

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G305	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/04/2015
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 N MAIN ST SPENCER, IN 47460
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 the investigation of complaint #IN00178548.</p> <p>Complaint #IN00178548: Substantiated, no deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency cited at W104.</p> <p>Survey Dates: July 30 and August 3, 4, 2015</p> <p>Facility Number: 000824 Aim Number: 100249060 Provider Number: 15G305</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise operating direction over the facility to provide a safe and clean environment for 8 of 8 clients (A, B, C, D, E, F, G, H) living in the group home.</p>	W 0104	The rooms in the home requiring repainting will be repainted by 9/3/15. All light bulbs have been replaced and are in working order. The landscaping/yardwork will be completed by 9/3/15 and will be maintained on an ongoing basis. The porch/porch walls	09/03/2015

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>An observation of clients A, B, C, D, E, F, G and H (at the group home) was done on 8/3/15 from 4:44p.m. to 6:24p.m. The observation included the following environmental conditions: the dining room, bathrooms (3), kitchen and medication room all had areas of paint off the walls, the bathroom next to the kitchen had no lights in the outlet above the sink and the 2 other bathrooms had lights burnt out, the front porch had crumbling brick/stone sidewalls and the porch chair cushions were worn and soiled. The outside yard: the grass was tall, weeds were in the landscaping, leaves and sticks were throughout the yard, and there was a thorn bush tree with limbs overgrown and hanging over the side walk (prevented you from walking past the house on the sidewalk in that area). The other yards in the neighborhood were mown.</p> <p>Staff #2 was interviewed on 8/3/15 at 6:12p.m. Staff #2 indicated she was not aware of any recent work orders for the identified painting needs. Staff #2 indicated the bathroom lights should be replaced when burnt out and would be taken care of today. Staff #2 indicated the yard needed to be cleaned up and mown.</p>		<p>have been assessed by a company that will complete the repairs. These repairs cannot be completed by their company until 9/30/15. A weekly home checklist will be completed by the Program Coordinator (formally Home Manager) and the checklist includes checking client bedrooms, bathrooms, common areas of the home, medication area, and yard / porch areas for maintenance issues. The Program Director (QIDP) will review the checklist weekly to ensure maintenance concerns are addressed timely for the health and safety of the clients in the home and to ensure they live in a comfortable environment.</p>				

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

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	Staff #2 indicated the thorn bush would be removed. 9-3-1(a)				