tracking form for all behavioral categories that will be tracked by workshop staff members as well as two formal goals to be tracked on a daily basis by workshop staff members with regards to client #4's running and drooling goals. Monitoring of the behavioral tracking will be conducted by the QIDP and client #4's behaviorist at least monthly. Both the QIDP and the Day Services Coordinator will monitor the two new goals on at least a monthly basis. Weekly observations by QIDP, House Manager or designee will be conducted on a rotating basis across all shifts and service areas, ie group home, workshop and day hab site. Documentation will be</p>				

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			maintained by QIDP and Residential Director. Stafftraining will be provided as needed during the observation. As staffdemonstrates the ability to implement continuous active treatment across allsettings the observations will decrease in frequency to no less than once perquarter.	