STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G045	A. BUILDING 00 B. WING	12/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	829 EARL RD MICHIGAN CITY, IN 46360

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W 0000 Bldg. 00	This visit was for a predetermined full recertification and state licensure survey. This visit included the COVID-19 focused infection control survey. Survey Dates: December 7, 8, 9, 10, and 13, 2021. Facility Number: 000601 Provider Number: 15G045 AIMS Number: 100233480 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/21/21.	W 0000		
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview for 2 of 3 sample clients (#1 and #2), the facility failed to implement client #2's high risk plans when opportunities existed and to implement the facility's Medical Emergency Plan for client #1. Findings include: 1. An observation was conducted on 12/7/21 from	W 0249	**W249-** **To correct this deficiency now and in the future for the individuals affected or potentially affected Program Manager and IDT have conducted an all staff training with a review of the individuals plans not being implemented as written. Review was of when, how and why it is**	12/30/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	4:00 pm through 5:45 pm. Client #2 was present in the home for the duration of the observation period. At 4:25 pm, Direct Support Professional (DSP) #1 was in the medication room. Client #2 went into the medication room and began looking around. DSP #1 attempted to redirect client #2 verbally. Client #2 did not respond. Client #2 had a cup of water in her hand. Client #2 took a cup from the shelf and poured it into her own cup. Client #2 took a drink from her cup. DSP #1 did not take the cup from client #2 or redirect her from drinking another person's beverage. Client #2 attempted to get a bottle of soda from a staff's purse on the floor. DSP #1 took the bottle from client #2 and redirected her from the purse. DSP #1 took a phone call and left the medication room. DSP #2 went into the medication room and attempted to redirect client #2 from the room. DSP #1 was interviewed on 12/7/21 at 4:45 pm and stated, "That is [DSP #3's] drink. [Client #2] only steals drinks. We're supposed to teach her it is not hers and to guide her to her own stuff. She only drinks water and some juices. She likes to carry a cup around with water." DSP #1 stated, "We let her keep what she took from staff. It's only flavored water. It won't hurt her." At 5:31 pm, client #2 took DSP #3's drink from the table and poured it into her own cup. Client #2 took a drink. Clients #4 and #6 were sitting at the table and stated, "[DSP #3], [client #2] has your cup. She poured it out. She's drinking it." DSP #3 stated, "Oh, well." DSP #3 did not redirect client #2 from drinking staff's drink. DSP #3 stated, "She can have it. It won't hurt her." Client #2's record was reviewed on 12/8/21 at 12:13 pm. Client #2's high risk plan for Food and Drink		**important to follow with consistency as the main focus as well as the documentation to communicate thoroughly to all of the team. Program manager/IDT will increase their site visits and amount of hours with staff and individuals weekly to ensure competency of the plans. Use of the company's behaviorist weekly will assist in the following of plans as well. Our Team Lead position, will continue to do site visits, audits and training as needed weekly. They are in the sites 40+ hours to review the progress of what is working or not and to assist any DSPs. IDT and Team Leads then will meet monthly to discuss questions and concerns. Program Manager/ Director will still review/train on all goals completed by staff daily through the agency computer system-Provide. Revisions will be made as needed and assessed monthly. For the specific incident, the goal has also been updated to bring more attention to the behavior and how to handle and document. Program manager/Director will select random goals to quiz and review with staff during the site visits and at monthly house meetings for continuous**	

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	Obsessiveness dated May 2021 indicated the following: "If [client #2] takes food or drink from another person, and it is no longer sanitary for them to consume, then it should be discarded. [Client #2] should not have her stealing reinforced by having whatever it is she takes from another person." Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 12/8/21 at 1:19 pm and stated, "Staff should redirect [client #2]. They've been trained and know this is a behavior. They should anticipate and re-direct her to use her own drink. If it is somebody else's, we don't want her to drink it because of germs and to teach her it is not acceptable." QIDP #1 stated, "They should not allow her to drink someone else's drink. They should throw it out and get her something of her own." 2. The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 12/7/21 at 1:22 pm. A BDDS report dated 11/20/21 indicated the following: "[Client #1] was not feeling well the evening of 11/18. He didn't eat dinner that evening due to a large meal served at day program for the carry in Thanksgiving. Later in the night, he started to have some loose stool after waking from his sleep. This happened a couple of times then around 11 pm, [client #1] started to experience vomiting episodes, staff assisted and took vitals with a low BP (blood pressure) and low Oxygen level (sic). EMTs (Emergency Medical Team) were called at this time. [Client #1] was in the ER (Emergency Room) to get assessment and tests. Around 2:30 am, completed		**training and comprehension. Program Managers and IDT members will continue random weekly site visits for training and observations. Program manager/IDT members will also perform random weekly mock surveys to ensure that staff comprehend the trainings given to them. These will be used to correct issues immediately either with further training or progressive disciplinary actions in accordance to the Paladin policies.** **Paladin has reviewed the medical emergency plan and will be sure to review with staff that we need to use 911 first for all medical emergencies and contact the nurse/supervisor at a later time after all stabilized.**	

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	CT (Computerized Tomography) scan and gave IV (intravenous fluids). [Client #1] started to have complications with vitals dropping and needed to use several life saving measures to get vitals (BP and Oxygen) stable. Guardians were notified. Continuous treatments were given and use of medications and ventilator used for vitals until stable. He was transferred to ICU (Intensive Care Unit). Guardians arrived and gave a DNR (Do not Resuscitate) due to low brain activity and responsiveness. [Client #1] passed away approximately 11:40 am." Direct Support Professional (DSP) #1 was interviewed on 12/7/21 at 4:45 pm and stated, "I'm the one who took [client #1] to the hospital." DSP #1 stated, "[Client #1] was having diarrhea and vomiting at 10:48 pm on 11/18/21. I called the ambulance at 11:14 pm. He was puking. I checked his vitals. His blood pressure was 75/59. Oxygen was 90%. Heart rate was 101. The paramedics came and checked his vitals to make sure it was the same. I thought it might not be reading right since he was sick. They got the same readings and said it was from the diarrhea and puking from food poisoning. They said it was up to us to take him to the hospital or not. I called the house manager, and we decided to keep him home. I put him in the recliner, and he was puking non-stop. I called the house manager, and she said to call them back." DSP #1 stated, "At 12:25 am on 11/19/21 we arrived to a room in the hospital. The doctor came in at 12:45 am. I gave him the medication list and [client #1's] information. They did lab work and started him on fluids and did a CT scan. He stopped vomiting. At 4:25 am, the CT scan came back and said he was filled up with a lot of poop. They wanted to do a suppository. When they went to give it, he had a bowel			

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	movement in his adult brief. When they turned him over after the suppository, his stomach was blown up like someone had put a rock in there." DSP #1 stated, "They checked his vitals, and his blood pressure was 52/38. His oxygen was 80%. They called the doctor and put him on an oxygen tube and blood pressure medication." DSP #1 indicated she texted Qualified Intellectual Disabilities Professional (QIDP) #1. DSP #1 indicated she did not contact the facility nurse. DSP #1 indicated she was relieved by QIDP #1 at 8:35 am and QIDP #1 stayed at the hospital with client #1 and his guardian. Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 12/8/21 at 1:19 pm and stated, "The first phone call I received was at 4 something in the morning (11/19/21). I got texts and emails throughout the night that I did receive later. Staff called the EMTs at 11:50 pm. That was the first time. [The EMTs] said [client #1's] vitals were normal for someone who had diarrhea and vomiting. It was up to us to decide if we wanted to take him. After they left, he was still vomiting, so staff called back. I was not involved with the decision to keep [client #1] home. I wasn't aware there were two calls until the next day." QIDP #1 stated, "The nurse was not contacted. She was planning to go out of town on (11/19/21). We don't have a nurse on call while she's gone. Protocol is to call the on-call (House Manager) then myself then the nurse. Staff should call 911 first then the nurse at a later time." QIDP #1 stated, "I contacted the nurse in the morning (11/19/21)." Registered Nurse (RN) #1 was interviewed on 12/9/21 at 9:24 am and stated, "I received a text message from [QIDP #1] on 11/19/21 at 6:52 am. At that point, [client #1] was in the hospital. I was			

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	informed he may not make it. He was in the ER on full life support." RN #1 stated, "I was surprised to hear the EMTs gave staff the option to keep [client #1] at home. I was surprised the staff didn't send [client #1] to the hospital when they were given the option." RN #1 stated, "I was not contacted at all as people were getting sick." The facility's Medical Emergency Plan dated January 2021 was reviewed on 12/9/21 at 11:14 am and indicated the following: "Once the Participant is stabilized, Paladin's RN (registered nurse) shall be notified of the emergency. Other appropriate Paladin staff that also needs to be notified: e.g. Program Manager (House Manager), Program Director (Qualified Intellectual Disabilities Professional), or President/CEO (Chief Executive Officer)." 9-3-4(a)			
W 0455 Bldg. 00	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review, and interview for 1 of 2 sample clients (#2), the facility failed to ensure staff working in the facility owned and operated day service implemented universal precautions at meal times. Findings include: Observations were conducted in client #2's day service classroom on 12/8/21 from 11:00 am through 11:30 am. At 11:21 am, DSS (Day Service Staff) #1 sanitized a table and called client #2 to sit down for lunch. Client #2 was served soup and a banana. Client #2 was not prompted to wash or	W 0455	**W455-** **To correct this deficiency now and for the future of potentially affected individuals Paladin will ensure staff working in the home and day service programs implemented proactive/prevention infection control measures. Paladin has ensured that supplies is ample for washing and sanitizing hands. If any supplies is running low, staff will contact Program manager**	12/30/2021

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	sanitize her hands before she began eating. DSS #1 was interviewed on 12/8/21 at 11:25 am and stated, "She won't put her hands in water. I'm not sure if she'll use sanitizer. We usually use wipes. She didn't wash her hands today." Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 12/8/21 at 1:19 pm and stated, "Clients should be prompted to wash their hands at meds (medications) times, after they use the bathroom, when they eat meals, and every opportunity as needed." 9-3-7(a)		**to attend to immediately. Staff will also ensure that they are following all plans and protocols for washing hands frequently and encouraging/prompting individuals to do the same to prevent and control infection or disease. Upon hire staff have taken computer courses on controlling communicable diseases and must pass a test to show competency. They are also trained at Med CORE A/B at hire and annually at Med Review. To ensure this specific observation is addressed- the day program manager will implement a hand washing goal for them to practice using soap and water. Use of the hand sanitizer will be offered if attempts are unsuccessful. GH staff will work with her on same goal to practice consistency in all areas. Training for the staff with the nurse to emphasize proper hand washing was conducted to promote a safe and healthy environment. To ensure that this is being completed IDT members/ program managers in Group Home and Day Programming will be observing weekly that staff and individuals are washing hands frequently and**	

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			as needed. Particular focus times (meds/meals) will be supervised and corrected immediately if staff fail to do so. They will also be held accountable by the Paladin progressive disciplinary policy for performance if continue to fail to follow all plans/protocols.	