

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G141	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2017	
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.</p> <p>Survey Dates: March 21, 22, 23 and 24, 2017</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.</p> <p>Quality review of this report completed April 3, 2017 by #01982.</p>		W 0000		
W 0249 Bldg. 00	<p>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.</p> <p>Based on observation, record review and interview for 1 of 3 clients in the sample (#3) and one additional client (#6), the facility failed to ensure staff implemented clients #3 and #6's risk plans for choking.</p>		W 0249	<p>All staff members within the home were retrained on #3 and #6's dietary plans at the monthly staff meeting on 4/7/2017.</p> <p>Additionally, the dietary plans of the other 4 residents were</p>	04/15/2017

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings include:</p> <p>1) On 3/21/17 from 3:00 PM to 6:22 PM, an observation was conducted at the group home. At 6:08 PM, client #6 began to eat his dinner. During the observation, client #6's pizza was not cut into thumbnail size pieces. Client #6 was not prompted to take one bite size of food at a time. Client #6 was not prompted or encouraged to alternate 2 to 4 bites of food with one sip of his drink.</p> <p>On 3/22/17 from 6:29 AM to 8:30 AM, an observation was conducted at the group home. At 7:12 AM, client #6 began to eat his breakfast. During the observation, client #6's breakfast burrito was not cut into thumbnail size pieces. Client #6 was not prompted to take one bite of food at a time. Client #6 was not prompted or encouraged to alternate 2 to 4 bites of food with one sip of his drink.</p> <p>On 3/21/17 at 12:03 PM, a review of the facility's incident reports was conducted and indicated the following:</p> <p>On 12/19/16 at 7:19 PM, client #6 was "struggling to swallow" during dinner per the 12/22/16 Follow-up on Incident/Investigation. Staff #6 reported client #6 was coughing at the table.</p>			<p>covered at that monthly staff meeting.</p> <p>Beginning on 4/15/2017, RHM and/or QIDP will be completing random observations of mealmates in order to ensure that each resident's dietary plan is being followed as described by their dietician. These observations will be documented in the "Management Dietary Observation Form."</p> <p>The observations will be completed 2 times each month for a period of 6 months with differing meals observed. The observations will be included within the monthly QIDP report which will be submitted to the Residential Director monthly.</p> <p>The date of correction of the deficiencies will be 4/15/2017.</p>	

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	<p>Client #6 was taken to the emergency room. The investigation indicated client #6's most recent swallow evaluation was completed in September 2015 and recommended a mechanical soft diet with food cut into 1/2 to 1 inch pieces. Staff #4 indicated client #6's fish sandwich was cut in half and his carrots and potatoes were not cut up. Staff #6 indicated client #6's sandwich was cut in half. Staff #10 indicated client #6's sandwich was cut in half and his carrots and potatoes were not cut into pieces.</p> <p>On 3/22/17 at 10:23 AM, a focused review of client #6's record was conducted. A 1/20/17 Speech/Swallow Evaluation indicated, "Swallow evaluation completed. Pt. (patient) has had a couple of incidents recently when eating sandwiches. Recommend pt. have bread toasted & (and) if pt. has a breaded meat, eliminate the bread from the sandwich. Bite sizes should cont. to be 1/2 (inch) in size (about the size of a thumbnail) & [client #6] should be reminded to take (1) bite at a time, & cont. (continue) to alternate 2-4 bites (sic) food with 1 sip of drink...."</p> <p>Client #6's 7/7/16 Health Related Incident Management Plan indicated in the Choking section, "History/Current Status: [Client #6] has, in the past, had to</p>				

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	<p>go to the Emergency Room because he was choking on food. It was discovered that [client #6] was not properly chewing his food before swallowing. Currently [client #6] has not had any episodes of choking that were significant enough to take emergency action. Plan of Action: Staff will monitor [client #6] at mealtimes and make sure that he is properly chewing up his food so that he is able to swallow it in a safe manner. Staff have all been trained in first aid and will apply their knowledge if need be, they will also take emergency action if the need arises. Staff will also ensure that his meats are cut into 1/2" (inch) to 1" pieces."</p> <p>On 3/22/17 at 10:01 AM, the Home Manager indicated the staff failed to implement client #6's plan as written for choking.</p> <p>On 3/22/17 at 10:02 AM, the Quality Assurance Director indicated the staff failed to implement client #6's plan as written for choking.</p> <p>2) On 3/21/17 from 3:00 PM to 6:22 PM, an observation was conducted at the group home. At 5:47 PM, client #3 began to eat his dinner with his fingers. Client #3 ate piece after piece of pizza without being prompted to slow down.</p>				

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	<p>Client #3 coughed throughout the meal. During the observation, client #3's pizza was not cut into thumbnail sized pieces (the pieces were 1" to 2" squares). Client #3 was not consistently prompted to take smaller bites or completely chew his food. Client #3 was not consistently prompted to finish one bite or to take a drink and put his fork down between bites.</p> <p>On 3/22/17 from 6:29 AM to 8:30 AM, an observation was conducted at the group home. At 7:12 AM, client #3 began to eat his breakfast burrito. The burrito was not cut into 1/2" to 1" pieces. Client #3 was not consistently prompted to take smaller bites or completely chew his food before swallowing. Client #3 was not consistently prompted to finish one bite or to take a drink and put his fork down between bites.</p> <p>On 3/22/17 at 10:33 AM, a review of client #3's record was conducted. Client #3's 3/2/17 Health Related Incident Management Plan indicated in the Choking section, "History/Current Status: [Client #3] has had and continues (sic) to be a choking risk. This risk is largely in part to him taking to (sic) large of bites at mealtimes and not properly chewing his food before he swallows. Plan of Action: Staff will verbally prompt [client #3]</p>				

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	<p>during mealtime to slow down, take smaller bites, or completely chew his food as it is needed to ensure his safety. If an incident of choking does occur, staff will take all necessary measures to relieve [client #3] of his obstruction. Staff will ensure that [client #3's] meat is cut into $\frac{1}{2}$" to 1" pieces."</p> <p>Client #3's 3/9/17 Individual Program Plan indicated he had the following training objective, "[Client #3] will learn to eat slower." The training objective indicated, in part, "1. Staff will monitor [client #3] as he eats breakfast, lunch, and dinner. 2. Staff will demonstrate (as needed) how to obtain bite size portions per the use of utensils. 3. Staff will verbally prompt [client #3] to finish one bite before picking up utensil to take another by suggesting he take a drink and place his fork down. 4. Staff will offer reasons for eating appropriately (choking hazard, etc.)...."</p> <p>On 3/22/17 at 10:01 AM, the Home Manager indicated the staff failed to implement client #3's plan as written for choking.</p> <p>On 3/22/17 at 10:02 AM, the Quality Assurance Director indicated the staff failed to implement client #3's plan as written for choking.</p>				

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W 0460 Bldg. 00	<p>9-3-4(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview for 5 of 6 clients living in the group home (#1, #2, #3, #5 and #6), the facility failed to ensure staff served the items on the menu or substituted a nutritionally equivalent item.</p> <p>Findings include:</p> <p>On 3/21/17 from 3:00 PM to 6:22 PM, an observation was conducted at the group home. At 5:47 PM, dinner started. Clients #1, #2, #3, #5 and #6 were served salad and pizza. None of the clients were served Minestrone soup or a nutritionally equivalent substitution.</p> <p>On 3/21/17 at 4:14 PM, a review of the facility's 2/25/16 week 4 menu indicated the following should have been served</p>	W 0460	<p>All staff members within the home were retrained on #1, #2, #4, #5, & #6's dietary recommendations at the monthly staff meeting on 4/7/2017.</p> <p>Additionally, the dietary plans of the other resident, #3 was also covered at that monthly staff meeting.</p> <p>Beginning on 4/15/2017, staff will begin utilizing the "Menu Changes" sheet in order to ensure that all residents are given the option of all items that are on the menu, or are substituted with a nutritionally equivalent item. Staff members will utilize Appendix 9 of "Exchange Lists for Meal Planning" which has been provided by the dietitian from Martha Gregory & Associates, Inc. (the dietitian for all residents within the home). Also, RHM</p>	04/15/2017

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	<p>for dinner: 1 cup Minestrone soup, 2 ounces of pizza, 1 cup of salad, 1/2 cup of pudding and 8 ounces of milk.</p> <p>On 3/22/17 at 10:01 AM, the Home Manager (HM) indicated she did not know why the staff did not serve the soup. The HM indicated the soup should have been served.</p> <p>On 3/22/17 at 10:02 AM, the Quality Assurance Director indicated if soup was on the menu, it should have been served.</p> <p>9-3-8(a)</p>		<p>and/or QIDP will be completing random observations of mealtimes in order to ensure that each resident's dietary plan is being followed as described by their dietician. These observations will be documented in the "Management Dietary Observation Form."</p> <p>The observations will be completed 2 times each month for a period of 6 months with differing meals observed. The observations will be included within the monthly QIDP report which will be submitted to the Residential Director monthly. The "Menu Changes" sheet will be utilized as needed and will also be reported within the monthly QIDP report and submitted to the Residential Director each month.</p> <p>The date of correction of the deficiencies will be 4/15/2017.</p>	