

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G515	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/04/2012
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 359 W 47TH ST INDIANAPOLIS, IN 46208
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W0000	<p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 3/26/12, 3/27/12, 3/28/12, 3/29/12 and 4/4/12.</p> <p>Facility Number: 001029 Provider Number: 15G515 AIMS Number: 100245200</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on April 16, 2012 by Dotty Walton, Medical Surveyor III.</p>	W0000		

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2's finances were not in excess of predetermined maximum amounts allowed by Medicaid.</p> <p>Findings include:</p> <p>Client #2's financial record was reviewed on 3/28/12 at 2:19 PM. Client #2's facility based Cluster account ledger for 1/1/12 through 3/28/12 indicated the following:</p> <p>-1/3/12 Deposit of SS (Social Security), \$1,245.00 with an ending balance in the amount of \$3,090.73</p> <p>-1/18/12 Liability Payment/Deduction, \$1,193.00 with an ending balance in the amount of \$1,897.73</p> <p>-2/3/12 Deposit of SS, \$1,245.00 with an ending balance in the amount of \$3,142.73</p> <p>-2/16/12 Liability Payment/Deduction, \$1,193.00 with an ending balance in the amount of \$1,949.73</p> <p>-3/2/12 Deposit of SS, \$1,245.00 with an</p>	W0104	<p>The Area Director will retrain the Home Manager on client budgeting and ensuring consumer resources do not exceed Medicaid maximum allowance of \$1500. The Home Manager will review client resources for all consumers in the home and ensure they are within maximum allowance. A Balance Report is sent to the Area Director monthly from the Client Finance Specialist; identifying consumers that are over Medicaid maximum allowance. This report will be monitored and forwarded to the Home Manager and Program Director. Responsible Party: Area Director, Home Manager, Program Director, Client Finance Specialist</p>	05/05/2012			

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	<p>ending balance in the amount of \$3,194.73</p> <p>-3/16/12 Liability Payment/Deduction, \$1,193.00 with an ending balance in the amount of \$2,001.73</p> <p>Client #2's Cluster account ledger indicated the daily balance from 1/1/12 through 3/28/12 was over the maximum allowable \$1,500.00 predetermined Medicaid amount.</p> <p>Interview with Administrative Staff (AS) #1 on 3/29/12 at 3:45 PM indicated the maximum allowable amount should be \$1,500.00. AS #1 indicated client #2's account balance was in excess of the allowable amount.</p> <p>9-3-1(a)</p>				

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W0229	<p>483.440(c)(4)(i) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#3), the facility failed to develop a single behavior outcome as part of a routine objective.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 3/28/12 at 11:20 AM. Client #3's ISP dated 12/10/11 indicated the following training objective:</p> <p>-"One time a month [client #3] will make a purchase in the community using three verbal prompts or less in 60% of the trials."</p> <p>Client #3's ISP dated 12/10/11 indicated client #3 needed staff assistance with financial skills and did not manage her own finances.</p> <p>Client #3's CFA (Comprehensive Functional Assessment) dated 11/5/11 indicated client #3 was not able to:</p> <p>-buy toilet items, know food prices, buy groceries, know clothing size, buy her own clothes, buy varied foods, resist high pressure sales, buy through a catalog</p>	W0229	<p>The Area Director will retrain Program Director on creating goals in terms of single behavioral outcome as opposed to routine. The Program Director will revise consumer goal for client #3 to read in terms of a single behavioral outcome Home Manager will train staff on revised goal and implementation. Program Director submits monthly summaries by the 10 th of each month to the Area Director and the AD will review to ensure that objectives are tracking a single behavioral outcome. Responsible Party: Area Director, Home Manager, Program Director</p>	05/05/2012			

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	<p>and/or buy seasonal clothing.</p> <p>-know money equivalent, count change, know about sales tax, spend for a specific purpose, make bank deposits, budgeting money and/or understand currency denominations.</p> <p>Home Manager (HM) #1 was interviewed on 3/29/12 at 3:45 PM. HM #1 indicated client #3 had a formal goal to go into the community to make a purchase. When asked if client #3 was able to make a purchase in the community, HM #1 indicated client #3 understood what money was and would pick items out to purchase and could hand the store clerk money. HM #1 indicated client #3 did not understand money denominations, how to make change, budget for purchases, identify grocery or clothing items. When asked what sequence of skills would client #3 need to be able to complete in order to perform the routine/sequence of making a purchase in the community, HM #1 indicated client #3 would need to understand denominations of money, how to make change, to be able to wait for change and a receipt after handing the store clerk money, understand shopping in regard to groceries, clothing, large item purchases. HM #1 indicated client #3 did not demonstrate the financial skills necessary to complete a sequence of skills</p>			

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	to make a purchase in the community. 9-3-4(a)			

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to promote independence during meal time.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/27/12 from 5:30 PM through 6:15 PM. At 5:50 PM client #1 was participating in the group home's family style dining. Client #1 was seated at the group home table with staff #1. Staff #1 was feeding client #1 lasagne, pasta salad, and/or greens. Staff #1 did not use verbal prompts or physical gestures to assist client #1 to eat his meal.</p> <p>Client #1's record was reviewed on 3/29/12 at 10:30 AM. Client #1's ISP (Individual Support Plan) dated 6/24/11 indicated, "cut up food into small pieces. Staff should be present at mealtime to assess for problems. Remind him to eat slowly and chew food thoroughly, assist with feeding as needed." Client #1's ISP did not indicate staff should feed client #1. Client #1's CFA (Comprehensive Functional Assessment) dated 5/24/11 indicated client #1 could eat with a fork</p>	W0488	<p>The Home Manager will retrain the staff on promoting independence at mealtime for all the consumers in the home. Client #1 has been ordered and received a plate guard/plate with lip to use to encourage dining independence. Home Manager will complete mealtime observations 3xs per week for the next 30 days to ensure dining independence is being encouraged Responsible party: Area Director, Program Director, Home Manager</p>	05/05/2012			

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	<p>and/or spoon with support from staff. Client #1's CFA did not indicate total assistance/dependence on staff for feeding.</p> <p>Interview with Home Manager (HM) #1 on 3/29/12 at 3:45 PM indicated client #1 should receive verbal prompts if needed and/or physical gestures to assist with feeding. HM #1 indicated staff should not feed client #1 but should assist as needed.</p> <p>9-3-8(a)</p>			