STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u>			COMPLETED	
		15G331	B. WING			01/24	/2018
NAME OF F	PROVIDER OR SUPPLIE	R	17	709 FA	DDRESS, CITY, STATE, ZIP COD RRAND AVE TE, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID)	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREI	FIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TA	\G	DEFICIENCY)		DATE
W 0000							
Bldg. 00	#IN00249030 and	for the investigation of complaints and #IN00250085. W 0000 All POC are submitted for the 9 deficiencies					
	Substantiated, Federelated to the allega	eral and State deficiencies ation are cited at W102, W104, 54, W189, W217, W240, and					
	Survey Dates: Janu	nary 4, 5, 8, 9, and 24, 2018.					
	accordance with 46	15G331 243820 also reflect state findings in					
W 0400	on 2/13/18.	this report completed by #13008					
W 0102 Bldg. 00	The facility must of governing body a requirements are Based on observation interview, the facility of Participation: Governing (April 1997) and the facility of Participation: Governing (E and F). The exercise general produced in the preventing of the facility of the fa		W 0102	2	W102 To correct this deficiency now for future of effected clients as as others that could have been effected Paladin has develope and implemented a new choki procedure. This procedure indicates the interventions to up in the event of a choking incide and what to do after the incide occurred as well shows the interventions such as the	s well n ed ng use ent	03/09/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclodays 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 7YZ311 Facility ID: 000849 If continuation sheet Page 1 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE COMPI 01/24	LETED
NAME OF F	PROVIDER OR SUPPLIEF	₹	1709 F	ADDRESS, CITY, STATE, ZIP COI FARRAND AVE RTE, IN 46350	D	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF specifically define	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION and/or address what incidents	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO TH	ULD BE PROPRIATE	(X5) COMPLETION DATE
TAG	specifically define a were considered to what staff should done and the governing body policy, budget, and facility to ensure the written policies and neglect of client A. The governing body policy, budget, and facility to ensure the thorough investigate of neglect which reclient A. The governing body over the facility to trained to competer health status change emergency procedure and/or to ensure all client specific train governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure sessed. The governing body fail budget, and operation ensure client A's nure sessed. The governing body fail budget, and operation ensure client A's nure sessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed. The governing body fail budget, and operation ensure client A's nure assessed.		TAG		asures, the also lists that will or home or a 72-hour ched) will a monitor. The Care of the set to re has ent is prevention rogram that all new procedure for will least refreshedure. So g weekly diservice ge of the mid.	DATE
	_	veloped specific written I to client A's choking risk		review all incidents of che potential incidents of che the monthly Safety/IR remeeting. This will be completed by	oking at view	
	1. The governing be	ody failed to exercise general				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 2 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER			ULTIPLE CO UILDING	00	COMPL		
		15G331	B. W	'ING		01/24	/2018
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	1709 FA	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		тс	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	policy, budget, and	operating direction over the					
	facility for 4 of 4 sa	impled clients (A, B, C, and D)					
	and 2 additional cli	ents (E and F) to ensure the					
		policy to specifically define					
		t incidents were considered to					
		tuation and what staff should					
	do in the event of e	mergencies. Please see W104.					
	2. The governing body failed to exercise general						
	policy, budget, and operating direction over the						
	facility for 1 of 4 sampled clients (A) to ensure the						
	facility implemented its written policies and						
	procedures to prevent the neglect of client A in						
	regard to a choking	incident. The governing body					
		thorough investigation in					
	regards to an allega	tion of neglect which resulted					
	in a choking incide	nt of client A. The governing					
	body failed to ensur	re facility staff were trained to					
	competency to resp	ond to client A's health status					
	change and/or to im	plement facility emergency					
	procedures of callin	ng 911 immediately and/or to					
	ensure all day servi	ces staff received client					
		regard to client A. The					
		led to ensure client A's					
		ere accurately assessed. The					
		led to ensure the client's					
	* *	Plan (ISP) indicated how					
		o monitor client A in regard to					
	_	at to do in the event client A					
		ng. The governing body failed					
		ervices developed specific					
		n regard to client A's choking					
	risk and/or diet. Ple	ase see W122.					
	The federal tag rela and #IN00250085.	tes to complaints #IN00249030					
	9-3-1(a)						

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 7YZ311 Facility ID: 000849 If continuation sheet Page 3 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED B. WING 01/24/2018 15G331 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 1709 FARRAND AVE PALADIN, INC LA PORTE. IN 46350 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE W 0104 483.410(a)(1) **GOVERNING BODY** Bldg. 00 The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review, and W 0104 W104 03/09/2018 interview for 4 of 4 sampled clients (A, B, C, and D) To correct this deficiency now and and 2 additional clients (E and F), the governing for the future for all clients, Paladin body failed to exercise general policy, budget, and has updated the Medical operating direction over the facility to ensure the Emergency Plan(#700.01-See facility developed a policy to specifically define attached). Paladin has defined and/or address what incidents were considered to the emergencies and be an emergency situation and what staff should life-threatening emergencies for do in the event of emergencies. staff to ensure safety of individuals with some examples. This is not Findings include: an exhaustive list- but the new procedure that Paladin is 1. The facility's Bureau of Developmental emphasizing- CALL 911. Disabilities Services (BDDS) reportables and Therefore, to emphasize not only investigations were reviewed on 1/4/18 at 3:30 in the procedure visual PM. cues/reminders are placed in the programs facilities. (911-sign Review of the facility's BDDS reportables attached) indicated the following (not all inclusive): The Care Coordinators/Program Managers have trained all staff on -BDDS reportable dated 12/15/17 indicated on the updated Medical Emergency 12/14/17, "... For lunch, [client A] brought in one Plan with the examples of Peanut butter sandwich. Day program staff cut emergencies and how to handle sandwich up into 8 pieces, sat with the group, and them. The CPR instructors will assisted as needed. After he was finished eating review/train staff on this new he got up and went to the bathroom. As he procedure during initial hire and returned he appeared off balance, holding his the Care Coordinators will ensure stomach, gasping for air. He was chocking (sic). the staff have knowledge of the Staff attempted Heimlich Maneuver/Abdominal plan and what defines an thrusts. Once the nurse came on the scene, she emergency as well how to handle asked that 911 be called. This was completed one during monthly meetings. immediately. Within 5-10 minutes, EMT's The IDT team will be sure that the (Emergency Medical Technicians) were on the visual cues are in the facilities on scene and they took over. [Client A] was visits and observations. transported to [name of local hospital]. As he, The Corporate Compliance officer

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	of correction (X1) provider/supplier/clia (IDENTIFICATION NUMBER (15G331)	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF I	PROVIDER OR SUPPLIER	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
TAG	(sic) left [day services] [client A] was unresponsive. [Client A] does have a choking plan dated 6/21/2017. [Client A] does not have a history of choking episodes. His risk assessment states he has difficulty chewing, failure to maintain weight, stuffing mouth with food, and lack of teeth. He is on a regular diet. Staff are to encourage slow eating and no talking, cut up food into bite sizes, and encourage good posture. As of this writing, [client A] is in ICU (intensive care unit) in [name of local hospital]. He is on meds to sedate and paralyze him due to seizures he has been having. They are using cooling blankets to lower his body temperature. He is on a ventilator to assist his breathing. He is breathing over the ventilator slightly. His pulse and BP (blood pressure) are stable at this time. Plan to Resolve (Immediate and Long Term): We will be reviewing with Agency CEO (Chief Executive Officer) and Agency Director revised emergency procedures." -BDDS Incident Follow-Up Report dated 12/18/17 indicated, "1. Yes, It was clear that the PB (peanut butter) sandwich is what [client A] choked on. 2. The diagnosis is that he experienced respiratory arrest after choking and has been unresponsive since the incident. The lack of oxygen has caused some seizing/tremors and damage to the brain stem that is unable to be recovered. 3. He continues to be unresponsive and monitored for any changes in status, hospital nurse, Paladin nurse and guardian have been getting updates to decide on next steps and wanted to give a few days. All staff involved have provided statements and documentation of their involvement in incident. Incident is being reviewed by IDT (Interdisciplinary Team). All staff were up to date in CPR (Cardiopulmonary Resuscitation). Systems/procedures in place for emergencies are being reviewed for any future incidents. Staff	TAG	will be responsible for updatir plan as needed. This will be completed by 3/9/	ng the
	55mg 15 15 mod for any factor moracine. Sum			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 5 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MUL' A. BUIL B. WINC	DING	NSTRUCTION 00	(X3) DATE (COMPL 01/24 /	ETED
NAME OF F	PROVIDER OR SUPPLIEF			1709 FA	DDRESS, CITY, STATE, ZIP COD RRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PR	ID REFIX FAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
IAU	seemed to have foll (sic) risk assessment participants are bein IDT to be as detailed -BDDS reportable of 12/20/17 indicated, hospital unresponsition incident of choking and show (sic) no stresponding. Attempt cooling blankets an [Client A] continued oxygen to the brain continued to monitor with doctors and his ventilator at 12:30p Plan to Resolve (Imagency will be review in the compliance of any future emergent given statements and to follow and be tracentinue to provide such as CPR- they we group home particing in more detail to be to staff (sic). Choking and used as a training of others Description this death is as followed. BDDS Incident For indicated, "[Client Aremain the same simple in the same si	owed plan in place. All choke tts for other group home ing reviewed on 12/21/17 with d as possible." Idated 12/21/17 indicated on " [Client A] was in the ve since 12/14/17 after initial [Client A] was on a ventilator igns of improving and its to decrease damage with d medications were provided. If the comparison of the mand after guardian reviewed is status was removed from the mand passed away at 6:25pm. In the comparison of the event of the comparison of the mand passed away at 6:25pm. In the comparison of the comparison of the comparison of the comparison of the event of the comparison of the com		IAG	District 11		DATE
		tinued to seize/tremor (sic). nued to work with the social					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 6 of 123

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	r í		NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. Bl	UILDING	00	COMPL	
		15G331	B. W	ING		01/24/	/2018
NAME OF F	PROVIDER OR SUPPLIER		•	1709 FA	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	DE CAMPANA DA LAS OF GODE DOTTO		(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	1	LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	NIE.	DATE
		octors; with the information					
	and the status of [cl	ient A] the ventilator was					
	removed approx. (a	pproximately) 12:30pm on					
	12/20/17. [Client A's] vitals remained steady and						
	his oxygen levels gr	radually declined. Medications					
	_	fort. [Client A] eventually					
	passed away at 6:25	pm"					
	Written Statements	in regard to the 12/14/17 event					
	with client A were i	reviewed on 1/4/18 at 3:30 PM.					
	Review of the Writt	ten Statements indicated the					
	following (not all in	nclusive):					
	-Communication Re	eport Form dated 12/14/17					
	completed by Direc	t Support Professional (DSP)					
	#1 indicated, "[Clie	nt A] brought a peanut butter					
	sandwich for lunch	today. I cut his sandwich up					
	_	. He got up and went to the					
		as coming out he was off					
		ing his stomach gasping for					
		g (sic). I tried doing the					
		(sic) and it wasn't successful.					
		inued trying, and to get him to					
		oing down to the ground. I					
		fice to get help. [Registered					
	Nurse (RN) #1] can	ne to the scene."					
		eport Form dated 12/14/17					
		#2 indicated, "[Client A] had a					
	1 ^	vich for lunch, my co-worker					
		sandwich and put it on the					
		f his lunch (1 P Sandwich,					
		, and bottle of water). He					
	_	nch at the table in the kitchen					
		went into the bathroom. I was					
		oom feeding an (sic) other					
		coming out of the bathroom					
		ing his stomach. So, I got up					
	and approached [cli	ent A] coming out of the					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 7 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIP A. BUILDIN B. WING	LE CONSTRUCTION G 00	·	(X3) DATE (COMPL 01/24 /	ETED
NAME OF	PROVIDER OR SUPPLIEF	2	170	EET ADDRESS, CITY 19 FARRAND AV PORTE, IN 463	VE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFI TAC	X (EACH COR) CROSS-REFE	IDER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	for air. My co-work turned and said I the Heimlich maner to gasp and I tried to co-worker went for couple of steps tow started to fall to the someone to help me and helping me to rothers were assisting. -Email statement dastaff #1, "Good mook After our meet at the office getting the staff members rourse and then som day servce (sic) so A] was on the floor member turn him oon his feet and hear looked closer and nooked c	sic) his name, he was gasping there was in the kitchen and ink he's choking and started aver on him, but he continued he Heimlich on him, while help. So, [client A] took a ards the classroom and he ground. I was yelling for and people started coming oll him over. The nurse and g him on the floor." Atted 12/15/17 completed by the triangle help in the triangle help					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 8 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	OF CORRECTION	IDENTIFICATION NUMBER 15G331	A. BUILDING B. WING	00	COMPLETED 01/24/2018	
NAME OF P	PROVIDER OR SUPPLIER	2	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
TAG	approached and too call 911. I then ran At that time, I waited directed them upon arrived 5 or 10 min arrived, EMT's took nurse." -Handwritten Stater by Medical Support from the senior programmediately. [MS # went directly to the sitting on the floor was attempting to g throat. Slowly he be [RN #1] arrived and the peanut butter sa [MS #2] to sit behin administer the Hein continued to barely for the Paramedics: Medical Services) a A] was laid back and food in [client A's] tool to pull the pear throat. The paramed have problems breathe food removal [c. [Client A] was then [client A]. EMS begtransport." -Handwritten Stater by MS #2 indicated when [staff #4] carrived.	k over. She asked someone to to my office and made that call. ad for EMT's in the hallway and their approach. The EMT's attes from my call. When they a control with help from the ment dated 12/14/17 completed a (MS) #1 indicated, "[DSP #1] gram asked for medical help again asked for medical help again asked for medical help again to loose (Sic) his color. I [client A] coughed a little of and indich up. [RN #1] instructed and [client A] on the floor to anlich Maneuver. [Client A] pass some air. [RN #1] asked to be called. EMS (Emergency arrived and took over. [Client d the paramedic observed the and though the paramedic used a be throat. The paramedic used a be	TAG	DEFICIENCY		
	available was not avover to [RN #1's] or	e. [Nurse #1] was not vailable at the time so I ran ffice. She was there and I then at there was a '911 situation'.				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 9 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X			X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G331	B. W	ING		01/24/	2018
				CTDEET A	DDDECC CITY CTATE ZID COD		
NAME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
	LINIC				ARRAND AVE		
PALADIN	I, INC			LA POR	RTE, IN 46350		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE	DEFICIENCIE ID PROVIDER'S PLAN OF CORRECTION			(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	I C	DATE
	When we arrived, [c	client A] was on the floor with					
	staff trying to help h	nim sit up. [Client A's] lips					
		breathing was quick and harsh,					
		ng to reach out to some one					
	-	ff #1] then updated [RN #1]					
	_	ent A] had a peanut butter					
		he was eating he began to					
		airway was blocked. [RN #1]					
		bdominal thrusts; trying to get					
		e food. Then [Program					
	_	had me sit on the floor behind					
		m upright. Then [RN #1] had					
		to get him to lay down and					
	had me hold his back with his chin up to help						
		ile she continued with the					
		Ve did this until EMS arrived					
	and they took over.'						
	and they took over.						
	-Undated Typed Sta	itement completed by RN #1					
		17 at 11:20 AM, "I was					
		2] that I was needed in the Day					
		DSP #1] and it was a 911 issue.					
	•	are of what was wrong. Upon					
		ay activity) area [RN #1] found					
	· ·	the floor being assisted by					
		ere holding him up in the					
		SP #1] informed me that [client					
	- · ·	is peanut butter sandwich and					
	=	dislodge it. [Client A's]					
	-	pid and labored with loud					
	_	I noise when taking a breath					
		was awake and alert as he					
		was awake and alert as he [RN #1's] hand. [Client A's]					
	•	olue or gray color to the skin)					
		cool to touch. 11:22 staff was					
	* * *	immediately. [RN #1] assessed					
		of throat for any Foreign					
		There was none visible. While					
		[#1] layed (sic) [client A] on his					
	oack and hyperexter	nded his neck to attempt to					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 10 of 123

	OF CORRECTION OF CORRECTION 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION OO	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF I	PROVIDER OR SUPPLIER	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROP DEFICIENCY)	N (X5) SE COMPLETION DATE
	less purple but breathing continued to be very labored and loud. First Responders arrived followed by [local county] EMS. The Paramedic attempted to suction the sandwich from his throat but was unsuccessful. At that time [client A's] respirations stopped. The Paramedic cleared part of the airway using MaGill Forceps and then proceeded to intubate [client A]. He was placed on the monitor and pulse rate was 35. EMT was unable to palpate a pulse and compressions were started. [Client A] was then placed on a back board and onto the cot for transport. CPR continued." -Typed Statement dated 12/14/17 completed by Qualified Intellectual Disabilities Professional (QIDP) #1 indicated, "I heard medical support staff calling for [RN #1] that there was an emergency in senior classroom. [RN #1] started to (sic) classroom and I followed. When we got there, staff were stating [client A] was choking on PB (peanut butter) sandwich. He was on the ground sitting upward. He was passing some air but shallow. [Staff #1] was assisting with [MS #1] and having him cough as some air was passing and objects were coming up. Then [RN #1] took over, she stated to have 911 called. [MS #1] did this at 11:23 according to the call directory. [RN #1] and staff were continuing to attempt to remove objects and do some compressions to help remove item and move air. I observed and asked if (sic) needed assistance. Medical staff were there assisting [RN #1] as well. I talked to other participants to keep them calm. I then opened (sic) door and held door for EMTs- (6 staff) when arrived, and then stayed clear due to the amount of people involved and amount of space. I contacted the guardian due to the incident and when [client A] left in (sic)			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 11 of 123

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	COM	TE SURVEY IPLETED 24/2018
NAME OF I	PROVIDER OR SUPPLIER		1709 F	ADDRESS, CITY, STATE, ZIP ARRAND AVE RTE, IN 46350	COD	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	I SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	with [RN #1] and g (sic) evening until 7 our director and CE that worked the night A's] lunch. I was on asked if she packed asked if [DSP #4] p wasn't sure. Asked is She said she didn't I #1] contacted [DSP spoke to [staff #1] the she heard someone she went to assist. I documentation in reassistance/involvem. The facility's policies and facility had policies Emergencies and H facility's undated M indicated the follow. -"In the event of a I an emergency where 911 shall be called. situation and provide instructed and/or train the event of a not and staff are able to shall be transported. If outside Paladin's good judgement and for emergency care of care. -Once the individual shall be notified of	es and procedures were at 3:54 PM. Review of the d procedures indicated the and procedures for Medical ealth-Related Incidents. The dedical Emergency Plan ring: ife threatening emergency or e staff is unable to transport, Staff will explain emergency le life safety measures as				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 12 of 123

	MENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION LAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 B. WING			(X3) DATE SURVEY COMPLETED 01/24/2018			
NAME OF P	PROVIDER OR SUPPLIER		17	709 FA	DDRESS, CITY, STATE, ZIP COD RRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	IE PRE T <i>A</i>	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
		Leader, Program Manager,					
		Health-Related Incident I the following (not all					
	incident is defined a potential to or has no fan individual recexamples include madmission to a mednursing home (sic), medical procedures -All health-related i the Safety Committed	ncidents shall be referred to ee ittee shall look for patterns and					
	policies failed to de events were conside emergency and/or v the event of a medic client. Review of th procedures failed to	ity's medical or health related fine what incidents and/or ered to be a medical what facility staff should do in cal emergency involving a re facility's polices and o indicate what facility staff it to a choking incident					
	1/5/18 at 4:10 PM.	nd PM #1 were interviewed on Interview with QIDP #1, RN #1, d the following (not all					
	to choking or emerg #1 stated, "[DSP tra well as CPR." PM #	training staff receive in regard gency medical situations, QIDP training] occurs every year, as the stated, "[DSP training] or situations. It's the program					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 13 of 123

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018			
NAME OF P	ROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE		
	work with our clien and neglect, emerge "Choking is in CPR thrusts and then cal to call 911."	's. Must take it before you can ts. It covers safe driving, abuse ency situations." RN #1 stated, Steps: attempt abdominal 1911. It's automatic in training					
	the nurse. I always they need to." PM #	e trained to call 911 first then tell staff to call 911 if they feel t1 stated, "Staff are trained to g they feel is life threatening, r permission."					
	emergency, RN #1 anyone unresponsiv	would be considered a medical stated, "Diabetic sugar issues, re, respiratory distress, rain, uncontrolled seizures, fall					
		king was considered a medical \$\frac{1}{1}, RN \#1, and PM \#1 indicated					
	is choking, RN #1 i any choking incider because even if they to be removed, they	911 should be called if a client ndicated it should be called for nt. RN #1 stated, "I would y come out of it, if it was able a still need to be checked and any is clear. The sooner the					
	completed as a resu if any retraining of stated, "At this poin updating risk plans. others, foods. We n a procedure for cho	corrective action was It of the 12/14/17 incident and staff had occurred, QIDP #1 at, met with the IDT about What can be a threat to the with the CEO about putting king in on what exactly to do 1." PM #1 stated, "February 2					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 14 of 123

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331		UILDING	instruction 00	(X3) DATE (COMPL 01/24/	ETED
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
TAG	is all staff training to been in the homes to sit down on train (or stated, "With staff of to please call 911 fit training yet." -When asked if ther procedures which as considered medical should do, QIDP #1 of at this point we choking policy (as a #1 indicated he prowing whatever policies the "We have medical protocols for records, coughs, and if have protocols for rever, vomiting, dia for emergency situated." -When asked if ther protocol in place the choking, QIDP #1 is working on one. -When asked if ther someone without te RN #1 stated, "Raw clients with teeth refood into bite size per to eat." PM #1 state without being chopped "Peanut butter is an "Peanut butter i	e was a policy, procedure, or at specifically addressed indicated the facility was be were any foods that eth should stay away from, a vegetables Had a lot of moved so it's in place to cut inces to make it easy and safe ed, "Grapes, nuts, meat		TAG	DEFICIENCY		DATE
		ored more closely because that					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 15 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	ľ	JILDING	nstruction 00	(X3) DATE COMPL 01/24 /	ETED
NAME OF F	PROVIDER OR SUPPLIEF	R		1709 FA	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION L'SL favorite foods "		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE.	(X5) COMPLETION DATE
	immediately on 12/choking, RN #1 state person is there, one one call. If by your training, call 911." #2 should have call indicated DSP's #1 after the first Heimidelect of client A. The governing body investigation in regulation which resulted in a The governing body were trained to come A's health status che facility emergency immediately and/or received client speca. The governing body fail Individual Support facility staff were to choking and/or what was actively choking to ensure facility nu specific written guichoking risk and/or 3. The governing bethorough investigate.	If should have called 911 14/17 when client A was ted, "Yes. When more than one should do the Heimlich and self, call 911 first. Just like CPR RN #1 indicated DSP's #1 and ed 911 immediately. RN #1 and #2 should have called 911 lich attempt was unsuccessful. In ody failed to implement its procedures to prevent the in regard to a choking incident. It is failed to conduct a thorough ands to an allegation of neglect choking incident of client A. It is failed to ensure facility staff appetency to respond to client ange and/or to implement procedures of calling 911 to ensure all day services staff diffic training in regard to client ody failed to ensure client A's ere accurately assessed. The led to ensure the client's Plan (ISP) indicated how of monitor client A in regard to at to do in the event client A ing. The governing body failed arising services developed delines in regard to client A's diet. Please see W149.					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 16 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	A. BUILDING <u>00</u> CC		
		15G331	B. WING		01/24/2018	
			STREET	ADDRESS, CITY, STATE, ZIP COD	<u></u>	
NAME OF P	ROVIDER OR SUPPLIER	R.		FARRAND AVE		
PALADIN	I, INC			RTE, IN 46350		
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	· ·	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
		ody failed to ensure facility				
		competency to respond to tus change and/or to				
		ncy procedures of calling 911				
		to ensure all day services staff				
		ific training in regard to client				
	A. Please see W189.					
	71. 1 lease see W 107	•				
	5. The governing body failed to accurately assess client A's nutritional needs. Please see W217.					
6. The governing body failed to ensure the client's Individual Support Plan (ISP) indicated how						
	facility staff were to monitor client A in regard to					
	choking and/or what to do in the event client A					
	was actively chokin	g. Please see W240.				
		ody failed to ensure nursing				
	_	specific written guidelines in				
	Please see W331.	s choking risk and/or diet.				
	Please see w 331.					
	This federal tag rela	ates to complaints #IN00249030				
	and #IN00250085.	100 to Complaints #11 1002 17 03 0				
	9-3-1(a)					
W 0122	483.420					
	CLIENT PROTEC	TIONS				
Bldg. 00		ensure that specific client				
ŭ	protections require	•				
		on, record review, and	W 0122	W122	03/09/2018	
	interview, the facili	ty failed to meet the Condition		To correct this deficiency and		
		ient Protections for 1 of 4		protect all clients effected nov		
		. The facility neglected to		possibly in the future Paladin	is	
	implement its writte	en policies and procedures to		updating their procedure for		
	prevent the neglect	of client A in regard to a		investigating and reporting		
	_	he facility neglected to		potential neglect, abuse,		
		investigation in regards to an		mistreatment and injuries or		
	allegation of neglec	t which resulted in a choking		unknown source.(SEE		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 17 of 123

	T OF HEALTH AND HU! R MEDICARE & MEDIC						TED: 03/21/2018 RM APPROVED B NO. 0938-039	
	OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	ľ	ULTIPLE CO UILDING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED		
ANDILAN	or correction	15G331	B. W		00		4/2018	
NAME OF PROVIDER OR SUPPLIER PALADIN, INC			STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
	ensure facility staff respond to client A' to implement facilit calling 911 immedia services staff receiv regard to client A. To client A's nutritiona assessed. The facility client's Individual Show facility staff we regard to choking a client A was activel neglected to ensure	The facility neglected to were trained to competency to shealth status change and/or y emergency procedures of ately and/or to ensure all day ed client specific training in The facility neglected to ensure I needs were accurately try neglected to ensure the upport Plan (ISP) indicated ere to monitor client A in and/or what to do in the event y choking. The facility nursing services developed delines in regard to client A's diet.			ATTACHED) These updates included a more detailed step step process for investigating incidents and a packet to use thoroughness/consistency. Paladin will ensure that all stare trained initially on new procedures and updates on Medical Emergency plan. Stawill continue to have the initial hire required trainings as well client specifics. Examples of this are: Staff have been train on all client specific BSPs/risk plans or assessments and Program plans. Know their duto ensure clients are safe with	by for aff ff new aed		

Findings include:

1. The facility neglected to implement its written policies and procedures to prevent the neglect of client A in regard to a choking incident. The facility failed to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. The facility neglected to ensure facility staff were trained to competency to respond to client A's health status change and/or to implement facility emergency procedures of calling 911 immediately and/or to ensure all day services staff received client specific training in regard to client A. The facility neglected to ensure client A's nutritional needs were accurately assessed. The facility neglected to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility neglected to ensure facility nursing services developed specific written guidelines in regard to client A's choking risk and/or diet.

calling -911. How they play an important role to get information to correct contacts to get an investigation started. EX: Choking- Staff will follow the choking procedure in place as mentioned in W104. Staff has been trained on what are defined as emergencies in the Medical Emergency Plan and how to handle them by calling 911. Staff will start the 72 –aspiration log to monitor information/vitals for the nurse. Then Care Coordinator will start the checklist to ensure the procedure was followed and the thorough investigation gets to Program Manager, Director and Corporate Compliance Officer for interviewing. This is just one example of many that will need to be trained upon initially and ongoing to ensure the protection

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 18 of 123

	OF CORRECTION OF CORRECTION 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
	Please see W149. 2. The facility neglected to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. Please see W154. 3. The facility neglected to ensure facility staff were trained to competency to respond to client A's health status change and/or to implement emergency procedures of calling 911 immediately and/or to ensure all day services staff received client specific training in regard to client A. Please see W189. 4. The facility neglected to accurately assess client A's nutritional needs. Please see W217. 5. The facility neglected to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. Please see W240. 6. The facility neglected to ensure nursing services developed specific written guidelines in regards to client A's choking risk and/or diet. Please see W331. This federal tag relates to complaints #IN00249030 and #IN00250085. 9-3-2(a)		and safety of all clients. Again, all staff have been train on the Choking Procedure, Medical Emergency Plan and updates to the procedure of investigating in potentially harrincidents. These procedures and plans of the Compliance Coordinator at Corporate Compliance officer. Care Coordinator, Program Managers and Directors will be training on periodically, randor and as needed to ensure the scompetency of procedures an safety of individuals. This will be completed by 3/9/	the mful will ed by ind e mly staffs d		
W 0149 Bldg. 00	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 observation, record review, and	W 0149	<u>W149</u>	03/09/2018		
	,,,	W U149	** • • •	03/03/2010		

NAME OF PROVIDER OR SUPPLIER PALADIN, INC NO. JID SUMMARY STATEMENT OF DETECTION. TAG SUMMARY STATEMENT OF DETECTION. TAG REGULATORY OR ISE DINNIFFING INFORMATION interview for 1 of 4 sampled clients (A), the facility failed to implement its written policies and procedures to prevent the neglect of client A in regard to a choking incident. If he facility failed to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. The facility failed to ensure facility staff were trained to competency to respond to client A. The facility failed to ensure client A's mutritional needs were accurately assessed. The facility failed to ensure client A's mutritional needs were accurately assessed. The facility failed to ensure nursing services developed specific written guidelines in regard to client A. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings include: Findings include:	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY			
STREET ADDRESS. CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350 SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEPTICIENCY MUST BE PRECIDED BY PILL TAG (Interview for 1 of 4 sampled cleans (A.), the facility failed to implement is written policies and procedures to prevent the neglect of client A in regard to a choking incident. The facility failed to consure the complete of client A. The facility failed to ensure client A's nutritional needs were accurately assessed. The facility failed to ensure client A's nutritional needs were accurately assessed. The facility failed to ensure flicitly staff were to monitor client A in regard to choking andor what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's chiking risk and/or diet. Findings include: Findings include: Findings include: Findings include: Findings include: For the facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 14/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): Benefit of the facility's BDDS reportables indicated the following (not all inclusive): Benefit of the facility's BDDS reportables indicated the following (not all inclusive): Benefit of the facility of the facility failed to ensure and of the facility	AND PLAN	OF CORRECTION			<u></u>			COMPLETED	
PREFIX TAG INTERVIEW FOR TO AS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG INTERVIEW FOR TO AS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG INTERVIEW FOR TO AS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG INTERVIEW FOR TO AS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG INTERVIEW FOR TO AS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG INTERVIEW FOR TO AS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG INTERVIEW FOR TO AS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG INTERVIEW FOR TO AS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG INTERVIEW FOR TO AS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG INTERVIEW FOR THE SEMBLE TO THE S			15G331	B. WI	NG		01/24/	2018	
PALADIN, INC (X4) ID SUMMARY STATIMENT OF DEFICENCE (ACCEDENCE PRESENT (CACEDEDIC INCX MAST III) PRECEDED BY FELL. TAG REGILATIONS OF INC ENCENTENT OF BUBLICATION TAG PREFIX (CACEDEDIC INCX MAST III) PRECEDED BY FELL. TAG REGILATIONS OF INC ENCENTENT OF BUBLICATION TAG PREFIX TAG STATION PROPERTY TA	NAME OF P	PROVIDER OR SUPPLIER	- }						
SUBMARY STATEMENT OF DEFICIENCE TAG SUBMARY STATEMENT OF DEFICIENCE TAG REGULATORY ON LSC DENTIFYING FORMATION TAG PROFITE TAG CONCRETE TAG COMPLITION DATE TO correct the deficiency now and in the future for clients effected Paladin has updated their procedures to prevent the neglect of client A in regard to a choking incident of client A: he facility failed to ensure facility staff were trained to competency to respond to client A's health status change and/or to implement facility memergency procedures and/or to implement facility failed to ensure client A's health status change and/or to implement facility failed to ensure client A's health status change and/or to conduct eliming and/or to censure all duy services staff received client specific training in regard to client A. The facility failed to ensure the client A's mutritional needs were accurately assessed. The facility failed to ensure the client A's was actively choking. The facility failed to ensure the client A' was actively choking. The facility failed to ensure the client A's was actively choking. The facility failed to ensure unursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 14/18 at 3:30 PM. Review of the facility's BDDS reportables and investigations were reviewed on 14/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanub butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathr									
REFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION interview for 1 of 4 sampled clients (A), the facility failed to implement its written policies and procedures to prevent the neglect of client A in regard to a choking incident. The facility failed to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. The facility failed to ensure facility staff were trained to competency to respond to client A's health status change and/or to implement facility emergency procedures of calling 911 immediately and/or to ensure all day services staff received client specific training in regard to client A. The facility failed to ensure client A's mutritional needs were accurately assessed. The facility failed to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Finding includents and investigations were reviewed on 1/4/18 at 3:30 PM. Findings includes and investigation in one parameter and abuse of clearity and in the future for clearts effected practically and in the future for clearts effected practically and in th	PALADIN	I, INC			LA POF	RTE, IN 46350			
TAG REGULATORY OR IS CIDENTETIVEN INFORMATION TAG Interview for 1 of 4 sampled clients (A), the facility failed to implement its written policies and procedures to prevent the neglect of client A in regard to a choking incident. The facility failed to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. The facility failed to ensure facility staff were trained to competency to respond to client A's health status change and/or to implement facility emergency procedures of calling 91 immediately and/or to ensure all day services staff received client specific training in regard to client A. The facility failed to ensure client A's untritional needs were accurately assessed. The facility failed to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the covent client A was actively choking. The facility failed to ensure unursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings includes in regard to client A in regard to cli	(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
interview for 1 of 4 sampled clients (A), the facility failed to implement its written policies and procedures to prevent the neglect of client A in regard to a choking incident. The facility failed to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. The facility failed to ensure facility staff were trained to competency to respond to client A's health status change and/or to implement facility emperency procedures of calling 911 immediately and/or to ensure all day services staff received client specific training in regard to client A. The facility failed to ensure client A's nutritional needs were accurately assessed. The facility failed to ensure the client's Individual Support Plan (TSP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the cevent client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3.30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive):	PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	1	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	TE.	COMPLETION	
failed to implement its written policies and procedures to prevent the neglect of client A in regard to a choking incident. The facility failed to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. The facility failed to ensure facility staff were trained to competency to respond to client A's health status change and/or to implement facility emergency procedures of calling 911 immediately and/or to ensure all day services staff received client specific training in regard to client A. The facility failed to ensure client A's nutritional needs were accurately assessed. The facility failed to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his	TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
procedures to prevent the neglect of client A in regard to a choking incident. The facility failed to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. The facility failed to ensure facility staff were trained to competency to respond to client A's health status change and/or to implement facility emergency procedures of calling 911 immediately and/or to ensure all day services staff received client specific training in regard to client A. The facility failed to ensure client A's mutritional needs were accurately assessed. The facility failed to ensure the client's landividual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure mursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings include including include including includent including						To correct the deficiency now	and		
regard to a choking incident. The facility failed to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. The facility failed to ensure facility staff were trained to competency to respond to client A's health status change and/or to implement facility emergency procedures of calling 911 immediately and/or to ensure all day services staff received client specific training in regard to client A. The facility failed to ensure client A's netritional needs were accurately assessed. The facility failed to ensure the client's ladividual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his			-				d		
conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. The facility failed to ensure facility staff were trained to competency to respond to client A's health status change and/or to implement facility emergency procedures of calling 911 immediately and/or to ensure all day services staff received client specific training in regard to client A. The facility failed to ensure client A: The facility failed to ensure client A: The facility failed to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings include: Findings include: Frindings			_			· ·			
allegation of neglect which resulted in a choking incident of client A. The facility failed to ensure facility staff were trained to competency to respond to client A's health status change and/or to implement facility emergency procedures of calling 91 immediately and/or to ensure all day services staff received client specific training in regard to client A. The facility failed to ensure client A's nealth facility failed to ensure client A's nealth facility failed to ensure the client A's regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his						I -			
incident of client A. The facility failed to ensure facility staff were trained to competency to respond to client A's health status change and/or to implement facility emergency procedures of calling 911 immediately and/or to ensure all day services staff received client as specific training in regard to client A. The facility failed to ensure client A's nutritional needs were accurately assessed. The facility failed to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigated. The Choking Procedure and Medical Emergency Plan referenced to in W102W104- will again ensure what to do in a specific incident for choking as a potentially harmful incident. Staff will now follow the procedure to ensure that they know medically how to handle a choking incident as well as other life-threatening incidents by calling – 911 immediately. All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich bay program s		_				_			
facility staff were trained to competency to respond to client A's health status change and/or to implement facility emergency procedures of calling 911 immediately and/or to ensure all day services staff received client specific training in regard to client A. The facility failed to ensure client A's nutritional needs were accurately assessed. The facility failed to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive):									
respond to client A's health status change and/or to implement facility emergency procedures of calling 911 immediately and/or to ensure all day services staff received client specific training in regard to client A. The facility failed to ensure client A's nutritional needs were accurately assessed. The facility failed to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings includes pocedures have been trained to staff by Care Coordinator/Program Managers. The ywill be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. Findings includes: Findings includes: Findings includes: Findings includes: Findings includes: Finding includes: Finding includes: Finding includes: Finding includes: Finding includes:			_			I -	any		
to implement facility emergency procedures of calling 911 immediately and/or to ensure all day services staff received client specific training in regard to client A. The facility failed to ensure client A's nutritional needs were accurately assessed. The facility failed to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings include: Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his		1							
calling 911 immediately and/or to ensure all day services staff received client specific training in regard to client A. The facility failed to ensure client A's nutritional needs were accurately assessed. The facility failed to ensure the client's Individual Support Plan (ISP) indicated how potentially harmful incident. Staff facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his		-	_			· •			
services staff received client specific training in regard to client A. The facility failed to ensure client A's nutritional needs were accurately assessed. The facility failed to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): Papul butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his						_			
regard to client A. The facility failed to ensure client A's nutritional needs were accurately assessed. The facility failed to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): Panut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his						_			
client A's nutritional needs were accurately assessed. The facility failed to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings include: Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his again ensure what to do in a specific incident for choking as a potentially harmful incident. Staff will now follow the procedure to ensure that they know medically how to handle a choking incident as well as other life-threatening incidents by calling – 911 immediately. All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which									
assessed. The facility failed to ensure the client's Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his specific incident for choking as a potentially harmful incident. Staff will now follow the procedure to will now follow the procedure to ensure that they know medically will now follow the procedure to ensure that they know medically will now follow the procedure to ensure that they know medically will now follow the procedure to ensure that they know medically will now follow the procedure to ensure that they know medically will now follow the procedure to ensure that they know medically how to handle a choking incident on ensure that they know medically how to handle a choking incident on ensure that they know medically how to handle a choking incident on ensure that they know medically how to handle a choking incident on ensure that they know medically how to handle a choking incident on ensure that they know medically how to handle a choking incident on ensure that they know how to handle a choking incident on ensure that they know how to handle a choking incident on ensure that they know the hardle as well as other life. The safe they know incident on ensure that they know in		client A's nutritional needs were accurately assessed. The facility failed to ensure the client's					WIII		
Individual Support Plan (ISP) indicated how facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his potentially harmful incident. Staff will now follow the procedure to ensure that they won wollow the procedure to will now follow the procedure to ensure that they won wollow the procedure to ensure that they won wollow the procedure to ensure that they won wollow the procedure to ensure that they won we follow the procedure to ensure that they know medically will now follow the procedure to ensure that they won well as other life-threatening incidents as well as other life-threatening incidents by calling - 911 immediately. All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which						_			
facility staff were to monitor client A in regard to choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his will now follow the procedure to ensure that they know medically how to handle a choking incident as well as other life-threatening incidents of sall as well as other life-threatening incidents of sall enclosent. All new and updated procedures have been trained to staff by Care Coordinator; Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which									
choking and/or what to do in the event client A was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings included: All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Findings includes: Findings includes: Findings includes by calling – 911 Immediately. All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Findings includes: Findings includes: Findings includes: Findings includes: Findings includes: Findings of inclu						1 .			
was actively choking. The facility failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings include: Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his		-	_			I			
nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Findings include: Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his as well as other life-threatening incidents by calling – 911 immediately. All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All nicidents by calling and updated procedures have been trained to staff by Care Coordinators/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and		_				-	-		
guidelines in regard to client A's choking risk and/or diet. Findings include: Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his incidents by calling – 911 immediately. All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents by calling – 911 immediately. All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents by calling – 911 immediately. All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers. All incidents by calling day for the facility is provided and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meeting for the facility is provided and trained on and trained on as		-	-						
and/or diet. Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his immediately. All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which		-					ıg		
Findings include: All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his All new and updated procedures have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which			i to client A's choking risk						
Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): BDDS reportable dated 12/15/17 indicated on 1/2/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his have been trained to staff by Care Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which		and/or diet.				-			
Coordinator/Program Managers. The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his Coordinator/Program Managers. They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which		Eindings include:				•			
The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his They will be continuously reviewed and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which		rindings include.				-			
Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his and trained on as needed and randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which		The facility's Ruras	u of Developmental Disabilities						
were reviewed on 1/4/18 at 3:30 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his randomly for knowledge of procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which		-	-			1			
Review of the facility's BDDS reportables indicated the following (not all inclusive): BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his procedures. EX: Weekly visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which		· · ·	-				ı		
Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his visits/observations to group homes or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which		were reviewed on r	7 17 10 dt 3.30 1 141.			, ,			
indicated the following (not all inclusive): or day services from Care Coordinators and Program Managers or monthly staff meetings. Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his or day services from Care Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which		Review of the facili	ity's BDDS reportables			l ·	nmes		
-BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his Coordinators and Program Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which							511100		
-BDDS reportable dated 12/15/17 indicated on 12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his Managers or monthly staff meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which			<u> </u>						
12/14/17, " For lunch, [client A] brought in one Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his meetings. All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which		-BDDS reportable of	dated 12/15/17 indicated on						
Peanut butter sandwich. Day program staff cut sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his All incidents of alleged neglect, mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which		-							
sandwich up into 8 pieces, sat with the group, and assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his mistreatment and abuse will be reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which						_	t,		
assisted as needed. After he was finished eating he got up and went to the bathroom. As he returned he appeared off balance, holding his reviewed monthly, after the initial report and thorough investigation by the Safety/IR committee, which			, , e						
he got up and went to the bathroom. As he returned he appeared off balance, holding his returned he appeared off balance, holding his report and thorough investigation by the Safety/IR committee, which		_							
returned he appeared off balance, holding his by the Safety/IR committee, which						· · · · · · · · · · · · · · · · · · ·			
						,			
			_			includes the Care Coordinator			

7YZ311

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. BUILDING B. WING	00 00	COMPLETED 01/24/2018	
NAME OF I	PROVIDER OR SUPPLIER		1709 F	ADDRESS, CITY, STATE, ZIP COD FARRAND AVE PRTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	Staff attempted Hei thrusts. Once the nurse asked that 911 be ca immediately. Within (Emergency Medica scene and they took transported to [nam (sic) left [day servicum unresponsive. [Clied plan dated 6/21/201 history of choking estates he has difficum aintain weight, stulack of teeth. He is dencourage slow eath into bite sizes, and of this writing, [clied unit) in [name of lost sedate and paralyze been having. They allower his body tempto assist his breathin ventilator slightly. It pressure) are stable (Immediate and Lowith Agency CEO (Agency Director reventilators) and with a size of the incident. The diagnosis is that arrest after choking since the incident. To some seizing/tremostem that is unable to continues to be unreany changes in statunurse and guardian	mlich Maneuver/Abdominal rse came on the scene, she illed. This was completed in 5-10 minutes, EMT's ill Technicians) were on the over. [Client A] was e of local hospital]. As he,		Program Manager/Director an Compliance Coordinator. The may review and suggest any updates/changes that may be needed. Procedures will be updated as needed by the Corporate Compliance Officer. This will be completed by 3/9/	d y

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 21 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	OF CORRECTION			COMPLETED 01/24/2018			
NAME OF F	PROVIDER OR SUPPLIER		·	1709 FA	DDRESS, CITY, STATE, ZIP COD NRRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	1	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	and documentation incident. Incident is (Interdisciplinary T in CPR (Cardiopulr Systems/procedures being reviewed for seemed to have foll (sic) risk assessmen participants are bein IDT to be as detaile -BDDS reportable of 12/20/17 indicated, hospital unresponsificident of choking and show (sic) no sign responding. Attempt cooling blankets and [Client A] continued oxygen to the brain continued to monitor with doctors and his ventilator at 12:30p. Plan to Resolve (Imagency will be review ith compliance of any future emergengiven statements and to follow and be tracontinue to provide such as CPR- they was group home participation in more detail to be to staff (sic). Choking and used as a training of others Descript this death is as follows	ved have provided statements of their involvement in being reviewed by IDT eam). All staff were up to date monary Resuscitation). In place for emergencies are any future incidents. Staff owed plan in place. All choke its for other group home are reviewed on 12/21/17 with it das possible." Lated 12/21/17 indicated on " [Client A] was in the ve since 12/14/17 after initial [Client A] was on a ventilator gns of improving and its to decrease damage with its decrease damage with its decrease damage with its distribution was removed from the mand after guardian reviewed in status was removed from the mand passed away at 6:25pm. In mediate and Long Term): ewing policies and procedures ficers, directors and CEO for chies. All staff involved have in drawn and responsible to different in the plants. Staff will trained safety care techniques will remain up to date. All counts risk plans were reviewed updated and then trained on the general plants will be reviewed updated and then trained on the general plants were reviewed updated and then trained on the general plants were reviewed updated and then trained on the general plants were reviewed updated and then trained on the general plants were reviewed updated and then trained on the general plants were reviewed updated and then trained on the general plants were reviewed updated and then trained on the general plants were reviewed updated and then trained on the general plants were reviewed updated and then trained on the general plants were reviewed updated and then trained on the general plants. Staff will be reviewed updated and then trained on the general plants were reviewed updated and then trained on the general plants. Staff will be reviewed updated and then trained on the general plants were reviewed updated and then trained on the general plants. Staff will be reviewed updated and then trained on the general plants were reviewed updated and then trained on the general plants were reviewed updated and then trained on the general plants were reviewed updated					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 22 of 123

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	COM	TE SURVEY MPLETED 24/2018
NAME OF I	PROVIDER OR SUPPLIER		1709 F	ADDRESS, CITY, STATE, ZIP ARRAND AVE RTE, IN 46350	COD	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	I SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	remain the same sin remained unrespons vitals were steady be increasing and after medications he contour The guardian continuous worker and a few de and the status of [cl removed approx. (a 12/20/17. [Client A his oxygen levels graph were given for compassed away at 6:25]. Review of the facili investigation indicated complete and/or does of the 12/14/17 event with client A were resulted by Direct Hamiltonian and he began to eat bathroom. As he was balanced (sic), hold air. He was chocking the heimlich Manuver My co-worker conticuough but he was general and after the statements with client A were resulted by Direct Hamiltonian and he began to eat bathroom. As he was balanced (sic), hold air. He was chocking the was general th	cinued to seize/tremor (sic). Intended to work with the social Dectors; with the information Dectors; with the social Dectors; with the information Dectors; with the information Dectors; with the information Dectors; with the information Dectors; with the seady and Dectors; with the ventural of the seady and Dectors: Dector [Client A] eventually Dector [Cli				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 23 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	ENT OF DEFICIENCIES N OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331		ILDING	nstruction 00	(X3) DATE COMPL 01/24 /	ETED
	F PROVIDER OR SUPPLIE	3		1709 FA	DDRESS, CITY, STATE, ZIP COD RRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION]	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	completed by DSP peanut butter sandy [DSP #1] cut up his table with the rest of apple sauce, yogurd started eating his harea, he got up and sitting in the classic client but I saw him staggering and hole and approached [cl bathroom and call of for air. My co-worl turned and said I the Heimlich mane to gasp and I tried to co-worker went for couple of steps tow started to fall to the someone to help m and helping me to others were assisting the staff #1, "Good mo ok After our mee at the office getting the staff members in nurse and then some day servce (sic) so A] was on the floor member turn him on his feet and hear looked closer and rismelt (sic) peanut said it was in his lugod) he's choking of to get him up and a	eport Form dated 12/14/17 #2 indicated, "[Client A] had a wich for lunch, my co-worker a sandwich and put it on the of his lunch (1 P Sandwich, a, and bottle of water). He unch at the table in the kitchen went into the bathroom. I was boom feeding an (sic) other a coming out of the bathroom ding his stomach. So, I got up ient A] coming out of the (sic) his name, he was gasping feer was in the kitchen and ink he's choking and started uver on him, but he continued the Heimlich on him, while thelp. So, [client A] took a tards the classroom and he to ground. I was yelling for the and people started coming toll him over. The nurse and tog him on the floor." ated 12/15/17 completed by trning, hope [client A] is doing ting on Thursday I was up front tog ready to leave and saw one of tunning and said she needs the teone was yelling for help in I ran back to help and [client tog face down I helped the staff tower and sat him up to get him to the I said omg (oh my ton peanut butter, I saw we need to we sat him up some of the toming up and at that point the					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 24 of 123

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>00</u>	-	ESURVEY LETED 1/2018	
NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350				
	SUMMARY (EACH DEFICIENT REGULATORY OF Nurse came in and I on peanut butter." -Typed statement desindicated, "On 12/1 peanut butter sandwell I ran to assist when hallway. When I apsitting on (sic) floor giving him back blood because he was courasked that he continually approached and too call 911. I then ran At that time, I waited directed them upon arrived 5 or 10 minuarrived, EMT's took nurse." -Handwritten Stater by Medical Support from the senior programediately. [MS # went directly to the sitting on the floor in was attempting to get throat. Slowly he because he was couraged in the peanut butter sate [MS #2] to sit behind administer the Hein continued to barely for the Paramedics.	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL ELSC IDENTIFYING INFORMATION told her I think he's choking ated 12/15/17 by staff #2 4/17 [client A] choked on a vich at approximately 11:15 am. I heard people running in the proached, [client A] was coughing. [Staff #1] was ows. I asked her to stop ghing Peanut Butter up. I mue to cough. Then the nurse k over. She asked someone to to my office and made that call. ed for EMT's in the hallway and their approach. The EMT's utes from my call. When they control with help from the ment dated 12/14/17 completed (MS) #1 indicated, "[DSP #1] gram asked for medical help f2] went to get [RN #1] and I senior room. [Client A] was making a wheezing noise. Staff et him to cough to clear his egan to loose (sic) his color. I [client A] coughed a little of indwich up. [RN #1] instructed and [client A] on the floor to nlich Maneuver. [Client A] pass some air. [RN #1] asked to be called. EMS (Emergency arrived and took over. [Client	1709 F	ARRAND AVE	ECTION JULD BE	(X5) COMPLETION DATE	
	A] was laid back an food in [client A's] tool to pull the pear throat. The paramed	d the paramedic observed the throat. The paramedic used a nut butter sandwich from his lic asked did [client A] always thing and we replied 'no'. After					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 25 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	r í	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 01/24/	ETED
NAME OF P	PROVIDER OR SUPPLIEF	<u>.</u>		1709 FA	DDRESS, CITY, STATE, ZIP COD ARRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	[Client A] was then [client A]. EMS beg transport." -Handwritten Stater by MS #2 indicated	lient A] stopped breathing. intubated and they bagged gan CPR and prepared to ment dated 12/15/17 completed , "I was in [staff #3's] office the in very much in distress,					
	available was not an over to [RN #1's] of began to explain that When we arrived, [a staff trying to help be were dark blue, his	e. [Nurse #1] was not vailable at the time so I ran ffice. She was there and I then at there was a '911 situation'. client A] was on the floor with him sit up. [Client A's] lips breathing was quick and harsh, ng to reach out to some one					
	with his hands. [Sta explaining that [clie sandwich and while choke and then his began to give him a him to cough out th Manager (PM) #1].	ff #1] then updated [RN #1] ent A] had a peanut butter the was eating he began to airway was blocked. [RN #1] bdominal thrusts; trying to get the food. Then [Program thad me sit on the floor behind the upright. Then [RN #1] had					
	me back up enough had me hold his bac open his airway wh abdominal thrust. V and they took over.	to get him to lay down and the with his chin up to help ile she continued with the We did this until EMS arrived					
	indicated on 12/14/ informed by [MS #/ Activity area with [[MS #2] was unawa arrival to the DA (d [client A] sitting on the DA staff who w sitting position. [DS	atement completed by RN #1 17 at 11:20 AM, "I was 2] that I was needed in the Day DSP #1] and it was a 911 issue. are of what was wrong. Upon ay activity) area [RN #1] found the floor being assisted by ere holding him up in the SP #1] informed me that [client his peanut butter sandwich					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 26 of 123

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018
PALADIN	PROVIDER OR SUPPLIER		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	and they were unabrespirations were rastridor (high pitched noted. [Client A] wreached up and held skin was cyanotic (liskin) with purple lip was informed to cal assessed his mouth Foreign material to visible. While await [client A] on his bacto attempt to open willips became less put to be very labored a arrived followed be Paramedic attempte his throat but was u [client A's] respiration cleared part of the a and then proceeded placed on the monit was unable to palpa were started. [Clien back board and onto continued." -Typed Statement do Qualified Intellectu (QIDP) #1 indicated staff calling for [RN emergency in senior (sic) classroom and there, staff were sta PB (peanut butter) seground sitting upwarbut shallow. [Staff and having him couland objects were could and objects were could asking him couland objects were could be skingly and objects were could be skingly and having him couland objects were could be skingly and having him couland objects were considered.	le to dislodge it. [Client A's] pid and labored with loud d noise when breathing in) as awake and alert as he I [RN #1's] hand. [Client A's] blue to gray coloring of the bes and cool to touch. 11:22 staff 1911 immediately. [RN #1] and back of throat for any remove. There was none ting EMS, [RN #1] layed (sic) bek and hyperextended his neck what airway was available. His reple but breathing continued and loud. First Responders [local county] EMS. The d to suction the sandwich from insuccessful. At that time ions stopped. The Paramedic airway using MaGill Forceps to intubate [client A]. He was or and pulse rate was 35. EMT te a pulse and compressions t A] was then placed on a to the cot for transport. CPR ated 12/14/17 completed by al Disabilities Professional d, "I heard medical support I #1] that there was an r classroom. [RN #1] started to I followed. When we got ting [client A] was choking on sandwich. He was on the ard. He was passing some air #1] was assisting with [MS #1] gh as some air was passing ming up. Then [RN #1] took have 911 called. [MS #1] did			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 27 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		r í	JILDING	ONSTRUCTION 00	(X3) DATE COMPI 01/24	LETED
NAME OF I	PROVIDER OR SUPPLIE N, INC	R		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	DATE
1110		ding to the call directory. [RN		1110			BITE
		continuing to attempt to					
	_	d do some compressions to					
	-	and move air. I observed and					
	asked if (sic) need	ed assistance. Medical staff					
	were there assisting	g [RN #1] as well. I talked to					
		to keep them calm. I then					
		and held door for EMTs- (6					
	1	l, and then stayed clear due to					
		ple involved and amount of					
	_	the guardian due to the					
		[client A] left in (sic)					
	ambulance, [RN #1] followed. I stayed in contact with [RN #1] and guardian for (sic) remainder of						
		7pm for updates and informed					
		EO. Later I also contacted staff					
		ght before in regards to [client					
		only able to talk to [DSP #3]. I					
	_	d his lunch? (sic) She said 'No' I					
	1	packed lunch? She said she					
	wasn't sure. Asked	if [client A] packed his lunch?					
	She said she didn't	know but didn't think so. [PM					
	#1] contacted [DS]	P #4] and spoke to her. I also					
		that was assisting and she said					
		e yell for help and that is when					
		I asked to have her submit her					
	documentation in i	-					
	assistance/involver	ment."					
	The facility's 12/1/	4/17 Issues to be Reviewed and					
	•	Person Has Had a Choking					
		wed on 1/8/18 at 1:52 PM.					
		lity's abovementioned document					
		wing (not all inclusive):					
	-Client A choked of	on a peanut butter sandwich.					
	-Client A had no p	revious choking episodes.					
	-Client A had chev						
	-Client A's choking	g incident occurred on 12/14/17					
	at 1:15 PM.						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 28 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. BUILDI B. WING	NG	nstruction 00	(X3) DATE COMPL 01/24 /	ETED	
NAME OF	PROVIDER OR SUPPLIE N, INC	R	17	'09 FA	DDRESS, CITY, STATE, ZIP COD RRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREI TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	When asked if their completed and/or is report for review, or pending investigat reportables, and an reports) from the innotification. Mortar gotten any further to do the internal reports and procedures to CEO, HR, Director having a policy for for when to call 91 individuals for a sife foods that are high events, as well as a sent with clients (from any season with client A's -Primary Impression -Chief Complaint: -Assessment Summan Mental Status configurative: Disparalle patient that we on arrival found a was sitting on the gassisting in holding assisting in holding in the season with a season with the season with th	Choking (duration 10 minutes) nary - Skin Cyanotic and					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 29 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	COM	TE SURVEY MPLETED 24/2018	
NAME OF I	PROVIDER OR SUPPLIEF		1709 F	ADDRESS, CITY, STATE, ZIP ARRAND AVE RTE, IN 46350	COD	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	I SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	advised that they be and had no success. or trauma to the pat and attempting to comovement. Pt had swas slow to respond a rate of 4-6 per min position. Mac 4 lary into the oral pharyn was noted upon insocomplete airway ob were used to remove pieces of peanut but gasp and became appreathing) and pulsopatient was intubated ambulance CPR viturned over to ER set.—EMS arrived at the AM. Client A's 12/14/17 reviewed on 1/5/18 A's History and Phy (not all inclusive): -"History of Presenman who carries a complete airway ob were used to remove a syndrome, had a his and has chronic Foldisorder as well as a have any teeth who health today eating when he started chome. The staff tries (sic), patted on his land however they were have respiratory distance.	vas continued Pt care was				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 30 of 123

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	COM	TE SURVEY SPLETED 24/2018
NAME OF I	PROVIDER OR SUPPLIEF		1709 F	ADDRESS, CITY, STATE, ZIP (ARRAND AVE RTE, IN 46350	COD	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	back of his throat. I however lost pulse for about 5 minutes In the ER he was had was started on proportion. Proprofol (sich bedside he is intubative jerking. He is unrestoleastide. He does hat Impression and Platelearly from choking respiratory failure for the responding and hypothermia protoce protocol Dispositive With myoclonic jeren Reason for Visit: Ecoughing, choking (Home health care in arrest per EMS. PT peanut butter sandwith Client A's 12/16/17 reviewed on 1/5/18 A's Physician Program following (not all in the report (sic) that paties and fever since his si	an: Cardiac arrest. This is g on the Sandwich resulting in eading to cardiac arrest. He is hence meets the criteria for ol. Will initiate hypothermia ion. Obviously is critically ill. king has poor prognosis EMS called d/t (due to) pt on sandwich per pt's HHC RN registered nurse). Witnessed intubed (sic) per EMS, 1/2 vich removed with forceps" Physician Progress Notes were at 8:12 AM. Review of client ress Notes indicated the inclusive): at is unresponsive, intubated, out in obvious distress. Nurse tent has had myoclonic jerking rewarming" Physician Progress Notes were at 8:12 AM. Review of client ress Notes indicated the inclusive):				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 31 of 123

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CC A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF I	PROVIDER OR SUPPLIER	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	hypercapnic respiratory failure (rise in arterial carbon dioxide levels) Coma - secondary to anoxic brain injury Aspiration Pneumonia Sepsis - had repeat fever spike Guarded Prognosis"			
	Client A's 12/20/17 Physician Progress Notes were reviewed on 1/5/18 at 8:12 AM. Review of client A's Physician Progress Notes indicated the following (not all inclusive):			
	-" Called to bedside for RHC by RN. This was an expected that patient was terminally extubated today (sic). Reportedly patient suffered cardiac arrest. Patient has no heart or breath sounds for 60 seconds. He has no response to verbal or painful stimuli in all 4 extremities. Pupils are fixed and dilated. Estimated time of death is 1830"			
	Client A's 1/4/18 Discharge Documentation was reviewed on 1/5/18 at 8:12 AM. Review of client A's Discharge Documentation indicated the following (not all inclusive):			
	-"Date of Admission: 12/14/2017 -Date of Death: 12/20/2017 -Admitting Diagnosis: 1) Cardiac arrest. 2) Acute hypercapnic respiratory failure. 3) Lactic acidosis. 4) Metabolic acidosis as well as respiratory acidosis. 5) Hypotension. 6) Sepsis. 7) Fragile X Syndrome. 8) Anxiety disorderDeath Diagnosis: SameBrief Hospital Course: This is a 74 year old man who lives in a group home and had Fragile X Syndrome, had a history of neurogenic bladder and history of anxiety disorder as well. On the day of presentation he was eating a peanut butter sandwich and choked on it. He suffered cardiac arrest. He was brought to the ER and was intubated. After he underwent hypothermia			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 32 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED	
		15G331	B. WING		01/24/2018	
			CTDEET	ADDRESS, CITY, STATE, ZIP COD	l	
NAME OF I	PROVIDER OR SUPPLIE	R		ARRAND AVE		
PALADIN	I INC			RTE, IN 46350		
1 /\L/\DII	, 1110		12/11/01			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE COMPLETION	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
	_	npleting the hypothermia				
	^	woke up. Decided to make him				
	comfortable. He pa	assed away."				
	Client A's record y	vas reviewed on 1/5/18 at 12:40				
	PM.	vas reviewed on 1/3/16 at 12:40				
	1 171.					
	Client A's 6/21/17	Annual Case Conference (ACC)				
	indicated client A's	s diagnoses included, but were				
	not limited to, Inte	llectual Disability Fragile X				
	Syndrome, Diverti	culosis, and Drug-Induced				
	Parkinsonism. Clie	ent A's ACC and/or record				
	indicated client 's o	liet was regular, with no seeds,				
	popcorn, or nuts di	ue to diverticulosis. Client A's				
	ACC and/or record	l indicated client A was				
	edentulous (withou	ut teeth). Client A's record				
	indicated client A's	s risk plans and/or assessments				
	included, but were	not limited to, choking, fall,				
	catheter care, diver	rticulosis, and constipation.				
	Client A's Decemb	per 2017 Medication				
	Administration Re	cord (MAR) indicated client A's				
		- Consistency as tolerated."				
	Client Ale 6/10/17	Specific Level of Functioning				
		nysical Health Inventory				
		leted by QIDP #1. Client A's				
		ient A "needs some physical				
		in regard to "eating (uses				
		eating habits)". Client A's SLOF				
		what level of support client A eal time, what meal time needs				
		or what precautions staff should				
	take.	or what precautions start should				
	ukc.					
	Client A's 6/21/17	Choking Risk Assessment				
		ne following (not all inclusive):				
	(C10.1) maroutou ti					
	-Client A did not h	ave a swallowing disorder				
	diagnosed.					
	l					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 33 of 123

CENTERS FO	R MEDICARE & MEDIC				C	OMB NO. 0938-039	
	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C	ONSTRUCTION 00	ì í	TE SURVEY TPLETED	
AND PLAN	OF CORRECTION	15G331	B. WING	00	01/24/2018		
NAME OF	PROVIDER OR SUPPLIEI	R	1709 F	ADDRESS, CITY, STATE, ZIP COD FARRAND AVE RTE, IN 46350			
(X4) ID	CIMMADV	STATEMENT OF DEFICIENCIE	ID			(X5)	
PREFIX		NCY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL	ΓΙΟΝ LD BE	COMPLETION	
	`			(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE		
TAG		R LSC IDENTIFYING INFORMATION er was, "Regular; consistency	TAG	DEFICIENCY.		DATE	
	as tolerated, no see						
		ms included, "Difficulty					
	_	maintain weight, stuffing					
		nd lack of teeth (remains safe					
	when eating)."						
		ature and consistency was a					
	_	was to avoid IBS (irritable					
	1	oods, but did not indicate what					
	those were.						
	1	supervision while dining					
		ge to eat slowly; no talking					
		. Assist with cutting food into					
	•	es. Instruct resident in					
	_	ourage slow, careful eating.					
	Other: Encourage g	-					
		equire any adaptive equipment					
	while eating.						
	-Client A's CRA in	dicated client A needed to be					
	monitoring for the	following signs of choking,					
	"Sudden change in	breathing pattern and quality					
	of respirations: high	h-pitched sound, wheezing,					
	moist vocal quality	or inability to speak, water					
	eyes, drooling from	n the mouth/nasal cavity,					
	vomiting, skin colo	or changes of red/blue to the					
	face, lips and nails,	a look of 'panic' in their face					
	with increased anxi	iety, picking at their clothing,					
	grabbing their throa	at or attempting to run from the					
	area, unsteady gait,	weakness or sudden loss of					
	consciousness."						
	-Client A's CRA in	dicated the following in regard					
	to response to a cho						
	1 -	imlich Maneuver/Abdominal					
	thrust						
		ocument all incidents on					
		/Injury Report- 72 hr (hour)					
	Aspiration log- prn						
		e, Team leader, IDT				1	
	(interdisciplinary to						
	[(interdisciplinary to	zam) on cam.	I	i		I	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 34 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00 COMPLETED B. WING 01/24/2018				
		15G331	_		01/24/2018		
NAME OF F	PROVIDER OR SUPPLIER	2	1709 F	ADDRESS, CITY, STATE, ZIP COD FARRAND AVE PRTE, IN 46350			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)		
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	COMPLETION		
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE		
		ote indicated client A had					
		nternal hemorrhoids. Client A					
		llowing foods, "Corn, Nuts,					
	strawberries".	uits with seeds, such as					
	Daniana of aliant Al	- (/21/17 Ch -1-i Di-1-					
		s 6/21/17 Choking Risk ed client A's CRA failed to					
		what facility staff were to do					
		oking incident and/or when or					
	if they should conta	act emergency services and/or					
	call 911. Client A's CRA did not define what 'consistency as tolerated' meant. Client A's CRA						
		hat foods and/or food					
		es client A should avoid as he nad difficulty chewing, and					
	stuffed mouth with	_					
	stariou moutir with	1004.					
	Client A's 4/5/17 N	utrition Assessment indicated					
	client A's current di	et was, "Regular, texture as					
		nuts, popcorn." Client A's					
		ent's recommendations were to					
	continue his current	t diet.					
	Client A's 9/8/15 Pl	hysical documented on the					
		dmission Physical Form					
	indicated the follow	ving (not all inclusive):					
		an checked off regular diet for					
	client A.	Talandal In 192					
		ey as Tolerated. In addition to					
	consistencies of foo	difications in textures or					
		umers with chewing and/or					
	swallowing problen						
		in documented client at had					
	"no teeth".						
	Davious of alians Al	a managed failed to in-direct and and					
	Review of client A's record failed to indicate what consistency/texture of food client A was able to						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 35 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		· ′	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 01/24 /	ETED	
NAME OF F	PROVIDER OR SUPPLIEI I, INC	R		1709 FA	DDRESS, CITY, STATE, ZIP COD ARRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	consume and/or wh due to having no te	nat foods client A should avoid eth.					
	reviewed on 1/5/18 facility's policies ar facility had policies Emergencies and H	tes and procedures were at 3:54 PM. Review of the and procedures indicated the sand procedures for Medical lealth-Related Incidents. The Medical Emergency Plan wing:					
	an emergency when 911 shall be called situation and provide instructed and/or training the event of a new and staff are able to shall be transported -If outside Paladin's good judgement and for emergency care of care. -Once the individual	on-life threatening emergency o transport, individuals served, it to their local hospital s local area, staff is to follow d take appropriate measures to the nearest hospital or place all is stabilized, Paladin's RN					
	appropriate Paladin	the emergency. Other a staff that also needs to be Leader, Program Manager, or President/CEO."					
		Health-Related Incident d the following (not all					
	incident is defined potential to or has r of an individual rec examples include n admission to a med	of this policy a health-related as any incident that has the negatively affected the health ceiving service from Paladin. Inajor health changes such as lical facility like hospital or ER visits, Surgery or other					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 36 of 123

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF F	PROVIDER OR SUPPLIEF		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	(X5) COMPLETION DATE
	Safety Committee	ncidents shall be referred to the ttee shall look for patterns and			
	policies on 1/8/18 a incidents and/or even medical emergency should so in the even involving a client. I and procedures failed	ty's medical or health related t 1:52 PM failed to define what ents were considered to be a and/or what facility staff ent of a medical emergency Review of the facility's polices ed to indicate what facility egard to a choking incident			
	Resuscitation (CPR 1/8/18 at 1:52 PM i current in their CPF 12/14/17 incident received training or training on 8/22/17.	ty's Cardiopulmonary) and First Aid certificates on indicated DSP's #1 and #2 were t/First Aid at the time of the egarding client A. DSP #1 i 11/14/16 and DSP #2 received The training certificates ing was valid for 2 years.			
	Segment outline inc	ty's CPR training Video licated DSP's #1 and #2 were ollowing (not all inclusive):			
	person, cardiac eme				
	Training Form for c service on 1/8/18 at received training or	ty's Client Specific In Service client A at the facility's day 1:52 PM indicated DSP #1 17/26/16 on client A's behavior er care, choking plan,			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 37 of 123

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR			URVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		15G331	B. W	ING		01/24/2018	
				CTDFFT A	DDDEGG CITY GTATE ZID COD		
NAME OF P	ROVIDER OR SUPPLIER	L			ADDRESS, CITY, STATE, ZIP COD		
	LINIC				ARRAND AVE		
PALADIN	I, INC			LA POR	RTE, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	constipation, and m	edication side effects.					
	Review of the facili	ty's Client Specific In Service					
	Training form on 1/	8/18 at 1:52 PM indicated there					
	was no documentati	ion for DSP #2 in regard to					
		's client specific program					
	plans.						
	•						
	The facility's Direct	Support Professional (DSP)					
	•	Il facility staff were trained in					
	-	ring (not all inclusive) upon					
	hire and annually:						
	,						
	-"Health Care Coor	dination (HCC) Module					
		ies concerning HCC: Evaluate					
	_	ges in the individual's					
		ms, attend and document any					
		nts as needed, provide					
		h as CPR, First Aid, and/or					
		tor additional health concerns					
	_	abetes, arthritis, allergies,					
		Alzheimer's, and food or drug					
	related issues."						
	D. G Ol						
		vations were conducted on					
		M to 10:29 AM. The senior					
		/activity table, multiple					
	-	ble with two chairs, and a					
		able with four chairs. During					
	•	od, day services client A					
		o in a recliner, not reclined, with					
		er in hand. DSC B ate a snack					
	-	near staff. DSC C was seated					
		g soda and eating yogurt. DSC					
		ked to get her lunch box and					
		re she ate a snack from her					
	lunch box. Lunch ti	me was not observed during					
	the day services obs	servation.					
	DSP #1 was intervio	ewed on 1/5/18 at 10:29 AM.					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 38 of 123

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	TIPLE CO	NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILE	DING	00	COMPLETED	
		15G331	B. WING			01/24/2018	
			S	TREET A	DDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIER	<u>t</u>			RRAND AVE		
PALADIN	I, INC		L	A POR	TE, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	I	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		EFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	COMPLETION
TAG		LISC IDENTIFYING INFORMATION #1 indicated the following (not	T	CAG	DEFICIENCY		DATE
	all inclusive):	#1 indicated the following (not					
	-When asked what t	the staff to client ratio was					
		m, DSP #1 stated, "3 staff					
		e lost 2 (staff) last month.					
	[DSP #2] is a 1:1	with [DSC D]. I am the					
	lead." DSP #1 in	dicated only DSP #1 and					
	DSP #2 were pre	esent in the senior room at					
	the time of the in	cidentWhen asked when					
		ior room eat, DSP #1					
	stated, "Snacks and coffee in the morning,						
	like 8:30-8:45 AM. We do snack, do daily						
	chronicles (activ	ity). Snack is provided by					
	Paladin. usually	soft sugar cookies, muffins,					
	wafers." -When a	asked when clients in the					
	senior room eat,	DSP #1 stated, "At 10:45					
	AM we get lunch	n ready. Eat at 11:00 AM.					
	Lunches come fr	om home. We prepare and					
	cut up whatever	they bring in - we also cut					
	sandwiches." -W	hen asked if clients in the					
	senior room are a	able to eat throughout the					
	day when they as	re hungry, DSP #1 indicated					
	the facility had re	ecently merged with another					
	facility and this v	was a new building. DSP #1					
	stated, "At the ot	her building, they had a					
		0:15 AM, so it's a natural					
	routine. Those sr	nacks are sent from home."					
	DSP #1 indicated	d client A attended day					
		her building. DSP #1					
		some flexibility, but we try					
		les." -When asked what					
		as, DSP #1 stated, "No					
	onone ris dict wa	10, DDI 111 BUILOU, 110					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 39 of 123

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 01/24/	ETED
NAME OF F	PROVIDER OR SUPPLIEF		1709 FA	DDRESS, CITY, STATE, ZIP COD ARRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)	ATE	(X5) COMPLETION DATE
_		ular, soft. He had no teeth. I	-			
		with teeth." -When asked if				
	client A was a ch	noking risk, DSP #1 stated,				
		." -When asked what type				
	of food client A	typically brought in his				
	lunch, DSP #1 st	tated, "Mostly lunch meat				
	sandwiches, like	pimento loaf or bologna,				
	apple sauce, yog	urt, snack cake, water with				
	a crystal light pa	cket." DSP #1 indicated his				
	sandwich would	come to day services cut				
	into 4 pieces. DS	SP #1 indicated client A had				
	a peanut butter s	andwich on 12/14/17. DSP				
	#1 stated, "But w	with peanut butter, cut into 8				
	pieces." -When a	asked if client A had been				
	sent to day servi	ces with a peanut butter				
	sandwich before	the 12/14/17 incident, DSP				
	#1 stated, "It was	s the first time he had a				
	peanut butter sar	ndwich in a long time. I had				
	only seen lunchr	neat." -When asked how				
	long she had wo	rked with client A, DSP #1				
	indicated 15 year	rsWhen asked if client A				
	had any food res	trictions and/or food he was				
	to avoid, DSP #1	stated, "No coffee for				
	him, strawberry	pits, nuts, seeds, or				
		#1 was asked to explain				
	what occurred or	n 12/14/17 with client A.				
		That day during lunch time,				
		nen. [Client A] liked to eat				
	· ·	peanut butter sandwich,				
	11	urt. I cut the sandwich up				
	•	d to eat. He had no chips,				
	so I had cheeto b	palls. He recently, last few				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 40 of 123

	OF CORRECTION	IDENTIFICATION NUMBER 15G331	ľ í	JILDING	00	COMPL 01/24	ETED
NAME OF I	PROVIDER OR SUPPLIER	8			ADDRESS, CITY, STATE, ZIP COD ARRAND AVE		
PALADIN	I, INC			LA POR	RTE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
	days, didn't want	t to eat much and seemed a					
	little sluggish	I told him if he ate his food I					
	would give him	some cheeto balls. He was in					
	the kitchen, in a	regular arm chair, ate a bite					
	of his sandwich,	ate his yogurt. We had just					
	gotten out of the	bathroom because he had					
	an upset stomach	n. He took a piece or 2 of					
	sandwich, ate yo	gurt, go up to go to the					
	bathroom. About	t 2 minutes later he was					
	holding his stom	ach. I asked if he was okay					
	and he was gulpi	ing. I saw he was					
	discolored, his fa	ace was red. I said to [DSP					
	#2] 'I think he is	choking'. She got up from					
	feeding [DSC D]]. I did the Heimlich					
	Maneuver. I was	behind him, made fist					
	above his belly a	and thrust up. The color blue					
	was starting (his	face and lips). I instructed					
	to [DSP #2] to ta	nke over and I ran to the					
	nurse office to go	et help. I told [staff #3]					
	about it and I hea	aded back to the room					
	(where client A	was). [Staff #3] called [RN					
	#1]. By the time	I came back, he was going					
	down. [DSP #2]	was trying to catch him.					
	[RN #1] and [sta	ff #3] were behind me.					
	[RN #1] tried the	e Heimlich. He was					
	conscious, he co	ughed some out. He was					
	sitting on the gro	ound. She was behind him					
	trying to help. H	e coughed out a little. He					
		dwich at that point on the					
	table. [RN #1] di	irected staff to call the					
	_	was still trying the					
	Heimlich, he was	s gasping." -When asked					
	•		_		•		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 41 of 123

	of correction (X1) provider/supplier/clia (IDENTIFICATION NUMBER (15G331	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF I	PROVIDER OR SUPPLIER	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
TAG	what time the incident occurred, DSP #1 stated, "About 11:15 AM." -When asked if client A was supervised while eating, DSP #1 stated, "I was in the kitchen with him."-When asked if client A was to avoid peanut butter, DSP #1 indicated she was not aware of anythingWhen asked if client A had a choking plan, DSP #1 stated, "It says he has a regular diet, to eat slowly, no talking with food in his mouth, and good posture. I always put him in the kitchen chair because it helps his posture. It says monitor for choking." -When asked what client A's risk assessment indicated facility staff were to do in the event client A was choking, DSP #1 stated, "First aid is the Heimlich maneuver. Then documentation, but I didn't have time to document. Then notify people. I told the nurse before I documented (because he was choking)." -When asked why she didn't call 911 immediately and/or after the first Heimlich attempt was unsuccessful, DSP #1 stated, "I thought about it, but I didn't want to break protocol." -When asked if she received any retraining as a result if the 12/14/17 incident, DSP #1 stated, "No."DSP #2 was interviewed on 1/5/18 at 11:10 AM. Interview with DSP #2 indicated the following (not all inclusive): -When asked what her role was at the day services, DSP #2 stated, "I work 1 on 1 (one staff to one client) with [DSC D].	TAG		
	<u> </u>			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 42 of 123

	TOF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF F	PROVIDER OR SUPPLIER J, INC	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
TAG	Sometimes in a group. 1 to 1 means working on tasks and goals with [DSC D], like exercise." -When asked when clients in the senior room ate lunch, DSP #2 stated, "We prepare the food they bring. We toilet clients before eating and wash up. We set up the food, warm it, cut it, and serve." -When asked what she was doing when client A began choking on 12/14/17, DSP #2 stated, "I was feeding [DSC D] when it happened. He was sitting at the table in the kitchen. I saw him go towards the bathroom. He came out of the bathroom after a minute. He was holding his stomach. I went to him and asked if he was okay. I called to [DSP #1] who was in the kitchen. She asked is he choking? She started the Heimlich maneuver. Nothing came out. He was gasping. I took over and she got help. He was still up standing and walking. He walked from the bathroom and was by the chair. I then tried the Heimlich. He took a few steps and went down by the chair. I screamed for help. With me he fell and was on his side. That time, [DSP #1], [RN #1], and [staff #3] came. He was still breathing. I took off his sweatshirt. Nurses were there. Three	TAG		
	people, one behind him sitting on the floor doing the Heimlich. One nurse on the other side. I was tapping his hand trying to keep him with me. He was gasping for air. His neck was turning purplish. [RN #1] called			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 43 of 123

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	CON	TE SURVEY MPLETED 24/2018
NAME OF I	PROVIDER OR SUPPLIEF	₹	1709 F	ADDRESS, CITY, STATE, ZIP ARRAND AVE RTE, IN 46350	COD	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	911." -When ask	ted when client A began				
	choking, DSP #2	2 indicated before 11 AM,				
	5 or 10 minutes	until." -When asked if				
	anything was dif	ferent that day, DSP #2				
	stated, "He had p	peanut butter. That was the				
	2nd time I knew	about him having peanut				
	butter." -When a	sked if client A had a				
	choking plan, DS	SP #2 stated, "I think he had				
	a choking plan. l	He had no teeth, but he ate				
	okay." -When as	ked why 911 was not				
	called immediate	ely and/or after the first				
	Heimlich attemp	ot was unsuccessful, DSP #2				
	stated, "He was	still conscious and				
	breathing." -Who	en asked what the staffing				
	ratio was for the	senior room, DSP #2				
	stated, "Typicall	y 3 staff. Only two that day				
	because [DSP #3	B] was filling in elsewhere."				
	-When asked if s	she received any retraining				
	as a result if the	12/14/17 incident, DSP #2				
	stated, "No."QII	OP #1 was interviewed on				
	1/4/18 at 3:45 Pi	M. When asked if there				
	was a formal inv	restigation completed and/or				
	if there was an in	nvestigative report for				
	review, QIDP #1	stated, "This is a pending				
	investigation. Th	nis is the statements, the				
	reportables, and	any follow ups (to incident				
	reports) from the	e initial incident and the				
	death notification	n. Mortality review is open,				
	we haven't gotte	n any further besides				
	meeting. We me	t today to do the internal				
	review of the inc	eident, question any				
	statements, as w	ell as look for future policy				
	1		1	1		i .

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 44 of 123

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	NSTRUCTION	X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		15G331	B. WI	NG		01/24/2018	
NAME OF D	PROVIDER OR SUPPLIER			STREET A	DDRESS, CITY, STATE, ZIP COD		
					ARRAND AVE		
PALADIN, INC				LA POR	RTE, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	``	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION	ΓE	COMPLETION
TAG		LISC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	•	o create, update, review					
	· ·	R, Directors, Compliance.					
		ving a policy for choking,					
		nes for when to call 911. As					
	_	at other individuals for a					
		rell as looking at foods that					
	_	shouldn't be served at					
		s other things that should not					
	be sent with clien	nts (from home). That's it for					
	now and we are	gathering data now to put					
	narrative togethe	er." QIDP #1, RN #1, and					
	PM #1 were inte	rviewed on 1/5/18 at 4:10					
	PM. Interview w	ith QIDP #1, RN #1, and					
	PM #1 indicated	the following (not all					
	inclusive): -Whe	n asked what incidents					
	should be investi	gated, QIDP #1 stated, "All					
	alleged abuse, ne	eglect, or exploitation If					
	we are unsure, w	re definitely want to look					
		e point of views."-When					
		considered for an					
		DP #1 stated, "Statements					
	_	olved, individuals, where and					
		s, looking for all the facts."					
	· ·	en a staff person would be					
		ng investigation, PM #1					
		or suspected abuse, neglect,					
	_	-When asked how					
	corrective measu						
		an investigation, QIDP #1					
		n, we come together to see					
		lve for the person, as well					
		an be susceptible. Safety					
	as anyone who c	an of Susceptione. Safety					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 45 of 123

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	r í	JILDING	nstruction <u>00</u>	(X3) DATE : COMPL 01/24 /	ETED
NAME OF F	PROVIDER OR SUPPLIEF			1709 FA	DDRESS, CITY, STATE, ZIP COD ARRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	committee review include revision something change importance of id measures or action investigation, QI they are safe, that does not happen else." -When ask receive in regard medical situation training] occurs PM #1 stated, "[I emergency situations of receive in the can work with orderiving, abuse are situations." RN # CPR. Steps: attention call 911. It's 911." -When ask client should inceplan for choking of food they can diet is, any restrict up, to encourage more prompts. F possibility they rusing a gait belt equipment to keep importance of the committee of				CROSS-REFERENCED TO THE APPROPRIA	TE	
	or issues with vi	sion or hearing. It helps us					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

19

If continuation sheet Page 46 of 123

NAME OF PROVIDER OR SUPPLIER PALADIN, INC INC INC INC INC INC INC INC		IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 01/24/2018
SUMMARY STATEMENT OF DEFICIENCIE PREFEX (RACH DEFICIENCY MUST BE PRECEDED BY FILL TAG REGULATORY OR ISC DEDITIFYMEN INFORMATION determine level of risk. We train staff on all of them to have them know what to look for. When to call 911." QIDP #1 stated, "Different diagnoses and training needs." RN #1 stated, "History, issues defined, signs and symptoms, what to try, when to seek help, when to call 911. What to watch for and what to do. We review risk plans one time a year within the annual case conference and then [QIDP #1] goes over them with staff in the house to make sure they are trained."-When asked if staff are trained to call 911 first then the nurse. I always tell staff to call 911 first peception." All staff are trained to call 911 for anything they feel is life threatening, they do not need our permission." When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would be. "When asked when 911 should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to				1709 F	ARRAND AVE	
REFIX TAG REGULATORY OR LISC IDENTIFYEN INFORMATION determine level of risk. We train staff on all of them to have them know what to look for. When to call 911," QIDP #1 stated, "Different diagnoses and training needs." RN #1 stated, "History, issues defined, signs and symptoms, what to try, when to seek help, when to call 911. What to watch for and what to do. We review risk plans one time a year within the annual case conference and then [QIDP #1] goes over them with staff in the house to make sure they are trained."-When asked if staff are trained to call 911 first then the nurse. I always tell staff to call 911, Ry Hat stated, "All staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to	PALADIN	I, INC		LA POF	RTE, IN 46350	
determine level of risk. We train staff on all of them to have them know what to look for. When to call 911." QIDP #1 stated, "Different diagnoses and training needs." RN #1 stated, "History, issues defined, signs and symptoms, what to try, when to seek help, when to call 911. What to watch for and what to do. We review risk plans one time a year within the annual case conference and then [QIDP #1] goes over them with staff in the house to make sure they are trained."-When asked if staff are trained to call 911, RN #1 stated, "All staff are trained to call 911 first then the nurse. I always tell staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPE	E COMPLETION
When to call 911." QIDP #1 stated, "Different diagnoses and training needs." RN #1 stated, "History, issues defined, signs and symptoms, what to try, when to seek help, when to call 911. What to watch for and what to do. We review risk plans one time a year within the annual case conference and then [QIDP #1] goes over them with staff in the house to make sure they are trained."-When asked if staff are trained to call 911, RN #1 stated, "All staff are trained to call 911 first then the nurse. I always tell staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to						
"Different diagnoses and training needs." RN #1 stated, "History, issues defined, signs and symptoms, what to try, when to seek help, when to call 911. What to watch for and what to do. We review risk plans one time a year within the annual case conference and then [QIDP #1] goes over them with staff in the house to make sure they are trained."-When asked if staff are trained to call 911, RN #1 stated, "All staff are trained to call 911 first then the nurse. I always tell staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		of them to have t	them know what to look for.			
#1 stated, "History, issues defined, signs and symptoms, what to try, when to seek help, when to call 911. What to watch for and what to do. We review risk plans one time a year within the annual case conference and then [QIDP #1] goes over them with staff in the house to make sure they are trained."-When asked if staff are trained to call 911, RN #1 stated, "All staff are trained to call 911 first then the nurse. I always tell staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		When to call 911	." QIDP #1 stated,			
symptoms, what to try, when to seek help, when to call 911. What to watch for and what to do. We review risk plans one time a year within the annual case conference and then [QIDP #1] goes over them with staff in the house to make sure they are trained."-When asked if staff are trained to call 911, RN #1 stated, "All staff are trained to call 911 first then the nurse. I always tell staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		"Different diagn	oses and training needs." RN			
when to call 911. What to watch for and what to do. We review risk plans one time a year within the annual case conference and then [QIDP #1] goes over them with staff in the house to make sure they are trained."-When asked if staff are trained to call 911, RN #1 stated, "All staff are trained to call 911 first then the nurse. I always tell staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		#1 stated, "Histo	ry, issues defined, signs and			
what to do. We review risk plans one time a year within the annual case conference and then [QIDP #1] goes over them with staff in the house to make sure they are trained." When asked if staff are trained to call 911, RN #1 stated, "All staff are trained to call 911 first then the nurse. I always tell staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission." When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury." When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would be. When asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		symptoms, what	to try, when to seek help,			
year within the annual case conference and then [QIDP #1] goes over them with staff in the house to make sure they are trained." When asked if staff are trained to call 911, RN #1 stated, "All staff are trained to call 911 first then the nurse. I always tell staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission." When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury." When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would be. "When asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		when to call 911	. What to watch for and			
then [QIDP #1] goes over them with staff in the house to make sure they are trained."-When asked if staff are trained to call 911, RN #1 stated, "All staff are trained to call 911 first then the nurse. I always tell staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		what to do. We r	review risk plans one time a			
the house to make sure they are trained."-When asked if staff are trained to call 911, RN #1 stated, "All staff are trained to call 911 first then the nurse. I always tell staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		year within the a	nnual case conference and			
trained."-When asked if staff are trained to call 911, RN #1 stated, "All staff are trained to call 911 first then the nurse. I always tell staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		then [QIDP #1] a	goes over them with staff in			
call 911, RN #1 stated, "All staff are trained to call 911 first then the nurse. I always tell staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		the house to mak	te sure they are			
to call 911 first then the nurse. I always tell staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		trained."-When a	asked if staff are trained to			
staff to call 911 if they feel they need to." PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		call 911, RN #1	stated, "All staff are trained			
PM #1 stated, "Staff are trained to call 911 for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		to call 911 first t	hen the nurse. I always tell			
for anything they feel is life threatening, they do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		staff to call 911	if they feel they need to."			
do not need our permission."-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		PM #1 stated, "S	taff are trained to call 911			
what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		for anything they	y feel is life threatening, they			
emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		do not need our	permission."-When asked			
issues, anyone unresponsive, respiratory distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		what would be c	onsidered a medical			
distress, unexplained chest pain, uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		emergency, RN	#1 stated, "Diabetic sugar			
uncontrolled seizures, fall with injury."-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		issues, anyone u	nresponsive, respiratory			
asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		distress, unexpla	ined chest pain,			
emergency, QIDP #1, RN #1, and PM #1 indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		uncontrolled seiz	zures, fall with injury."-When			
indicated choking would beWhen asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		asked if choking	was considered a medical			
when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		emergency, QID	P #1, RN #1, and PM #1			
choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		indicated chokin	g would beWhen asked			
for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to		when 911 should	l be called if a client is			
would because even if they come out of it, if it was able to be removed, they still need to		choking, RN #1	indicated it should be called			
it was able to be removed, they still need to		for any choking	incident. RN #1 stated, "I			
		would because e	ven if they come out of it, if			
be checked and make sure the airway is		it was able to be	removed, they still need to			
		be checked and a	make sure the airway is			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 47 of 123

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE COMPI 01/24	LETED
PALADIN	Г		1709 F. LA POF	ADDRESS, CITY, STATE, ZIP CO ARRAND AVE RTE, IN 46350	D	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE API DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
		r the better." -When asked				
		on was completed for the				
		at regarding client A, QIDP				
		athered the statements and				
		ndividuals (staff) involved. interviewed, could have				
		All staff involved were				
	_	lked with. No formal report				
		doing the internal review for				
		en asked if any staff were				
	1	gard to the 12/14/17 incident				
		IDP #1, RN #1, and PM #1				
	indicated no staf	f were suspended at any				
	pointWhen ask	ked what corrective action				
	was completed a	s a result of the 12/14/17				
	incident and if a	ny retraining of staff had				
	occurred, QIDP	#1 stated, "At this point,				
	met with the ID7	Γ about updating risk plans.				
		reat to others, foods. We				
		O about putting a procedure				
	_	n what exactly to do and				
		." PM #1 stated, "February				
		ning to go over everything.				
		e homes talking to staff, but				
	no formal sit dov	,				
	1	"RN #1 stated, "With staff				
	1	, I've told them to please call not had formal training yet."				
		here were any policies and				
		h addressed what incidents				
	^	medical emergencies				
		f should do, QIDP #1				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 48 of 123

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF F	PROVIDER OR SUPPLIEF		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE COMPLETION
	stated, "Not that point we have policy (as a result indicated he provided whatever policies stated, "We have the homes, but nemergencies. The fevers." QIDP ### protocols for nor fever, vomiting, not for emergencies if there was a point place that specified on oneWhen a foods that some of stay away from, vegetables Had removed so it's it size pieces to material pieces to material pieces. The protocols for nor fever, vomiting, not for emergencial there was a point place that specified in place that specified in place that some of the protocols for nor fever, vomiting, not for emergencial there was a point place that specified in place that some of the protocols in place that some of the protocols in place that was butter is an absolutter is an absolutter is definited needed to be more because that was foods."-When as foods."-When as			CROSS-REFERENCED TO THE APPROF	PRIATE
	siaicu, Tuont ir	ink he had a problem with			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 49 of 123

	NT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 01/24/2018
PALADIN	PROVIDER OR SUPPLIER	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
IAG	swallowing." QIDP #1 stated, "No history of choking, his gums are pretty good. At least 9 years without teeth." -When asked if client A had a choking risk plan in addition to his choking assessment, QIDP #1 stated, "We usually use those as risk plans. They are assessment and prevention. Restrictions (food or consistency of food) would be on there. At the time when assessing with a history of no choking, nothing was restricted." -When asked if client A's risk assessment should indicate when to call 911 or if client A should have a risk plan in regard to choking which told staff when to call 911, RN #1 stated, "It's hard for me being the nurse I am (ER nurse), that someone wouldn't just do it (call 911). Yes, when to call 911 should be in the plan." QIDP #1 stated, "Yes, it should be in there in writing." -When asked what consistency or texture as tolerated meant, RN #1 stated, "Generally that would mean whatever he can chew." -When asked if two people who have consistency or texture as tolerated prescribed by their physician could mean something different, RN #1 stated, "Yes, it's all in interpretation. It needs to be more specific." -When asked if all facility staff should receive client specific training prior to working with clients, QIDP #1 stated, "Yes." -When asked if staff should have	IAG		DATE
	called 911 immediately on 12/14/17 when			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 50 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED
		15G331	B. WING		01/24/2018
NAME OF I	PROVIDER OR SUPPLIE	R	STREET A	ADDRESS, CITY, STATE, ZIP COD	
		••		ARRAND AVE	
PALADIN	N, INC		LA POF	RTE, IN 46350	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	
TAG		R LSC IDENTIFYING INFORMATION oking, RN #1 stated, "Yes.	TAG	DIA TOLLARO I	DATE
		one person is there, one			
		•			
		eimlich and one call. If by			
	1 *	1 first. Just like CPR			
	_	1." RN #1 indicated DSP's			
		d have called 911			
	1	N #1 indicated DSP's #1 and			
		called 911 after the first			
	1	ot was unsuccessful. QIDP			
		wed on 1/4/18 at 3:49 PM.			
	QIDP #1 indicated the facility's policy to				
	_	se or neglect of clients should			
	_	at all times. The facility's			
	policies and pro	cedures were reviewed on			
	1/5/18 at 3:54 P	M. The facility's 03/2006			
	Incident Report	ing to BDDS indicated the			
	following (not a	ıll inclusive): -"In a bid to			
	protect the healt	th and welfare of the			
	individuals we s	serve Paladin shall file a State			
	incident report of	on the incident report form			
	prescribed by B	DDS for an incident that			
	falls under the li	ist below: 1. Alleged,			
	suspected, or ac	tual abuse, neglect, or			
	exploitation of a	an individual. An incident in			
	this category sha	all also be reported to adult			
	protective service	ces or child protection			
	services as appli	icable. Any staff members			
	involved in this	type of incident will be			
		duty pending investigation			
	-	ide (sic), but is not limited to,			
	_	le: I. Appropriate staff			
	_	e or training III. Adequate			
		6 1			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 51 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN	F CORRECTION IDENTIFICATION NUMBER A. BUILDING <u>00</u> COM		COMPL				
		15G331	B. W	ING		01/24/	2018
NAME OF P	PROVIDER OR SUPPLIER	8		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	· ·	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	food and medica						
	individualStaf	f shall call their supervisor					
	immediately who	enever there is a reportable					
	incident. All inci	dents shall be documented.					
	-When a staff me	ember determines that an					
	individual is in d	langer, he/she shall					
	immediately call	911 and report the incident					
	_	through with other agency					
	reporting requirements after the individual						
	has been taken care of."The federal tag						
	relates to complaints #IN00249030 and						
	#IN00250085. 9-3-2(a)						
W 0154	483.420(d)(3)						
DI4= 00	STAFF TREATME						
Bldg. 00		nave evidence that all are thoroughly investigated.					
		on, record review, and	W ()154	W154		03/09/2018
		allegation of abuse, neglect,	''``	W 0154 W154 To correct the deficiency now an		and	
	and/or injury of unk	known source reviewed, the			for the future of all effected clie		
		nduct a thorough investigation			all alleged incidents that may		
	-	gation of neglect which			potentially harmful will be repo		
	resulted in a chokin	g incident of client A.			per guidelines of BQIS Incider	nt	
	Findings include:				Reporting as was done but thoroughly investigated in a tir manner as well. Care	mely	
	The facility's Burea	u of Developmental Disabilities			Coordinators will continuously		
	_	eportables and investigations			follow up with all questions		
	were reviewed on 1	/4/18 at 3:30 PM.			regarding the incident. All		
	Daview of the facili	ity's BDDS reportables			incidents will be reported by st	tatt	
		ving (not all inclusive):			immediately to the Care Coordinators/Program Manage	ers.	
					which they will then immediate		
	-BDDS reportable of	dated 12/15/17 indicated on			initiate the investigation proce	•	
		nch, [client A] brought in one			and gather the investigation te		
		vich. Day program staff cut			comprised of the Care		
		pieces, sat with the group, and			Coordinator, Program Manage	er,	
	assisted as needed.	After he was finished eating			Director and Corporate		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 52 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	, ,	UILDING	onstruction 00	(X3) DATE COMPL 01/24/	ETED
NAME OF I	PROVIDER OR SUPPLIEI	2		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	he got up and went returned he appeare stomach, gasping for Staff attempted Heithrusts. Once the masked that 911 be commediately. Within (Emergency Medic scene and they took transported to [nam (sic) left [day servicum esponsive. [Clie plan dated 6/21/20] history of choking states he has difficum aintain weight, st lack of teeth. He is encourage slow eat into bite sizes, and of this writing, [clie unit) in [name of losedate and paralyze been having. They lower his body tem to assist his breathin ventilator slightly. pressure) are stable (Immediate and Lowith Agency CEO Agency Director resulting in the diagnosis is the arrest after choking since the incident. Some seizing/tremostem that is unable	to the bathroom. As he ed off balance, holding his or air. He was chocking (sic). mlich Maneuver/Abdominal arse came on the scene, she alled. This was completed in 5-10 minutes, EMT's all Technicians) were on the cover. [Client A] was e of local hospital]. As he,			Compliance Officer that would the new investigation packet/r (SEE ATTACHED- Rough Dr to complete the timely, thorous and consistent investigation. Care Coordinator will collect initial facts, documents and st statements to bring to the teat All information will then be reviewed and investigated uniteam feels that they have completed a comprehensive adetailed investigation. Then the investigation, the HR man will assist in the findings to determine action that needs to take place such as training, disciplinary or termination Each incident will be review be Safety/IR committee monthly ensure that all investigations of completed and thorough. The Safety committee includes Care Coordinators, Compliance coordinator and Program Manager/Director. They may then determine if any further changes/updates may need to take place. If so, the Corporar Compliance Officer would upon the procedure and/or Investig packet/report. This will be in place 3/9/18 and rough draft finalized by end of March.	d use report aft) gh all raff m. til the and after ger o y the to were e are	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

Page 53 of 123 If continuation sheet

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	of Correction identification number 15G331	A. BUILDING B. WING	00	COMPLETED 01/24/2018
NAME OF I	PROVIDER OR SUPPLIER	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	any changes in status, hospital nurse, Paladin nurse and guardian have been getting updates to decide on next steps and wanted to give a few days. All staff involved have provided statements and documentation of their involvement in incident. Incident is being reviewed by IDT (Interdisciplinary Team). All staff were up to date in CPR (Cardiopulmonary Resuscitation). Systems/procedures in place for emergencies are being reviewed for any future incidents. Staff seemed to have followed plan in place. All choke (sic) risk assessments for other group home participants are being reviewed on 12/21/17 with IDT to be as detailed as possible." -BDDS reportable dated 12/21/17 indicated on 12/20/17 indicated, " [Client A] was in the hospital unresponsive since 12/14/17 after initial incident of choking. [Client A] was on a ventilator and show (sic) no signs of improving and responding. Attempts to decrease damage with cooling blankets and medications were provided. [Client A] continued to seize/tremor due to lack of oxygen to the brain. Doctors, guardian and team continued to monitor and after guardian reviewed with doctors and his status was removed from the ventilator at 12:30pm and passed away at 6:25pm. Plan to Resolve (Immediate and Long Term): Agency will be reviewing policies and procedures with compliance officers, directors and CEO for any future emergencies. All staff involved have given statements and reviewed. Staff will continue to follow and be trained on risk plans. Staff will continue to follow and be trained on risk plans. Staff will continue to provide trained safety care techniques such as CPR- they will remain up to date. All group home participants risk plans were reviewed in more detail to be updated and then trained on to staff (sic). Choking checklist will be reviewed and used as a training and teaching tool for safety of others Description of the event(s) surround			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 54 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF F	PROVIDER OR SUPPLIER		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION ows: Aspiration/Choking"	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	-BDDS Incident Fo indicated, "[Client A remain the same sin remained unrespons vitals were steady be increasing and after medications he contour The guardian conting worker and a few do and the status of [cl removed approx. (a 12/20/17. [Client A his oxygen levels growere given for compassed away at 6:25 Review of the facilitin investigation indicated complete and/or door of the 12/14/17 even with client A were resulted. Written Statements with client A were resulted. Review of the Written Statements with client A were resulted by Direct Hamiltonian Recompleted By Direct Hamilt	llow-Up Report dated 12/21/17 A's] health status continued to use being in the hospital. He sive on the ventilator. Some tut his temperature was be removing sedation tinued to seize/tremor (sic). Indeed to work with the social poetors; with the information itent A] the ventilator was approximately) 12:30pm on the size of the sedate of t			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 55 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	A. BUILDING B. WING	A. BUILDING <u>00</u>		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF	PROVIDER OR SUPPLIE N, INC	R	1709	ET ADDRESS, CITY, STATE, ZIP COD FARRAND AVE ORTE, IN 46350			
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETION	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	DATE	
	went to the Med of Nurse (RN) #1] ca	ffice to get help. [Registered me to the scene."					
	completed by DSP peanut butter sand [DSP #1] cut up hi table with the rest apple sauce, yogur started eating his harea. He got up and sitting in the classic client but I saw hir staggering and hol and approached [c. bathroom and call for air. My co-wor turned and said I tithe Heimlich mane to gasp and I tried co-worker went for couple of steps tow started to fall to the someone to help me and helping me to others were assisting.	Report Form dated 12/14/17 #2 indicated, "[Client A] had a wich for lunch, my co-worker is sandwich and put it on the of his lunch (1 P Sandwich, it, and bottle of water). He unch at the table in the kitchen id went into the bathroom. I was room feeding an (sic) other in coming out of the bathroom ding his stomach. So, I got up then the district of the (sic) his name, he was gasping ker was in the kitchen and hink he's choking and started enver on him, but he continued the Heimlich on him, while in help. So, [client A] took a wards the classroom and he are ground. I was yelling for the and people started coming roll him over. The nurse and mg him on the floor."					
	ok After our mee at the office getting the staff members	orning, hope [client A] is doing sting on Thursday I was up front g ready to leave and saw one of running and said she needs the neone was yelling for help in					
	day servce (sic) so A] was on the floo member turn him o on his feet and hea looked closer and i smelt (sic) peanu	I ran back to help and [client r face down I helped the staff over and sat him up to get him rd him gasping for air and notice (sic) he was choking and t butter on him, the staff member unch then I said omg (oh my					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 56 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331 AND PLAN OF CORRECTION A. BUILDING B. WING		COMI	PLETED 4/2018		
NAME OF I	PROVIDER OR SUPPLIEF		170	eet address, city, state, zi 09 FARRAND AVE PORTE, IN 46350	P COD	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFI TAC	CROSS-REFERENCED TO TH	N SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
	to get him up and a peanut butter was c	n peanut butter, I saw we need s we sat him up some of the oming up and at that point the told her I think he's choking				
	indicated, "On 12/1 peanut butter sandw I ran to assist when hallway. When I ap sitting on (sic) floor giving him back blo because he was cou asked that he contin approached and too call 911. I then ran At that time, I waited directed them upon arrived 5 or 10 min	ated 12/15/17 by staff #2 4/17 [client A] choked on a vich at approximately 11:15 am. I heard people running in the proached, [client A] was r coughing. [Staff #1] was ows. I asked her to stop ghing Peanut Butter up. I nue to cough. Then the nurse k over She asked someone to to my office and made that call. ed for EMT's in the hallway and their approach. The EMT's utes from my call. When they a control with help from the				
	by Medical Support from the senior projection immediately. [MS # went directly to the sitting on the floor was attempting to g throat. Slowly he be [RN #1] arrived and the peanut butter sa [MS #2] to sit behin administer the Hein continued to barely for the Paramedics Medical Services) a A] was laid back ar	ment dated 12/14/17 completed (MS) #1 indicated, "[DSP #1] gram asked for medical help #2] went to get [RN #1] and I senior room. [Client A] was making a wheezing noise. Staff et him to cough to clear his egan to loose (sic) his color. If [client A] coughed a little of indwich up. [RN #1] instructed ind [client A] on the floor to inlich Maneuver. [Client A] pass some air. [RN #1] asked to be called. EMS (Emergency strived and took over. [Client ind the paramedic observed the throat. The paramedic used a				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 57 of 123

	TOF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF F	PROVIDER OR SUPPLIER	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	tool to pull the peanut butter sandwich from his throat. The paramedic asked did [client A] always have problems breathing and we replied 'no'. After the food removal [client A] stopped breathing. [Client A] was then intubated and they bagged [client A]. EMS began CPR and prepared to transport." -Handwritten Statement dated 12/15/17 completed by MS #2 indicated, "I was in [staff #3's] office when [staff #4] came in very much in distress, searching for a nurse. [Nurse #1] was not available was not available at the time so I ran over to [RN #1's] office. She was there and I then began to explain that there was a '911 situation'. When we arrived, [client A] was on the floor with staff trying to help him sit up. [Client A's] lips were dark blue, his breathing was quick and harsh, but he was still trying to reach out to some one with his hands. [Staff #1] then updated [RN #1] explaining that [client A] had a peanut butter sandwich and while he was eating he began to choke and then his airway was blocked. [RN #1] began to give him abdominal thrusts; trying to get him to cough out the food. Then [Program Manager (PM) #1] had me sit on the floor behind him to help keep him upright. Then [RN #1] had me back up enough to get him to lay down and had me hold his back with his chin up to help open his airway while she continued with the abdominal thrust. We did this until EMS arrived and they took over." -Undated Typed Statement completed by RN #1 indicated on 12/14/17 at 11:20 AM, "I was informed by [MS #2] that I was needed in the Day Activity area with [DSP #1] and it was a 911 issue. [MS #2] was unaware of what was wrong. Upon			
	arrival to the DA (day activity) area [RN #1] found [client A] sitting on the floor being assisted by			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 7YZ311

Facility ID: 000849

If continuation sheet

Page 58 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MUI A. BUII B. WIN	LDING	NSTRUCTION 00	(X3) DATE (COMPL 01/24 /	ETED
NAME OF F	PROVIDER OR SUPPLIEF			1709 FA	DDRESS, CITY, STATE, ZIP COD RRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	P	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤE	(X5) COMPLETION DATE
	sitting position. [DS A] had a choked on and they were unab respirations were rastridor (high pitched noted. [Client A] wereached up and held skin was cyanotic (purple lips and cool informed to call 91 his mouth and back material to remove. awaiting EMS, [RN back and hyperexte open what airway weless purple but breat labored and loud. Followed be [local cattempted to suction but was unsuccessfire respirations stopped of the airway using proceeded to intubation the monitor and unable to palpate a started. [Client A] board and onto the continued." -Typed Statement de Qualified Intellecture (QIDP) #1 indicated staff calling for [RN emergency in senio (sic) classroom and there, staff were staff PB (peanut butter) signound sitting upwards and sitting upwards a	ere holding him up in the SP #1] informed me that [client his peanut butter sandwich le to dislodge it. [Client A's] pid and labored with loud dinoise when breathing in) as awake and alert as he I [RN #1's] hand. [Client A's] pidue to gray skin color) with to touch. 11:22 staff was I immediately. [RN #1] assessed of throat for any Foreign There was none visible. While #1] layed (sic) [client A] on his maded his neck to attempt to was available. His lips became thing continued to be very inst Responders arrived county] EMS. The Paramedic on the sandwich from his throat all. At that time [client A's] If the Paramedic cleared part MaGill Forceps and then the [client A]. He was placed pulse rate was 35. EMT was pulse and compressions were was then placed on a back cot for transport. CPR ated 12/14/17 completed by all Disabilities Professional did, "I heard medical support If #1] that there was an or classroom. [RN #1] started to I followed. When we got thing [client A] was choking on sandwich. He was on the lard. He was passing some air #1] was assisting with [MS #1]					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 59 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	OF CORRECTION	IDENTIFICATION NUMBER 15G331	JILDING	00	COMPL 01/24/	ETED
NAME OF F	PROVIDER OR SUPPLIER		1709 FA	ADRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	and objects were co over, she stated to h this at 11:23 accord #1] and staff were c remove objects and help remove item at asked if (sic) needed were there assisting other participants to opened (sic) door at staff) when arrived, the amount of peopl space. I contacted th incident and when [ambulance, [RN #1] with [RN #1] and gr (sic) evening until 7 our director and CE that worked the nigh A's] lunch. I was on asked if she packed asked if [DSP #4] p wasn't sure. Asked if She said she didn't I #1] contacted [DSP spoke to [staff #1] t she heard someone she went to assist. I documentation in re assistance/involvem The facility's 12/14/ Addressed when a I Incident was review Review of the facili indicated the follow -Client A choked or	_				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 60 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. BUILDING B. WING	00	COMPI 01/24		
NAME OF P	PROVIDER OR SUPPLIER	8	1709	T ADDRESS, CITY, STATE, ZIP COD FARRAND AVE DRTE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR -Client A had chew	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION ing difficulties. incident occurred on 12/14/17	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO DEFICIENCY)	BE	(X5) COMPLETION DATE
	at 1:15 PM. QIDP #1 was interv When asked if there completed and/or if report for review, Q pending investigatio reportables, and any reports) from the in notification. Mortal gotten any further b to do the internal re any statements, as v and procedures to c CEO, HR, Directors having a policy for for when to call 911 individuals for a sin foods that are high events, as well as of sent with clients (fra and we are gatherin together."	riewed on 1/4/18 at 3:45 PM. e was a formal investigation There was an investigative PIDP #1 stated, "This is a con. This is the statements, the ry follow ups (to incident itial incident and the death ity review is open, we haven't resides meeting. We met today view of the incident, question well as look for future policy reate, update, review with the s, Compliance. We discussed choking, as well as timelines 1. As well as looking at other milar risk, as well as looking at risk that shouldn't be served at ther things that should not be om home). That's it for now g data now to put narrative				
	witness statements incident with client	ity's incident reports and in regard to the 12/14/17 A indicated the facility failed gh investigation to determine ill inclusive):				
	from house staff that -What was in client day services on the -Timeline of events choking incident be and what they did, y	documentation of interviews at worked on 12/13/17 A's lunch box when he left morning of 12/14/17 to include the time the agan, what staff were involved when 911 was called, when when EMS left, including				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 61 of 123

PRINTED: 03/21/2018

	T OF HEALTH AND HU R MEDICARE & MEDIO					ORM APPROVED OMB NO. 0938-039
	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION <u>00</u>	CTION (X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF I	PROVIDER OR SUPPLIE	R	1709 F	ADDRESS, CITY, STATE, ZIP COD FARRAND AVE RTE, IN 46350	-	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	BE	(X5) COMPLETION DATE
	facility nurse arrive -Timeline of client statements indicate down on the floor, statement indicatin -Why 911 was not -Review of client A plans or protocols -Interviews and/or with clients that we time the incident of -Review of staffing time the incident of -If client A started peanut butter sands the bathroom -How much or wha prior to choking -If client A had foot table to go to the be -If client A could h snack prior to eatin -If the training stat reviewed -If any facility staff airway -Indicate what the who witness the in -Elapsed time betw choking and when Review of the facil witness statements incident indicated to	A's record to determine if any were implemented as written documentation of interviews ere in the senior room at the courred gratio in the senior room at the courred choking while eating the wich or while coming back from at food client A had consumed and in his mouth when he left the eathroom ave eaten part of his lunch or ag lunch as of staff involved was attempted to clear client A's position of each staff person cident eren the onset of client A enterprise in the position of each staff person cident are the onset of client A enterprise incident regard to the 12/14/17 the facility failed to document involved staff, and/or develop				

FORM CMS-2567(02-99) Previous Versions Obsolete

Day Services Observations were conducted on 1/5/18 from 9:57 AM to 10:29 AM. The senior

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 62 of 123

	TOF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF I	PROVIDER OR SUPPLIER	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	room had an dining/activity table, multiple recliners, a small table with two chairs, a kitchenette with a table with four chairs. During the observation period, day services client A (DSC A) was asleep in a recliner, not reclined, with a granola bar wrapper in hand. DSC B ate a snack at the activity table near staff. DSC C was seated at the table drinking soda and eating yogurt. DSC A woke up and walked to get her lunch box and sat at the table, where she ate a snack from her lunch box. Lunch time was not observed during the day services observation. DSP #1 was interviewed on 1/5/18 at 10:29 AM. Interview with DSP #1 indicated the following (not all inclusive): -When asked what the staff to client ratio was in the senior room, DSP #1 stated, "3 staff to 13 clients. We lost 2 (staff) last month. [DSP #2] is a 1:1 with [DSC D]. I am the lead." DSP #1 indicated only DSP #1 and DSP #2 were present in the senior room at the time of the incident. -When asked when clients in the senior room eat, DSP #1 stated, "Snacks and coffee in the morning, like 8:30-8:45 AM. We do snack, do daily chronicles (activity). Snack is provided by Paladin, usually soft sugar cookies, muffins, wafers." -When asked when clients in the senior room eat, DSP #1 stated, "At 10:45 AM we get lunch ready. Eat at 11:00 AM. Lunches come from home. We prepare and cut up whatever they bring in - we also cut sandwiches." -When asked if clients in the senior room are able to eat throughout the day as they are hungry, DSP #1 indicated the facility had recently merged			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 63 of 123

	NT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA I OF CORRECTION IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	COM	TE SURVEY MPLETED 24/2018
NAME OF	PROVIDER OR SUPPLIER	1709 F	ADDRESS, CITY, STATE, ZIP COI ARRAND AVE RTE, IN 46350	D	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APP DEFICIENCY)	CTION ULD BE PROPRIATE	(X5) COMPLETION DATE
	with another facility and this was a new building. DSP #1 stated, "At the other building, they had a break at 10:00-10:15 AM, so its a natural routine. Those snacks are sent from home." DSP #1 indicated client A attended day services at the other building. DSP #1 stated, "There is some flexibility, but we try to follow schedules." -When asked what client A's diet was, DSP #1 stated, "No special diet. Regular, soft. He had no teeth. I never seen him with teeth." -When asked if client A was a choking risk, DSP #1 stated, "He had no teeth." -When asked what type of food client A typically brought in his lunch, DSP #1 stated, "Mostly lunch meat sandwiches, like pimento loaf or bologna, apple sauce, yogurt, snack cake, water with a crystal light packet." DSP #1 indicated his sandwich would come to day services cut into 4 pieces. DSP #1 indicated client A had a peanut butter sandwich on 12/14/17. DSP #1 stated, "But with peanut butter, cut into 8 pieces." -When asked if client A had been sent to day services with a peanut butter sandwich in a long time. I had only seen lunchmeat." -When asked how long she had worked with client A, DSP #1 indicated 15 years. -When asked if client A had any food restrictions and/or food he was to avoid, DSP #1 stated, "No coffee for him, strawberry pits, nuts, seeds, or popcorn." -DSP #1 was asked to explain what occurred on				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 64 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. BUILDING B. WING	A. BUILDING <u>00</u> COM		LETED 1/2018	
NAME OF	PROVIDER OR SUPPLIEI		1709	ET ADDRESS, CITY, STATE, ZIP COD FARRAND AVE ORTE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRO DEFICIENCY)) BE	(X5) COMPLETION DATE
IAU	12/14/17 with clien during lunch time, like to eat alone. He apple sauce, yogurt proceeded to eat. He cheeto balls. He rec want to eat much at told him if he ate he cheeto balls. He wa arm chair, ate a bite yogurt. We had just because he had an or 2 of sandwich, a bathroom. About 2 his stomach. I asket gulping. I saw he we I said to [DSP #2]' up from feeding [D Maneuver. I was be belly and thrust up. (his face and lips). over and I ran to the [staff #3] about it a (where client A was the time I came bace #2] was trying to cawere begin me. [RY conscious, he cough on the ground. She He coughed out a lift at that point on the call the paramedics Heimlich, he was get when asked what DSP #1 stated, "Aburden asked if clients."	t A. DSP #1 stated, "That day I was in the kitchen. [Client A] I was in the kitchen. [Client A] I had a peanut butter sandwich, I cut the sandwich up and he had no chips, so I had beently, last few days, didn't had seemed a little sluggish I has food I would give him some has in the kitchen, in a regular has of his sandwich, ate his has gotten out of the bathroom hapset stomach. He took a piece he yogurt, go up to go to the minutes later he was holding had if he was okay and he was has discolored, his face was red. I think he is choking'. She got has been did the Heimlich heim him, made fist above his he color blue was starting I instructed to [DSP #2] to take he nurse office to get help. I told had I headed back to the room has. [Staff #3] called [RN #1]. By hat, he was going down. [DSP hatch him. [RN #1] and [staff #3] had [staf				DATE

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 65 of 123

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MUL A. BUIL B. WING	DING	NSTRUCTION 00	(X3) DATE (COMPL 01/24 /	ETED
NAME OF F	PROVIDER OR SUPPLIEF			1709 FA	DDRESS, CITY, STATE, ZIP COD RRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
		A was to avoid peanut butter, ne was not aware of anything.					
	#1 stated, "It says h slowly, no talking v good posture. I alway	nt A had a choking plan, DSP e has a regular diet, to eat with food in his mouth, and ays put him in the kitchen ps his posture. It says monitor					
	indicated facility sta client A was chokin the Heimlich maned I didn't have time to	client A's risk assessment aff were to do in the event ag, DSP #1 stated, "First aid is aver. Then documentation, but be document. Then notify arse before I documented beking)."					
	and/or after the first	he didn't call 911 immediately t Heimlich attempt was #1 stated, "I thought about it, break protocol."					
		received any retraining as a 7 incident, DSP #1 stated,					
		ewed on 1/5/18 at 11:10 AM. 2 #2 indicated the following (not					
	services, DSP #2 state to one client) with [her role was at the day ated, "I work 1 on 1 (one staff DSC D]. Sometimes in a group. ng on tasks and goals with tise."					
		clients in the senior room ate d, "We prepare the food they					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 66 of 123

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF F	PROVIDER OR SUPPLIEI			1709 FA	DDRESS, CITY, STATE, ZIP COD RRAND AVE TE, IN 46350			
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OI	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
	We set up the food,	ents before eating and wash up. , warm it, cut it, and serve."						
	began choking on I feeding [DSC D] wat the table in the k the bathroom. He cominute. He was hol and asked if he was was in the kitchen. Started the heimlich He was gasping. It was still up standin the bathroom and wheimlich. He took at the chair. I screame was on his side. tha [staff #3] came. he his sweatshirt. Nursone behind him sitt heimlich. One nurstapping his hand try	she was doing when client A 2/14/17, DSP #2 stated, "I was then it happened. He was sitting itchen. I saw him go towards ame out of the bathroom after a ding his stomach. I went to him is okay. I called to [DSP #1] who She asked is he choking? She in maneuver. Nothing came out. ook over ands he got help. he go and walking. He walked from was by the chair. I then tried the in few steps and went down by bed for help. With me he fell and that time, [DSP #1], [RN #1], and was still breathing. I took off sees were there. Three people, ing on the floor doing the e on the other side. I was lying to keep him with me. He is neck was turning stalled 911."						
	#2 indicated before	client A began choking, DSP 11 AM, 5 or 10 minutes until." thing was different that day,						
	DSP #2 stated, "He	had peanut butter. That was v about him having peanut						
		ent A had a choking plan, DSP ne had a choking plan. He had e okay."						
	-	911 was not called immediately theimlich attempt was						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 67 of 123

AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. BUILDING B. WING	00	COMPLETED 01/24/2018	
NAME OF F	PROVIDER OR SUPPLIEF	8	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	unsuccessful, DSP conscious and breat	#2 stated, "He was still hing."			
	senior room, DSP #	the staffing ratio was for the stated, "Typically 3 staff. because [DSP #3] was filling in			
	result if the 12/14/1 "No."	received any retraining as a 7 incident, DSP #2 stated,			
	When asked if there was completed and investigative report "This is a pending i statements, the report (to incident reports) the death notification we haven't gotten a We met today to do incident, question a	for review, QIDP #1 stated, investigation. This is the presentables, and any follow ups of from the initial incident and ion. Mortality review is open, my further besides meeting. In the internal review of the my statements, as well as look			
	review with the CE We discussed havir as timelines for who looking at other ind well as looking at fo shouldn't be served things that should n	d procedures to create, update, O, HR, Directors, Compliance. In a policy for choking, as well as ividuals for a similar risk, as poods that are high risk that at events, as well as other ot be sent with clients (from now and we are gathering data as together."			
	1/5/18 at 4:10 PM.	nd PM #1 were interviewed on Interview with QIDP #1, RN #1, d the following (not all			
	-When asked what	incidents should be			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 68 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPL A. BUILDING B. WING	LE CONSTRUCTION G 00	CON	TE SURVEY MPLETED 24/2018	
NAME OF P	PROVIDER OR SUPPLIER		170	EET ADDRESS, CITY, STATE, ZIP CO 19 FARRAND AVE PORTE, IN 46350	DD .	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR investigated, QIDP	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION #1 stated, "All alleged abuse,	ID PREFIX TAG	CROSS-REFERENCED TO THE AP	OULD BE	(X5) COMPLETION DATE
	definitely want to lo views."	tion If we are unsure, we book into it and get the point of				
	investigation, QIDF	was considered for an P #1 stated, "Statements from adividuals, where and when, for all the facts."				
	suspended pending	a staff person would be investigation, PM #1 stated, ed abuse, neglect, or				
	are determined after stated, "As a team," best to resolved for who can be suscept:	orrective measures or action r an investigation, QIDP #1 we come together to see how the person, as well as anyone ible. Safety committee reviews o include revision of something thing changed."				
	corrective measures investigation, QIDF	the importance of identifying s or actions as a result of an 2 #1 stated, "Make sure they atever occurred) does not em or anyone else."				
	to choking or emerg #1 stated, "[DSP tra well as CPR." PM # includes emergency we use for our DSP work with out clien and neglect, emerge "Choking is in CPR	training staff receive in regard gency medical situations, QIDP tining] occurs every year, as #1 stated, "[DSP training] situations. It's the program 's. Must take it before you can ts. It covers safe driving, abuse ency situations." RN #1 stated, Steps: attempt abdominal 1911. It's automatic in training				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 69 of 123

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331			A. BUILDING B. WING	00	COMPLETED 01/24/2018
NAME OF I	PROVIDER OR SUPPLIEF	8	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	include, RN #1 stat should include what cannot eat, what the needs to be cut up, slowly, to give more that is a possibility or using a fait belt of equipment to keep the watch out for it if the issues with vision of determine level of a them to have them to call 911." QIDP and training needs. issues defined, sign when to seek help, watch for and what one time a year with and then [QIDP #1] the house to make so the nurse. I always they need to." PM #1 call 911 for anything they do not need out the work when asked what emergency, RN #1 anyone unresponsive unexplained chest provided with a sked if chows the call of the call o	a risk plan for a client should ed, "Risk plan for choking t types of food they can or cir diet is, any restrictions, if it to encourage to eat more e prompts. Fall risks for anyone they might fall. Staff available or whatever they need for them safe. List of things to ney are on psych meds or ar hearing. It helps us risk. We train staff on all of know what to look for. When #1 stated, "Different diagnoses 'RN #1 stated, "History, s and symptoms, what to try, when to call 911. What to to do. We review risk plans hin the annual case conference I goes over them with staff in sure they are trained." If are trained to call 911 first then tell staff to call 911 if they feel #1 stated, "Staff are trained to get they feel is life threatening, are permission." would be considered a medical stated, "Diabetic sugar issues, we, respiratory distress, pain, uncontrolled seizures, fall king was considered a medical #1, RN #1, and PM #1 indicated			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 70 of 123

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE C A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF I	PROVIDER OR SUPPLIEI N, INC	.	1709 F	ADDRESS, CITY, STATE, ZIP COD FARRAND AVE RTE, IN 46350		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R I SC IDENTIFYING INFORMATION	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)		
PREFIX TAG	REGULATORY OF When asked when is choking, RN #1 any choking incide because even if the to be removed, they make sure the airway better." -When asked if an after the 12/14/17 incompleted as a result if any retraining of stated, "We gath the looked into all indical clients were intervited oversight. All staff talked with. No for doing the internal results when asked if any regard to the 12/14/14, RN #1, and PM suspended at any possible with the looked what completed as a result if any retraining of stated, "At this poin updating risk plans."	R LSC IDENTIFYING INFORMATION 911 should be called if a client indicated it should be called for int. RN #1 stated, "I would by come out of it, if it was able of still need to be checked and any is clear. The sooner the investigation was completed cident regarding client A, QIDP interest the statements and viduals (staff) involved. No ewed, could have been involved were discussed and imal report at this point, just eview for mortality." The staff were suspended in 1/17 incident with client A, QIDP #1 indicated no staff were	PREFIX TAG		ATE COMPLETION DATE	
	and when to call 91 is all staff training	king in on what exactly to do 1." PM #1 stated, "February 2 to go over ve been in the homes talking				
	to staff, but no for documentation). over in that area 911 first Have	ormal sit down on train (or "RN #1 stated, "With staff, I've told them to please call not had formal training yet."				
	1	nd #IN00250085. 9-3-2(a)				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 71 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED		
		15G331	B. W	ING		01/24/	2018
NAME OF P	PROVIDER OR SUPPLIER		<u> </u>	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDENCE NEARLOS CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	TC	COMPLETION
TAG	REGULATORY OR	LISC IDENTIFYING INFORMATION		TAG	G DEFICIENCY)		DATE
	483.430(e)(1) STAFF TRAINING The facility must p initial and continuit employee to perform effectively, efficient Based on observation interview for 1 of 4 failed to ensure faci competency to respectange and/or to improcedures of callin ensure all day services specific training in reference (BDDS) rewere reviewed on 1/2 Review of the facility indicated the follow -BDDS reportable of 12/14/17, " For lute Peanut butter sandwes sandwich up into 8 p assisted as needed. A he got up and went returned he appeared stomach, gasping fo Staff attempted Heir thrusts. Once the nute asked that 911 be cat immediately. Within (Emergency Medica scene and they took	B PROGRAM orovide each employee with ing training that enables the form his or her duties only, and competently. on, record review, and sampled clients (A), the facility lity staff were trained to ond to client A's health status uplement emergency ing 911 immediately and/or to ces staff received client regard to client A.	W		W189 To correct the deficiency now for the future of individual effected Paladin will ensure stare trained on competency to effectively and efficiently performance to assist individuals programs. New hire staff will continue to receive orientation training such as CPR, CPI and other information on how to have any life threatening circumstar by calling 911 immediately. Paladin's on-line modules have competency-based tests in whis staff must score at least 80% in pass. Paladin has also install visual cues/reminders of what shall do in emergency situation Staff will not only learn to hand the medical emergencies that arise but the client specific training on how to care specific to their basic needs. Such examples would be BSPs/Rist assessments/nursing and nutritional care. These plans will be developed either the Care Coordinator/Nu and trained to new hires. Staff also receive on-going training Care Coordinator and nurse we	and cted be aff orm d d andle nces enich to led staff ns. dle will cally k	
	transported to [name (sic) left [day service				Care Coordinator and nurse w observations and visits weekly		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 72 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) N		(X2) M	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR			SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. B	UILDING	00	COMPL	ETED
		15G331	B. W	ING		01/24/2018	
				CTDEET A	ADDRESS CITY STATE ZID COD		
NAME OF F	PROVIDER OR SUPPLIER	S.			ADDRESS, CITY, STATE, ZIP COD ARRAND AVE		
	LINC						
PALADIN	N, IINO			LAPOR	RTE, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	unresponsive. [Client A] does have a choking				Staff will receive monthly train	ing	
	plan dated 6/21/2017. [Client A] does not have a				by Care Coordinators/Nurse a	t all	
	history of choking e	episodes. His risk assessment			staff meetings monthly. IDT v	vill	
	states he has difficu	lty chewing, failure to			continue to review updates on		
	maintain weight, stu	affing mouth with food, and			individuals to review if plans n	eed	
		on a regular diet. Staff are to			changes.		
	encourage slow eati	ng and no talking, cut up food			Plans will be reviewed at least		
	into bite sizes, and	encourage good posture. As			annually but updated as need	ed	
	of this writing, [client A] is in ICU (intensive care				per the needs of the individual	s.	
	unit) in [name of local hospital]. He is on meds to				Staff will receive the trainings		
	sedate and paralyze him due to seizures he has				annually and as needed. Care	Э	
	been having. They are using cooling blankets to				Coordinators would train their	staff	
	lower his body temperature. He is on a ventilator				depending on which area of		
	to assist his breathing. He is breathing over the				service they receive-EX: group)	
	ventilator slightly. I	His pulse and BP (blood			home or day service.		
	pressure) are stable	at this time. Plan to Resolve			Care coordinator, compliance		
	(Immediate and Lor	ng Term): We will be reviewing			coordinator and new DSM-Dire	ect	
	with Agency CEO (Chief Executive Officer) and			Support Mentor position will be	е	
	Agency Director rev	vised emergency procedures."			auditing and ensuring that all		
					trainings are completed for the	9	
		llow-Up Report dated 12/18/17			client specific training and that	t all	
	indicated, "1. Yes, I	t was clear that the PB (peanut			signatures are in place as wel	l.	
	butter) sandwich is	what [client A] choked on. 2.			A new client specific in service	9	
	_	t he experienced respiratory			training form(SEE ATTACHED))	
	_	and has been unresponsive			has been developed as well to)	
		The lack of oxygen has caused			ensure more accuracy to indic	ate	
		rs and damage to the brain			the specific training as comple		
		to be recovered. 3. He			and staff sign off on that they		
		esponsive and monitored for			been trained and able to perfo		
		ıs, hospital nurse, Paladin			their duties. Computer trackin	g	
	I	have been getting updates to			system is being looked at as v	vell	
	_	s and wanted to give a few			assist to ensure staff have had		
	l -	ved have provided statements			required trainings and should	be in	
		of their involvement in			place by end of April.		
		being reviewed by IDT			This will be completed by 3/9/		
		eam). All staff were up to date			Computer tracking system- Er	nd of	
		nonary Resuscitation).			April.		
		s in place for emergencies are					
	_	any future incidents. Staff					
	seemed to have followed plan in place. All choke						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Facility ID: 000849

7YZ311

If continuation sheet Page 73 of 123

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	ì í	ILDING	nstruction <u>00</u>	(X3) DATE : COMPL 01/24/	ETED
NAME OF P	PROVIDER OR SUPPLIEF			1709 FA	DDRESS, CITY, STATE, ZIP COD ARRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΛTE	(X5) COMPLETION DATE
		nts for other group home ng reviewed on 12/21/17 with d as possible."					
	12/20/17 indicated, hospital unresponsi incident of choking and show (sic) no sresponding. Attemptooling blankets an [Client A] continue oxygen to the brain continued to monito with doctors and his ventilator at 12:30p Plan to Resolve (Im Agency will be review the compliance of any future emergen given statements and to follow and be tracontinue to provide such as CPR- they of group home particing in more detail to be to staff (sic). Choki and used as a training of others Descript this death is as follows Description of the same similar t	dated 12/21/17 indicated on " [Client A] was in the ve since 12/14/17 after initial . [Client A] was on a ventilator igns of improving and its to decrease damage with d medications were provided. d to seize/tremor due to lack of . Doctors, guardian and team or and after guardian reviewed is status was removed from the m and passed away at 6:25pm. Immediate and Long Term): ewing policies and procedures ficers, directors and CEO for cies. All staff involved have d reviewed. Staff will continue ined on risk plans. Staff will trained safety care techniques will remain up to date. All bants risk plans were reviewed updated and then trained on ing checklist will be reviewed ing and teaching tool for safety ition of the event(s) surround ows: Aspiration/Choking" llow-Up Report dated 12/21/17 A's] health status continued to the being in the hospital. He					
	remained unrespons vitals were steady be increasing and after medications he con The guardian contin	sive on the ventilator. Some ut his temperature was					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 74 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018				
NAME OF P	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	COMPLETION			
	and the status of [cl removed approx. (a 12/20/17. [Client A his oxygen levels go were given for compassed away at 6:25]. Written Statements with client A were at Review of the Writt following (not all in -Communication Recompleted by Direct #1 indicated, "[Clie sandwich for lunch and he began to eat bathroom. As he was balanced (sic), hold air. He was chockin Heimlich Manuver My co-worker cont cough but he was go went to the Med off Nurse (RN) #1] can -Communication Recompleted by DSP peanut butter sandw [DSP #1] cut up his table with the rest of apple sauce, yogurt started eating his lu area. He got up and sitting in the classroclient but I saw him staggering and hold and approached [client was provided [client was personnel with the classroclient but I saw him staggering and hold and approached [client was personnel was personn	ient A] the ventilator was pproximately) 12:30pm on a solution of						
	(sic) his name, he was gasping						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 75 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF I	PROVIDER OR SUPPLIEI	₹	170	9 FA	DDRESS, CITY, STATE, ZIP COD RRAND AVE TE, IN 46350		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL	ID PREFIX	ζ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	NTC.	(X5) COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	G CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		AIE	DATE
	for air. My co-worl	ker was in the kitchen and					
	turned and said I th	ink he's choking and started					
	the Heimlich mane	uver on him, but he continued					
	to gasp and I tried t	he Heimlich on him, while					
	co-worker went for	help. So, [client A] took a					
	couple of steps tow	ards the classroom and he					
	started to fall to the	ground. I was yelling for					
	someone to help m						
	and helping me to						
	others were assisting him on the floor." -Email statement dated 12/15/17 completed by staff #1, "Good morning, hope [client A] is doing						
	ok After our meeting on Thursday I was up front						
		ready to leave and saw one of					
		running and said she needs the					
		eone was yelling for help in					
		I ran back to help and [client					
		face down I helped the staff					
		ver and sat him up to get him					
		rd him gasping for air and notice (sic) he was choking and					
		butter on him, the staff member					
		nch then I said omg (oh my					
		on peanut butter, I saw we need					
		s we sat him up some of the					
		oming up and at that point the					
	_	told her I think he's choking					
	on peanut butter."	told her runnik he s choking					
	-Typed statement d	ated 12/15/17 by staff #2					
		4/17 [client A] choked on a					
		vich at approximately 11:15 am.					
	-	I heard people running in the					
		proached, [client A] was					
		r coughing. [Staff #1] was					
		ows. I asked her to stop					
		ighing Peanut Butter up. I					
	asked that he continue to cough. Then the nurse approached and took over She asked someone to						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 76 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018				
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350					
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR call 911. I then ran	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION to my office and made that call. ed for EMT's in the hallway and	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	(X5) COMPLETION DATE			
	directed them upon arrived 5 or 10 min	their approach. The EMT's utes from my call. When they control with help from the						
	by Medical Support from the senior programmediately. [MS # went directly to the sitting on the floor is was attempting to g throat. Slowly he be [RN #1] arrived and the peanut butter sa [MS #2] to sit behin administer the Hein continued to barely for the Paramedics Medical Services) a A] was laid back an food in [client A's] tool to pull the pean throat. The paramed have problems breathe food removal [c [Client A] was then	ment dated 12/14/17 completed (MS) #1 indicated, "[DSP #1] gram asked for medical help #2] went to get [RN #1] and I senior room. [Client A] was making a wheezing noise. Staff et him to cough to clear his egan to loose (sic) his color. It [client A] coughed a little of indwich up. [RN #1] instructed and [client A] on the floor to inlich Maneuver. [Client A] pass some air. [RN #1] asked to be called. EMS (Emergency strived and took over. [Client ind the paramedic observed the throat. The paramedic used a mut butter sandwich from his lic asked did [client A] always thing and we replied 'no'. After lient A] stopped breathing. intubated and they bagged gan CPR and prepared to						
	by MS #2 indicated when [staff #4] carr searching for a nurs available was not av over to [RN #1's] of began to explain that	ment dated 12/15/17 completed, "I was in [staff #3's] office the in very much in distress, the increase in the staff was not available at the time so I ran at there was a '911 situation'. Client A] was on the floor with						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 77 of 123

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	NT OF DEFICIENCIES OF CORRECTION	ì '		E CONSTRUCTION G 00	COMF	(X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF I	PROVIDER OR SUPPLIE	R	1709	ET ADDRESS, CITY, STATE, ZIP C PARRAND AVE PORTE, IN 46350	OD		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE A	IOULD BE	(X5) COMPLETION	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	FROFRIATE	DATE	
	staff trying to help were dark blue, his but he was still try; with his hands. [St explaining that [cli sandwich and whil choke and then his began to give him him to cough out the Manager (PM) #1] him to help keep him back up enough had me hold his back open his airway which abdominal thrust. And they took over and they took over -Undated Typed Stindicated on 12/14, informed by [MS #Activity area with [MS #2] was unawarrival to the DA ([client A] sitting on the DA staff who wis sitting position. [Di A] had a choked on and they were unal respirations were respirations.	him sit up. [Client A's] lips breathing was quick and harsh, ing to reach out to some one aff #1] then updated [RN #1] ent A] had a peanut butter e he was eating he began to airway was blocked. [RN #1] abdominal thrusts; trying to get ne food. Then [Program had me sit on the floor behind im upright. Then [RN #1] had n to get him to lay down and ck with his chin up to help nile she continued with the We did this until EMS arrived		CROSS-REFERENCED TO THE A			
	reached up and hel skin was cyanotic (purple lips and coo	vas awake and alert as he d [RN #1's] hand. [Client A's] (blue to gray skin color) with ol to touch. 11:22 staff was 1 immediately. [RN #1] assessed					
	his mouth and back material to remove awaiting EMS, [RI back and hyperexto	t immediately. [RN #1] assessed to of throat for any Foreign . There was none visible. While N #1] layed (sic) [client A] on his ended his neck to attempt to was available. His lips became					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 78 of 123

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	ENT OF DEFICIENCIES N OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MUI A. BUII B. WIN	LDING	NSTRUCTION 00	(X3) DATE (COMPL 01/24 /	ETED
NAME OF	PROVIDER OR SUPPLIER			1709 FA	DDRESS, CITY, STATE, ZIP COD RRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	Р.	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	labored and loud. F followed be [local of attempted to suction but was unsuccessf respirations stopped of the airway using proceeded to intuba on the monitor and unable to palpate a started. [Client A] board and onto the continued." -Typed Statement of Qualified Intellectu (QIDP) #1 indicate staff calling for [RN emergency in senio (sic) classroom and there, staff were sta PB (peanut butter) ground sitting upwa but shallow. [Staff and having him cou and objects were co over, she stated to h this at 11:23 accord #1] and staff were of remove objects and help remove item a asked if (sic) neede were there assisting other participants to opened (sic) door a staff) when arrived the amount of peop space. I contacted t incident and when	thing continued to be very irst Responders arrived county] EMS. The Paramedic in the sandwich from his throat al. At that time [client A's] if the Paramedic cleared part MaGill Forceps and then the [client A]. He was placed pulse rate was 35. EMT was pulse and compressions were was then placed on a back cot for transport. CPR Lated 12/14/17 completed by al Disabilities Professional d, "I heard medical support N #1] that there was an relassroom. [RN #1] started to I followed. When we got ting [client A] was choking on sandwich. He was on the ard. He was passing some air #1] was assisting with [MS #1] agh as some air was passing oming up. Then [RN #1] took have 911 called. [MS #1] did ling to the call directory. [RN continuing to attempt to do some compressions to and move air. I observed and diassistance. Medical staff [RN #1] as well. I talked to be keep them calm. I then and held door for EMTs- (6 and then stayed clear due to the guardian due to the felient A] left in (sic) [followed. I stayed in contact					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 79 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF I	PROVIDER OR SUPPLIER	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
	with [RN #1] and guardian for (sic) remainder of (sic) evening until 7pm for updates and informed our director and CEO. Later I also contacted staff that worked the night before in regards to [client A's] lunch. I was only able to talk to [DSP #3]. I asked if she packed his lunch? (sic) She said 'No' I asked if [DSP #4] packed lunch? She said she wasn't sure. Asked if [client A] packed his lunch? She said she didn't know but didn't think so. [PM #1] contacted [DSP #4] and spoke to her. I also spoke to [staff #1] that was assisting and she said she heard someone yell for help and that is when she went to assist. I asked to have her submit her documentation in regards to her assistance/involvement." The facility's policies and procedures were reviewed on 1/5/18 at 3:54 PM. Review of the facility had policies and procedures for Medical Emergencies and Health-Related Incidents. The facility's undated Medical Emergency Plan indicated the following: -"In the event of a life threatening emergency or an emergency where staff is unable to transport, 911 shall be called. Staff will explain emergency situation and provide life safety measures as instructed and/or trainedIn the event of a non-life threatening emergency and staff are able to transport, individuals served, shall be transported to their local hospitalIf outside Paladin's local area, staff is to follow good judgement and take appropriate measures for emergency care to the nearest hospital or place of careOnce the individual is stabilized, Paladin's RN shall be notified of the emergency. Other appropriate Paladin staff that also needs to be notified: e.g. Team Leader, Program Manager,				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 80 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CO A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 01/24/2018		
NAME OF F	PROVIDER OR SUPPLIEI I, INC	R	STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION or President/CEO."	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
		Health-Related Incident d the following (not all					
	incident is defined potential to or has in of an individual rece examples include in admission to a med nursing home (sic), medical procedures -All heath-related in Safety Committee	ncidents shall be referred to the ittee shall look for patterns and					
	policies failed to de events were consid emergency and/or with the event of a medi- client. Review of the procedures failed to	ity's medical or health related efine what incidents and/or ered to be a medical what facility staff should so in cal emergency involving a ne facility's polices and o indicate what facility staff d to a choking incident					
	Resuscitation (CPR 1/8/18 at 1:52 PM is current in their CPI 12/14/17 incident received training or training on 8/22/17	ity's Cardiopulmonary and First Aid certificates on indicated DSP's #1 and #2 were R/First Aid at the time of the egarding client A. DSP #1 in 11/14/16 and DSP #2 received. The training certificates ing was valid for 2 years.					
		ity's CPR training Video 1/8/18 at 1:52 PM indicated					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 81 of 123

	AN OF CORRECTION IDENTIFICATION NUMBER A.		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 01/24/2018		
NAME OF F	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350				
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION BY trained on the the following	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	COMPLETION		
	(not all inclusive): -"Before giving care	e and checking an injured or ill					
	_						
	Training Form on 1 the facility's day ser received training or support plan, cathet	ity's Client Specific In Service /8/18 at 1:52 PM for client A at rvice indicated DSP #1 a 7/26/16 on client A's behavior er care, choking plan, edication side effects.					
	Training form indic documentation for l	ty's Client Specific In Service rated there was no DSP #2 in regard to training on cific program plans.					
	training on 1/8/18 a	t Support Professional (DSP) t 1:52 PM indicated all facility a regard to the following (not hire and annually:					
	-DSP Responsibilit and document chan behavior or sympto medical appointment emergency care suc Calling 911 Moni such as seizures, dia	dination (HCC) Module ies concerning HCC: Evaluate ges in the individual's ms, attend and document any nts as needed, provide th as CPR, First Aid, and/or tor additional health concerns abetes, arthritis, allergies, Alzheimer's, and food or drug					
	1/5/18 from 9:57 A	vations were conducted on M to 10:29 AM. The senior /activity table, multiple					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 82 of 123

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. B	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	kitchenette with a tithe observation per (DSC A) was asleed a granola bar wrapper at the activity table at the table drinking A woke up and wall sat at the table, who lunch box. Lunch tithe day services observed by the	ble with two chairs, and a able with four chairs. During iod, day services client A or in a recliner, not reclined, with her in hand. DSC B ate a snack near staff. DSC C was seated a soda and eating yogurt. DSC ked to get her lunch box and here she ate a snack from her me was not observed during servation. The weed on 1/5/18 at 10:29 AM. The was in the kitchen are in the kitchen. [Client A] Itehad a peanut butter had a peanut butter had seemed a little sluggish Iteh is food I would give him some as in the kitchen, in a regular of his sandwich, ate his a gotten out of the bathroom his sandwich, ate his a gotten out of the bathroom his sandwich, and he was has discolored, his face was red. It think he is choking'. She got SC D]. I did the Heimlich hind him, made fist above his The color blue was starting a instructed to [DSP #2] to take the nurse office to get help. I told and I headed back to the room					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 83 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018				
NAME OF I	PROVIDER OR SUPPLIEI	₹	STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350					
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OI	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AL DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
	the time I came bac #2] was trying to ca were behind me. [R was conscious, he can sitting on the ground to help. He cougher sandwich at that podirected staff to cal trying the Heimlicht. -When asked what DSP #1 stated, "Abdit of the pool of the	time the incident occurred, bout 11:15 AM." ent A had a choking plan, DSP he has a regular diet, to eat with food in his mouth, and ays put him in the kitchen ps his posture. It says monitor client A's risk assessment aff were to do in the event hig, DSP #1 stated, "First aid is uver. Then documentation, but to document. Then notify arse before I documented oking)." she didn't call 911 immediately the Heimlich attempt was #1 stated, "I thought about it,						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 84 of 123

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	COM	TE SURVEY IPLETED 24/2018
NAME OF F	PROVIDER OR SUPPLIER	R	1709 F	ADDRESS, CITY, STATE, ZIP CO ARRAND AVE RTE, IN 46350)D	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
		[DSC D]. Sometimes in a group. Ing on tasks and goals with Cise."				
	began choking on I feeding [DSC D] wat the table in the k the bathroom. He cominute. He was hol and asked if he was was in the kitchen. Started the Heimlich He was gasping. It was still up standin the bathroom and wheimlich. He took the chair. I screame was on his side. The [staff #3] came. He his sweatshirt. Nursone behind him sitt Heimlich. One nurstapping his hand try	she was doing when client A 2/14/17, DSP #2 stated, "I was then it happened. He was sitting itchen. I saw him go towards ame out of the bathroom after a ding his stomach. I went to him to kay. I called to [DSP #1] who She asked is he choking? She him maneuver. Nothing came out. ook over and she got help. He g and walking. He walked from was by the chair. I then tried the a few steps and went down by the different was still breathing. I took off sees were there. Three people, ing on the floor doing the see on the other side. I was wing to keep him with me. He . His neck was turning alled 911."				
	#2 indicated before	client A began choking, DSP 11 AM, 5 or 10 minutes until."				
	DSP #2 stated, "He	thing was different that day, had peanut butter. That was about him having peanut				
		ent A had a choking plan, DSP ne had a choking plan. He had okay."				
	-When asked why	911 was not called immediately				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 85 of 123

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 01/24 /	ETED
NAME OF F	PROVIDER OR SUPPLIEI	3	1709 FA	DDRESS, CITY, STATE, ZIP COD ARRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
		t Heimlich attempt was #2 stated, "He was still thing."				
	senior room, DSP #	the staffing ratio was for the 2 stated, "Typically 3 staff. because [DSP #3] was filling in				
		received any retraining as a 7 incident, DSP #2 stated,				
	1/5/18 at 4:10 PM.	nd PM #1 were interviewed on Interview with QIDP #1, RN #1, od the following (not all				
	to choking or emery #1 stated, "[DSP tra well as CPR." PM includes emergency we use for our DSP work with out clien and neglect, emerge "Choking is in CPR	training staff receive in regard gency medical situations, QIDP aining] occurs every year, as #1 stated, "[DSP training] v situations. It's the program "s. Must take it before you can its. It covers safe driving, abuse ency situations." RN #1 stated, 8. Steps: attempt abdominal 1911. It's automatic in training				
	stated, "All staff are the nurse. I always they need to." PM #	if are trained to call 911, RN #1 the trained to call 911 first then tell staff to call 911 if they feel #1 stated, "Staff are trained to they feel is life threatening, they permission."				
	emergency, RN #1	would be considered a medical stated, "Diabetic sugar issues, ve, respiratory distress,				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 86 of 123

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPL A. BUILDING B. WING	LE CONSTRUCTION G 00	COM	TE SURVEY MPLETED 24/2018
NAME OF I	PROVIDER OR SUPPLIEI	₹	170	EET ADDRESS, CITY, STATE, ZIP CO 19 FARRAND AVE PORTE, IN 46350)D	
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL	ID PREFIX	CROSS-REFERENCED TO THE AI	OULD BE	(X5) COMPLETION
TAG		R LSC IDENTIFYING INFORMATION pain, uncontrolled seizures, fall	TAG	DEFICIENCY		DATE
		oking was considered a medical #1, RN #1, and PM #1 indicated				
	is choking, RN #1 is any choking incide because even if the to be removed, they	911 should be called if a client indicated it should be called for int. RN #1 stated, "I would y come out of it, if it was able y still need to be checked and ay is clear. The sooner the				
	procedures which a considered medical should do, QIDP # of at this point we choking policy (as #1 indicated he pro whatever policies the "We have medical not sure if they are colds, coughs, and have protocols for the	re were any policies and ddressed what incidents were emergencies and/or what staff I stated, "Not that I am aware e have a rough draft for a a result of the incident)." QIDP vided the surveyor with he facility had. RN #1 stated, protocols for in the homes, but true emergencies. They're for fevers." QIDP #1 stated, "We non life threatening things like arrhea and what to do, but not ations."				
	protocol in place th	re was a policy, procedure, or at specifically addressed indicated the facility was				
	indicate when to ca a risk plan in regard when to call 911, R	ent A's risk assessment should Il 911 or if client A should have It to choking which told staff IN #1 stated, "It's hard for me In (ER nurse), that someone				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 87 of 123

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF P	ROVIDER OR SUPPLIER		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	,	call 911). Yes, when to call 911 n." QIDP #1 stated, "Yes, it n writing."			
		acility staff should receive ng prior to working with ated, "Yes."			
	immediately on 12/ choking, RN #1 stat person is there, one one call. If by yours training, call 911." I #2 should have called indicated DSP's #1 a	f should have called 911 14/17 when client A was ted, "Yes. When more than one should do the Heimlich and self, call 911 first. Just like CPR RN #1 indicated DSP's #1 and ted 911 immediately. RN #1 and #2 should have called 911 ich attempt was unsuccessful.			
	This federal tag rela and #IN00250085.	ites to complaints #IN00249030			
W 0217	483.440(c)(3)(v)				
Bldg. 00	INDIVIDUAL PRO The comprehensiv must include nutrit	ve functional assessment tional status.			
	sampled clients (A)	and record review for 1 of 4, the facility failed to e client's nutritional needs.	W 0217	W217 To correct the deficiency now future for the individual effects and possibly others Paladin h	ed
	Findings include:			reviewed and assessed the client's nutritional needs. Aga	
	Client A's record wa PM.	as reviewed on 1/5/18 at 12:40		Paladin has implemented the Choking Procedure that indicate the high-risk foods that will no	new ates
	and/or record indica (without teeth) and	ndividual Support Plan (ISP) tted client A was edentulous posed a choking risk. Client ded, but were not limited to,		served by Paladin. IDT also r reviewed and updated all dining/choking assessments f group home individuals. The	or all

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 88 of 123

OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED B. WING 01/24/2018 15G331 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 1709 FARRAND AVE PALADIN, INC LA PORTE, IN 46350 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE Intellectual Disability, Fragile X Syndrome, and assessments will now indicate Diverticulitis. more specific details on foods to avoid and define more details for Client A's 4/5/17 Nutrition Assessment indicated the individual's needs. Such as client A was edentulous. Client A's Nutrition better defined diets, and Assessment indicated client A's diet was regular, dimensions of "bite size" = ½ inch with "texture as tolerated". by ½ inch. Call 911: has now been added to the revised Client A's 6/21/17 Choking Risk Assessment dining/choking assessments as indicated client A's risks included, but were not well. limited to, difficulty chewing, stuffing food with All assessments will be written mouth, and lack of teeth. Client A's Choking Risk and updated by either Care Assessment indicated client A's diet was, Coordinator or Nurse at least "Regular; consistency as tolerated, no seeds, annually or as need per change in nuts, popcorn." Client A was not to consume status of individual. Care seeds, nuts, or popcorn due to his diagnosis of Coordinators will ensure that diverticulitis. trainings are given to staff as updates have been made and have Review of client A's record indicated client A had them sign on the new client not been accurately assessed to determine what specific form mentioned in W189. foods client A should not consume due to his Dietician thru observations and assessed choking risks. recommendations at quarterly visits will observe nutritional Oualified Intellectual Disabilities Professional needs. These recommendations (QIDP) #1, Program Manager (PM) #1, and will then be reviewed by the nurse Registered Nurse (RN) #1 were interviewed on and shared with the IDT at their 1/5/18 at 4:10 PM. Interview with QIDP #1, PM #1, monthly meetings. Nurse will and RN #1 indicated the following (not all continue to review any inclusive): changes/recommendations by doctors/dietician and update the -When asked if there were any foods that plans accordingly. Care someone without teeth should stay away from, Coordinators/nurse and IDT RN #1 stated, "Raw vegetables... Had a lot of members will ensure nutritional clients with teeth removed so it's in place to cut status is accurate and followed food into bite size pieces to make it easy and safe the at least weekly visits at either to eat. " PM #1 stated, "Grapes, nuts, meat group homes or day service during without being chopped or sauce on." meal/snack times. This will be completed by 3/9/18. -When asked if someone without teeth should

FORM CMS-2567(02-99) Previous Versions Obsolete

stay away from peanut butter, RN #1 stated,

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 89 of 123

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE (A. BUILDING B. WING	construction 00	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF P	PROVIDER OR SUPPLIER		1709	FADDRESS, CITY, STATE, ZIP COD FARRAND AVE DRTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
W 0240	Peanut butter is defineded to be monitorwas one of [client A]. The federal tag rela and #IN00250085.	absolute (difficult to eat). initely something that I think bred more closely because that c's] favorite foods." tes to complaints #IN00249030			
W 0240	483.440(c)(6)(i) INDIVIDUAL PRO	GRAM PLAN			
Bldg. 00	The individual prorelevant interventitoward independent Based on record revisampled clients (A) Support Plan (ISP) staff were to monite and/or what to do in actively choking. Findings include: The facility's Burea Services (BDDS) rewere reviewed on 1 Review of the facility indicated the followords reportable of 12/14/17, " For lupeanut butter sandwisandwich up into 8 assisted as needed. The got up and went returned he appeare stomach, gasping for	gram plan must describe ons to support the individual ence. iew and interview for 1 of 4 the client's Individual failed to indicate how facility or client A in regard to choking the event client A was u of Developmental Disabilities portables and investigations	W 0240	W240 To correct this deficiency now in the future for the individual effected and potentially other could have been effected Pal has developed the new choki procedure and medical emergian to ensure staff know what do in the event of a client actic choking. As well as the new procedure IDT updated all individuals ris assessments and added 911 the first step to first aid. Risk assessments specifically indicting the amount of supervision that required, foods to avoid and specific details that describe support that is needed for the individual to be safe as well independent as possible. Care Coordinator has reviewed individuals risk assessments to determine the need for a task determined the need for the need for the need for a task determined the need for the nee	s that ladin sing gency at to sively les, sk is k cate at is the les ed and

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 90 of 123

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

NAME OF PROVIDER OR SUPPLIER PALADIN, INC (X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION thrusts. Once the nurse came on the scene, she asked that 911 be called. This was completed immediately. Within 5-10 minutes, EMT's (Emergency Medical Technicians) were on the scene and they took over. [Client A] was unresponsive. [Client A] does have a choking plan dated 6/21/2017. [Client A] does not have a STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350 (X5) PROVIDERS PLAN OF CORRECTION (X5) COMPLETIC DEFICIENCY) TAG TO PROVIDERS PLAN OF CORRECTION (CAS) PREFIX (FACH CORRECTIVE ACTION SHOULD BE COMPLETION (FACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE ACTION SHOULD BE COMPLETED T	STATEMENT OF AND PLAN OF C		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	JILDING	instruction <u>00</u>	(X3) DATE (COMPL 01/24 /	ETED
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION thrusts. Once the nurse came on the scene, she asked that 911 be called. This was completed immediately. Within 5-10 minutes, EMT's (Emergency Medical Technicians) were on the scene and they took over. [Client A] was transported to [name of local hospital]. As he, (sic) left [day services] [client A] was unresponsive. [Client A] does have a choking TAG PREFIX TAG TAG TAG TAG TAG TAG COMPLETIC DATE COMPLETIC DATE COMPLETIC DATE COMPLETIC DATE TAG TAG TAG TAG TAG TAG TAG				1709 FA	ARRAND AVE		
asked that 911 be called. This was completed immediately. Within 5-10 minutes, EMT's (Emergency Medical Technicians) were on the scene and they took over. [Client A] was transported to [name of local hospital]. As he, (sic) left [day services] [client A] was unresponsive. [Client A] does have a choking independence in eating skills. Care Coordinator will establish a task/goal for all individuals that may need extra support in accordance to their risk assessment and functional assessment in the skills of eating	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	COMPLETION
history of choking episodes. His risk assessment states he has difficulty chewing, failure to maintain weight, stuffing mouth with food, and lack of teeth. He is on a regular diet. Staff are to encourage slow eating and no talking, cut up food into bite sizes, and encourage good posture. As of this writing, [client A] is in ICU (intensive care unit) in [name of local hospital]. He is on meds to sedate and paralyze him due to seizures he has been having. They are using cooling blankets to lower his body temperature. He is on a ventilator to assist his breathing. He is breathing over the ventilator slightly. His pulse and BP (blood pressure) are stable at this time. Plan to Resolve (Immediate and Long Term): We will be reviewing with Agency CEO (Chief Executive Officer) and Agency Director revised emergency procedures." BDDS Incident Follow-Up Report dated 12/18/17 indicated, "1. Yes, It was clear that the PB (peanut butter) sandwich is what [client A] choked on. 2. The diagnosis is that he experience respiratory arrest after choking and has been unresponsive since the incident. The lack of oxygen has caused some seizing/tremors and damage to the brain stem that is unable to be recovered. 3. He continues to be unresponsive and monitored for any changes in status, hospital nurse, Paladin nurse and guardian have been getting updates to decide on next steps and wanted to give a few days. All staff involved have provided statements	thi ass im (E scottra (si un pla his sta ma lace en int of un sec be lov to ve pro (Ir wi Aş -B inco bu Th arrisir so: ste co an nu de	rusts. Once the nursked that 911 be cannediately. Within Emergency Medicatene and they took ansported to [namedic) left [day service presponsive. [Clier an dated 6/21/2013 story of choking eates he has difficultational aintain weight, stuck of teeth. He is concourage slow eating to bite sizes, and eater this writing, [client) in [name of locate and paralyze een having. They are were his body temperassist his breathin entilator slightly. Freessure) are stable ammediate and Longith Agency CEO (agency Director reversed BDDS Incident Foldicated, "1. Yes, Inter) sandwich is where the incident. To me seizing/tremorem that is unable to the proposed on next steps and guardian levide on next steps	rse came on the scene, she alled. This was completed in 5-10 minutes, EMT's all Technicians) were on the over. [Client A] was e of local hospital]. As he, es] [client A] was int A] does have a choking 7. [Client A] does not have a pisodes. His risk assessment lity chewing, failure to uffing mouth with food, and on a regular diet. Staff are to ing and no talking, cut up food encourage good posture. As int A] is in ICU (intensive care cal hospital]. He is on meds to him due to seizures he has are using cooling blankets to be reture. He is on a ventilator ing. He is breathing over the His pulse and BP (blood at this time. Plan to Resolve ing Term): We will be reviewing Chief Executive Officer) and wised emergency procedures." Illow-Up Report dated 12/18/17 It was clear that the PB (peanut what [client A] choked on. 2. It he experience respiratory and has been unresponsive the lack of oxygen has caused as and damage to the brain to be recovered. 3. He esponsive and monitored for as hospital nurse, Paladin have been getting updates to a and wanted to give a few	IAG	to ensure safety as well as independence in eating skills. Care Coordinator will establish task/goal for all individuals that may need extra support in accordance to their risk assessment and functional assessment in the skills of eating at proper pace, proper amount bite, etc This will be implemented and trained to state complete during all snack and meal times. Care Coordinator observe on weekly visits and analyze data from the goals to determine the progress and update the goal as needed. Goals will be updated at least annually but reviewed monthly visits and recorded data from staff. Staff will receive on-goin training at monthly meetings to ensure accuracy in completing goal and recording. This will be reviewed with staff implemented for individuals by 3/31/18. Staff will then again trained on each specific goal for	ing t per aff to r will with ng the tand	DATE

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 91 of 123

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G331	B. Wl	ING		01/24/2018	
		<u> </u>		CTDEET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			ARRAND AVE		
PALADIN	LINC				RTE, IN 46350		
FALADII	N, INC			LAFOR			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		of their involvement in					
		s being review by IDT					
		eam). All staff were up to date					
		monary Resuscitation).					
		s in place for emergencies are					
	_	any future incidents. Staff					
		lowed plan in place. All choke					
		nts for other group home					
		ng reviewed on 12/21/17 with					
	IDT to be as detaile	cu as possible.					
	-RDDS reportable	dated 12/21/17 indicated on					
	12/20/17 indicated, " [Client A] was in the hospital unresponsive since 12/14/17 after initial						
	incident of choking. [Client A] was on a ventilator						
	_	igns of improving and					
		ots to decrease damage with					
		d medications were provided.					
	_	ed to seize/tremor due to lack of					
		. Doctors, guardian and team					
		or and after guardian reviewed					
		s status was removed from the					
	ventilator at 12:30p	om and passed away at 6:25pm.					
	_	nmediate and Long Term):					
		iewing policies and procedures					
	with compliance of	ficers, directors and CEO for					
	any future emergen	cies. All staff involved have					
	given statements ar	nd reviewed. Staff will continue					
	to follow and be tra	ined on risk plans. Staff will					
	continue to provide	trained safety care techniques					
	1	will remain up to date. All					
	group home partici	pants risk plans were reviewed					
		updated and then trained on					
	1 ' '	ng checklist will be reviewed					
		ng and teaching tool for safety					
		tion of the event(s) surround					
	this death is as follo	ows: Aspiration/Choking"					
		bllow-Up Report dated 12/21/17					
	indicated, "[Client .	A's] health status continued to					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 92 of 123

	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING <u>00</u> COMPLETED		
15G331 B. WING 01/24/2018		
NAME OF PROVIDER OR SUPPLIER PALADIN, INC STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID PROVIDENS IN A MOS CORPORTION (X5)		
PREFIX (FACH DEFICIENCY MUST BE PRECEDED BY FILL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET)	ON	
TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE		
remain the same since being in the hospital. he		
remained unresponsive on the ventilator. Some		
vitals were steady but his temperature was		
increasing and after removing sedation		
medications he continued to seize/tremor (sic).		
The guardian continued to work with the social		
worker and a few doctors; with the information		
and the status of [client A] the ventilator was		
removed approx. (approximately) 12:30pm on		
12/20/17. [Client A's] vitals remained steady and		
his oxygen levels gradually declined. Medications		
were given for comfort. [Client A] eventually		
passed away at 6:25pm"		
Written Statements in regard to the 12/14/17 event		
with client A were reviewed on 1/4/18 at 3:30 PM.		
with chefit A were reviewed on 1/4/18 at 3.30 f W.		
Review of the Written Statements indicated the		
following (not all inclusive):		
-Communication Report Form dated 12/14/17		
completed by Direct Support Professional (DSP)		
#1 indicated, "[Client A] brought a peanut butter		
sandwich for lunch today. I cut his sandwich up		
and he began to eat. He got up and went to the		
bathroom. As he was coming out he was off		
balanced (sic), holding his stomach gasping for		
air. He was chocking (sic). I tried doing the		
Heimlich Manuver (sic) and it wasn't successful.		
My co-worker continued trying, and to get him to		
cough but he was going down to the ground. I		
went to the Med office to get help. [Registered		
Nurse (RN) #1] came to the scene."		
-Communication Report Form dated 12/14/17		
completed by DSP #2 indicated, "[Client A] had a		
peanut butter sandwich for lunch, my co-worker		
[DSP #1] cut up his sandwich and put it on the		
table with the rest of his lunch (1 P Sandwich,		
apple sauce, yogurt, and bottle of water). He		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 93 of 123

	OF CORRECTION OF CORRECTION 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF	PROVIDER OR SUPPLIER	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	started eating his lunch at the table in the kitchen area, he got up and went into the bathroom. I was sitting in the classroom feeding an (sic) other client but I saw him coming out of the bathroom staggering and holding his stomach. So, I got up and approached [client A] coming out of the bathroom and call his name, he was gasping for air. My co-worker was in the kitchen and turned and said I think he's choking and started the Heimlich maneuver on him, but he continued to gasp and I tried the Heimlich on him, while co-worker went for help. So, [client A] took a couple of steps towards the classroom and he started to fall to the ground. I was yelling for someone to help me and people started coming and helping me to roll him over. The nurse and others were assisting him on the floor." -Email statement dated 12/15/17 completed by staff #1, "Good morning, hope [client A] is doing ok After out meeting on Thursday I was up front at the office getting ready to leave and saw one of the staff members running and said she needs the nurse and then someone was yelling for help in day servee (sic) so I ran back to help and [client A] was on the floor face down I helped the staff member turn him over and sat him up to get him on his feet and heard him gasping for air and looked closer and notice (sic) he was choking and i smelt (sic) peanut butter on him, the staff member said it was in his lunch then I said omg (oh my god) he's choking on peanut butter, I saw we need to get him up and as we sat him up some of the peanut butter was coming up and at that point the nurse came in and I told her I think he's choking on peanut butter." -Typed statement dated 12/15/17 by staff #2 indicated, "On 12/14/17 [client A] choked on a peanut butter sandwich at approximately 11:15 am.			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 94 of 123

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	MENT OF DEFICIENCIES AN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	JILDING	instruction 00	(X3) DATE COMPL 01/24 /	ETED
	OF PROVIDER OR SUPPLIED	R	1709 FA	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	hallway. When I apsitting on (sic) floor giving him back blobecause he was contasted that he continuapproached and too call 911. I then ran At that time, I waited directed them upon arrived 5 or 10 min arrived, EMT's too nurse." -Handwritten State by Medical Support from the senior profession in the senior profession on the floor was attempting to get throat. Slowly he be [RN #1] arrived and the peanut butter sate [MS #2] to sit behinal administer the Heir continued to barely for the Paramedics Medical Services) and food in [client A's] tool to pull the peanut have problems breather food removal [client A]. EMS be transport."	If heard people running in the oproached, [client A] was a coughing. [Staff #1] was ows. I asked her to stop aghing Peanut Butter up. I mue to cough. Then the nurse ok over She asked someone to to my office and made that call. ed for EMT's in the hallway and at their approach. The EMT's nutes from my call. When they k control with help from the ment dated 12/14/17 completed at (MS) #1 indicated, "[DSP #1] agram asked for medical help #2] went to get [RN #1] and I as senior room. [Client A] was making a wheezing noise. Staff get him to cough to clear his egan to loose (sic) his color. di [client A] coughed a little of andwich up. [RN #1] instructed and [client A] on the floor to malich Maneuver. [Client A] are pass some air. [RN #1] asked to be called. EMS (Emergency arrived and took over. [Client and the paramedic observed the throat. The paramedic used a mut butter sandwich from his dic asked did [client A] always atthing and we replied 'no'. After client A] stopped breathing. In intubated and they bagged gan CPR and prepared to				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 95 of 123

	OF CORRECTION OF CORRECTION 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE COMPI 01/24	LETED
NAME OF I	PROVIDER OR SUPPLIER N, INC	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ION D BE DPRIATE	(X5) COMPLETION DATE
	by MS #2 indicated, "I was in [staff #3's] office when [staff #4] came in very much in distress, searching for a nurse. [Nurse #1] was not available was not available at the time so I ran over to [RN #1's] office. She was there and I then began to explain that there was a '911 situation'. When we arrived, [client A] was on the floor with staff trying to help him sit up. [Client A's] lips were dark blue, his breathing was quick and harsh, but he was still trying to reach out to some one with his hands. [Staff #1] then updated [RN #1] explaining that [client A] had a peanut butter sandwich and while he was eating he began to choke and then his airway was blocked. [RN #1] began to give him abdominal thrusts; trying to get him to cough out the food. Then [Program Manager (PM) #1] had me sit on the floor behind him to help keep him upright. Then [RN #1] had me back up enough to get him to lay down and had me hold his back with his chin up to help open his airway while she continued with the abdominal thrust. We did this until EMS arrived and they took over." -Undated Typed Statement completed by RN #1 indicated on 12/14/17 at 11:20 AM, "I was informed by [MS #2] that I was needed in the Day Activity area with [DSP #1] and it was a 911 issue. [MS #2] was unaware of what was wrong. Upon arrival to the DA (day activity) area [RN #1] found [client A] sitting on the floor being assisted by the DA staff who were holding him up in the sitting position. [DSP #1] informed me that [client A] had a choked on his peanut butter sandwich and they were unable to dislodge it. [Client A's] respirations were rapid and labored with loud stridor (high pitched noise when breathing in) noted. [Client A] was awake and alert as he reached up and held [RN #1's] hand. [Client A's] skin was cyanotic (blue to gray skin color) with				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 96 of 123

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	OF CORRECTION	IDENTIFICATION NUMBER 15G331	A. BUILDING B. WING	00 00	COMPLETED 01/24/2018
NAME OF I	PROVIDER OR SUPPLIEF	8	1709 F	ADDRESS, CITY, STATE, ZIP COD FARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)	(X5) COMPLETION DATE
	informed to call 91 his mouth and back material to remove. awaiting EMS, [RN back and hyperexte open what airway valess purple but breal labored and loud. For followed be [local of attempted to suction but was unsuccessfor respirations stopped of the airway using proceeded to intubation on the monitor and unable to palpate a started. [Client A] board and onto the continued." -Typed Statement of Qualified Intellectur (QIDP) #1 indicates staff calling for [RN emergency in senior (sic) classroom and there, staff were staff were staff were staff were staff and having him courant objects were converted by the staff	It to touch. 11:22 staff was I immediately. [RN #1] assessed of throat for any Foreign There was none visible. While I #1] layed (sic) [client A] on his nded his neck to attempt to vas available. His lips became thing continued to be very irst Responders arrived county] EMS. The Paramedic in the sandwich from his throat ul. At that time [client A's] d. The Paramedic cleared part MaGill Forceps and then the [client A]. He was placed pulse rate was 35. EMT was pulse and compressions were was then placed on a back cot for transport. CPR lated 12/14/17 completed by al Disabilities Professional d, "I heard medical support N #1] that there was an r classroom. [RN #1] started to I followed. When we got ting [client A] was choking on sandwich. He was on the ard. He was passing some air #1] was assisting with [MS #1] agh as some air was passing to be a some air a some air was passing to be a some air a s			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 97 of 123

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPI A. BUILDIN B. WING	LE CONSTRUCTION G 00	COM	E SURVEY PLETED 14/2018
NAME OF I	PROVIDER OR SUPPLIER		170	EET ADDRESS, CITY, STATE 19 FARRAND AVE PORTE, IN 46350	, ZIP COD	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFI TAG	CROSS-REFERENCED I	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
	opened (sic) door at staff) when arrived, the amount of peop space. I contacted the incident and when [ambulance, [RN #1] with [RN #1] and g (sic) evening until 7 our director and CE that worked the nig A's] lunch. I was or asked if she packed asked if [DSP #4] p wasn't sure. Asked She said she didn't he wasn't sure. Asked She said she didn't he spoke to [staff #1] to she heard someone she went to assist. I documentation in reassistance/involven Client A's record w PM. Client A's 6/21/17 A indicated client A's not limited to, Intel Syndrome, Divertic Parkinsonism. Clien indicated client 's dipopcorn, or nuts du ACC and/or record edentulous (without indicated client A's included, but were included.	Annual Case Conference (ACC) diagnoses included, but were lectual Disability Fragile X ulosis, and Drug-Induced at A's ACC and/or record iet was regular, with no seeds, e to diverticulosis. Client A's indicated client A was a teeth). Client A's record risk plans and/or assessments not limited to, choking, fall, iculosis, and constipation.				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 98 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE C A. BUILDING B. WING	onstruction 00	(X3) DATE COMPI 01/24	LETED	
NAME OF F	PROVIDER OR SUPPLIEF		1709 F	ADDRESS, CITY, STATE, ZIP COD FARRAND AVE PRTE, IN 46350	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON DBE PRIATE	(X5) COMPLETION DATE
		ord (MAR) indicated client A's Consistency as tolerated."				
	Assessment and Phy (SLOF) was comple SLOF indicated click help or assistance" utensils properly; ea failed to indicated was required during mea	Specific Level of Functioning ysical Health Inventory eted by QIDP #1. Client A's ent A "needs some physical in regard to "eating (uses ating habits)". Client A's SLOF what level of support client A al time, what meal time needs what precautions staff should				
		Choking Risk Assessment e following (not all inclusive):				
	diagnosedClient A's diet order as tolerated, no seed -Client A's symptor chewing, failure to mouth with food, at when eating)." -Client A's food tex	ns included, "Difficulty maintain weight, stuffing nd lack of teeth (remains safe ture and consistency was a				
	bowel syndrome) for those were. -Client A required so included, "Encourage with food in mouth small bite size piece techniques that encourage graphics. Client A did not rewhile eating. -Client A's CRA incomposition of the food in monitoring for the food in monitoring for the food in the second control of the second control of the food in the second control of the food in the second control of the second control o	quire any adaptive equipment dicated client A needed to be following signs of choking,				
	-Client A's CRA ind monitoring for the f					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 99 of 123

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	 JILDING	nstruction <u>00</u>	(X3) DATE : COMPL 01/24 /	ETED
NAME OF P	PROVIDER OR SUPPLIER		1709 FA	DDRESS, CITY, STATE, ZIP COD ARRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤE	(X5) COMPLETION DATE
	of respirations: high moist vocal quality eyes, drooling from vomiting, skin color face, lips and nails, with increased anxingrabbing their throad area, unsteady gait, consciousness." -Client A's CRA industry to response to a choding their throad area, unsteady gait, consciousness." -Client A's CRA industry to response to a choding through the consumer Incident/Aspiration log-promoved	n-pitched sound, wheezing, or inability to speak, water the mouth/nasal cavity, r changes of red/blue to the a look of 'panic' in their face ety, picking at their clothing, t or attempting to run from the weakness or sudden loss of dicated the following in regard king incident: mlich Maneuver/Abdominal cument all incidents on Injury Report- 72 hr (hour) (as needed), Team leader, IDT am) on call." S Choking Risk Assessment, did not indicate what facility he event client A was actively event client A was actively event client A was in SP #1 stated, "3 staff to 13 st month. [DSP #2] is a 1:1 the lead." DSP #1 indicated SP #2 were present in the				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 100 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		· /	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 01/24 /	ETED	
NAME OF F	PROVIDER OR SUPPLIEF	3		1709 FA	DDRESS, CITY, STATE, ZIP COD ARRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	-When asked when DSP #1 stated, "At Eat at 11:00 AM. L prepare and cut up also cut sandwiches -When asked if clie to eat throughout the DSP #1 indicated the with another facility DSP #1 stated, "At break at 10:00-10:1 Those snacks are so indicated client A a	clients in the senior room eat, 10:45 AM we get lunch ready. Sunches come from home. We whatever they bring in - we s." ents in the senior room are able the day when they are hungry, the facility had recently merged by and this was a new building. The other building, they had a senior to the building, they had a senior building, they had a senior building. The form home." DSP #1 ttended day services at the perfect of the senior room eat, and the senior room are able to day when they are hungry, the facility had recently merged by and this was a new building. The the the senior room are able to day when they are hungry, the facility had recently merged by and this was a new building. The the senior room are able to day when they are hungry, the facility had recently merged by and this was a new building. The senior room are able to day when they are hungry, the facility had recently merged by and this was a new building. The senior room are able to day when they are hungry, the facility had recently merged by and this was a new building. The senior room are able to day when they are hungry, the facility had recently merged by and this was a new building. The senior room are able to day when they are hungry, the facility had recently merged by and this was a new building.					
	-When asked what stated, "No special teeth. I never seen l	ent A was a choking risk, DSP					
	brought in his lunch lunch meat sandwich bologna, apple saud with a crystal light sandwich would co pieces. DSP #1 indi	type of food client A typically n, DSP #1 stated, "Mostly ches, like pimento loaf or ce, yogurt, snack cake, water packet." DSP #1 indicated his me to day services cut into 4 icated client A had a peanut 12/14/17. DSP #1 stated, "But cut into 8 pieces."					
	services with a pear 12/14/17 incident, l	ent A had been sent to day nut butter sandwich before the DSP #1 stated, "It was the first at butter sandwich in a long					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 101 of 123

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	JILDING	instruction 00	(X3) DATE (COMPL 01/24/	ETED
NAME OF P	PROVIDER OR SUPPLIER		1709 FA	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	-When asked how loclient A, DSP #1 in-	ong she had worked with				
	popcorn." -DSP #1 was asked 12/14/17 with client	to explain what occurred on A. DSP #1 stated, "That day				
	like to eat alone. He apple sauce, yogurt. proceeded to eat. He cheeto balls. He rec want to eat much an	was in the kitchen. [Client A] had a peanut butter sandwich, I cut the sandwich up and he had no chips, so I had ently, last few days, didn't d seemed a little sluggish I				
	cheeto balls. He wa arm chair, ate a bite yogurt. We had just because he had an u	s food I would give him some s in the kitchen, in a regular of his sandwich, ate his gotten out of the bathroom pset stomach. He took a piece e yogurt, go up to go to the				
	bathroom. About 2 his stomach. I asked gulping. I saw he w I said to [DSP #2] 'I up from feeding [DS	minutes later he was holding I if he was okay and he was as discolored, his face was red. think he is choking'. She got SC D]. I did the Heimlich				
	belly and thrust up. (his face and lips). I over and I ran to the [staff #3] about it an	hind him, made fist above his The color blue was starting instructed to [DSP #2] to take a nurse office to get help. I told and I headed back to the room				
	the time I came bac #2] was trying to ca were begin me. [RN conscious, he cough	k). [Staff #3] called [RN #1]. By k, he was going down. [DSP teh him. [RN #1] and [staff #3] [#1] tried the Heimlich. He was led some out. He was sitting was behind him trying to help.				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 102 of 123

AND PLAN OF CORRECTION AND PLAN OF CORRECTION 15G331		(X2) MULTIPLE C A. BUILDING B. WING	OO OO	(X3) DATE COMPI 01/24		
NAME OF F	PROVIDER OR SUPPLIEF		1709 F	FADDRESS, CITY, STATE, ZIP COD FARRAND AVE DRTE, IN 46350	į	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON BE PRIATE	(X5) COMPLETION DATE
	at that point on the	ttle. He had half of a sandwich table. [RN #1] directed staff to . She was still trying the asping."				
	-When asked what a DSP #1 stated, "Ab	time the incident occurred, out 11:15 AM."				
		nt A was supervised while ed, "I was in the kitchen with				
		A was to avoid peanut butter, ne was not aware of anything.				
	#1 stated, "It says h slowly, no talking v good posture. I alway	nt A had a choking plan, DSP e has a regular diet, to eat with food in his mouth, and ays put him in the kitchen ps his posture. It says monitor				
	indicated facility sta client A was chokin the Heimlich maned I didn't have time to	client A's risk assessment aff were to do in the event ag, DSP #1 stated, "First aid is aver. Then documentation, but to document. Then notify arse before I documented toking)."				
	and/or after the first	he didn't call 911 immediately t Heimlich attempt was #1 stated, "I thought about it, break protocol."				
		ewed on 1/5/18 at 11:10 AM. 2 #2 indicated the following (not				
	-When asked what	her role was at the day				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 103 of 123

AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331 A. BUILDING 00 B. WING			COMPLETED 01/24/2018		
NAME OF F	PROVIDER OR SUPPLIEF	2	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
	SUMMARY (EACH DEFICIENT REGULATORY OF Services, DSP #2 st to one client) with [1 to 1 means working [DSC D], like exerced. When asked when lunch, DSP #2 states bring. We toilet clied we set up the food, When asked what she began choking on 1 feeding [DSC D] wat the table in the king the bathroom. He cominute. He was hold and asked if he was was in the kitchen. Started the heimlichthe was gasping. It was still up standing the bathroom and wheimlich. He took at the chair. I screamed was on his side, that [staff #3] came, he his sweatshirt. Nursone behind him sitt heimlich. One nursone behind him sitt heimlich. One nursone behind him sitt heimlich. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish. [RN #1] comparisone in the staff for air purplish.	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION ated, "I work 1 on 1 (one staff IDSC D]. Sometimes in a group. Ing on tasks and goals with cise." clients in the senior room ate ad, "We prepare the food they ents before eating and wash up. warm it, cut it, and serve." she was doing when client A 2/14/17, DSP #2 stated, "I was hen it happened. He was sitting itchen. I saw him go towards ame out of the bathroom after a ding his stomach. I went to him okay. I called to [DSP #1] who She asked is he choking? She maneuver. Nothing came out. ook over ands he got help. he g and walking. He walked from vas by the chair. I then tried the aftew steps and went down by d for help. With me he fell and t time, [DSP #1], [RN #1], and was still breathing. I took off ses were there. Three people, sing on the floor doing the e on the other side. I was ving to keep him with me. He . His neck was turning	1709 F	ARRAND AVE	(X5) COMPLETION DATE
	#2 indicated before -When asked if any DSP #2 stated, "He	11 AM, 5 or 10 minutes until." thing was different that day, had peanut butter. That was about him having peanut			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 104 of 123

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF P	ROVIDER OR SUPPLIEF		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	(X5) COMPLETION DATE
		nt A had a choking plan, DSP e had a choking plan. He had okay."			
	and/or after the first	11 was not called immediately t heimlich attempt was #2 stated, "He was still hing."			
		received any retraining as a 7 incident, DSP #2 stated,			
	1/5/18 at 4:10 PM.	nd PM #1 were interviewed on Interview with QIDP #1, RN #1, d the following (not all			
	to choking or emerge #1 stated, "[DSP trawell as CPR." PM # includes emergency we use for our DSP work with out clien and neglect, emerge "Choking is in CPR thrusts and then calto call 911."	training staff receive in regard gency medical situations, QIDP tining] occurs every year, as #1 stated, "[DSP training] v situations. It's the program 's. Must take it before you can ts. It covers safe driving, abuse ency situations." RN #1 stated, Steps: attempt abdominal 1911. It's automatic in training			
	include, RN #1 state should include what cannot eat, what the needs to be cut up, slowly, to give mor that is a possibility or using a fait belt of	a risk plan for a client should ed, "Risk plan for choking t types of food they can or eir diet is, any restrictions, if it to encourage to eat more e prompts. Fall risks for anyone they might fall. Staff available or whatever they need for them safe. List of things to			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 105 of 123

	OF CORRECTION OF CORRECTION 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE COMPL 01/24	LETED
NAME OF I	PROVIDER OR SUPPLIER	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON BE PRIATE	(X5) COMPLETION DATE
	watch out for it if they are on psych meds or issues with vision or hearing. It helps us determine level of risk. We train staff on all of them to have them know what to look for. When to call 911." QIDP #1 stated, "Different diagnoses and training needs." RN #1 stated, "History, issues defined, signs and symptoms, what to try, when to seek help, when to call 911. What to watch for and what to do. We review risk plans one time a year within the annual case conference and then [QIDP #1] goes over them with staff in the house to make sure they are trained." -When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would be. -When asked when 911 should be called if a client is choking, RN #1 indicated it should be called for any choking incident. RN #1 stated, "I would because even if they come out of it, if it was able to be removed, they still need to be checked and make sure the airway is clear. The sooner the better." -When asked if there were any foods that someone without teeth should stay away from, RN #1 stated, "Raw vegetables Had a lot of clients with teeth removed so it's in place to cut food into bite size pieces to make it easy and safe to eat. "PM #1 stated, "Grapes, nuts, meat without being chopped or sauce on." -When asked if someone without teeth should stay away from peanut butter, RN #1 stated, "Peanut butter is an absolute (difficult to eat). Peanut butter is definitely something that I think needed to be monitored more closely because that was one of [client A's] favorite foods."				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 106 of 123

AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		ľ	UILDING	nstruction <u>00</u>	(X3) DATE COMPL 01/24 /	ETED	
NAME OF I	PROVIDER OR SUPPLIEF			1709 FA	DDRESS, CITY, STATE, ZIP COD ARRAND AVE TE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	swallowing difficul think he had a prob stated, "No history	nt A was known to have ties, RN #1 stated, "I don't lem with swallowing." QIDP #1 of choking, his gums are t 9 years without teeth."					
	addition to his chok stated, "We usually are assessment and or consistency of fo	nt A had a choking risk plan in ting assessment, QIDP #1 use those as risk plans. They prevention. Restrictions (food bod) would be on there. At the g with a history of no choking, red."					
	indicate when to ca a risk plan in regard when to call 911, R being the nurse I ar wouldn't just do it (should be in the pla should be in there is	nt A's risk assessment should Il 911 or if client A should have It to choking which told staff N #1 stated, "It's hard for me in (ER nurse), that someone call 911). Yes, when to call 911 in." QIDP #1 stated, "Yes, it in writing." RN #1 and QIDP #1 ght when to call 911 was in isk assessment.					
		consistency or texture as I #1 stated, "Generally that yer he can chew."					
	or texture as tolerat could mean someth "Yes, it's all in inter specific." -When asked if staf immediately on 12/ choking, RN #1 sta person is there, one one call. If by your	people who have consistency e prescribed by their physician ing different, RN #1 stated, repretation. It needs to be more if should have called 911 14/17 when client A was ted, "Yes. When more than one should do the Heimlich and self, call 911 first. Just like CPR RN #1 indicated DSP's #1 and					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 107 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR			SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>00</u>			COMPLETED	
		15G331	B. WI	NG	_	01/24/	2018	
NAME OF P	PROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350				
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
	indicated DSP's #1 after the first Heiml	ed 911 immediately. RN #1 and #2 should have called 911 ich attempt was unsuccessful. attes to complaints #IN00249030						
W 0331	483.460(c) NURSING SERVI	CES						
Bldg. 00	The facility must p services in accord Based on record rev sampled clients (A), develop specific wrictient A's choking rictient A's cho	ance with their needs. view and interview for 1 of 4 the nursing services failed to itten guidelines in regards to isk and/or diet. u of Developmental Disabilities eportables and investigations	W 0	331	W331 To correct the deficiency now future for the effected individual and others that potentially could have been effected Paladin will develop nursing specific writter guidelines to provide services accordance to their needs. Paladin nurse will continue her observations and use recommendations from their doctors and dietician to estable the risk assessments as well as IDT members. The nurse will visit or observe monthly to grow homes. Nurse will follow the remonthly nutrition assessment procedure as well as fill out the new nursing nutrition assessment form (SEE ATTACHED-rough drafts) This will ensure that the individual are receiving the proper diets food for meals as well as lunctioning prepared to go to the dasservice. Care Coordinators and nurse the service.	al ld ld ill en in r ish as ll up new e nent duals and hes	03/09/2018	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 108 of 123

	T OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF F	PROVIDER OR SUPPLIER		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	transported to [nam (sic) left [day servic unresponsive. [Clie plan dated 6/21/201 history of choking estates he has difficu maintain weight, staleck of teeth. He is encourage slow eath into bite sizes, and of this writing, [clie unit) in [name of losedate and paralyze been having. They allower his body tempto assist his breathin ventilator slightly. It pressure) are stable (Immediate and Lowith Agency CEO (Agency Director resulting and with a since the incident. The diagnosis is the arrest after choking since the incident. The some seizing/tremostem that is unable to continues to be unreany changes in statunurse and guardian decide on next steps days. All staff involand documentation incident. Incident is (Interdisciplinary T	over. [Client A] was e of local hospital]. As he, ees] [client A] was nt A] does have a choking 7. [Client A] does not have a episodes. His risk assessment lty chewing, failure to uffing mouth with food, and on a regular diet. Staff are to ng and no talking, cut up food encourage good posture. As nt A] is in ICU (intensive care cal hospital]. He is on meds to him due to seizures he has are using cooling blankets to perature. He is on a ventilator ng. He is breathing over the His pulse and BP (blood at this time. Plan to Resolve ng Term): We will be reviewing Chief Executive Officer) and wised emergency procedures." Illow-Up Report dated 12/18/17 It was clear that the PB (peanut what [client A] choked on. 2. It he experienced respiratory and has been unresponsive The lack of oxygen has caused are and damage to the brain to be recovered. 3. He esponsive and monitored for as, hospital nurse, Paladin have been getting updates to as and wanted to give a few ved have provided statements of their involvement in being reviewed by IDT eam). All staff were up to date monary Resuscitation).		visit randomly to ensure day service has received proper lunches. If lunches are not prepared accordingly to diet. will be brought to the Care Coordinator/Nurse or Prograr Manager to address according. The nurse will continue to upon the risk assessments as need Care Coordinator and nurse with train staff on all plans at least annually or as needed due to change in status. This will be completed and stable by 3/31/18 – *Rough draft will finalized by leadership team.	n gly. date led. vill

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 109 of 123

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	TATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. Bl	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF I	PROVIDER OR SUPPLIER			1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350			
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	λΤΕ	(X5) COMPLETION	
TAG	Systems/procedures being reviewed for seemed to have foll (sic) risk assessment participants are being IDT to be as detailed. BDDS reportable of 12/20/17 indicated, hospital unresponsition incident of choking and show (sic) no significant of choking and show (sic) no significant of choking and show (sic) no significant A] continued oxygen to the brain continued to monitor with doctors and his ventilator at 12:30p. Plan to Resolve (Im. Agency will be review the compliance of any future emergengiven statements and to follow and be transcontinue to provide such as CPR- they we group home participant in more detail to be to staff (sic). Choking and used as a training of others Descript this death is as follows Descript this death is as follows [Client Agency will be reviewed as a training of others Descript this death is as follows]	lated 12/21/17 indicated on " [Client A] was in the we since 12/14/17 after initial . [Client A] was on a ventilator igns of improving and its to decrease damage with d medications were provided. d to seize/tremor due to lack of . Doctors, guardian and team or and after guardian reviewed is status was removed from the m and passed away at 6:25pm. Imediate and Long Term): ewing policies and procedures ficers, directors and CEO for cies. All staff involved have d reviewed. Staff will continue ined on risk plans. Staff will trained safety care techniques will remain up to date. All boants risk plans were reviewed updated and then trained on ing checklist will be reviewed and and teaching tool for safety ion of the event(s) surround bows: Aspiration/Choking" A's] health status continued to the sive on the ventilator. Some ut his temperature was		TAG	DEFICIENCY)		DATE	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 110 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331			(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF F	PROVIDER OR SUPPLIER		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	D BE COMPLETION	
	The guardian contir worker and a few do and the status of [cl removed approx. (a) 12/20/17. [Client A his oxygen levels guardian were given for compassed away at 6:25] Written Statements with client A were not be with the with client A were not be with the with the was done with the was chockin heimlich Manuver had be with the was gowent to the Med off Nurse (RN) #1] can be with the with the rest of apple sauce, yogurt, started eating his luarea. He got up and sitting in the classro	in regard to the 12/14/17 event reviewed on 1/4/18 at 3:30 PM. Iden Statements indicated the aclusive): Export Form dated 12/14/17 It Support Professional (DSP) Int A] brought a peanut butter today. I cut his sandwich up I egot up and went to the as coming out he was off ing his stomach gasping for g (sic). I tried doing the (sic) and it wasn't successful. Inued trying, and to get him to bring down to the ground. I are to get help. [Registered]				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 111 of 123

	IT OF DEFICIENCIES OF CORRECTION			UILDING	instruction 00	(X3) DATE : COMPL 01/24 /	ETED
NAME OF F	PROVIDER OR SUPPLIER			1709 FA	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LLSG IDENTIFYING DEFORMATION		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ιΤΕ	(X5) COMPLETION
TAG	staggering and hold and approached [cli bathroom and call (for air. My co-work turned and said I this the Heimlich maneut to gasp and I tried to co-worker went for couple of steps town started to fall to the someone to help me and helping me to rothers were assisting. -Email statement dastaff #1, "Good more ob After out meet at the office getting the staff members rourse and then some day servee (sic) so I A] was on the floor member turn him or on his feet and hear looked closer and not is melt (sic) peanut said it was in his lungod) he's choking of to get him up and as peanut butter was conurse came in and I on peanut butter." -Typed statement daindicated, "On 12/1 peanut butter sandw I ran to assist when hallway. When I apsitting on (sic) floor	ing his stomach. So, I got up ent A] coming out of the sic) his name, he was gasping er was in the kitchen and ink he's choking and started aver on him, but he continued he Heimlich on him, while help. So, [client A] took a fards the classroom and he ground. I was yelling for and people started coming oll him over. The nurse and g him on the floor." Inted 12/15/17 completed by ming, hope [client A] is doing ing on Thursday I was up front ready to leave and saw one of unning and said she needs the eone was yelling for help in a ran back to help and [client face down I helped the staff over and sat him up to get him do thim gasping for air and otice (sic) he was choking and butter on him, the staff member inch then I said omg (oh my in peanut butter, I saw we need as we sat him up some of the told her I think he's choking and the told her I think he's choking in the proached, [client A] was a coughing. [Staff #1] was ows. I asked her to stop		TAG	DEPICIENCY		DATE

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 112 of 123

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER) 15G331		ľ	JILDING	nstruction 00	(X3) DATE COMPL 01/24 /	ETED	
NAME OF	FPROVIDER OR SUPPLIER	R		1709 FA	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	asked that he continapproached and too call 911. I then ran At that time, I waite directed them upon arrived 5 or 10 min arrived, EMT's tool nurse." -Handwritten States by Medical Suppor from the senior prosent immediately. [MS # went directly to the sitting on the floor was attempting to gethroat. Slowly he be [RN #1] arrived and the peanut butter sa [MS #2] to sit behin administer the Heir continued to barely for the Paramedics Medical Services) and A] was laid back are food in [client A's] tool to pull the pean throat. The paramed have problems breather food removal [c] [Client A]. EMS beginned the parameter of the paramete	In the to couch. Then the nurse is large to couch. The then the surface to my office and made that call. It is large to control with help from the surface to the surf					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

.9

If continuation sheet Page 113 of 123

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	CON	TE SURVEY MPLETED 24/2018	
NAME OF I	PROVIDER OR SUPPLIER		1709 F	ADDRESS, CITY, STATE, ZIP ARRAND AVE RTE, IN 46350	COD	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	began to explain the When we arrived, [estaff trying to help I were dark blue, his but he was still tryin with his hands. [Sta explaining that [clie sandwich and while choke and then his began to give him a him to cough out the Manager (PM) #1] him to help keep him beack up enough had me hold his back open his airway where abdominal thrust. We and they took over. -Undated Typed Staindicated on 12/14/informed by [MS #2] was unawated arrival to the DA (decilent A] sitting on the DA staff who we sitting position. [DS A] had a choked on and they were unab respirations were rastridor (high pitched noted. [Client A] we reached up and held skin was cyanotic (legurple lips and cool informed to call 91 his mouth and back	Effice. She was there and I then at there was a '911 situation'. Elient A] was on the floor with him sit up. [Client A's] lips breathing was quick and harsh, ag to reach out to some one off #1] then updated [RN #1] and A] had a peanut butter the was eating he began to hairway was blocked. [RN #1] bdominal thrusts; trying to get the food. Then [Program and me sit on the floor behind an upright. Then [RN #1] had to get him to lay down and the with his chin up to help alle she continued with the We did this until EMS arrived with the We did this until EMS arrived with the We did this until EMS arrived with the January activity) area [RN #1] found the floor being assisted by the ending him up in the EP #1] informed me that [client his peanut butter sandwich let to dislodge it. [Client A's] pid and labored with loud if noise when breathing in) as awake and alert as he as awake and alert a				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 114 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
		15G331	B. WI	NG		01/24/	2018
				CTREET A	DDDECC CITY CTATE ZID COD		
NAME OF P	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
	LINC						
PALADIN	I, INC			LAPUR	RTE, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	-	DATE
	awaiting EMS, [RN	#1] layed (sic) [client A] on his					
	back and hyperexter	nded his neck to attempt to					
	open what airway was available. His lips became						
less purple but breathing continued to be very							
	labored and loud. Fi	irst Responders arrived					
		ounty] EMS. The Paramedic					
	_	the sandwich from his throat					
		al. At that time [client A's]					
		I. The Paramedic cleared part					
		MaGill Forceps and then					
		te [client A]. He was placed					
	_	pulse rate was 35. EMT was					
		pulse and compressions were					
	started. [Client A] was then placed on a back						
		cot for transport. CPR					
	continued."	•					
	-Typed Statement d	ated 12/14/17 completed by					
		al Disabilities Professional					
	· ·	l, "I heard medical support					
		\[#1\] that there was an					
		r classroom. [RN #1] started to					
		I followed. When we got					
		ting [client A] was choking on					
		sandwich. He was on the					
		ard. He was passing some air					
		#1] was assisting with [MS #1]					
	_	gh as some air was passing					
		ming up. Then [RN #1] took					
		ave 911 called. [MS #1] did					
	1	ing to the call directory. [RN					
		ontinuing to attempt to					
	1 -	do some compressions to					
	1	nd move air. I observed and					
	_	d assistance. Medical staff					
		[RN #1] as well. I talked to					
		keep them calm. I then					
		nd held door for EMTs- (6					
		and then stayed clear due to					
		le involved and amount of					
	and amount of people	and amount of					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 115 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G331	B. WI	NG		01/24/	2018
				CTDEET A	DDDECC CITY CTATE ZID COD		
NAME OF P	ROVIDER OR SUPPLIER	1			ADDRESS, CITY, STATE, ZIP COD		
	LINIC				ARRAND AVE RTE, IN 46350		
PALADIN	I, INC			LA POR	(1 E, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		DATE
	space. I contacted th	ne guardian due to the					
	incident and when [client A] left in (sic)					
	ambulance, [RN #1]] followed. I stayed in contact					
with [RN #1] and guardian for (sic) remainder of							
	(sic) evening until 7	pm for updates and informed					
	our director and CE	O. Later I also contacted staff					
	that worked the nigl	ht before in regards to [client					
	-	ly able to talk to [DSP #3]. I					
	•	his lunch? (sic) She said 'No' I					
	asked if [DSP #4] p	acked lunch? She said she					
	wasn't sure. Asked i	if [client A] packed his lunch?					
		know but didn't think so. [PM					
	-	#4] and spoke to her. I also					
		hat was assisting and she said					
		yell for help and that is when					
		asked to have her submit her					
	documentation in re	-					
	assistance/involvem	nent."					
		as reviewed on 1/5/18 at 12:40					
	PM.						
	G1:	1.0.0.0.0.0.0.00					
		Annual Case Conference (ACC)					
		diagnoses included, but were					
	·	lectual Disability Fragile X					
	-	ulosis, and Drug-Induced					
		nt A's ACC and/or record					
		iet was regular, with no seeds,					
	* *	e to diverticulosis. Client A's					
		indicated client A was					
	· ·	t teeth). Client A's record					
		risk plans and/or assessments					
		not limited to, choking, fall,					
	cameter care, divert	iculosis, and constipation.					
	Client A's Decembe	or 2017 Medication					
		ord (MAR) indicated client A's					
		· Consistency as tolerated."					
	uiet was, Kegulal -	Consistency as tolerated.					
	Client A's 6/10/17 9	Specific Level of Functioning					
	Chem 113 0/17/17 8	specific Level of I unctioning					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 116 of 123

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	JLTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	
		15G331	B. WI	NG		01/24	/2018
NAME OF F	DDOLUDED OD GLIDDLIED		_	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER			1709 F	ARRAND AVE		
PALADIN	I, INC			LA POR	RTE, IN 46350		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY		DATE
	· ·	ysical Health Inventory					
		eted by QIDP #1. Client A's					
	SLOF indicated client A "needs some physical help or assistance" in regard to "eating (uses						
	utensils properly; eating habits)". Client A's SLOF						
		hat level of support client A					
		al time, what meal time needs					
		what precautions staff should					
	take.						
	uno.						
	Client A's 6/21/17 Choking Risk Assessment						
	(CRA) indicated the following (not all inclusive):						
	-Client A did not have a swallowing disorder						
	diagnosed.						
		er was, "Regular; consistency					
	as tolerated, no seed	· · · · · · · · · · · · · · · · · · ·					
		ns included, "Difficulty					
	_	maintain weight, stuffing					
		nd lack of teeth (remains safe					
	when eating)."						
		ture and consistency was a					
	_	was to avoid IBS (irritable					
	· ·	oods, but did not indicate what					
	those were.	supervision while dining					
		ge to eat slowly; no talking					
	l '	. Assist with cutting food into					
		es. Instruct resident in					
		ourage slow, careful eating.					
	Other: Encourage g	-					
		quire any adaptive equipment					
	while eating.	and adaptive equipment					
	_	dicated client A needed to be					
		following signs of choking,					
	_	breathing pattern and quality					
		n-pitched sound, wheezing,					
		or inability to speak, water					
		the mouth/nasal cavity,					
		r changes of red/blue to the					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet Page 117 of 123

STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED
		15G331	B. WING		01/24/2018
NAME OF P	DOMNED OF GURBLIEF		STREET	ADDRESS, CITY, STATE, ZIP COD	
NAME OF P	PROVIDER OR SUPPLIER			FARRAND AVE	
PALADIN	I, INC		LA PC	RTE, IN 46350	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
TAG		a look of 'panic' in their face	TAG	DEFICIENCI)	DATE
		ety, picking at their clothing,			
		at or attempting to run from the			
		weakness or sudden loss of			
	consciousness."				
		dicated the following in regard			
	to response to a choking incident:				
	"First Aid: Use Heimlich Maneuver/Abdominal				
	thrust				
		cument all incidents on (Injury Report- 72 hr (hour)			
	Aspiration log- prn				
	Notification: Nurse				
	(interdisciplinary te				
	· · · · · · · · · · · · · · · · · · ·	,			
	Undated Nurse's No	ote indicated client A had			
		nternal hemorrhoids. Client A			
		lowing foods, "Corn, Nuts,			
	-	uits with seeds, such as			
	strawberries".				
	Review of client A's	s 6/21/17 Choking Risk			
		ed client A's CRA failed to			
	indicate specifically	what facility staff were to do			
		oking incident and/or when or			
	-	ect emergency services and/or			
		CRA did not define what			
		rated' meant. Client A's CRA			
		hat foods and/or food			
		es client A should avoid as he nad difficulty chewing, and			
	stuffed mouth with				
	Starred mount with	1004.			
	Client A's 4/5/17 N	utrition Assessment indicated			
		et was, "Regular, texture as			
	tolerated, no seeds,	nuts, popcorn." Client A's			
		nt's recommendations were to			
	continue his current	t diet.			
	Client A's 9/8/15 Ph	nysical documented on the			
	Client A's 9/8/15 Ph	nysical documented on the			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311 Facility ID: 000849

If continuation sheet Page 118 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00 COMPLETE				
		15G331	B. WING			01/24/	2018
NAME OF P	DOMINED OF STIPPING		S	TREET A	DDRESS, CITY, STATE, ZIP COD		
	PROVIDER OR SUPPLIEF	C			ARRAND AVE		
PALADIN	I, INC		<u> </u>	A POR	TE, IN 46350		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	CY MUST BE PRECEDED BY FULL		EFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		LISC IDENTIFYING INFORMATION	1	CAG	DEFICIENCE		DATE
	-	dmission Physical Form ving (not all inclusive):					
	indicated the follow	mig (not an inclusive).					
	-Client A's physicia client A.	n checked off regular diet for					
	-"CAT - Consistency as Tolerated. In addition to						
		difications in textures or					
	consistencies of foo	ds can be made to					
		umers with chewing and/or					
	swallowing problem						
		n documented client at had					
	"no teeth".						
	Review of client A's record indicated there was no						
		m filed out by client A's					
	physician for the cu						
		•					
		s record indicated the facility's					
	-	led to develop specific written					
	-	A's choking risk and/or					
	-	e facility's nursing services					
		hat textures/consistencies sume and/or what foods client					
		to having no teeth. The					
		rvices failed to indicate what					
	•	do in the event of a choking					
	incident.						
		nd PM #1 were interviewed on					
		Interview with QIDP #1, RN #1,					
		d the following (not all					
	inclusive):						
	-When asked what	training staff receive in regard					
		gency medical situations, QIDP					
		ining] occurs every year, as					
	_	#1 stated, "[DSP training]					
		situations. It's the program					
		's. Must take it before you can					
		ts. It covers safe driving, abuse					
1			1	l			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 119 of 123

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. BUIL	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF	PROVIDER OR SUPPLIE N, INC	R		1709 FA	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350			
(X4) ID PREFIX	(EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL		ID REFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	(X5) COMPLETION	
TAG	and neglect, emerge "Choking is in CPP thrusts and then cat to call 911." -When asked what include, RN #1 stat should include who cannot eat, what the needs to be cut up, slowly, to give most that is a possibility or using a gait belt equipment to keep watch out for it if the issues with vision determine level of them to have them to call 911." QIDP and training needs issues defined, sign when to seek help, watch for and what one time a year with and then [QIDP #1] the house to make -When asked if stat stated, "All staff at the nurse. I always they need to." PM call 911 for anything they do not need on the emergency, RN #1 anyone unresponsi	ency situations." RN #1 stated, R. Steps: attempt abdominal ll 911. It's automatic in training a risk plan for a client should ted, "Risk plan for choking at types of food they can or eir diet is, any restrictions, if it to encourage to eat more re prompts. Fall risks for anyone they might fall. Staff available or whatever they need for them safe. List of things to hey are on psych meds or or hearing. It helps us risk. We train staff on all of know what to look for. When #1 stated, "Different diagnoses " RN #1 stated, "History, ns and symptoms, what to try, when to call 911. What to t to do. We review risk plans thin the annual case conference goes over them with staff in sure they are trained." ff are trained to call 911 first then tell staff to call 911 if they feel #1 stated, "Staff are trained to ng they feel is life threatening, ur permission." would be considered a medical stated, "Diabetic sugar issues, ve, respiratory distress, pain, uncontrolled seizures, fall		TAG	DEFICIENCY)		DATE	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 120 of 123

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/24/2018			
NAME OF PROVIDER OR SUPPLIER PALADIN, INC			STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPR DEFICIENCY)			
		king was considered a medical 1, RN #1, and PM #1 indicated					
	is choking, RN #1 i any choking incider because even if they to be removed, they	911 should be called if a client indicated it should be called for int. RN #1 stated, "I would y come out of it, if it was able is still need to be checked and ity is clear. The sooner the					
	someone without te RN #1 stated, "Raw clients with teeth re food into bite size p	re were any foods that eth should stay away from, r vegetables Had a lot of moved so it's in place to cut sieces to make it easy and safe ed, "Grapes, nuts, meat ped or sauce on."					
	stay away from pea "Peanut butter is an Peanut butter is def	neone without teeth should nut butter, RN #1 stated, absolute (difficult to eat). initely something that I think ored more closely because that u's] favorite foods."					
	swallowing difficul think he had a prob stated, "No history	nt A was known to have ties, RN #1 stated, "I don't lem with swallowing." QIDP #1 of choking, his gums are t 9 years without teeth."					
	addition to his chok stated, "We usually are assessment and or consistency of fo	nt A had a choking risk plan in ing assessment, QIDP #1 use those as risk plans. They prevention. Restrictions (food od) would be on there. At the g with a history of no choking, ed."					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 121 of 123

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER 15G331	A. BUILDING 00 B. WING		COMPLETED 01/24/2018			
NAME OF PROVIDER OR SUPPLIER PALADIN, INC			STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE			
	indicate when to ca a risk plan in regard when to call 911, R being the nurse I an wouldn't just do it (should be in the pla should be in there in indicated they thous client A's choking r -When asked what tolerated meant, RN would mean whatev -When asked if two or texture as tolerat physician could me stated, "Yes, it's all more specific." -When asked if all it client specific train clients, QIDP #1 sta -When asked if staf immediately on 12/ choking, RN #1 sta person is there, one one call. If by your training, call 911." #2 should have call indicated DSP's #1 after the first Heimi	consistency or texture as N #1 stated, "Generally that wer he can chew." people who have consistency ed prescribed by their an something different, RN #1 in interpretation. It needs to be facility staff should receive ing prior to working with						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

7YZ311

Facility ID: 000849

If continuation sheet

Page 122 of 123

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2018 FORM APPROVED OMB NO. 0938-039

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G331	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	(EACH DEFICIE	T STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE