

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G266	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/26/2015
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2840 JOHN ST NEW HARMONY, IN 47631
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 1/20, 1/21, 1/22, 1/23, and 1/26/15</p> <p>Facility Number: 000786 Provider Number: 15G266 AIMS Number: 100248990</p> <p>Surveyor: Glenn David, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/4/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000255	<p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. Based on record review and interview for 2 of 4 sampled clients (clients #1 and #3),</p>	W000255	Interdisciplinary Team (IDT) met on 2/5/15 to review and update Client #1 and Client #3's goal	02/25/2015

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>the facility failed to review the client's monthly progress notes and revise the Individual Support Plan (ISP), as necessary, to include objectives which the client has successfully satisfied the criteria set forth by the facility.</p> <p>Findings include:</p> <p>1). Review of client #1's 8/1/14 ISP goals/objectives during record review on 1/22/15 at 8:35 AM indicated client #1 "will identify his Prozac (depression) - stating the name of the medication and the dosage at med pass with no more than 1 verbal prompt at least 50% of the time for 3 consecutive months."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for December 2014 indicated "he (client #1) met the criteria at 100%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for November 2014 indicated "he (client #1) met the criteria at 100%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for October 2014 indicated "he (client #1) met the criteria at 77%."</p>		<p>training objectives. The goals were revised, new goal tracking sheets were put in place and the new goals were started on 2/11/2015. Home Manager and Program Director were retrained by the Area Director on goal training objectives, monitoring of the goals/ progress on goals, knowing when to revise goal training objectives and completing monthlies for the clients on 2/13/2015. Program Director and Home Manager will review the goals at least quarterly with the rest of the team and make necessary revisions as needed. No other clients were affected by the deficient practice. Responsible parties: Area Director, Program Director and Home Manager</p>		

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	<p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for September 2014 indicated "he (client #1) met the criteria at 91%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for August 2014 indicated "he (client #1) met the criteria at 100%"</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for July 2014 indicated "he (client #1) met the criteria at 88%"</p> <p>During interview with the Group Home Manager on 1/23/15 at 9:55 AM, she stated client #1's medication goal "had been satisfied several times" during the 6 month period of July though December 2014. She stated "He needed to only satisfy the criteria 50% of the time for 3 consecutive months."</p> <p>2). Review of client #3's 8/1/14 ISP goals/objectives during record review on 1/21/15 at 11:00 AM indicated client #3 "will "increase his daily living skills by completing her (sic) assigned household chores with 3 or fewer verbal prompts at 75% of the opportunities for 3 consecutive months."</p>			

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	<p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for December 2014 indicated "he (client #3) had met the criteria at 100%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for November 2014 indicated "he (client #3) had met the criteria at 88%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for October 2014 indicated "he (client #3) had met the criteria at 100%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for September 2014 indicated "he (client #3) had met the criteria at 100%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for August 2014 indicated "he (client #3) had met the criteria at 96%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for July 2014 indicated "he</p>			

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	<p>(client #3) had met the criteria at 100%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for June 2014 indicated "he (client #3) had met the criteria at 100%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for May 2014 indicated "he (client #3) had met the criteria at 100%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for April 2014 indicated "he (client #3) had met the criteria at 100%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for March 2014 indicated "he (client #3) had met the criteria at 100%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY SUMMARY" for February 2014 indicated "he (client #3) had met the criteria at 100%."</p> <p>The facility's data progress report entitled "INDIANA MENTOR MONTHLY</p>			

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W000263	<p>SUMMARY' for January 2014 indicated "he (client #3) had met the criteria at 100%."</p> <p>During interview with the Group Home Manager on 1/23/15 at 9:50 AM, she stated "his (client #3) daily living skills goal was satisfied in the first quarter of 2014." She stated "his ISP should have been revised several months ago."</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 1 of 4 sampled clients (client #2), the</p>	W000263	Home Manager reviewed Client #2's Individualized Support Plan (ISP), Behavior Development	02/25/2015			

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	<p>facility failed to obtain the client's signature on his Individual Support Plan (ISP) and his Behavioral Support Plan (BSP).</p> <p>Findings include:</p> <p>During client #2's record review on 1/22/15 at 8:35 AM, client #2's Individual Support Plan (ISP) dated 12/16/14 and Behavioral Support Plan (BSP) dated 12/15/14 had not been signed by the client who is his own guardian. The client's restrictions integrated into his BSP included the following psychotropic medications: Divalproex for Bipolar Disorder, Invega for Schizophrenia and Trazodone for Insomnia. Other restrictions included the use of designated Physical Intervention Alternatives (PIA) (behavioral intervention) as needed when the client does not respond to proactive measures or non-restrictive measures for unwarranted behaviors.</p> <p>The Group Home Manager was interviewed on 1/22/15 at 10:05 AM and stated client #2 "should have signed both his ISP and BSP." She also stated "We definitely need to have him sign them (the ISP and BSP)."</p> <p>9-3-4(a)</p>		<p>Guidelines and Medication Management plan with him on 1/22/2015 and obtained his signature on all 3 of those documents. Home Manager and Program Director were retrained by Area Director on 2/13/2015 in regards to ensuring that all plans are signed by the client, guardian if applicable and the rest of the Interdisciplinary Team (IDT) team upon completion of those plans. Program Director and Home Manager will do audits of the client books quarterly to ensure all the appropriate documents and signatures are in place for company and state review. No other clients were affected by the deficient practice. Responsible parties: Area Director, Program Director and Home Manager</p>				

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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview of 1 of 4 sampled clients (client #4), the facility failed to integrate Melatonin (insomnia) into the client's Behavioral Support Plan (BSP) and to include a plan of reduction for the medication.</p> <p>Findings include:</p> <p>During review of client #4's records on 1/22/15 at 10:20 AM, the physician's orders dated 1/1/15 - 1/31/15 indicated client #4 received "Melatonin 5 milligrams (mg) - take two tablets every day at bedtime for sleep."</p> <p>Review of client #4's BSP dated 11/8/14</p>	W000312	<p>Client #4's Behavior Support Plan (BSP) and Medication Management Plan were revised on 2/11/2015 to integrate Melatonin for insomnia into those plans. The team met with Client #4 on 2/11/2015 to review the BSP and Medication Management Plan to obtain Client #4's signatures on those plans. Area Director did an Inservice training on 2/13/2015 with the Program Director, Behavior Analyst and Home Manager in regards to Melatonin usage and integrating it into each Clients BSP and Medication Management Plan. No other clients were affected by the deficient practice. Responsible parties: Area Director, Behavior</p>	02/25/2015

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	<p>indicated he received "Adderall 20 mg (Attention Deficit Hyperactivity Disorder-ADHD) and Risperidone 2 mg (Bipolar Disorder)." Melatonin for sleep was not indicated in client #4's BSP nor was there a plan of reduction for the medication.</p> <p>During interview with the Group Home Manager on 1/23/15 at 11:15 AM, she stated the client takes "Adderall and Risperidone for behaviors. His Melatonin is not integrated into his BSP. There is not a plan of reduction for it either."</p> <p>9-3-5(a)</p>		Analyst, Program Director and home Manager		