

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0000  Bldg. 00	<p>This visit was for the investigation of complaints #IN00249030 and #IN00250085.</p> <p>Complaints #IN00249030 and #IN00250085: Substantiated, Federal and State deficiencies related to the allegation are cited at W102, W104, W122, W149, W154, W189, W217, W240, and W331.</p> <p>Survey Dates: January 4, 5, 8, 9, and 24, 2018.</p> <p>Facility Number: 000849 Provider Number: 15G331 AIM Number: 100243820</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/13/18.</p>			W 0000	All POC are submitted for the 9 deficiencies		
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review, and interview, the facility failed to meet the Condition of Participation: Governing Body for 4 of 4 sampled clients (A, B, C, and D) and 2 additional clients (E and F). The governing body failed to exercise general policy, budget, and operating direction over the facility 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 failed to exercise general policy, budget, and operating direction over the facility to develop a policy to</p>			W 0102	<p><b>W102</b></p> <p>To correct this deficiency now and for future of effected clients as well as others that could have been effected Paladin has developed and implemented a new choking procedure. This procedure indicates the interventions to use in the event of a choking incident and what to do after the incident occurred as well shows the interventions such as the</p>		03/09/2018

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>specifically define and/or address what incidents were considered to be an emergency situation and what staff should do in the event of emergencies. The governing body failed to exercise general policy, budget, and operating direction over the facility 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 failed to exercise general policy, budget, and operating direction over the facility to ensure the facility conducted a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. The governing body failed to exercise general policy, budget, and operating direction over the facility 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 governing body failed to exercise general policy, budget, and operating direction over the facility to ensure client A's nutritional needs were accurately assessed. The governing body failed to exercise general policy, budget, and operating direction over the facility 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 governing body failed to exercise general policy, budget, and operating direction over the facility to ensure facility nursing services developed specific written guidelines in regard to client A's choking risk and/or diet.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general</p>				<p>abdominal thrusts and to call for 911 immediately.</p> <p>For proactive safety measures, the new choking procedure also lists high-risk choking foods that will NO longer be provided or purchased for the group home or company events.</p> <p>After a choking incident, a 72-hour aspiration log (See Attached) will be filled out and staff will monitor signs to report to nurse. The Care Coordinator will also start the choking incident checklist to ensure that the procedure has been followed and incident is reviewed for safety and prevention of future incidents.</p> <p>The Care Coordinator/Program manager will ensure that all new group home and Day Program staff are trained on the procedure initially. Care Coordinator will review and train staff at least quarterly in meetings to refresh staff knowledge of procedure. Care Coordinator will also randomly ask staff during weekly visits to group homes and service areas for staff's knowledge of the procedure.</p> <p>The Care Coordinator and Compliance Coordinator will also review all incidents of choking or potential incidents of choking at the monthly Safety/IR review meeting.</p> <p>This will be completed by 3/9/18</p>		

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>policy, budget, and operating direction over the facility for 4 of 4 sampled clients (A, B, C, and D) and 2 additional clients (E and F) to ensure the facility developed a policy to specifically define and/or address what incidents were considered to be an emergency situation and what staff should do in the event of emergencies. Please see W104.</p> <p>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 failed to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. The governing body 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 governing body failed to ensure client A's nutritional needs were accurately assessed. 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 choking. The governing body failed to ensure nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Please see W122.</p> <p>The federal tag relates to complaints #IN00249030 and #IN00250085.</p> <p>9-3-1(a)</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview for 4 of 4 sampled clients (A, B, C, and D) and 2 additional clients (E and F), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the facility developed a policy to specifically define and/or address what incidents were considered to be an emergency situation and what staff should do in the event of emergencies.</p> <p>Findings include:</p> <p>1. The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM.</p> <p>Review of the facility's BDDS reportables indicated the following (not all inclusive):</p> <p>-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 stomach, gasping for air. He was choking (sic). Staff attempted Heimlich Maneuver/Abdominal 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,</p>			W 0104	<p><b>W104</b></p> <p>To correct this deficiency now and for the future for all clients, Paladin has updated the Medical Emergency Plan(#700.01-See attached). Paladin has defined the emergencies and life-threatening emergencies for staff to ensure safety of individuals with some examples. This is not an exhaustive list- but the new procedure that Paladin is emphasizing- CALL 911. Therefore, to emphasize not only in the procedure visual cues/reminders are placed in the programs facilities. (911-sign attached)</p> <p>The Care Coordinators/Program Managers have trained all staff on the updated Medical Emergency Plan with the examples of emergencies and how to handle them. The CPR instructors will review/train staff on this new procedure during initial hire and the Care Coordinators will ensure the staff have knowledge of the plan and what defines an emergency as well how to handle one during monthly meetings. The IDT team will be sure that the visual cues are in the facilities on visits and observations.</p> <p>The Corporate Compliance officer</p>		03/09/2018

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>(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."</p> <p>-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</p>				<p>will be responsible for updating the plan as needed. This will be completed by 3/9/18</p>		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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."</p> <p>-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 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 this death is as follows: Aspiration/Choking...."</p> <p>-BDDS Incident Follow-Up Report dated 12/21/17 indicated, "[Client A's] health status continued to 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</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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...."</p> <p>Written Statements in regard to the 12/14/17 event with client A were reviewed on 1/4/18 at 3:30 PM.</p> <p>Review of the Written Statements indicated the following (not all inclusive):</p> <p>-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 choking (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."</p> <p>-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 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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>bathroom and call (sic) 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."</p> <p>-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 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 service (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."</p> <p>-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. I ran to assist when I heard people running in the hallway. When I approached, [client A] was sitting on (sic) floor coughing. [Staff #1] was giving him back blows. I asked her to stop because he was coughing Peanut Butter up. I asked that he continue to cough. Then the nurse</p>						



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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>approached and took over. She asked someone to call 911. I then ran to my office and made that call. At that time, I waited for EMT's in the hallway and directed them upon their approach. The EMT's arrived 5 or 10 minutes from my call. When they arrived, EMT's took control with help from the nurse."</p> <p>-Handwritten Statement dated 12/14/17 completed by Medical Support (MS) #1 indicated, "[DSP #1] from the senior program asked for medical help immediately. [MS #2] went to get [RN #1] and I went directly to the senior room. [Client A] was sitting on the floor making a wheezing noise. Staff was attempting to get him to cough to clear his throat. Slowly he began to loose (sic) his color. [RN #1] arrived and [client A] coughed a little of the peanut butter sandwich up. [RN #1] instructed [MS #2] to sit behind [client A] on the floor to administer the Heimlich Maneuver. [Client A] continued to barely pass some air. [RN #1] asked for the Paramedics to be called. EMS (Emergency Medical Services) arrived and took over. [Client A] was laid back and the paramedic observed the food in [client A's] throat. The paramedic used a 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."</p> <p>-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'.</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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."</p> <p>-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 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 taking a breath 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 or gray color to the skin) with purple lips and cool to touch. 11:22 staff was informed to call 911 immediately. [RN #1] assessed his mouth and back of throat for any Foreign material to remove. There was none visible. While awaiting EMS, [RN #1] layed (sic) [client A] on his back and hyperextended his neck to attempt to</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>open what airway was available. His lips became 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 McGill 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."</p> <p>-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)</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>ambulance, [RN #1] followed. I stayed in contact 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."</p> <p>The facility's policies and procedures were reviewed on 1/5/18 at 3:54 PM. Review of the facility's policies and procedures indicated the facility had policies and procedures for Medical Emergencies and Health-Related Incidents. The facility's undated Medical Emergency Plan indicated the following:</p> <p>- "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 trained.</p> <p>- In the event of a non-life threatening emergency and staff are able to transport, individuals served, shall be transported to their local hospital...</p> <p>- If 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 care.</p> <p>- Once the individual is stabilized, Paladin's RN shall be notified of the emergency. Other appropriate Paladin staff that also needs to be</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>notified: e.g. Team Leader, Program Manager, Program Director or President/CEO."</p> <p>The facility's 1/08 Health-Related Incident Procedure indicated the following (not all inclusive):</p> <p>-For the purposes of this policy a health-related incident is defined as any incident that has the potential to or has negatively affected the health of an individual receiving service from Paladin. examples include major health changes such as admission to a medical facility like hospital or nursing home (sic), ER visits, Surgery or other medical procedures...</p> <p>-All health-related incidents shall be referred to the Safety Committee...</p> <p>-The Safety Committee shall look for patterns and trends in each case...."</p> <p>Review of the facility's medical or health related policies failed to define what incidents and/or events were considered to be a medical emergency and/or what facility staff should do in the event of a medical emergency involving a client. Review of the facility's policies and procedures failed to indicate what facility staff were to do in regard to a choking incident involving a client.</p> <p>QIDP #1, RN #1, and PM #1 were interviewed on 1/5/18 at 4:10 PM. Interview with QIDP #1, RN #1, and PM #1 indicated the following (not all inclusive):</p> <p>-When asked what training staff receive in regard to choking or emergency medical situations, QIDP #1 stated, "[DSP training] occurs every year, as well as CPR." PM #1 stated, "[DSP training] includes emergency situations. It's the program</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>we use for our DSP's. Must take it before you can work with our clients. It covers safe driving, abuse and neglect, emergency situations." RN #1 stated, "Choking is in CPR. Steps: attempt abdominal thrusts and then call 911. It's automatic in training to call 911."</p> <p>-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."</p> <p>-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."</p> <p>-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would be.</p> <p>-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."</p> <p>-When asked what corrective action was completed as a result of the 12/14/17 incident and if any retraining of staff had occurred, QIDP #1 stated, "At this point, met with the IDT about updating risk plans. What can be a threat to others, foods. We met with the CEO about putting a procedure for choking in on what exactly to do and when to call 911." PM #1 stated, "February 2</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>is all staff training to go over everything. We've been in the homes talking to staff, but no formal sit down on train (or documentation)." RN #1 stated, "With staff over in that area, I've told them to please call 911 first... Have not had formal training yet."</p> <p>-When asked if there were any policies and procedures which addressed what incidents were considered medical emergencies and/or what staff should do, QIDP #1 stated, "Not that I am aware of at this point... we have a rough draft for a choking policy (as a result of the incident)." QIDP #1 indicated he provided the surveyor with whatever policies the facility had. RN #1 stated, "We have medical protocols for in the homes, but not sure if they are true emergencies. They're for colds, coughs, and fevers." QIDP #1 stated, "We have protocols for non life threatening things like fever, vomiting, diarrhea and what to do, but not for emergency situations."</p> <p>-When asked if there was a policy, procedure, or protocol in place that specifically addressed choking, QIDP #1 indicated the facility was working on one.</p> <p>-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."</p> <p>-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</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>was one of [client A's] favorite foods."</p> <p>-When asked if staff should have called 911 immediately on 12/14/17 when client A was choking, RN #1 stated, "Yes. When more than one person is there, one should do the Heimlich and one call. If by yourself, call 911 first. Just like CPR training, call 911." RN #1 indicated DSP's #1 and #2 should have called 911 immediately. RN #1 indicated DSP's #1 and #2 should have called 911 after the first Heimlich attempt was unsuccessful.</p> <p>2. The governing body failed to implement its written policies and procedures to prevent the neglect of client A in regard to a choking incident. The governing body failed to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. The governing body 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 governing body failed to ensure client A's nutritional needs were accurately assessed. 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 choking. The governing body failed to ensure facility nursing services developed specific written guidelines in regard to client A's choking risk and/or diet. Please see W149.</p> <p>3. The governing body failed to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A. Please see W154.</p>						



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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0122  Bldg. 00	<p>4. The governing body failed 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.</p> <p>5. The governing body failed to accurately assess client A's nutritional needs. Please see W217.</p> <p>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 choking. Please see W240.</p> <p>7. The governing body failed to ensure nursing services developed specific written guidelines in regards to client A's choking risk and/or diet. Please see W331.</p> <p>This federal tag relates to complaints #IN00249030 and #IN00250085.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, record review, and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (A). 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 neglected to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking</p>			W 0122	<p><b>W122</b> To correct this deficiency and to protect all clients effected now and possibly in the future Paladin is updating their procedure for investigating and reporting potential neglect, abuse, mistreatment and injuries or unknown source.(SEE</p>		03/09/2018

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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 nursing services developed specific written guidelines in regard to client A's choking risk and/or diet.</p> <p>Findings include:</p> <p>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.</p>				<p><b>ATTACHED)</b> These updates have included a more detailed step by step process for investigating incidents and a packet to use for thoroughness/consistency. Paladin will ensure that all staff are trained initially on new procedures and updates on Medical Emergency plan. Staff will continue to have the initial new hire required trainings as well client specifics. <b>Examples of this are:</b> Staff have been trained on all client specific BSPs/risk plans or assessments and Program plans. Know their duties to ensure clients are safe with calling -911. How they play an important role to get information to correct contacts to get an investigation started. <b>EX:</b> <b>Choking-</b> 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</p>		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0149  Bldg. 00	<p>Please see W149.</p> <p>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.</p> <p>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.</p> <p>4. The facility neglected to accurately assess client A's nutritional needs. Please see W217.</p> <p>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.</p> <p>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.</p> <p>This federal tag relates to complaints #IN00249030 and #IN00250085.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and</p>			W 0149	<p>and safety of all clients. Again, all staff have been trained on the Choking Procedure, Medical Emergency Plan and the updates to the procedure of investigating in potentially harmful incidents. These procedures and plans will be reviewed/updated as needed by the Compliance Coordinator and Corporate Compliance officer. Care Coordinator, Program Managers and Directors will be training on periodically, randomly and as needed to ensure the staffs competency of procedures and safety of individuals. This will be completed by 3/9/18</p> <p><b>W149</b></p>		03/09/2018

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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 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.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM.</p> <p>Review of the facility's BDDS reportables indicated the following (not all inclusive):</p> <p>-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 stomach, gasping for air. He was choking (sic).</p>				<p>To correct the deficiency now and in the future for clients effected Paladin has updated their procedure that will prohibit neglect, mistreatment and abuse of clients (<b>SEE ATTACHED</b>). The procedure is detailed to how any alleged incident needs to be handled, reported and investigated.</p> <p>The Choking Procedure and Medical Emergency Plan referenced to in W102/W104- 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.</p> <p>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.</p> <p>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 includes the Care Coordinator,</p>		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Staff attempted Heimlich Maneuver/Abdominal 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 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."</p> <p>-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</p>				<p>Program Manager/Director and Compliance Coordinator. They may review and suggest any updates/changes that may be needed.</p> <p>Procedures will be updated as needed by the Corporate Compliance Officer.</p> <p>This will be completed by 3/9/18</p>		

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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."</p> <p>-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 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 this death is as follows: Aspiration/Choking...."</p> <p>-BDDS Incident Follow-Up Report dated 12/21/17</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>indicated, "[Client A's] health status continued to 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...."</p> <p>Review of the facility's BDDS reportables and investigation indicated the facility failed to complete and/or document a formal investigation of the 12/14/17 event involving client A.</p> <p>Written Statements in regard to the 12/14/17 event with client A were reviewed on 1/4/18 at 3:30 PM.</p> <p>Review of the Written Statements indicated the following (not all inclusive):</p> <p>-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 choking (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."</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>-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 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 (sic) 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."</p> <p>-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 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 service (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</p>						



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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>nurse came in and I told her I think he's choking on peanut butter."</p> <p>-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. I ran to assist when I heard people running in the hallway. When I approached, [client A] was sitting on (sic) floor coughing. [Staff #1] was giving him back blows. I asked her to stop because he was coughing Peanut Butter up. I asked that he continue to cough. Then the nurse approached and took over. She asked someone to call 911. I then ran to my office and made that call. At that time, I waited for EMT's in the hallway and directed them upon their approach. The EMT's arrived 5 or 10 minutes from my call. When they arrived, EMT's took control with help from the nurse."</p> <p>-Handwritten Statement dated 12/14/17 completed by Medical Support (MS) #1 indicated, "[DSP #1] from the senior program asked for medical help immediately. [MS #2] went to get [RN #1] and I went directly to the senior room. [Client A] was sitting on the floor making a wheezing noise. Staff was attempting to get him to cough to clear his throat. Slowly he began to lose (sic) his color. [RN #1] arrived and [client A] coughed a little of the peanut butter sandwich up. [RN #1] instructed [MS #2] to sit behind [client A] on the floor to administer the Heimlich Maneuver. [Client A] continued to barely pass some air. [RN #1] asked for the Paramedics to be called. EMS (Emergency Medical Services) arrived and took over. [Client A] was laid back and the paramedic observed the food in [client A's] throat. The paramedic used a 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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>the food removal [client A] stopped breathing. [Client A] was then intubated and they bagged [client A]. EMS began CPR and prepared to transport."</p> <p>-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."</p> <p>-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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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 coloring of the skin) with purple lips and cool to touch. 11:22 staff was informed to call 911 immediately. [RN #1] assessed his mouth and back of throat for any Foreign material to remove. There was none visible. While awaiting EMS, [RN #1] layed (sic) [client A] on his back and hyperextended his neck to attempt to open what airway was available. His lips became less purple but breathing continued to be very labored and loud. First Responders arrived followed be [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."</p> <p>-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</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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) ambulance, [RN #1] followed. I stayed in contact 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."</p> <p>The facility's 12/14/17 Issues to be Reviewed and Addressed when a Person Has Had a Choking Incident was reviewed on 1/8/18 at 1:52 PM. Review of the facility's abovementioned document indicated the following (not all inclusive):</p> <ul style="list-style-type: none"> <li>-Client A choked on a peanut butter sandwich.</li> <li>-Client A had no previous choking episodes.</li> <li>-Client A had chewing difficulties.</li> <li>-Client A's choking incident occurred on 12/14/17 at 1:15 PM.</li> </ul>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>QIDP #1 was interviewed on 1/4/18 at 3:45 PM. When asked if there was a formal investigation completed and/or if there was an investigative report for review, QIDP #1 stated, "This is a pending investigation. This is the statements, the reportables, and any follow ups (to incident reports) from the initial incident and the death notification. Mortality review is open, we haven't gotten any further besides meeting. We met today to do the internal review of the incident, question any statements, as well as look for future policy and procedures to create, update, review with the CEO, HR, Directors, Compliance. We discussed having a policy for choking, as well as timelines for when to call 911. As well as looking at other individuals for a similar risk, as well as looking at foods that are high risk that shouldn't be served at events, as well as other things that should not be sent with clients (from home). That's it for now and we are gathering data now to put narrative together."</p> <p>Client A's 12/14/17 Prehospital Care Report completed by EMS was reviewed on 1/5/18 at 8:12 AM. Review of client A's Prehospital Care Report indicated the following (not all inclusive):</p> <ul style="list-style-type: none"> <li>-EMS dispatched on 12/14/17 at 11:25 AM</li> <li>-EMS at client A's side on 12/14/17 at 11:33 AM</li> <li>-Primary Impression: Cardiac Arrest</li> <li>-Chief Complaint: Choking (duration 10 minutes)</li> <li>-Assessment Summary - Skin Cyanotic and Mental Status confused</li> <li>-"Narrative: Dispatched to above location for a male patient that was choking on peanut butter. On arrival found a 74 y/o/m (year old male) that was sitting on the ground with staff at facility assisting in holding up patient in a fowlers position (position when patient is seated in a</li> </ul>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>semi-upright sitting position). Staff at the facility advised that they before (sic) the Heimlich on him and had no success. Staff denied any injury, falls, or trauma to the patient. Pt (patient) was cyanotic and attempting to cough on his own with little air movement. Pt had stridor noted bilaterally and pt was slow to respond. Pt was breathing on his own a rate of 4-6 per minute. Pt was placed in a supine position. Mac 4 laryngoscope blade was inserted into the oral pharynx of patient and peanut butter was noted upon insertion. Pt had a noted complete airway obstruction and magill forceps were used to removed peanut butter. 8-10 large pieces of peanut butter and bread. Pt took a large gasp and became apneic (suspension of breathing) and pulseless. CPR was initiated and patient was intubated... Pt was taken to ambulance... CPR was continued... Pt care was turned over to ER staff...."</p> <p>-EMS arrived at the hospital on 12/14/17 at 11:58 AM.</p> <p>Client A's 12/14/17 History and Physical was reviewed on 1/5/18 at 8:12 AM. Review of client A's History and Physical indicated the following (not all inclusive):</p> <p>- "History of Present Illness: "This is a 74-year-old man who carries a diagnosis of fragile X syndrome, had a history of neurogenic bladder and has chronic Foley catheter, history of anxiety disorder as well as enlarged prostate, he does not have any teeth who was in his usual state of health today eating a peanut butter sandwich when he started choking. He lives in a group home. The staff tried to do Heimlick maneuver (sic), patted on his back to dislodge the sandwich however they were unsuccessful. He continued to have respiratory distress and stridor. EMS was called. With his respiratory distress they tried to</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>intubate him and removed the sandwich in the back of his throat. He was successfully intubated however lost pulse after intubation. He was coded for about 5 minutes... He was brought to the ER. In the ER he was having myoclonic jerking. He was started on propofol. His blood pressure did drop. Propofol (sic) was stopped... At the bedside he is intubated and having myoclonic jerking. He is unresponsive. His caretaker is at the bedside. He does have a guardian...</p> <p>-Impression and Plan: Cardiac arrest. This is clearly from choking on the Sandwich resulting in respiratory failure leading to cardiac arrest. He is not responding and hence meets the criteria for hypothermia protocol. Will initiate hypothermia protocol... Disposition. Obviously is critically ill. With myoclonic jerking has poor prognosis...</p> <p>-Reason for Visit: EMS called d/t (due to) pt coughing, choking on sandwich per pt's HHC RN (Home health care registered nurse). Witnessed arrest per EMS. PT intubed (sic) per EMS, 1/2 peanut butter sandwich removed with forceps...."</p> <p>Client A's 12/16/17 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):</p> <p>-"Subjective: Patient is unresponsive, intubated, on ventilator, and not in obvious distress. Nurse report (sic) that patient has had myoclonic jerking and fever since his rewarming...."</p> <p>Client A's 12/18/17 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):</p> <p>-"Diagnosis: Cardiac arrest - now s/p (status post) resuscitation and hypothermia protocol... Acute</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>hypercapnic respiratory failure (rise in arterial carbon dioxide levels)... Coma - secondary to anoxic brain injury... Aspiration Pneumonia... Sepsis - had repeat fever spike... Guarded Prognosis...."</p> <p>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):</p> <p>-"... 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...."</p> <p>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):</p> <p>-"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 disorder. -Death Diagnosis: Same... -Brief 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</p>						



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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>protocol. After completing the hypothermia protocol he never woke up. Decided to make him comfortable. He passed away."</p> <p>Client A's record was reviewed on 1/5/18 at 12:40 PM.</p> <p>Client A's 6/21/17 Annual Case Conference (ACC) indicated client A's diagnoses included, but were not limited to, Intellectual Disability Fragile X Syndrome, Diverticulosis, and Drug-Induced Parkinsonism. Client A's ACC and/or record indicated client 's diet was regular, with no seeds, popcorn, or nuts due to diverticulosis. Client A's ACC and/or record indicated client A was edentulous (without teeth). Client A's record indicated client A's risk plans and/or assessments included, but were not limited to, choking, fall, catheter care, diverticulosis, and constipation.</p> <p>Client A's December 2017 Medication Administration Record (MAR) indicated client A's diet was, "Regular - Consistency as tolerated."</p> <p>Client A's 6/19/17 Specific Level of Functioning Assessment and Physical Health Inventory (SLOF) was completed 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 failed to indicate what level of support client A required during meal time, what meal time needs client A had, and/or what precautions staff should take.</p> <p>Client A's 6/21/17 Choking Risk Assessment (CRA) indicated the following (not all inclusive):</p> <p>-Client A did not have a swallowing disorder diagnosed.</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>-Client A's diet order was, "Regular; consistency as tolerated, no seeds, nuts, popcorn."</p> <p>-Client A's symptoms included, "Difficulty chewing, failure to maintain weight, stuffing mouth with food, and lack of teeth (remains safe when eating)."</p> <p>-Client A's food texture and consistency was a regular diet and he was to avoid IBS (irritable bowel syndrome) foods, but did not indicate what those were.</p> <p>-Client A required supervision while dining included, "Encourage to eat slowly; no talking with food in mouth. Assist with cutting food into small bite size pieces. Instruct resident in techniques that encourage slow, careful eating. Other: Encourage good posture."</p> <p>-Client A did not require any adaptive equipment while eating.</p> <p>-Client A's CRA indicated client A needed to be monitoring for the following signs of choking, "Sudden change in breathing pattern and quality of respirations: high-pitched sound, wheezing, moist vocal quality or inability to speak, water eyes, drooling from the mouth/nasal cavity, vomiting, skin color changes of red/blue to the face, lips and nails, a look of 'panic' in their face with increased anxiety, picking at their clothing, grabbing their throat or attempting to run from the area, unsteady gait, weakness or sudden loss of consciousness."</p> <p>-Client A's CRA indicated the following in regard to response to a choking incident: "First Aid: Use Heimlich Maneuver/Abdominal thrust Documentation: Document all incidents on Consumer Incident/Injury Report- 72 hr (hour) Aspiration log- prn (as needed) Notification: Nurse, Team leader, IDT (interdisciplinary team) on call."</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Undated Nurse's Note indicated client A had diverticulosis and internal hemorrhoids. Client A was to avoid the following foods, "Corn, Nuts, Seeds, Popcorn, Fruits with seeds, such as strawberries".</p> <p>Review of client A's 6/21/17 Choking Risk Assessment indicated client A's CRA failed to indicate specifically what facility staff were to do in the event of a choking incident and/or when or if they should contact emergency services and/or call 911. Client A's CRA did not define what 'consistency as tolerated' meant. Client A's CRA failed to indicate what foods and/or food textures/consistencies client A should avoid as he was without teeth, had difficulty chewing, and stuffed mouth with food.</p> <p>Client A's 4/5/17 Nutrition Assessment indicated client A's current diet was, "Regular, texture as tolerated, no seeds, nuts, popcorn." Client A's Nutrition Assessment's recommendations were to continue his current diet.</p> <p>Client A's 9/8/15 Physical documented on the facility's Annual/Admission Physical Form indicated the following (not all inclusive):</p> <p>-Client A's physician checked off regular diet for client A.</p> <p>- "CAT - Consistency as Tolerated. In addition to the above diets, modifications in textures or consistencies of foods can be made to accommodate consumers with chewing and/or swallowing problems."</p> <p>-Client A's physician documented client at had "no teeth".</p> <p>Review of client A's record failed to indicate what consistency/texture of food client A was able to</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>consume and/or what foods client A should avoid due to having no teeth.</p> <p>The facility's policies and procedures were reviewed on 1/5/18 at 3:54 PM. Review of the facility's policies and procedures indicated the facility had policies and procedures for Medical Emergencies and Health-Related Incidents. The facility's undated Medical Emergency Plan indicated the following:</p> <p>-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 trained.</p> <p>-In the event of a non-life threatening emergency and staff are able to transport, individuals served, shall be transported to their local hospital...</p> <p>-If 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 care.</p> <p>-Once 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, Program Director or President/CEO."</p> <p>The facility's 1/08 Health-Related Incident Procedure indicated the following (not all inclusive):</p> <p>-For the purposes of this policy a health-related incident is defined as any incident that has the potential to or has negatively affected the health of an individual receiving service from Paladin. examples include major health changes such as admission to a medical facility like hospital or nursing home (sic), ER visits, Surgery or other</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>medical procedures...</p> <p>-All health-related incidents shall be referred to the Safety Committee...</p> <p>-The Safety Committee shall look for patterns and trends in each case...."</p> <p>Review of the facility's medical or health related policies on 1/8/18 at 1:52 PM failed to define what incidents and/or events were considered to be a medical emergency and/or what facility staff should do in the event of a medical emergency involving a client. Review of the facility's policies and procedures failed to indicate what facility staff were to do in regard to a choking incident involving a client.</p> <p>Review of the facility's Cardiopulmonary Resuscitation (CPR) and First Aid certificates on 1/8/18 at 1:52 PM indicated DSP's #1 and #2 were current in their CPR/First Aid at the time of the 12/14/17 incident regarding client A. DSP #1 received training on 11/14/16 and DSP #2 received training on 8/22/17. The training certificates indicated the training was valid for 2 years.</p> <p>Review of the facility's CPR training Video Segment outline indicated DSP's #1 and #2 were trained on the the following (not all inclusive):</p> <p>- "Before giving care and checking an injured or ill person, cardiac emergencies and giving CPR, using an AED (Automated External Defibrillator), Choking, sudden illness, injuries, and environmental emergencies".</p> <p>Review of the facility's Client Specific In Service Training Form for client A at the facility's day service on 1/8/18 at 1:52 PM indicated DSP #1 received training on 7/26/16 on client A's behavior support plan, catheter care, choking plan,</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>constipation, and medication side effects.</p> <p>Review of the facility's Client Specific In Service Training form on 1/8/18 at 1:52 PM indicated there was no documentation for DSP #2 in regard to training on client A's client specific program plans.</p> <p>The facility's Direct Support Professional (DSP) training indicated all facility staff were trained in regard to the following (not all inclusive) upon hire and annually:</p> <p>- "Health Care Coordination (HCC) Module... - DSP Responsibilities concerning HCC: Evaluate and document changes in the individual's behavior or symptoms, attend and document any medical appointments as needed, provide emergency care such as CPR, First Aid, and/or Calling 911... Monitor additional health concerns such as seizures, diabetes, arthritis, allergies, mobility problems, Alzheimer's, and food or drug related issues."</p> <p>Day Services Observations were conducted on 1/5/18 from 9:57 AM to 10:29 AM. The senior room had an dining/activity table, multiple recliners, a small table with two chairs, and 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.</p> <p>DSP #1 was interviewed on 1/5/18 at 10:29 AM.</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Interview with DSP #1 indicated the following (not all inclusive):</p> <p>-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 when they are hungry, DSP #1 indicated the facility had recently merged 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 it's 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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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 before the 12/14/17 incident, DSP #1 stated, "It was the first time he had 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 12/14/17 with client A. DSP #1 stated, "That day during lunch time, I was in the kitchen. [Client A] liked to eat alone. He had a peanut butter sandwich, apple sauce, yogurt. I cut the sandwich up and he proceeded to eat. He had no chips, so I had cheeto balls. He recently, last few</p>						



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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>days, didn't want 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. He took a piece or 2 of sandwich, ate yogurt, go up to go to the bathroom. About 2 minutes later he was holding his stomach. I asked if he was okay and he was gulping. I saw he was discolored, his face 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 and thrust up. The color blue was starting (his face and lips). I instructed to [DSP #2] to take over and I ran to the nurse office to get help. I told [staff #3] about it and I headed 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 [staff #3] were behind me. [RN #1] tried the Heimlich. He was conscious, he coughed some out. He was sitting on the ground. She was behind him trying to help. He coughed out a little. He had half of a sandwich at that point on the table. [RN #1] directed staff to call the paramedics. She was still trying the Heimlich, he was gasping." -When asked</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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 anything. -When 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 of 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].</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G3331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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 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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>911." -When asked when client A began choking, DSP #2 indicated before 11 AM, 5 or 10 minutes until." -When asked if anything was different that day, DSP #2 stated, "He had peanut butter. That was the 2nd time I knew about him having peanut butter." -When asked if client A had a choking plan, DSP #2 stated, "I think he had a choking plan. He had no teeth, but he ate okay." -When asked why 911 was not called immediately and/or after the first Heimlich attempt was unsuccessful, DSP #2 stated, "He was still conscious and breathing." -When asked what the staffing ratio was for the senior room, DSP #2 stated, "Typically 3 staff. Only two that day because [DSP #3] was filling in elsewhere." -When asked if she received any retraining as a result of the 12/14/17 incident, DSP #2 stated, "No." QIDP #1 was interviewed on 1/4/18 at 3:45 PM. When asked if there was a formal investigation completed and/or if there was an investigative report for review, QIDP #1 stated, "This is a pending investigation. This is the statements, the reportables, and any follow ups (to incident reports) from the initial incident and the death notification. Mortality review is open, we haven't gotten any further besides meeting. We met today to do the internal review of the incident, question any statements, as well as look for future policy</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>and procedures to create, update, review with the CEO, HR, Directors, Compliance. We discussed having a policy for choking, as well as timelines for when to call 911. As well as looking at other individuals for a similar risk, as well as looking at foods that are high risk that shouldn't be served at events, as well as other things that should not be sent with clients (from home). That's it for now and we are gathering data now to put narrative together." QIDP #1, RN #1, and PM #1 were interviewed on 1/5/18 at 4:10 PM. Interview with QIDP #1, RN #1, and PM #1 indicated the following (not all inclusive): -When asked what incidents should be investigated, QIDP #1 stated, "All alleged abuse, neglect, or exploitation... If we are unsure, we definitely want to look into it and get the point of views."-When asked what was considered for an investigation, QIDP #1 stated, "Statements from all staff involved, individuals, where and when, documents, looking for all the facts." -When asked when a staff person would be suspended pending investigation, PM #1 stated, "Alleged or suspected abuse, neglect, or exploitation."-When asked how corrective measures or action are determined after an investigation, QIDP #1 stated, "As a team, we come together to see how best to resolve for the person, as well as anyone who can be susceptible. Safety</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>committee reviews all IR's. It could also include revision of something or training, if something changed." -When asked what the importance of identifying corrective measures or actions as a result of an investigation, QIDP #1 stated, "Make sure they are safe, that it (whatever occurred) does not happen again, to them or anyone else." -When asked what training staff receive in regard to choking or emergency medical situations, QIDP #1 stated, "[DSP training] occurs every year, as well as CPR." PM #1 stated, "[DSP training] includes emergency situations. It's the program we use for our DSP's. Must take it before you can work with out clients. It covers safe driving, abuse and neglect, emergency situations." RN #1 stated, "Choking is in CPR. Steps: attempt abdominal thrusts and then call 911. It's automatic in training to call 911." -When asked what a risk plan for a client should include, RN #1 stated, "Risk plan for choking should include what types of food they can or cannot eat, what their diet is, any restrictions, if it needs to be cut up, to encourage to eat more slowly, to give more prompts. Fall risks for anyone that is a possibility they might fall. Staff available or using a gait belt or whatever they need for equipment to keep them safe. List of things to watch out for it if they are on psych meds or issues with vision or hearing. It helps us</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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 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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>clear. The sooner the better." -When asked if an investigation was completed for the 12/14/17 incident regarding client A, QIDP #1 stated, "We gathered the statements and looked into all individuals (staff) involved. No clients were interviewed, could have been oversight. All staff involved were discussed and talked with. No formal report at this point, just doing the internal review for mortality." -When asked if any staff were suspended in regard to the 12/14/17 incident with client A, QIDP #1, RN #1, and PM #1 indicated no staff were suspended at any point. -When asked what corrective action was completed as a result of the 12/14/17 incident and if any retraining of staff had occurred, QIDP #1 stated, "At this point, met with the IDT about updating risk plans. What can be a threat to others, foods. We met with the CEO about putting a procedure for choking in on what exactly to do and when to call 911." PM #1 stated, "February 2 is all staff training to go over everything. We've been in the homes talking to staff, but no formal sit down on train (or documentation)." RN #1 stated, "With staff over in that area, I've told them to please call 911 first... Have not had formal training yet." -When asked if there were any policies and procedures which addressed what incidents were considered medical emergencies and/or what staff should do, QIDP #1</p>						



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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> 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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>stated, "Not that I am aware of at this point... we have a rough draft for a choking policy (as a result of the incident)." QIDP #1 indicated he provided the surveyor with whatever policies the facility had. RN #1 stated, "We have medical protocols for in the homes, but not sure if they are true emergencies. They're for colds, coughs, and fevers." QIDP #1 stated, "We have protocols for non life threatening things like fever, vomiting, diarrhea and what to do, but not for emergency situations." -When asked if there was a policy, procedure, or protocol in place that specifically addressed choking, QIDP #1 indicated the facility was working on one. -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."-When asked if client A was known to have swallowing difficulties, RN #1 stated, "I don't think he had a problem with</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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 called 911 immediately on 12/14/17 when</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>client A was choking, RN #1 stated, "Yes. When more than one person is there, one should do the Heimlich and one call. If by yourself, call 911 first. Just like CPR training, call 911." RN #1 indicated DSP's #1 and #2 should have called 911 immediately. RN #1 indicated DSP's #1 and #2 should have called 911 after the first Heimlich attempt was unsuccessful. QIDP #1 was interviewed on 1/4/18 at 3:49 PM. QIDP #1 indicated the facility's policy to prevent the abuse or neglect of clients should be implemented at all times. The facility's policies and procedures were reviewed on 1/5/18 at 3:54 PM. The facility's 03/2006 Incident Reporting to BDDS indicated the following (not all inclusive): -"In a bid to protect the health and welfare of the individuals we serve Paladin shall file a State incident report on the incident report form prescribed by BDDS for an incident that falls under the list below: 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to adult protective services or child protection services as applicable. Any staff members involved in this type of incident will be suspended from duty pending investigation... D. Neglect include (sic), but is not limited to, failure to provide: I. Appropriate staff supervision, care or training... III. Adequate</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0154  Bldg. 00	<p>food and medical services for the individual...-Staff shall call their supervisor immediately whenever there is a reportable incident. All incidents shall be documented. -When a staff member determines that an individual is in danger, he/she shall immediately call 911 and report the incident and then follow 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) 483.420(d)(3)</p> <p><b>STAFF TREATMENT OF CLIENTS</b></p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on observation, record review, and interview for 1 of 1 allegation of abuse, neglect, and/or injury of unknown source reviewed, the facility failed to conduct a thorough investigation in regards to an allegation of neglect which resulted in a choking incident of client A.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM.</p> <p>Review of the facility's BDDS reportables indicated the following (not all inclusive):</p> <p>-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</p>			W 0154	<p><b>W154</b></p> <p>To correct the deficiency now and for the future of all effected clients all alleged incidents that may be potentially harmful will be reported per guidelines of BQIS Incident Reporting as was done but thoroughly investigated in a timely manner as well. Care Coordinators will continuously follow up with all questions regarding the incident. All incidents will be reported by staff immediately to the Care Coordinators/Program Managers, which they will then immediately initiate the investigation procedure and gather the investigation team, comprised of the Care Coordinator, Program Manager, Director and Corporate</p>		03/09/2018

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>he got up and went to the bathroom. As he returned he appeared off balance, holding his stomach, gasping for air. He was choking (sic). Staff attempted Heimlich Maneuver/Abdominal 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 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."</p> <p>-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</p>				<p>Compliance Officer that would use the new investigation packet/report <b>(SEE ATTACHED- Rough Draft)</b> to complete the timely, thorough and consistent investigation.</p> <p>Care Coordinator will collect all initial facts, documents and staff statements to bring to the team. All information will then be reviewed and investigated until the team feels that they have completed a comprehensive and detailed investigation. Then after the investigation, the HR manger will assist in the findings to determine action that needs to take place such as training, disciplinary or termination Each incident will be review by the Safety/IR committee monthly to ensure that all investigations were 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 Corporate Compliance Officer would update the procedure and/or Investigation packet/report .</p> <p>This will be in place 3/9/18 and rough draft finalized by end of March.</p>		

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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."</p> <p>-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 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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>this death is as follows: Aspiration/Choking...."</p> <p>-BDDS Incident Follow-Up Report dated 12/21/17 indicated, "[Client A's] health status continued to 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...."</p> <p>Review of the facility's BDDS reportables and investigation indicated the facility failed to complete and/or document a formal investigation of the 12/14/17 event involving client A.</p> <p>Written Statements in regard to the 12/14/17 event with client A were reviewed on 1/4/18 at 3:30 PM.</p> <p>Review of the Written Statements indicated the following (not all inclusive):</p> <p>-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 choking (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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>went to the Med office to get help. [Registered Nurse (RN) #1] came to the scene."</p> <p>-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 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 (sic) 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."</p> <p>-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 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 service (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</p>						



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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>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."</p> <p>-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. I ran to assist when I heard people running in the hallway. When I approached, [client A] was sitting on (sic) floor coughing. [Staff #1] was giving him back blows. I asked her to stop because he was coughing Peanut Butter up. I asked that he continue to cough. Then the nurse approached and took over She asked someone to call 911. I then ran to my office and made that call. At that time, I waited for EMT's in the hallway and directed them upon their approach. The EMT's arrived 5 or 10 minutes from my call. When they arrived, EMT's took control with help from the nurse."</p> <p>-Handwritten Statement dated 12/14/17 completed by Medical Support (MS) #1 indicated, "[DSP #1] from the senior program asked for medical help immediately. [MS #2] went to get [RN #1] and I went directly to the senior room. [Client A] was sitting on the floor making a wheezing noise. Staff was attempting to get him to cough to clear his throat. Slowly he began to loose (sic) his color. [RN #1] arrived and [client A] coughed a little of the peanut butter sandwich up. [RN #1] instructed [MS #2] to sit behind [client A] on the floor to administer the Heimlich Maneuver. [Client A] continued to barely pass some air. [RN #1] asked for the Paramedics to be called. EMS (Emergency Medical Services) arrived and took over. [Client A] was laid back and the paramedic observed the food in [client A's] throat. The paramedic used a</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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."</p> <p>-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."</p> <p>-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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>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 purple lips and cool to touch. 11:22 staff was informed to call 911 immediately. [RN #1] assessed his mouth and back of throat for any Foreign material to remove. There was none visible. While awaiting EMS, [RN #1] layed (sic) [client A] on his back and hyperextended his neck to attempt to open what airway was available. His lips became 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 McGill 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."</p> <p>-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]</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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) ambulance, [RN #1] followed. I stayed in contact 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."</p> <p>The facility's 12/14/17 Issues to be Reviewed and Addressed when a Person Has Had a Choking Incident was reviewed on 1/8/18 at 1:52 PM. Review of the facility's abovementioned document indicated the following (not all inclusive):</p> <p>-Client A choked on a peanut butter sandwich. -Client A had no previous choking episodes.</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>-Client A had chewing difficulties.</p> <p>-Client A's choking incident occurred on 12/14/17 at 1:15 PM.</p> <p>QIDP #1 was interviewed on 1/4/18 at 3:45 PM. When asked if there was a formal investigation completed and/or if there was an investigative report for review, QIDP #1 stated, "This is a pending investigation. This is the statements, the reportables, and any follow ups (to incident reports) from the initial incident and the death notification. Mortality review is open, we haven't gotten any further besides meeting. We met today to do the internal review of the incident, question any statements, as well as look for future policy and procedures to create, update, review with the CEO, HR, Directors, Compliance. We discussed having a policy for choking, as well as timelines for when to call 911. As well as looking at other individuals for a similar risk, as well as looking at foods that are high risk that shouldn't be served at events, as well as other things that should not be sent with clients (from home). That's it for now and we are gathering data now to put narrative together."</p> <p>Review of the facility's incident reports and witness statements in regard to the 12/14/17 incident with client A indicated the facility failed to conduct a thorough investigation to determine the following (not all inclusive):</p> <p>-Interviews and/or documentation of interviews from house staff that worked on 12/13/17</p> <p>-What was in client A's lunch box when he left day services on the morning of 12/14/17</p> <p>-Timeline of events to include the time the choking incident began, what staff were involved and what they did, when 911 was called, when EMS arrived, and when EMS left, including</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>duration of each heimlich attempt and when the facility nurse arrived at client A's side</p> <p>-Timeline of client A's body position as statements indicate he had been standing, face down on the floor, and sitting, as well as one statement indicating client A had to be rolled over</p> <p>-Why 911 was not called sooner</p> <p>-Review of client A's record to determine if any plans or protocols were implemented as written</p> <p>-Interviews and/or documentation of interviews with clients that were in the senior room at the time the incident occurred</p> <p>-Review of staffing ratio in the senior room at the time the incident occurred</p> <p>-If client A started choking while eating the peanut butter sandwich or while coming back from the bathroom</p> <p>-How much or what food client A had consumed prior to choking</p> <p>-If client A had food in his mouth when he left the table to go to the bathroom</p> <p>-If client A could have eaten part of his lunch or snack prior to eating lunch</p> <p>-If the training status of staff involved was reviewed</p> <p>-If any facility staff attempted to clear client A's airway</p> <p>-Indicate what the position of each staff person who witness the incident</p> <p>-Elapsed time between the onset of client A choking and when 911 was called.</p> <p>Review of the facility's incident reports and witness statements in regard to the 12/14/17 incident indicated the facility failed to document findings, suspend involved staff, and/or develop corrective action or follow-up.</p> <p>Day Services Observations were conducted on 1/5/18 from 9:57 AM to 10:29 AM. The senior</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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.</p> <p>DSP #1 was interviewed on 1/5/18 at 10:29 AM. Interview with DSP #1 indicated the following (not all inclusive):</p> <p>-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.</p> <p>-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."</p> <p>-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."</p> <p>-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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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."</p> <p>-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."</p> <p>-When asked if client A was a choking risk, DSP #1 stated, "He had no teeth."</p> <p>-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."</p> <p>-When asked if client A had been sent to day services with a peanut butter sandwich before the 12/14/17 incident, DSP #1 stated, "It was the first time he had a peanut butter sandwich in a long time. I had only seen lunchmeat."</p> <p>-When asked how long she had worked with client A, DSP #1 indicated 15 years.</p> <p>-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."</p> <p>-DSP #1 was asked to explain what occurred on</p>						



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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>12/14/17 with client A. DSP #1 stated, "That day during lunch time, I was in the kitchen. [Client A] like to eat alone. He had a peanut butter sandwich, apple sauce, yogurt. I cut the sandwich up and he proceeded to eat. He had no chips, so I had cheeto balls. He recently, last few days, didn't want 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. He took a piece or 2 of sandwich, ate yogurt, go up to go to the bathroom. About 2 minutes later he was holding his stomach. I asked if he was okay and he was gulping. I saw he was discolored, his face 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 and thrust up. The color blue was starting (his face and lips). I instructed to [DSP #2] to take over and I ran to the nurse office to get help. I told [staff #3] about it and I headed 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 [staff #3] were begin me. [RN #1] tried the Heimlich. He was conscious, he coughed some out. He was sitting on the ground. She was behind him trying to help. He coughed out a little. He had half of a sandwich at that point on the table. [RN #1] directed staff to call the paramedics. She was still trying the Heimlich, he was gasping."</p> <p>-When asked what time the incident occurred, DSP #1 stated, "About 11:15 AM."</p> <p>-When asked if client A was supervised while eating, DSP #1 stated, "I was in the kitchen with him."</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>-When asked client A was to avoid peanut butter, DSP #1 indicated she was not aware of anything.</p> <p>-When 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."</p> <p>-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)."</p> <p>-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."</p> <p>-When asked if she received any retraining as a result of the 12/14/17 incident, DSP #1 stated, "No."</p> <p>DSP #2 was interviewed on 1/5/18 at 11:10 AM. Interview with DSP #2 indicated the following (not all inclusive):</p> <p>-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]. Sometimes in a group. 1 to 1 means working on tasks and goals with [DSC D], like exercise."</p> <p>-When asked when clients in the senior room ate lunch, DSP #2 stated, "We prepare the food they</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>bring. We toilet clients before eating and wash up. We set up the food, warm it, cut it, and serve."</p> <p>-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 he 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 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 911."</p> <p>-When asked when client A began choking, DSP #2 indicated before 11 AM, 5 or 10 minutes until."</p> <p>-When asked if anything was different that day, DSP #2 stated, "He had peanut butter. That was the 2nd time I knew about him having peanut butter."</p> <p>-When asked if client A had a choking plan, DSP #2 stated, "I think he had a choking plan. He had not teeth, but he ate okay."</p> <p>-When asked why 911 was not called immediately and/or after the first heimlich attempt was</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>unsuccessful, DSP #2 stated, "He was still conscious and breathing."</p> <p>-When asked what the staffing ratio was for the senior room, DSP #2 stated, "Typically 3 staff. Only two that day because [DSP #3] was filling in elsewhere."</p> <p>-When asked if she received any retraining as a result of the 12/14/17 incident, DSP #2 stated, "No."</p> <p>QIDP #1 was interviewed on 1/4/18 at 3:45 PM. When asked if there was a formal investigation was completed and/or if there was an investigative report for review, QIDP #1 stated, "This is a pending investigation. This is the statements, the reportables, and any follow ups (to incident reports) from the initial incident and the death notification. Mortality review is open, we haven't gotten any further besides meeting. We met today to do the internal review of the incident, question any statements, as well as look for future policy and procedures to create, update, review with the CEO, HR, Directors, Compliance. We discussed having a policy for choking, as well as timelines for when to call 911. As well as looking at other individuals for a similar risk, as well as looking at foods that are high risk that shouldn't be served at events, as well as other things that should not be sent with clients (from home). That's it for now and we are gathering data now to put narrative together."</p> <p>QIDP #1, RN #1, and PM #1 were interviewed on 1/5/18 at 4:10 PM. Interview with QIDP #1, RN #1, and PM #1 indicated the following (not all inclusive):</p> <p>-When asked what incidents should be</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>investigated, QIDP #1 stated, "All alleged abuse, neglect, or exploitation... If we are unsure, we definitely want to look into it and get the point of views."</p> <p>-When asked what was considered for an investigation, QIDP #1 stated, "Statements from all staff involved, individuals, where and when, documents, looking for all the facts."</p> <p>-When asked when a staff person would be suspended pending investigation, PM #1 stated, "Alleged or suspected abuse, neglect, or exploitation."</p> <p>-When asked how corrective measures or action are determined after an investigation, QIDP #1 stated, "As a team, we come together to see how best to resolved for the person, as well as anyone who can be susceptible. Safety committee reviews all IR's. It could also include revision of something or training, if something changed."</p> <p>-When asked what the importance of identifying corrective measures or actions as a result of an investigation, QIDP #1 stated, "Make sure they are safe, that it (whatever occurred) does not happen again, to them or anyone else."</p> <p>-When asked what training staff receive in regard to choking or emergency medical situations, QIDP #1 stated, "[DSP training] occurs every year, as well as CPR." PM #1 stated, "[DSP training] includes emergency situations. It's the program we use for our DSP's. Must take it before you can work with out clients. It covers safe driving, abuse and neglect, emergency situations." RN #1 stated, "Choking is in CPR. Steps: attempt abdominal thrusts and then call 911. It's automatic in training to call 911."</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>-When asked what a risk plan for a client should include, RN #1 stated, "Risk plan for choking should include what types of food they can or cannot eat, what their diet is, any restrictions, if it needs to be cut up, to encourage to eat more slowly, to give more prompts. Fall risks for anyone that is a possibility they might fall. Staff available or using a fall belt or whatever they need for equipment to keep them safe. List of things to watch out for 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."</p> <p>-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."</p> <p>-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."</p> <p>-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would be.</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>-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."</p> <p>-When asked if an investigation was completed for the 12/14/17 incident regarding client A, QIDP #1 stated, "We gathered the statements and looked into all individuals (staff) involved. No clients were interviewed, could have been oversight. All staff involved were discussed and talked with. No formal report at this point, just doing the internal review for mortality."</p> <p>-When asked if any staff were suspended in regard to the 12/14/17 incident with client A, QIDP #1, RN #1, and PM #1 indicated no staff were suspended at any point.</p> <p>-When asked what corrective action was completed as a result of the 12/14/17 incident and if any retraining of staff had occurred, QIDP #1 stated, "At this point, met with the IDT about updating risk plans. What can be a threat to others, foods. We met with the CEO about putting a procedure for choking in on what exactly to do and when to call 911." PM #1 stated, "February 2 is all staff training to go over everything. We've been in the homes talking to staff, but no formal sit down on train (or documentation)." RN #1 stated, "With staff over in that area, I've told them to please call 911 first... Have not had formal training yet." This federal tag relates to complaints #IN00249030 and #IN00250085. 9-3-2(a)</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0189  Bldg. 00	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, record review, and interview for 1 of 4 sampled clients (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 emergency procedures of calling 911 immediately and/or to ensure all day services staff received client specific training in regard to client A.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM.</p> <p>Review of the facility's BDDS reportables indicated the following (not all inclusive):</p> <p>-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 stomach, gasping for air. He was choking (sic). Staff attempted Heimlich Maneuver/Abdominal 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</p>			W 0189	<p><u>W189</u></p> <p>To correct the deficiency now and for the future of individual effected and others that possibly could be effected Paladin will ensure staff are trained on competency to effectively and efficiently perform duties to assist individuals programs. New hire staff will continue to receive orientation training such as CPR, CPI and other information on how to handle any life threatening circumstances by calling 911 immediately. Paladin's on-line modules have competency-based tests in which staff must score at least 80% to pass. Paladin has also installed visual cues/reminders of what staff shall do in emergency situations. Staff will not only learn to handle the medical emergencies that will arise but the client specific training on how to care specifically to their basic needs. Such examples would be BSPs/Risk assessments/nursing and nutritional care. These plans will be developed by either the Care Coordinator/Nurse and trained to new hires. Staff will also receive on-going training by Care Coordinator and nurse with observations and visits weekly.</p>		03/09/2018



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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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."</p> <p>-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 seemed to have followed plan in place. All choke</p>				<p>Staff will receive monthly training by Care Coordinators/Nurse at all staff meetings monthly. IDT will continue to review updates on individuals to review if plans need changes.</p> <p>Plans will be reviewed at least annually but updated as needed per the needs of the individuals. Staff will receive the trainings annually and as needed. Care Coordinators would train their staff depending on which area of service they receive-EX: group home or day service.</p> <p>Care coordinator, compliance coordinator and new DSM-Direct Support Mentor position will be auditing and ensuring that all trainings are completed for the client specific training and that all signatures are in place as well. A new client specific in service training form(SEE ATTACHED) has been developed as well to ensure more accuracy to indicate the specific training as completed and staff sign off on that they have been trained and able to perform their duties. Computer tracking system is being looked at as well assist to ensure staff have had all required trainings and should be in place by end of April.</p> <p>This will be completed by 3/9/18. Computer tracking system- End of April.</p>		

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>(sic) risk assessments for other group home participants are being reviewed on 12/21/17 with IDT to be as detailed as possible."</p> <p>-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 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 this death is as follows: Aspiration/Choking...."</p> <p>-BDDS Incident Follow-Up Report dated 12/21/17 indicated, "[Client A's] health status continued to 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</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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...."</p> <p>Written Statements in regard to the 12/14/17 event with client A were reviewed on 1/4/18 at 3:30 PM.</p> <p>Review of the Written Statements indicated the following (not all inclusive):</p> <p>-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 choking (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."</p> <p>-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 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 (sic) his name, he was gasping</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>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."</p> <p>-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 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 service (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."</p> <p>-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. I ran to assist when I heard people running in the hallway. When I approached, [client A] was sitting on (sic) floor coughing. [Staff #1] was giving him back blows. I asked her to stop because he was coughing Peanut Butter up. I asked that he continue to cough. Then the nurse approached and took over She asked someone to</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>call 911. I then ran to my office and made that call. At that time, I waited for EMT's in the hallway and directed them upon their approach. The EMT's arrived 5 or 10 minutes from my call. When they arrived, EMT's took control with help from the nurse."</p> <p>-Handwritten Statement dated 12/14/17 completed by Medical Support (MS) #1 indicated, "[DSP #1] from the senior program asked for medical help immediately. [MS #2] went to get [RN #1] and I went directly to the senior room. [Client A] was sitting on the floor making a wheezing noise. Staff was attempting to get him to cough to clear his throat. Slowly he began to loose (sic) his color. [RN #1] arrived and [client A] coughed a little of the peanut butter sandwich up. [RN #1] instructed [MS #2] to sit behind [client A] on the floor to administer the Heimlich Maneuver. [Client A] continued to barely pass some air. [RN #1] asked for the Paramedics to be called. EMS (Emergency Medical Services) arrived and took over. [Client A] was laid back and the paramedic observed the food in [client A's] throat. The paramedic used a 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."</p> <p>-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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>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 someone 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."</p> <p>-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 purple lips and cool to touch. 11:22 staff was informed to call 911 immediately. [RN #1] assessed his mouth and back of throat for any Foreign material to remove. There was none visible. While awaiting EMS, [RN #1] layed (sic) [client A] on his back and hyperextended his neck to attempt to open what airway was available. His lips became</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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 McGill 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."</p> <p>-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) ambulance, [RN #1] followed. I stayed in contact</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>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."</p> <p>The facility's policies and procedures were reviewed on 1/5/18 at 3:54 PM. Review of the facility's policies and procedures indicated the facility had policies and procedures for Medical Emergencies and Health-Related Incidents. The facility's undated Medical Emergency Plan indicated the following:</p> <p>- "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 trained.</p> <p>- In the event of a non-life threatening emergency and staff are able to transport, individuals served, shall be transported to their local hospital...</p> <p>- If 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 care.</p> <p>- Once 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,</p>						



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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Program Director or President/CEO."</p> <p>The facility's 1/08 Health-Related Incident Procedure indicated the following (not all inclusive):</p> <p>- "For the purposes of this policy a health-related incident is defined as any incident that has the potential to or has negatively affected the health of an individual receiving service from Paladin. examples include major health changes such as admission to a medical facility like hospital or nursing home (sic), ER visits, Surgery or other medical procedures...</p> <p>- All heath-related incidents shall be referred to the Safety Committee...</p> <p>- The Safety Committee shall look for patterns and trends in each case...."</p> <p>Review of the facility's medical or health related policies failed to define what incidents and/or events were considered to be a medical emergency and/or what facility staff should do in the event of a medical emergency involving a client. Review of the facility's polices and procedures failed to indicate what facility staff were to do in regard to a choking incident involving a client.</p> <p>Review of the facility's Cardiopulmonary Resuscitation (CPR) and First Aid certificates on 1/8/18 at 1:52 PM indicated DSP's #1 and #2 were current in their CPR/First Aid at the time of the 12/14/17 incident regarding client A. DSP #1 received training on 11/14/16 and DSP #2 received training on 8/22/17. The training certificates indicated the training was valid for 2 years.</p> <p>Review of the facility's CPR training Video Segment outline on 1/8/18 at 1:52 PM indicated</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>DSP's #1 and #2 were trained on the the following (not all inclusive):</p> <p>- "Before giving care and checking an injured or ill person, cardiac emergencies and giving CPR, using an AED (Automated External Defibrillator), Choking, sudden illness, injuries, and environmental emergencies".</p> <p>Review of the facility's Client Specific In Service Training Form on 1/8/18 at 1:52 PM for client A at the facility's day service indicated DSP #1 received training on 7/26/16 on client A's behavior support plan, catheter care, choking plan, constipation, and medication side effects.</p> <p>Review of the facility's Client Specific In Service Training form indicated there was no documentation for DSP #2 in regard to training on client A's client specific program plans.</p> <p>The facility's Direct Support Professional (DSP) training on 1/8/18 at 1:52 PM indicated all facility staff were trained in regard to the following (not all inclusive) upon hire and annually:</p> <p>- "Health Care Coordination (HCC) Module...</p> <p>- DSP Responsibilities concerning HCC: Evaluate and document changes in the individual's behavior or symptoms, attend and document any medical appointments as needed, provide emergency care such as CPR, First Aid, and/or Calling 911... Monitor additional health concerns such as seizures, diabetes, arthritis, allergies, mobility problems, Alzheimer's, and food or drug related issues."</p> <p>Day Services Observations were conducted on 1/5/18 from 9:57 AM to 10:29 AM. The senior room had an dining/activity table, multiple</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>recliners, a small table with two chairs, and 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.</p> <p>DSP #1 was interviewed on 1/5/18 at 10:29 AM. Interview with DSP #1 indicated the following (not all inclusive):</p> <p>-DSP #1 was asked to explain what occurred on 12/14/17 with client A. DSP #1 stated, "That day during lunch time, I was in the kitchen. [Client A] liked to eat alone. He had a peanut butter sandwich, apple sauce, yogurt. I cut the sandwich up and he proceeded to eat. He had no chips, so I had cheeto balls. He recently, last few days, didn't want 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. He took a piece or 2 of sandwich, ate yogurt, go up to go to the bathroom. About 2 minutes later he was holding his stomach. I asked if he was okay and he was gulping. I saw he was discolored, his face 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 and thrust up. The color blue was starting (his face and lips). I instructed to [DSP #2] to take over and I ran to the nurse office to get help. I told [staff #3] about it and I headed back to the room</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>(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 [staff #3] were behind me. [RN #1] tried the Heimlich. He was conscious, he coughed some out. He was sitting on the ground. She was behind him trying to help. He coughed out a little. He had half of a sandwich at that point on the table. [RN #1] directed staff to call the paramedics. She was still trying the Heimlich, he was gasping."</p> <p>-When asked what time the incident occurred, DSP #1 stated, "About 11:15 AM."</p> <p>-When 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."</p> <p>-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)."</p> <p>-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."</p> <p>DSP #2 was interviewed on 1/5/18 at 11:10 AM. Interview with DSP #2 indicated the following (not all inclusive):</p> <p>-When asked what her role was at the day services, DSP #2 stated, "I work 1 on 1 (one staff</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>to one client) with [DSC D]. Sometimes in a group. 1 to 1 means working on tasks and goals with [DSC D], like exercise."</p> <p>-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 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 911."</p> <p>-When asked when client A began choking, DSP #2 indicated before 11 AM, 5 or 10 minutes until."</p> <p>-When asked if anything was different that day, DSP #2 stated, "He had peanut butter. That was the 2nd time I knew about him having peanut butter."</p> <p>-When asked if client A had a choking plan, DSP #2 stated, "I think he had a choking plan. He had no teeth, but he ate okay."</p> <p>-When asked why 911 was not called immediately</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>and/or after the first Heimlich attempt was unsuccessful, DSP #2 stated, "He was still conscious and breathing."</p> <p>-When asked what the staffing ratio was for the senior room, DSP #2 stated, "Typically 3 staff. Only two that day because [DSP #3] was filling in elsewhere."</p> <p>-When asked if she received any retraining as a result of the 12/14/17 incident, DSP #2 stated, "No."</p> <p>QIDP #1, RN #1, and PM #1 were interviewed on 1/5/18 at 4:10 PM. Interview with QIDP #1, RN #1, and PM #1 indicated the following (not all inclusive):</p> <p>-When asked what training staff receive in regard to choking or emergency medical situations, QIDP #1 stated, "[DSP training] occurs every year, as well as CPR." PM #1 stated, "[DSP training] includes emergency situations. It's the program we use for our DSP's. Must take it before you can work with out clients. It covers safe driving, abuse and neglect, emergency situations." RN #1 stated, "Choking is in CPR. Steps: attempt abdominal thrusts and then call 911. It's automatic in training to call 911."</p> <p>-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."</p> <p>-When asked what would be considered a medical emergency, RN #1 stated, "Diabetic sugar issues, anyone unresponsive, respiratory distress,</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>unexplained chest pain, uncontrolled seizures, fall with injury."</p> <p>-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would be.</p> <p>-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."</p> <p>-When asked if there were any policies and procedures which addressed what incidents were considered medical emergencies and/or what staff should do, QIDP #1 stated, "Not that I am aware of at this point... we have a rough draft for a choking policy (as a result of the incident)." QIDP #1 indicated he provided the surveyor with whatever policies the facility had. RN #1 stated, "We have medical protocols for in the homes, but not sure if they are true emergencies. They're for colds, coughs, and fevers." QIDP #1 stated, "We have protocols for non life threatening things like fever, vomiting, diarrhea and what to do, but not for emergency situations."</p> <p>-When asked if there was a policy, procedure, or protocol in place that specifically addressed choking, QIDP #1 indicated the facility was working on one.</p> <p>-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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0217  Bldg. 00	<p>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."</p> <p>-When asked if all facility staff should receive client specific training prior to working with clients, QIDP #1 stated, "Yes."</p> <p>-When asked if staff should have called 911 immediately on 12/14/17 when client A was choking, RN #1 stated, "Yes. When more than one person is there, one should do the Heimlich and one call. If by yourself, call 911 first. Just like CPR training, call 911." RN #1 indicated DSP's #1 and #2 should have called 911 immediately. RN #1 indicated DSP's #1 and #2 should have called 911 after the first Heimlich attempt was unsuccessful.</p> <p>This federal tag relates to complaints #IN00249030 and #IN00250085.</p> <p>9-3-3(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status. Based on interview and record review for 1 of 4 sampled clients (A), the facility failed to accurately assess the client's nutritional needs.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 1/5/18 at 12:40 PM.</p> <p>Client A's 6/21/17 Individual Support Plan (ISP) and/or record indicated client A was edentulous (without teeth) and posed a choking risk. Client A's diagnoses included, but were not limited to,</p>			W 0217	<p><b>W217</b> To correct the deficiency now and future for the individual effected and possibly others Paladin has reviewed and assessed the client's nutritional needs. Again, Paladin has implemented the new Choking Procedure that indicates the high-risk foods that will not be served by Paladin. IDT also met, reviewed and updated all dining/choking assessments for all group home individuals. The risk</p>		03/09/2018



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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

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

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0240  Bldg. 00	<p>"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."</p> <p>The federal tag relates to complaints #IN00249030 and #IN00250085.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on record review and interview for 1 of 4 sampled clients (A), the client's Individual Support Plan (ISP) failed to indicate 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.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM.</p> <p>Review of the facility's BDDS reportables indicated the following (not all inclusive):</p> <p>-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 stomach, gasping for air. He was choking (sic). Staff attempted Heimlich Maneuver/Abdominal</p>			W 0240	<p><b>W240</b></p> <p>To correct this deficiency now and in the future for the individual affected and potentially others that could have been affected Paladin has developed the new choking procedure and medical emergency plan to ensure staff know what to do in the event of a client actively choking.</p> <p>As well as the new procedures, IDT updated all individuals risk assessments and added 911 is the first step to first aid. Risk assessments specifically indicate the amount of supervision that is required, foods to avoid and specific details that describe the support that is needed for the individual to be safe as well independent as possible.</p> <p>Care Coordinator has reviewed individuals risk assessments and functional assessments to determine the need for a task/goal</p>		03/09/2018

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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 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."</p> <p>-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</p>				<p>to ensure safety as well as 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 at proper pace, proper amount per bite, etc.... This will be implemented and trained to staff to complete during all snack and meal times. Care Coordinator will 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 with visits and recorded data from staff. Staff will receive on-going training at monthly meetings to ensure accuracy in completing the goal and recording. This will be reviewed with staff and implemented for individuals by 3/31/18. Staff will then again be trained on each specific goal for the individuals.</p>		

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>and documentation of their involvement in incident. Incident is being review 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."</p> <p>-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 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 this death is as follows: Aspiration/Choking...."</p> <p>-BDDS Incident Follow-Up Report dated 12/21/17 indicated, "[Client A's] health status continued to</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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...."</p> <p>Written Statements in regard to the 12/14/17 event with client A were reviewed on 1/4/18 at 3:30 PM.</p> <p>Review of the Written Statements indicated the following (not all inclusive):</p> <p>-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 choking (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."</p> <p>-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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>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."</p> <p>-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 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 service (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."</p> <p>-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.</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>I ran to assist when I heard people running in the hallway. When I approached, [client A] was sitting on (sic) floor coughing. [Staff #1] was giving him back blows. I asked her to stop because he was coughing Peanut Butter up. I asked that he continue to cough. Then the nurse approached and took over She asked someone to call 911. I then ran to my office and made that call. At that time, I waited for EMT's in the hallway and directed them upon their approach. The EMT's arrived 5 or 10 minutes from my call. When they arrived, EMT's took control with help from the nurse."</p> <p>-Handwritten Statement dated 12/14/17 completed by Medical Support (MS) #1 indicated, "[DSP #1] from the senior program asked for medical help immediately. [MS #2] went to get [RN #1] and I went directly to the senior room. [Client A] was sitting on the floor making a wheezing noise. Staff was attempting to get him to cough to clear his throat. Slowly he began to loose (sic) his color. [RN #1] arrived and [client A] coughed a little of the peanut butter sandwich up. [RN #1] instructed [MS #2] to sit behind [client A] on the floor to administer the Heimlich Maneuver. [Client A] continued to barely pass some air. [RN #1] asked for the Paramedics to be called. EMS (Emergency Medical Services) arrived and took over. [Client A] was laid back and the paramedic observed the food in [client A's] throat. The paramedic used a 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."</p> <p>-Handwritten Statement dated 12/15/17 completed</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>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."</p> <p>-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</p>						



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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>purple lips and cool to touch. 11:22 staff was informed to call 911 immediately. [RN #1] assessed his mouth and back of throat for any Foreign material to remove. There was none visible. While awaiting EMS, [RN #1] layed (sic) [client A] on his back and hyperextended his neck to attempt to open what airway was available. His lips became 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 McGill 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."</p> <p>-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</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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) ambulance, [RN #1] followed. I stayed in contact 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."</p> <p>Client A's record was reviewed on 1/5/18 at 12:40 PM.</p> <p>Client A's 6/21/17 Annual Case Conference (ACC) indicated client A's diagnoses included, but were not limited to, Intellectual Disability Fragile X Syndrome, Diverticulosis, and Drug-Induced Parkinsonism. Client A's ACC and/or record indicated client 's diet was regular, with no seeds, popcorn, or nuts due to diverticulosis. Client A's ACC and/or record indicated client A was edentulous (without teeth). Client A's record indicated client A's risk plans and/or assessments included, but were not limited to, choking, fall, catheter care, diverticulosis, and constipation.</p> <p>Client A's December 2017 Medication</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Administration Record (MAR) indicated client A's diet was, "Regular - Consistency as tolerated."</p> <p>Client A's 6/19/17 Specific Level of Functioning Assessment and Physical Health Inventory (SLOF) was completed 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 failed to indicate what level of support client A required during meal time, what meal time needs client A had, and/or what precautions staff should take.</p> <p>Client A's 6/21/17 Choking Risk Assessment (CRA) indicated the following (not all inclusive):</p> <ul style="list-style-type: none"> <li>-Client A did not have a swallowing disorder diagnosed.</li> <li>-Client A's diet order was, "Regular; consistency as tolerated, no seeds, nuts, popcorn."</li> <li>-Client A's symptoms included, "Difficulty chewing, failure to maintain weight, stuffing mouth with food, and lack of teeth (remains safe when eating)."</li> <li>-Client A's food texture and consistency was a regular diet and he was to avoid IBS (irritable bowel syndrome) foods, but did not indicate what those were.</li> <li>-Client A required supervision while dining included, "Encourage to eat slowly; no talking with food in mouth. Assist with cutting food into small bite size pieces. Instruct resident in techniques that encourage slow, careful eating. Other: Encourage good posture."</li> <li>-Client A did not require any adaptive equipment while eating.</li> <li>-Client A's CRA indicated client A needed to be monitoring for the following signs of choking, "Sudden change in breathing pattern and quality</li> </ul>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>of respirations: high-pitched sound, wheezing, moist vocal quality or inability to speak, water eyes, drooling from the mouth/nasal cavity, vomiting, skin color changes of red/blue to the face, lips and nails, a look of 'panic' in their face with increased anxiety, picking at their clothing, grabbing their throat or attempting to run from the area, unsteady gait, weakness or sudden loss of consciousness."</p> <p>-Client A's CRA indicated the following in regard to response to a choking incident: "First Aid: Use Heimlich Maneuver/Abdominal thrust Documentation: Document all incidents on Consumer Incident/Injury Report- 72 hr (hour) Aspiration log- prn (as needed) Notification: Nurse, Team leader, IDT (interdisciplinary team) on call."</p> <p>Review of client A's Choking Risk Assessment, ISP, and/or record did not indicate what facility staff should do in the event client A was actively choking.</p> <p>DSP #1 was interviewed on 1/5/18 at 10:29 AM. Interview with DSP #1 indicated the following (not all inclusive):</p> <p>-When asked what the staff to client ratio was in the senior room, DSP #1 stated, "3 staff to 13 clients. We lost 2 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.</p> <p>-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,</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>wafers."</p> <p>-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."</p> <p>-When asked if clients in the senior room are able to eat throughout the day when they are hungry, DSP #1 indicated the facility had recently merged 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 it's 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."</p> <p>-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."</p> <p>-When asked if client A was a choking risk, DSP #1 stated, "He had no teeth."</p> <p>-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."</p> <p>-When asked if client A had been sent to day services with a peanut butter sandwich before the 12/14/17 incident, DSP #1 stated, "It was the first time he had a peanut butter sandwich in a long</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>time. I had only seen lunchmeat."</p> <p>-When asked how long she had worked with client A, DSP #1 indicated 15 years.</p> <p>-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."</p> <p>-DSP #1 was asked to explain what occurred on 12/14/17 with client A. DSP #1 stated, "That day during lunch time, I was in the kitchen. [Client A] like to eat alone. He had a peanut butter sandwich, apple sauce, yogurt. I cut the sandwich up and he proceeded to eat. He had no chips, so I had cheeto balls. He recently, last few days, didn't want 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. He took a piece or 2 of sandwich, ate yogurt, go up to go to the bathroom. About 2 minutes later he was holding his stomach. I asked if he was okay and he was gulping. I saw he was discolored, his face 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 and thrust up. The color blue was starting (his face and lips). I instructed to [DSP #2] to take over and I ran to the nurse office to get help. I told [staff #3] about it and I headed 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 [staff #3] were begin me. [RN #1] tried the Heimlich. He was conscious, he coughed some out. He was sitting on the ground. She was behind him trying to help.</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>He coughed out a little. He had half of a sandwich at that point on the table. [RN #1] directed staff to call the paramedics. She was still trying the Heimlich, he was gasping."</p> <p>-When asked what time the incident occurred, DSP #1 stated, "About 11:15 AM."</p> <p>-When asked if client A was supervised while eating, DSP #1 stated, "I was in the kitchen with him."</p> <p>-When asked client A was to avoid peanut butter, DSP #1 indicated she was not aware of anything.</p> <p>-When 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."</p> <p>-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)."</p> <p>-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."</p> <p>DSP #2 was interviewed on 1/5/18 at 11:10 AM. Interview with DSP #2 indicated the following (not all inclusive):</p> <p>-When asked what her role was at the day</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>services, DSP #2 stated, "I work 1 on 1 (one staff to one client) with [DSC D]. Sometimes in a group. 1 to 1 means working on tasks and goals with [DSC D], like exercise."</p> <p>-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."</p> <p>-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 he 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 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 911."</p> <p>-When asked when client A began choking, DSP #2 indicated before 11 AM, 5 or 10 minutes until."</p> <p>-When asked if anything was different that day, DSP #2 stated, "He had peanut butter. That was the 2nd time I knew about him having peanut butter."</p>						



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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>-When asked if client A had a choking plan, DSP #2 stated, "I think he had a choking plan. He had not teeth, but he ate okay."</p> <p>-When asked why 911 was not called immediately and/or after the first heimlich attempt was unsuccessful, DSP #2 stated, "He was still conscious and breathing."</p> <p>-When asked if she received any retraining as a result if the 12/14/17 incident, DSP #2 stated, "No."</p> <p>QIDP #1, RN #1, and PM #1 were interviewed on 1/5/18 at 4:10 PM. Interview with QIDP #1, RN #1, and PM #1 indicated the following (not all inclusive):</p> <p>-When asked what training staff receive in regard to choking or emergency medical situations, QIDP #1 stated, "[DSP training] occurs every year, as well as CPR." PM #1 stated, "[DSP training] includes emergency situations. It's the program we use for our DSP's. Must take it before you can work with out clients. It covers safe driving, abuse and neglect, emergency situations." RN #1 stated, "Choking is in CPR. Steps: attempt abdominal thrusts and then call 911. It's automatic in training to call 911."</p> <p>-When asked what a risk plan for a client should include, RN #1 stated, "Risk plan for choking should include what types of food they can or cannot eat, what their diet is, any restrictions, if it needs to be cut up, to encourage to eat more slowly, to give more prompts. Fall risks for anyone that is a possibility they might fall. Staff available or using a fait belt or whatever they need for equipment to keep them safe. List of things to</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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."</p> <p>-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would be.</p> <p>-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."</p> <p>-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."</p> <p>-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."</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>-When asked if client A was known to have swallowing difficulties, RN #1 stated, "I don't think he had a problem with swallowing." QIDP #1 stated, "No history of choking, his gums are pretty good. At least 9 years without teeth."</p> <p>-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."</p> <p>-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." RN #1 and QIDP #1 indicated they thought when to call 911 was in client A's choking risk assessment.</p> <p>-When asked what consistency or texture as tolerated meant, RN #1 stated, "Generally that would mean whatever he can chew."</p> <p>-When asked if two people who have consistency or texture as tolerate prescribed by their physician could mean something different, RN #1 stated, "Yes, it's all in interpretation. It needs to be more specific."</p> <p>-When asked if staff should have called 911 immediately on 12/14/17 when client A was choking, RN #1 stated, "Yes. When more than one person is there, one should do the Heimlich and one call. If by yourself, call 911 first. Just like CPR training, call 911." RN #1 indicated DSP's #1 and</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0331  Bldg. 00	<p>#2 should have called 911 immediately. RN #1 indicated DSP's #1 and #2 should have called 911 after the first Heimlich attempt was unsuccessful.</p> <p>This federal tag relates to complaints #IN00249030 and #IN00250085.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (A), the nursing services failed to develop specific written guidelines in regards to client A's choking risk and/or diet.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 1/4/18 at 3:30 PM.</p> <p>Review of the facility's BDDS reportables indicated the following (not all inclusive):</p> <p>-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 stomach, gasping for air. He was choking (sic). Staff attempted Heimlich Maneuver/Abdominal 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</p>			W 0331	<p><b>W331</b></p> <p>To correct the deficiency now and future for the effected individual and others that potentially could have been effected Paladin will develop nursing specific written guidelines to provide services in accordance to their needs. Paladin nurse will continue her observations and use recommendations from their doctors and dietician to establish the risk assessments as well as IDT members. The nurse will visit or observe monthly to group homes. Nurse will follow the new monthly nutrition assessment procedure as well as fill out the new nursing nutrition assessment form (<b>SEE ATTACHED-rough drafts</b>)</p> <p>This will ensure that the individuals are receiving the proper diets and food for meals as well as lunches being prepared to go to the day service.</p> <p>Care Coordinators and nurse will</p>		03/09/2018

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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 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."</p> <p>-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).</p>				<p>visit randomly to ensure day service has received proper lunches. If lunches are not prepared accordingly to diet. It will be brought to the Care Coordinator/Nurse or Program Manager to address accordingly.</p> <p>The nurse will continue to update the risk assessments as needed. Care Coordinator and nurse will train staff on all plans at least annually or as needed due to change in status. This will be completed and started by 3/31/18 – *Rough draft will be finalized by leadership team.</p>		

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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."</p> <p>-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 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 this death is as follows: Aspiration/Choking...."</p> <p>-BDDS Incident Follow-Up Report dated 12/21/17 indicated, "[Client A's] health status continued to 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</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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...."</p> <p>Written Statements in regard to the 12/14/17 event with client A were reviewed on 1/4/18 at 3:30 PM.</p> <p>Review of the Written Statements indicated the following (not all inclusive):</p> <p>-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 choking (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."</p> <p>-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 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</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>staggering and holding his stomach. So, I got up and approached [client A] coming out of the bathroom and call (sic) 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."</p> <p>-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 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 service (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."</p> <p>-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. I ran to assist when I heard people running in the hallway. When I approached, [client A] was sitting on (sic) floor coughing. [Staff #1] was giving him back blows. I asked her to stop</p>						



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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>because he was coughing Peanut Butter up. I asked that he continue to cough. Then the nurse approached and took over. She asked someone to call 911. I then ran to my office and made that call. At that time, I waited for EMT's in the hallway and directed them upon their approach. The EMT's arrived 5 or 10 minutes from my call. When they arrived, EMT's took control with help from the nurse."</p> <p>-Handwritten Statement dated 12/14/17 completed by Medical Support (MS) #1 indicated, "[DSP #1] from the senior program asked for medical help immediately. [MS #2] went to get [RN #1] and I went directly to the senior room. [Client A] was sitting on the floor making a wheezing noise. Staff was attempting to get him to cough to clear his throat. Slowly he began to lose (sic) his color. [RN #1] arrived and [client A] coughed a little of the peanut butter sandwich up. [RN #1] instructed [MS #2] to sit behind [client A] on the floor to administer the Heimlich Maneuver. [Client A] continued to barely pass some air. [RN #1] asked for the Paramedics to be called. EMS (Emergency Medical Services) arrived and took over. [Client A] was laid back and the paramedic observed the food in [client A's] throat. The paramedic used a 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."</p> <p>-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</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>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 someone 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."</p> <p>-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 or gray skin color) with purple lips and cool to touch. 11:22 staff was informed to call 911 immediately. [RN #1] assessed his mouth and back of throat for any Foreign material to remove. There was none visible. While</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>awaiting EMS, [RN #1] layed (sic) [client A] on his back and hyperextended his neck to attempt to open what airway was available. His lips became 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 McGill 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."</p> <p>-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</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>space. I contacted the 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 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."</p> <p>Client A's record was reviewed on 1/5/18 at 12:40 PM.</p> <p>Client A's 6/21/17 Annual Case Conference (ACC) indicated client A's diagnoses included, but were not limited to, Intellectual Disability Fragile X Syndrome, Diverticulosis, and Drug-Induced Parkinsonism. Client A's ACC and/or record indicated client 's diet was regular, with no seeds, popcorn, or nuts due to diverticulosis. Client A's ACC and/or record indicated client A was edentulous (without teeth). Client A's record indicated client A's risk plans and/or assessments included, but were not limited to, choking, fall, catheter care, diverticulosis, and constipation.</p> <p>Client A's December 2017 Medication Administration Record (MAR) indicated client A's diet was, "Regular - Consistency as tolerated."</p> <p>Client A's 6/19/17 Specific Level of Functioning</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Assessment and Physical Health Inventory (SLOF) was completed 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 failed to indicate what level of support client A required during meal time, what meal time needs client A had, and/or what precautions staff should take.</p> <p>Client A's 6/21/17 Choking Risk Assessment (CRA) indicated the following (not all inclusive):</p> <ul style="list-style-type: none"> <li>-Client A did not have a swallowing disorder diagnosed.</li> <li>-Client A's diet order was, "Regular; consistency as tolerated, no seeds, nuts, popcorn."</li> <li>-Client A's symptoms included, "Difficulty chewing, failure to maintain weight, stuffing mouth with food, and lack of teeth (remains safe when eating)."</li> <li>-Client A's food texture and consistency was a regular diet and he was to avoid IBS (irritable bowel syndrome) foods, but did not indicate what those were.</li> <li>-Client A required supervision while dining included, "Encourage to eat slowly; no talking with food in mouth. Assist with cutting food into small bite size pieces. Instruct resident in techniques that encourage slow, careful eating. Other: Encourage good posture."</li> <li>-Client A did not require any adaptive equipment while eating.</li> <li>-Client A's CRA indicated client A needed to be monitoring for the following signs of choking, "Sudden change in breathing pattern and quality of respirations: high-pitched sound, wheezing, moist vocal quality or inability to speak, water eyes, drooling from the mouth/nasal cavity, vomiting, skin color changes of red/blue to the</li> </ul>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>face, lips and nails, a look of 'panic' in their face with increased anxiety, picking at their clothing, grabbing their throat or attempting to run from the area, unsteady gait, weakness or sudden loss of consciousness."</p> <p>-Client A's CRA indicated the following in regard to response to a choking incident: "First Aid: Use Heimlich Maneuver/Abdominal thrust Documentation: Document all incidents on Consumer Incident/Injury Report- 72 hr (hour) Aspiration log- prn (as needed) Notification: Nurse, Team leader, IDT (interdisciplinary team) on call."</p> <p>Undated Nurse's Note indicated client A had diverticulosis and internal hemorrhoids. Client A was to avoid the following foods, "Corn, Nuts, Seeds, Popcorn, Fruits with seeds, such as strawberries".</p> <p>Review of client A's 6/21/17 Choking Risk Assessment indicated client A's CRA failed to indicate specifically what facility staff were to do in the event of a choking incident and/or when or if they should contact emergency services and/or call 911. Client A's CRA did not define what 'consistency as tolerated' meant. Client A's CRA failed to indicate what foods and/or food textures/consistencies client A should avoid as he was without teeth, had difficulty chewing, and stuffed mouth with food.</p> <p>Client A's 4/5/17 Nutrition Assessment indicated client A's current diet was, "Regular, texture as tolerated, no seeds, nuts, popcorn." Client A's Nutrition Assessment's recommendations were to continue his current diet.</p> <p>Client A's 9/8/15 Physical documented on the</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>facility's Annual/Admission Physical Form indicated the following (not all inclusive):</p> <p>-Client A's physician checked off regular diet for client A.</p> <p>- "CAT - Consistency as Tolerated. In addition to the above diets, modifications in textures or consistencies of foods can be made to accommodate consumers with chewing and/or swallowing problems."</p> <p>-Client A's physician documented client at had "no teeth".</p> <p>Review of client A's record indicated there was no facility physical form filed out by client A's physician for the current year.</p> <p>Review of client A's record indicated the facility's nursing services failed to develop specific written guidelines in client A's choking risk and/or prescribed diet. The facility's nursing services failed to indicate what textures/consistencies client A was to consume and/or what foods client A should avoid due to having no teeth. The facility's nursing services failed to indicate what facility staff should do in the event of a choking incident.</p> <p>QIDP #1, RN #1, and PM #1 were interviewed on 1/5/18 at 4:10 PM. Interview with QIDP #1, RN #1, and PM #1 indicated the following (not all inclusive):</p> <p>-When asked what training staff receive in regard to choking or emergency medical situations, QIDP #1 stated, "[DSP training] occurs every year, as well as CPR." PM #1 stated, "[DSP training] includes emergency situations. It's the program we use for our DSP's. Must take it before you can work with out clients. It covers safe driving, abuse</p>						

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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>and neglect, emergency situations." RN #1 stated, "Choking is in CPR. Steps: attempt abdominal thrusts and then call 911. It's automatic in training to call 911."</p> <p>-When asked what a risk plan for a client should include, RN #1 stated, "Risk plan for choking should include what types of food they can or cannot eat, what their diet is, any restrictions, if it needs to be cut up, to encourage to eat more slowly, to give more prompts. Fall risks for anyone that is a possibility they might fall. Staff available or using a gait belt or whatever they need for equipment to keep them safe. List of things to watch out for 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."</p> <p>-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."</p> <p>-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."</p>						



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

PRINTED: 03/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2018	
NAME OF PROVIDER OR SUPPLIER  PALADIN, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>-When asked if choking was considered a medical emergency, QIDP #1, RN #1, and PM #1 indicated choking would be.</p> <p>-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."</p> <p>-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."</p> <p>-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."</p> <p>-When asked if client A was known to have swallowing difficulties, RN #1 stated, "I don't think he had a problem with swallowing." QIDP #1 stated, "No history of choking, his gums are pretty good. At least 9 years without teeth."</p> <p>-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."</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>-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." RN #1 and QIDP #1 indicated they thought when to call 911 was in client A's choking risk assessment.</p> <p>-When asked what consistency or texture as tolerated meant, RN #1 stated, "Generally that would mean whatever he can chew."</p> <p>-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."</p> <p>-When asked if all facility staff should receive client specific training prior to working with clients, QIDP #1 stated, "Yes."</p> <p>-When asked if staff should have called 911 immediately on 12/14/17 when client A was choking, RN #1 stated, "Yes. When more than one person is there, one should do the Heimlich and one call. If by yourself, call 911 first. Just like CPR training, call 911." RN #1 indicated DSP's #1 and #2 should have called 911 immediately. RN #1 indicated DSP's #1 and #2 should have called 911 after the first Heimlich attempt was unsuccessful.</p> <p>This federal tag relates to complaints #IN00249030 and #IN00250085.</p> <p>9-3-6(a)</p>						

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G331	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE