

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 09/09/2024
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NAME OF PROVIDER OR SUPPLIER PUTNAM COUNTY COMPREHENSIVE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP COD 914 TENNESSEE ST GREENCASTLE, IN 46135
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(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
W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 9/4, 9/5, 9/6 and 9/9/24.</p> <p>Facility Number: 000678 Provider Number: 15G141 AIMS 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 9/20/24.</p>	W 0000		
W 0388 Bldg. 00	<p>483.460(m)(1)(i) DRUG LABELING</p> <p>Based on observation, record review and interview for 1 additional client (#6), the facility failed to ensure over the counter medications contained a label with instructions for administration or treatment.</p> <p>Findings include:</p> <p>An observation was conducted on 9/5/24 from 6:15 AM until 9:06 AM. At 6:29 AM DSP (Direct Support Professional) #3 prompted client #6 to come into the office for his morning medications. DSP #3 administered client #6's medications. DSP #3 prompted client #6 to get his NetiPot (nasal irrigation). Client #6 got up from the table and retrieved a small teapot-shaped device and a small packet. DSP #3 removed a gallon jug of distilled water from a shelf. DSP #3 and client #6 went into the small bathroom off the medication room. DSP #3 poured water and the contents of the small</p>	W 0388	<p>Following the deficient practice, Client #6's medication, <i>NeilMed Sinus Rinse</i> has since been labeled correctly with instructions for administration and treatment. (see attachment #1). PCCS Skills Trainer completed medication audit on all six residents and verified that all medication labels were available and no other residents were affected by the deficient practice. In an effort to prevent the deficient practice from recurring, PCCS Skills trainer will complete monthly medication audits to ensure that all medications are labeled correctly with instruction for administration or treatment; audits will be reviewed by RHM. PCCS</p>	10/04/2024

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

TITLE

(X6) DATE

Josi Blanton

Residential Director

10/04/2024

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.

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W 0454 Bldg. 00	<p>packet into the small teapot-shaped device. Client #6 then used the small tea-pot shaped device and poured the contents into his left nostril then switched to his right nostril. The surveyor requested to see the box with the tea-pot shaped device and the small packets, but there was not a box for either item with a label from the pharmacy with instructions for use.</p> <p>A review of the September 2024 MAR (Medication Administration Record) was conducted on 9/5/24 at 2:23 PM. The MAR indicated, "Use Netipot twice daily distilled or sterile water only DX (diagnosis) sinusitis *supervised*."</p> <p>An interview was conducted on 9/5/24 at 6:40 AM with DSP #3. DSP #3 stated, "the Netipot is over the counter, there should be label especially for the packets that go into the Netipot."</p> <p>An interview was conducted on 9/5/24 at 1:37 PM with the RN (Registered Nurse). The RN stated, "if the Netipot is on the MAR, it should have a label, even if it is purchased over the counter."</p> <p>9-3-6(a) 483.470(l)(1) INFECTION CONTROL</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to provide a safe and sanitary medication administration for client #2.</p> <p>Findings include:</p> <p>An observation was conducted on 9/5/24 from 6:15 AM until 9:06 AM. At 7:00 AM DSP (Direct</p>	W 0454	<p>management team will utilize a revised medication audit sheet for monthly documentation that includes checking medication labels. (see attachment #2) System changes will be completed by October 4th, 2024.</p> <p>Corrective actions following the deficient practice include, providing employees with training to address infection control and sanitation when administering medication (see attachment # 3) as well as purchasing a metal medication tray to be utilize for medication administration and</p>	10/04/2024

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	<p>Support Professional) #3 prompted client #2 to come into the office for his morning medications. DSP #3 unlocked the medication cart and removed the medication cards for client #2. DSP #3 did not sanitize the table prior to dispensing the medications into a small cup. Client #2's Sertraline (Depression) 100 mg (milligrams) 2 tablets PO (by mouth) dropped onto the table. DSP #3 used her bare hand to pick up the medication and place it back into the small cup with the rest of the medications. DSP #3 handed client #2 the small medication cup. Client #2 took his medications.</p> <p>The Core B Indiana Direct Support Professional Training dated 6/9/2020 was reviewed on 9/5/24 at 3:41 PM. The Core B training on page 16 indicated, "Always wash hands prior to preparing medications. Ensure you disinfect the area you are preparing medications prior to administering medications."</p> <p>An interview was conducted on 9/5/24 at 8:50 AM with DSP #3. DSP #3 stated, "if I drop the medications on the table, I will put them back into the cup. If they fall onto the floor, I will not administer." DSP #3 stated, "I do clean the table in the morning, but not in between clients."</p> <p>An interview was conducted on 9/5/24 at 1:37 PM with the RN (Registered Nurse). The RN stated, "the table should be sanitized in between clients. The medication dropped on the table should not have been administered."</p> <p>9-3-7(a)</p>		<p>sanitized before each med pass. (see attachment #4). All residents residing in the home and receiving medications are at risk of being affected by deficient practice. Corrective Actions listed above prevent the deficient practice from recurring. RHM and QIDP will continue to provide on-going training to PCCS staff regarding infection control, sanitation, and medication disposal and will complete quarterly observations to ensure infection control and sanitation practices are precisely followed. (attachment 5). Systemic changes will be completed by October 4th, 2024.</p>	