

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G300	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/12/2013
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 W PIKE ST MARTINSVILLE, IN 46151
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: September 9, 10, 11 and 12, 2013.</p> <p>Facility Number: 000819 Provider Number: 15G300 AIM Number: 100249100</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 9/26/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client. Based on observation, interview and record review for 3 of 3 clients attending outside services workshop #1 (clients #2, #5 and #8) and for 3 of 3 clients attending outside services workshop #2 (clients #1, #3 and #4), the facility failed to ensure the outside services met the needs of the clients.</p> <p>Findings include:</p> <p>An observation was conducted at the outside services workshop #1 on 9/10/13 from 1:23 PM to 2:05 PM. During the observation, clients #2 and #5 were at the workshop. Client #8 was not present during the observation. Clients #2 and #5 were on-task and working in the workshop during the observation.</p> <p>An interview with workshop #1 Day Program Manager (DPM) was conducted on 9/10/13 at 1:34 PM. The DPM indicated client #8 refused to attend the workshop on 9/10/13. The DPM indicated client #8's refusals to attend the workshop have recently increased. The DPM indicated when client #8 attended the workshop he either slept or argued with others. The DPM indicated client #8</p>	W000120	<p>The Program Director and Home Manager were trained on 10/8/2013 on the procedures for completing monthly Day Program Observations. Observations include documentation regarding any issues or concerns and will be attached to the monthly summaries submitted to the Area Director each month. Issues and concerns will be addressed at monthly Day Program Meetings. Area Director will monitor Day Program Observation forms and follow up on results from monthly Day Program meetings to ensure issues and concerns have been addressed as needed. Persons responsible: Home Manager, Program Director, and Area Director Addendum: Program Director will review day program attendance logs weekly to ensure that client #8 is attending workshop. Program Director and Home Manager will meet with workshop monthly to review client attendance and strategies to increase attendance if needed. For a period of one month the Program Director or Home Manager will observe client #8 at workshop weekly to access any needed revisions to client #8's plan. An IDT has been set to discuss with family day program options available if needed to</p>	10/08/2013	

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	<p>had a reward system in place but the plan was not effective. The DPM indicated the team had not met to discuss client #8's plan being ineffective. The DPM stated there were no observations conducted at the workshop by the group home staff in "several months." The DPM stated the workshop and the group home staff "used to have monthly meetings" but the meetings had not been held for "months." The DPM indicated the team needed to meet to discuss client #8's refusals to attend the workshop and his sleeping and arguing when he did attend the workshop.</p> <p>An observation was conducted at the outside services workshop #2 on 9/10/13 from 12:14 PM to 1:00 PM. During the observation, client #1 was on his lunch break until 12:45 PM when he promptly went back to work when told his lunch was over. Client #1 remained on-task at his work station for the remainder of the observation. Client #3 was not present during the observation. Client #3 had taken a day off due to having a doctor's appointment. Client #4 was not scheduled to work at the workshop on 9/10/13.</p> <p>A review of the observation documentation conducted at the outside services workshops was conducted on 9/11/13 at 1:35 PM. The facility did not</p>		ensure attendance. Persons responsible: Home Manager, Program Director, and Area Director		

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	<p>have documentation of observations being conducted at workshop #1 for the past 12 months (September 2012 to September 2013). The facility had documentation of two meetings at workshop #2 on 1/17/13 and 5/10/13. The 1/17/13 and 5/10/13 meeting documentation did not include observations being conducted.</p> <p>An interview with the Home Manager (HM) was conducted on 9/10/13 at 3:27 PM. The HM stated he had not been to workshop #2 in "awhile." The HM indicated he went to workshop #1 about 2 weeks ago but did not have documentation of his visit. The HM indicated he was not documenting his visits to the workshops when he went there.</p> <p>An interview with the Program Director (PD) was conducted on 9/11/13 at 11:16 AM. The PD indicated she completed one observation at workshop #1 but did not have documentation for her visit. The PD indicated there was a meeting scheduled for client #8 this week to discuss the issues he was having.</p> <p>9-3-1(a)</p>						