

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  06/08/2023
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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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W 0000  Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 5/31/23, 6/1/23, 6/2/23, 6/5/23, 6/6/23, 6/7/23 and 6/8/23.</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 6/26/23.</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, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the facility failed to ensure: 1) clients #1, #2, #4, #5 and #6 were allowed unimpeded access to the washcloths, towels, the washer and dryer area, toilet paper, paper towels and hand soap; 2) client #2 was allowed access to personal hygiene supplies; and 3) clients #2 and #3 and/or guardians were notified to discuss a service dog moving into the home.</p> <p>Findings include:</p>	W 0125	In order to ensure the rights of all clients, all affected clients residing in the group home were provided with magnetic keys to access any closets or cabinets. All clients were assessed on their ability to utilize the magnetic keys. Results of the assessment indicated that client #6 would require additional hands-on assistance to utilize the magnetic key. QIDP completed an IPP Addendum outlining the client's current capability and goal	07/09/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Josi L. Blanton	Director of Residential Services	07/08/2023

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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	<p>1a) Observations were conducted on 5/31/23 from 3:30 PM until 6:25 PM at the group home. At 5:07 PM client #5 stated, "I am going to go take my shower." DSP (Direct Support Professional) #15 stated, "I will go get your towels." DSP #15 entered into clients #1 and #6's bedroom with an attached bathroom and brought out a towel and washcloth from the linen closet. Clients #1, #2, #4, #5 and #6 did not have access to the locked linen cabinet in client #1 and #6's bathroom. At 5:12 PM DSP #5 asked DSP #15 for the magnet. DSP #15 handed DSP #5 a triangle shaped magnet from the top of the medication cart. DSP #5 held the magnet to the top of the door of the washer and dryer area. The door opened. DSP #5 assisted client #3 with starting his laundry.</p> <p>On 6/1/23 at 11:10 AM, a review of client #1's record was conducted. There was no documentation in his 5/4/23 ISP (Individualized Support Plan) indicating the washer and dryer area and towels and washcloths must be locked up.</p> <p>On 6/2/23 at 10:13 AM, a review of client #2's record was conducted. There was no documentation in his 3/2/23 ISP or 3/2/23 BSP (Behavior Support Plan) indicating the washer and dryer area and towels and washcloths must be locked up.</p> <p>On 6/1/23 at 11:45 AM, a review of client #3's record was conducted. The BSP addendum dated 7/6/22 indicated due to an increase in client #3's behavior of hoarding of towels and linens they would be locked. The HRC (Human Rights Committee) approved.</p> <p>An interview was conducted on 6/1/23 at 5:12 PM</p>		<p>to utilize independently through training. (See Attachment #1). IPP addendums were completed for clients #1-6 to include need for locks utilized in the home. (See attachments #1-6). A behavior support plan addendum was created for clients #2, #4, #5, and #6. (See attachments #7, #8-10) to include the need for locks utilized in the home. QIDP updated client #3 ISP and IPP to include current status, update to targeted behaviors to include hoarding, a goal to address hoarding behaviors, and need for locks in the home. (See attachment #4 and #12). A BSP addendum was created for Client #3, listing hoarding as a targeted behavior, outlining proactive and reactive strategies to address hoarding behaviors. (See attachment #11). Client #2 has unimpeded access to his personal hygiene bucket. All clients participated in a house meeting on 7/5/23 where client rights were reviewed and discussed. (See attachment #13) QIDP will continue to review client rights annual with each individual client. A staff meeting was held on 7/8/23 and all PCCS staff were retrained on client rights. (See attachments #14-16). The service dog had been informally discussed with each client individually prior to the survey, at which all clients agreed to the dog moving into the home.</p>	

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	<p>with DSP #15. DSP #15 stated, "the towels have to be kept locked up or [client #3] will take all of them to his bedroom."</p> <p>An interview was conducted on 6/6/23 at 12:38 PM with the RHM (Residential Home Manager). The RHM stated, "it is the individual's right to have access to the washer and dryer area and towels and washcloths."</p> <p>1b) Observations were conducted at the group home on 5/31/23 from 3:30 PM to 6:25 PM and 6/1/23 from 6:20 AM to 8:35 AM. Clients #1, #2, #3, #4, #5, and #6 were present in the group home for the duration of the observation period.</p> <p>Throughout the observation period, there was no toilet paper in the bathroom in the hallway.</p> <p>An interview with client #5 was conducted on 6/1/23 at 7:55 AM. Client #5 stated, "If I have to go to the bathroom, I have to ask staff for toilet paper."</p> <p>An interview with client #4 was conducted on 6/1/23 at 7:57 AM. Client #4 stated, "you have to ask staff for toilet paper. [Client #3] always takes it."</p> <p>Client #3's record was reviewed on 6/2/23 at 11:45 AM. Client #3's ISP (Individual Support Plan) dated 10/6/22 did not include a program to address hoarding of toilet paper, paper towels and hand soap. Client #3's BSP (Behavior Support Plan) dated 10/6/22 did not list hoarding toilet paper, paper towels and hand soap as a targeted behavior.</p> <p>An interview with the RHM (Residential Home Manager) was conducted on 6/6/23 at 7:39 am.</p>		<p>Formal documentation of their approval was obtained after participating in a house a meeting on 7/5/23 with RHM, QIDP, and DRS. Clients #2-6 discussed and approved the service dog moving in. (See attachment #13).</p> <p>All PCCS staff were trained on all ISP, IPP, and BSP updates for clients residing in the home on 7/8/23. (see attachments #14-16). QIDP will review client rights with staff quarterly. QIDP will continue to review and discuss client rights with individual clients annually and as needed. QIDP, Skills Trainer, or RHM and will continue to complete monthly house observations to ensure protection of client's rights and ensure the accurate use of approved restrictive procedures. Systemic changes will be completed by July 9th, 2023.</p>	

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	<p>The RHM stated, "The individuals should have access to toilet paper, paper towels and hand soap, it is their right."</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 6/6/23 at 11:16 AM. The QIDP stated, "Clients should have access to toilet paper, paper towels and hand soap."</p> <p>2) An observation was conducted at the group home on 6/1/23 from 6:21 AM until 8:35 AM. At 6:32 AM DSP #15 prompted client #2 to pick up his items from the hallway bathroom as she put his personal hygiene bucket into a locked cabinet in the medication room. DSP #15 stated, "[client #2's] hygiene items are locked due to his diagnosis of PICA (eating non-nutritive, non food substances)."</p> <p>On 6/2/23 at 10:13 AM, a review of client #2's record was conducted. There was no documentation in his 3/2/23 ISP or 3/2/23 BSP indicating his personal hygiene items needed to be locked up.</p> <p>An interview was conducted on 6/6/23 at 11:16 AM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP stated, "Pica was a targeted behavior previously for [client #2], but it is not an issue anymore; it has been removed from the BSP."</p> <p>An interview was conducted on 6/6/23 at 12:38 PM with the RHM. The RHM stated, "I wasn't aware his items were being put in the locked cabinet in the medication room, the items belong in his bedroom." The RHM stated, "[Client #2] used to have PICA as a targeted behavior, but that was removed a long time ago; it's no longer</p>			

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W 0210 Bldg. 00	<p>an issue."</p> <p>3) Client #1's record was reviewed on 6/1/23 at 11:10 AM. A 30 Day Post Transition meeting was held for client #1 on 5/4/23. The meeting minutes indicated, "the agency continues to work with local contractors to update the deck / ramps and provide an area for [service dog]. The agency has met with an [name] representative regarding [service dog's] potential care / service to [client #1] in the group home. IDT (interdisciplinary team) meetings held with individuals and guardians to discuss a service dog moving into the home. "</p> <p>On 6/1/23 at 11:45 AM, a review of client #3's record was conducted. The review indicated there was no documentation of notification or guardian consent of a service dog moving into the home.</p> <p>On 6/2/23 at 10:13 AM, a review of client #2's record was conducted. The review indicated there was no documentation of notification or guardian consent of a service dog moving into the home.</p> <p>An interview was conducted on 6/6/23 at 10:20 AM with the RD (Residential Director). The RD stated, "I don't think we have consent from the guardians for the service dog."</p> <p>An interview was conducted on 6/6/23 at 11:16 AM with the QIDP. The QIDP stated, "meetings have not been held with the individuals and guardians to obtain consent."</p> <p>9-3-2(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the</p>			

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	<p>interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #1), the facility failed to complete client #1's assessments within 30 days of admission to the facility.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6/1/23 at 11:10 AM. Client #1 was admitted on 3/31/23. Client #1's ISP (Individual Support Plan) was completed on 5/4/23. Client #1's record indicated assessments for vision, occupational therapy and physical therapy were not completed within 30 days of admission to the facility. The record indicated the assessments still haven't been completed at the time of the survey.</p> <p>On 6/6/23 at 11:16 AM, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client #1's assessments were not completed within 30 days of admission to the facility. The QIDP stated, "the assessments have not been completed yet."</p> <p>On 6/6/23 at 12:38 PM, an interview was conducted with the RHM (Residential Home Manager). The RHM indicated client #1's vision, occupational therapy and physical therapy assessments were not completed within 30 days of admission to the facility.</p> <p>9-3-4(a)</p>	W 0210	<p>Client #1 was assessed by physical therapy on 6/27/23 and occupational therapy 7/5/23. QIDP updated RMP, ISP, and IPP to reflect recommendations of both specialists. (see attachments #2, #17, and #18). A vision exam was completed 8/30/22 with the outlining the need for glasses. (See attachment #19). A additional vision exam was requested by RHM on 5/4/23 and scheduled for 9/14/23. (See attachment #20). All staff were trained on IPP, RMP, and ISP updates related to these recommendations on 7/5/23. (See attachments #14-16). RHM and QIDP were trained on required assessments that need to occur within 30 after admission. (see attachment #22)</p> <p>Clients currently residing in the home continue to be reassessed annually by RHM, QIDP, as well as any physicians and specialists relevant to individual client needs. An intake checklist will be implemented for future admissions to prevent failing to complete accurate assessments. (see attachment #21). Systemic changes will be completed by July 9th, 2023.</p>	07/09/2023			

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W 0227  Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview for 1 of 3 sampled clients (client #3), the facility failed to ensure effective interventions addressing client #3's hoarding of household items were included in the client's BSP (Behavior Support Plan).</p> <p>Findings include:</p> <p>An observation was conducted at the agency owned day program on 6/1/23 from 1:35 PM until 2:45 PM. At 1:35 PM client #3 was sitting at a table with playing cards in front of him. The DPD (Day Program Director) was sitting at the table with him prompting him how to play the card game. At 1:59 PM client #3 was prompted by DPS (Day Program Staff) #1 to come take his 2 PM medications. Client #3 took his medications and would not return to his table. At 2:14 PM client #3 was attempting to leave the day program area. At 2:15 PM client #3 walked into the large kitchen area connected to the day program room attempting to open cabinets. DPD was prompting client #3 he could not have trash bags, he would need to get them from home. At 2:27 PM client #3 was still attempting to open cabinets in the kitchen area. At 2:35 PM client #3 was attempting to leave the day program area in search of trash bags. At 2:39 PM client #3 was attempting to leave the day program area in search of trash bags.</p> <p>Client #3's record was reviewed on 6/1/23 at 11:45</p>	W 0227	In an effort to ensure effective interventions addressing Client #3's hoarding behaviors were implemented, QIDP completed a functional behavior assessment and BSP addendum outlining effective proactive and reactive measures to address hoarding behaviors (see attachment #11). All staff were trained on BSP updates on 7/5/23. (See attachments #14-16). QIDP will monitor effectiveness of proactive and reactive strategies outlined in the BSP through behavior data collected by PCCS staff, observation, and staff input. QIDP will review quarterly. QIDP will review quarterly behavior data and progress monthly of those affected to ensure effectiveness of interventions outlined in the BSP and IPP. Systemic changes will be completed by July 9th, 2023.	07/09/2023
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	<p>AM. Client #3's BSP dated 10/6/22 addressed the following targeted behaviors: "Aggressive behaviors defined as includes verbal and physical outbursts in which he will threaten to and/or strike other clients; curse and yell at staff, throw or damage objects." "Obsessing defined as includes obsessing about food in the form of requests for snacks, impatience with meal schedules, stealing food, other verbal obsessing, etc."</p> <p>"Uncooperative defiance is defined as direct or indirect refusal to carry out a request or follow directive (e.g., chores, waking up for work, bathing, etc." "Inappropriate boundary is defined as inappropriate physical contact with staff and other consumers. This includes hugging, hovering in too-close proximity, and other contact that causes discomfort on the part of the recipient." Client #3's BSP did not include hoarding of household items at the group home or the day program and include interventions to address the behavior.</p> <p>On 6/1/23 at 2:40 PM an interview was conducted with the DPD. The DPD stated, "The BSP (Behavior Support Plan) is ineffective at Day Program." The DPD stated, "[Client #3] is a 1:1 which is hard to provide at a 4:1 staffing ratio when he is attempting to obtain household items or leave the area."</p> <p>On 6/6/23 at 11:16 AM, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP stated, "[Client #3] would benefit from a new FBA (Functional Behavioral Assessment) so the BSP would be more effective and contain specific interventions addressing hoarding household items."</p> <p>9-3-4(a)</p>			

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W 0288  Bldg. 00	<p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>Based on observation, record review, and interview for 1 of 3 sampled clients (#3), the facility failed to develop an active treatment program prior to implementing a restrictive practice to address client #3's behavior of hoarding toilet paper, paper towels and hand soap.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/31/23 from 3:30 PM to 6:25 PM and 6/1/23 from 6:20 AM to 8:35 AM. Clients #1, #2, #3, #4, #5, and #6 were present in the group home for the duration of the observation period.</p> <p>Throughout the observation period, there was no toilet paper in the bathroom in the hallway.</p> <p>An interview with client #5 was conducted on 6/1/23 at 7:55 AM. Client #5 stated, "If I have to go to the bathroom, I have to ask staff for toilet paper."</p> <p>An interview with client #4 was conducted on 6/1/23 at 7:57 AM. Client #4 stated, "you have to ask staff for toilet paper. [Client #3] always takes it."</p> <p>Client #3's record was reviewed on 6/2/23 at 11:45 AM. Client #3's ISP (Individual Support Plan) dated 10/6/22 did not include a program to address hoarding of toilet paper, paper towels and hand soap. Client #3's BSP (Behavior Support</p>	W 0288	To ensure the development of an active treatment program to address hoarding behaviors, QIDP created an IPP addendum to reduce hoarding behaviors of client #3. The goal was added to the ISP. (see attachment #4, #12) Staff were trained on updated IPP and ISP on 7/7/23. (see attachments 14-16). QIDP will be retrained on developing an active treatment program prior to implementing a restrictive practice (See attachment #22). Systemic changes will be completed by July 9th, 2023.	07/09/2023
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>Plan) dated 10/6/22 did not list hoarding toilet paper, paper towels and hand soap as a targeted behavior.</p> <p>An interview with the RHM (Residential Home Manager) was conducted on 6/6/23 at 7:39 am. The RHM stated, "The individuals should have access to toilet paper, paper towels and hand soap, it is their right."</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 6/6/23 at 11:16 AM. The QIDP stated, "Clients should have access to toilet paper, paper towels and hand soap."</p> <p>9-3-5(a)</p>				