STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G394	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONAL SERVICES SUB LLC	701 RILEY BLVD BEDFORD, IN 47421

(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	This visit was for the Post Certification Revisit (PCR) to the investigation of complaint #IN00180602 completed on 9/29/15. Complaint #IN00180602: Not corrected. Survey Dates: November 23 and 24, 2015 Facility Number: 000908 Provider Number: 15G394 AIM Number: 100244380 This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/3/15.	W 0000		
W 0149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 3 of 3 incident/investigative reports reviewed affecting clients B and F, the facility failed to implement its policies and procedures to prevent client to client abuse.	W 0149	Staff in the home will be trained on preventing client to client abuse on 12/17/2015. Observations will will be conducted 2 observations at the home weekly and two at day program weekly for one month then one weekly ongoing at each	12/24/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Findings include: On 11/23/15 at 12:32 PM, a review of the facility's incident/investigative reports was conducted and indicated the following: 1) On 11/16/15 at 3:15 PM at the facility-operated day program, clients B and F were screaming at each other beside the van. When day program staff #1 went around the corner, he observed client F put client B in a headlock. Staff #1 immediately separated the clients. The 11/17/15 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "It appears that they were fighting over the front seat. No injuries noted." 2) On 10/31/15 at 2:30 PM, client B was asked to take dinner out of the freezer to thaw. Before client B could take the dinner out, client F took it out. Client B was upset and pushed client F. Client F pushed client B. Staff separated the clients. Client B punched two holes in the walls. 3) On 10/8/15 at 12:08 PM at the facility-operated day program, client B's peer was upset because he wanted to go home and his mother was not returning		location.	

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	his phone calls or the Program Director's text messages. Client B asked if he could get his belongings from behind the peer. The peer jumped up and hit client B's right arm. On 11/23/15 at 12:44 PM, the Area Director (AD) indicated client to client aggression was considered abuse and the facility should prevent abuse of the clients. The AD indicated the facility had a policy and procedure prohibiting abuse of the clients. The facility's policy and procedures related to abuse and neglect were reviewed on 11/23/15 at 12:59 PM. The facility's Human Rights policy, dated April 2011, indicated, in part, "The following actions are prohibited by employees of Indiana MENTOR: abuse, neglect, exploitation or mistreatment of an individual including misuse of an individual's funds; or violation of an individual's rights." The policy indicated, in part, "Indiana MENTOR programs maintain a written list of rights, which take into account the requirements of applicable laws, regulations, and purchasing agencies. This list of rights should include, but is not limited to: e. Ensure the clients are not subjected to physical, verbal, sexual, or psychological abuse or punishment."			

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	This deficiency was cited on 9/29/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)			
W 9999 Bldg. 00		W 9999	Not applicable	12/24/2015