

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  11/18/2013	
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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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: November 7, 13, 15 and 18, 2013</p> <p>Provider Number: 15G274 Aims Number: 100234880 Facility Number: 000794</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect 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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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the facility failed for 1 of 3 sampled clients (#1), to ensure client #1's active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP) to ensure identified program changes were implemented .</p> <p>Findings include:</p> <p>Record review for client #1 was done on 11/15/13 at 9:37a.m. Client #1's 9/12/13 individual support plan (ISP) indicated client #1 had a medication training program to identify the medication Detrol (urinary incontinence). The training program had been signed off as completed daily for 10/1/13 through 11/15/13 by the facility staff. A 10/31/13 nursing quarterly review indicated Detrol had been discontinued. The 11/13 medication administration record (MAR) was reviewed on 11/15/13 at 12:12p.m. The MAR did not list Detrol as a current medication for client #1.</p> <p>Staff #1 (QIDP) was interviewed on 11/15/13 at 12:02p.m. Staff #1 indicated</p>	W000159	<p>A revision to the policy "Updating the Medication Administration Record" requiring the House Manager or designee to e-mail the QIDP with the medication that has been added to the Medication Administration Record, and if the medication being added is the current medication being used for a medication goal, the QIDP has created a new goal and trained staff members on the change that has been made. The new medication goal is entitled "Client #1 Self-Medication 11-18-13." All Supervised Group Living home clients' medication goals have been reviewed and all medications that are being used for medication goals are currently prescribed by their respective physicians. As described previously, the policy revision to "Updating the Medication Administration Record" requiring the House Manager or designee to e-mail the QIDP with the medication that has been added to the Medication Administration Record will prevent any further incidents of a client continuing to learn a medication after it has been discontinued. QIDP will continue to monitor the medication goal at</p>	12/05/2013	

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	<p>client #1's current medication goal was to identify Detrol. Staff #1 reviewed the current program data sheet and indicated staff had been signing as completing this medication goal for 10/1/13 through 11/15/13. Staff #1 indicated the medication (Detrol) had been discontinued on 10/22/13 and the medication was no longer in her current medication box. Staff #1 indicated the medication training goal to identify Detrol should have been discontinued and client #1's medication goal revised.</p> <p>9-3-3(a)</p>		<p>leastmonthly, and will make any changes to medication goals when notified of a medicationchange that is currently being used as a goal. The new policy revision willoffset any incidents of a client continuing to learn a medication that has beendiscontinued. QIDP will review medications and the medication goal oncee-mailed by the House Manager or designee to ensure that the medication changeor discontinuation does not coincide with a medication being used as a goal.Both the QIDP and House Manager are responsible for ensuring the propermedication is listed in both the goal and MAR.A staff meeting was held on December 5, 2013, all staff wereadvised that they share in the responsibility for reporting any oversights orerrors in consumers goals. Those staff that continued to track on thediscontinued medication did receive an employee warning. Any questions orconcerns should be reported to the House Manager and QIDP immediately.</p>				

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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (#1), to ensure facility staff had been retrained on client #1's active treatment program implementation (medication objective) and on the accuracy of recorded program data.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 11/15/13 at 9:37a.m. Client #1's 9/12/13 individual support plan (ISP) indicated client #1 had a medication training program to identify the medication Detrol (urinary incontinence). The training program had been signed off as completed daily for 10/1/13 through 11/15/13 by the facility staff. A 10/31/13 nursing quarterly review indicated Detrol had been discontinued. The 11/13 medication administration record (MAR) was reviewed on 11/15/13 at 12:12p.m. The MAR did not list Detrol as a current medication for client #1.</p> <p>Staff #1 (QIDP) was interviewed on 11/15/13 at 12:02p.m. Staff #1 indicated</p>	W000189	<p>The facility has created a new goal for a medication that is currently being prescribed to client #1 (see "Client #1 Self Medication 11-18-13"). Staff were trained prior to implementation of the new goal. All other consumers' medication goals have been reviewed and they are all currently being prescribed to them from their respective physicians. All staff members that continued to document that they performed client #1's medication goal on 10/23/2013 and forward have been given an employee warning for carelessness &amp; work quality (see "SGL Staff #1 - 5" Employee Warning" Notices). A policy revision to "Updating the Medication Administration Record" has been completed to include the QIDP being e-mailed by the House Manager or designee to ensure that any other medication changes do not coincide with a medication being learned by a consumer. If a medication change does occur to a medication currently being used as a goal, the House Manager or designee will DC the goal and the QIDP will change the goal and train staff members on the change</p>	12/05/2013			

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	<p>client #1's current medication goal was to identify Detrol. Staff #1 reviewed the current program data sheet and indicated facility staff had been signing as completing this medication goal for 10/1/13 through 11/15/13. Staff #1 indicated the medication (Detrol) had been discontinued on 10/22/13 and the medication was no longer in her current medication box. Staff #1 indicated that no staff, that had signed off on the medication training goal for Detrol from 10/23/13 to 11/15/13, had reported that the medication had been discontinued and was (the medication) unavailable to have the client identify. Facility staff had recorded the objective as completed for those days. Staff #1 indicated facility staff were in need of retraining on client #1's medication program and on providing accurate program data.</p> <p>9-3-3(a)</p>		<p>within 24 hours.QIDP will continue to monitor medication goals at leastmonthly, and will review medications and the medication goal once e-mailed bythe House Manager or designee to ensure that the medication change or discontinuationdoes not coincide with a medication being used as a goal.</p>		

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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 2 of 3 sampled clients (#1, #2) to ensure clients #1 and #2's personal space (hugging) and client #2's attention seeking training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation at the facility was done on 11/15/13 from 6:48a.m. to 8:34a.m. During the observation, client #2 would fall on the couch, the ottoman and once was on the floor. Staff did not consistently redirect client #2 to access the furniture correctly. At 7:05a.m. clients #1 and #2 hugged each other 2 separate times and staff #4 and #5, who were in the area, did not redirect. At 8:04a.m., client #2 hugged and kissed client #5 on the cheek. Staff did not redirect until after client #5 had told client #2 to stop. Staff #4 then told client #2 "boundaries."</p> <p>The record of client #1 was reviewed on</p>	W000249	<p>All staff members have been retrained on client #2's Behavior Support Plan. QIDP has also created formal goals for client #2 to include boundaries and utilizing furniture properly, both of which are proactive measures to be taken at the beginning of the shift (see "Client #2 Boundaries 12-5-13" &amp; "Client #2 Plopping on Furniture 12-5-13"). Noting that there had been several incidents of boundary violations tracked by staff members on the behavior tracking sheet for the past couple of months, QIDP has e-mailed client #2's Behaviorist about adding Boundary Violation as a targeted behavior that has both proactive and reactive measures that can be utilized by staff members. All staff members had a comprehensive retraining on all Supervised Group Living home consumers' Behavior Support Plans and reviewed all proactive and reactive strategies for targeted behaviors. Staff members will track on client #2's two new goals and implement both proactively at the beginning of their shift. Staff members</p>	12/05/2013			

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	<p>11/15/13 at 9:37a.m. Client #1's 9/12/13 individual support plan (ISP) indicated client #1 had an abuse protection training program to be redirected from hugging others.</p> <p>The record of client #2 was reviewed on 11/15/13 at 10:47a.m. Client #2's 1/18/13 ISP indicated client #2 had an attention seeking program to be redirected and counseled on falling down as attention seeking behavior. Client #2 had a personal space (boundaries) training program to be redirected from hugging others.</p> <p>Staff #1 (QIDP) was interviewed on 11/15/13 at 12:02p.m. Staff #1 indicated staff should have redirected clients #1 and #2's personal space (hugging) and client #2's attention seeking behaviors. Staff #1 indicated training programs should be implemented at all opportunities.</p> <p>9-3-4(a)</p>		<p>will continue to track behavioral incidents by client #2 and all other consumers on the behavior tracking form. Staff will continue to attend monthly staff meetings to be trained on goal changes, Behavior Support Plan changes, and to pose any questions or concerns that they may have with goals or Behavior Support Plans. QIDP and Behaviorist will review behavioral incidents at least on a monthly basis. QIDP will review all goals at least on 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 maintained by QIDP and Residential Director. QIDP completed an observation on 12/5/2013 at the workshop (see "Workshop Observation 12-4-13"). Staff training will be provided as needed during the observation. As staff demonstrates the ability to implement continuous active treatment across all settings the observations will decrease in frequency to no less than once per quarter.</p>		