

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G141	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/13/2022
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NAME OF PROVIDER OR SUPPLIER  PUTNAM COUNTY COMPREHENSIVE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 914 TENNESSEE ST GREENCASTLE, IN 46135
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W 0000  Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Survey Dates: January 11, 12 and 13, 2022</p> <p>Facility Number: 000678 Provider Number: 15G141 AIM Number: 100234430</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/20/22.</p>	W 0000		
W 0125  Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, interview and record review for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to ensure the clients had the right to due process in regard to locking soda in the medication closet.</p> <p>Findings include:</p> <p>On 1/11/22 from 3:29 PM to 6:25 PM and 1/12/22 from 6:11 AM to 8:32 AM, observations were conducted at the group home. Throughout the observations, there were three boxes of sodas</p>	W 0125	All 6 of the consumers had the possibility to be effected. On 1-12-22 the soda was removed from the locked medication closet. The soda being moved into the locked medication cabinet was due to a staff member cleaning up the office. The soda that is purchased by the group home is to provide a reward under the token economy. This is not to say a consumer never gets a soda	01/28/2022

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 disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>stored in the locked medication closet. There were no unlocked sodas in the group home for clients #1, #2, #3, #4, #5 and #6 to access.</p> <p>On 1/12/22 at 10:06 AM, a review of client #1's record was conducted. Client #1's 11/4/21 Individual Support Plan (ISP) and 11/4/21 Behavior Support Plan (BSP) did not indicate the need for the soda to be locked at the group home.</p> <p>On 1/12/22 at 10:56 AM, a review of client #2's record was conducted. Client #2's 10/7/21 ISP and 10/7/21 BSP did not indicate the need for the soda to be locked at the group home.</p> <p>On 1/12/22 at 11:44 AM, a review of client #3's record was conducted. Client #3's 2/4/21 ISP and 2/4/21 BSP did not indicate the need for the soda to be locked at the group home.</p> <p>On 1/12/22 at 12:19 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the soda used to be stored in the office until client #2 started sneaking in and taking it. The QIDP indicated the soda locked in the office was purchased for the clients using the group home finances. The QIDP indicated there were no sodas available elsewhere in the group home. The QIDP stated the clients "just ask for it" and it was made available to them.</p> <p>On 1/12/22 at 12:19 PM, the Home Manager (HM) indicated all the soda in the home was locked in the medication closet. The HM stated the clients "just have to ask for it." The HM indicated the soda was moved into the locked closet less than 6 weeks ago.</p> <p>On 1/12/22 at 12:19 PM, staff #1 indicated the soda had been locked in the medication closet for</p>		<p>during the course of the year, it is provided for special occasions. IE: super bowl, parties, birthdays, or holidays. In the future the soda will be maintained in the office. A tacking sheet has been implemented to identify if the soda is being used as a reward or for medicinal purposes. In the event of the sodas come missing the tracking sheet will provide the data for establishing base line for possible inclusion in the BSP. Soda provided for special occasions will be located in the kitchen or pantry during those times for all the enjoy. (See attachment 1) RHM and ST will be responsible for the availability of the soda for the consumers.</p>	

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W 0192 Bldg. 00	<p>6 weeks.</p> <p>9-3-2(a)</p> <p>483.430(e)(2) STAFF TRAINING PROGRAM</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on observation, interview and record review for 1 of 3 clients in the sample (#3), the facility failed to ensure staff received competency based training on client #3's thickened liquids.</p> <p>Findings include:</p> <p>On 1/11/22 from 3:29 PM to 6:25 PM, an observation was conducted at the group home. At 5:51 PM staff #5 was in the kitchen. There was a container of Thick It (powder used to thicken liquids) on the counter. When asked if any of the clients had modified texture diets, staff #5 indicated client #3 had thickened liquids. Staff #5 indicated she did not know the consistency of client #3's liquids.</p> <p>On 1/12/22 at 11:44 AM, a review of client #3's record was conducted. Client #3's 11/2/21 Health Care Management Plan indicated, "...Staff will be trained on the following issues prior to working in the home... On August 25, 2021, [client #3] had a Swallow evaluation completed due to increased coughing while he is eating. Recommendations from the swallow study include nectar-thick liquids, mechanically soft diet with chopped/ground meats, puree items if [client #3] is tired, and medications whole in pureed items. [Client #3] will alternate bites of food with a drink of his nectar thick liquid..."</p>	W 0192	All staff are trained on consumer dietary plans and thicken liquids at the time of hire and any time there is a change as well as quarterly and annually. On 1-12-22 staff #5 was provided training by RHM on client #3's nectar thick consistency for all liquids. (See attachment #3) A staff meeting was held on 1-26-22 to review findings from the State Board of Health annual recertification survey. As part of this training all consumer dinning plans including the use of thicket were reviewed. Going forward RHM and ST have been instructed to demonstrate the use of the thicket then have the new employee demonstrate the competency in getting the liquids to the appropriate consistency of nectar thick for client #3. (See attachment #2)	01/28/2022

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W 0268  Bldg. 00	<p>On 1/12/22 at 12:28 PM, the Home Manager indicated staff #5 needed to be retrained on client #3's thickened liquids to ensure she knew the consistency.</p> <p>9-3-3(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview for 1 of 3 non-sampled clients (#5), the facility failed to ensure client #5 had a belt in order to keep his pants from repeatedly falling down.</p> <p>Findings include:</p> <p>On 1/11/22 from 12:19 PM to 1:22 PM, an observation was conducted at the facility-operated day program. During the observation when client #5 was up ambulating using his walker, his pants were falling down. Client #5 was not wearing a belt. At 1:04 PM, day program staff asked client #5 where his belt was. Client #5 indicated he did not know.</p> <p>On 1/11/22 from 3:29 PM to 6:25 PM, an observation was conducted at the group home. From 3:29 PM to 4:30 PM, client #5's pants were falling down as he ambulated through the house using his walker. At 4:23 PM, the Qualified Intellectual Disabilities Professional (QIDP) asked staff #1 to assist client #5 with trying to find his belt. At 4:26 PM, staff #1 indicated she was unable to locate client #5's belt. The QIDP asked staff #1 to assist client #5 with changing his pants. At 4:30 PM, client #5 entered the living room area wearing different pants. The new pants</p>	W 0268	<p>On the evening of 1-11-22 client #5's belt was finally located in his roommate's belongings by ST. In order to prevent this from occurring again ST took consumer #5 to the store to purchase two new belts. Both belts have had his name written on the inside for easier identification. Staff have been trained to ensure all consumers are dressed in appropriate fitting clothing. (see attachment #2) Also to send appropriate fitting clothing to day programing. Staff have further been directed to ensure consumers clothes are put away in the appropriate designated sides of the closet. ST will work with staff to ensure consumers belongs are appropriate identified with a label.</p>	01/28/2022

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

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	<p>were not falling down as he walked.</p> <p>On 1/12/22 at 12:26 PM, the Home Manager (HM) indicated client #5 needed to buy a belt. The HM stated "yes" when asked if it was a dignity issue when client #5's pants were falling down.</p> <p>On 1/12/22 at 12:26 PM, the Residential Director (RD) indicated client #5 needed to buy a belt. The HM stated "yes" when asked if it was a dignity issue when client #5's pants were falling down.</p> <p>On 1/12/22 at 12:26 PM, the QIDP indicated client #5 needed to buy a belt. The QIDP stated "yes" when asked if it was a dignity issue when client #5's pants were falling down.</p> <p>9-3-5(a)</p>			