

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 08/07/2012	
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 205 N MAIN ST SPENCER, IN 47460			
(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			
W0000	<p>This visit was for the post certification revisit (PCR) to the investigation of complaint #IN00106828 completed on 4/30/12.</p> <p>This was in conjunction to the annual recertification and licensure survey.</p> <p>Survey Dates: August 1, 2, 3, 6 and 7, 2012.</p> <p>Facility Number: 000824 Provider Number: 15G305 AIM Number: 100249060</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 8/13/12 by Tim Shebel, 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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W0149	<p>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.</p> <p>Based on record review and interview for 3 of 8 incident/investigative reports reviewed affecting clients B, C, D, E and F, the facility neglected to implement its policies and procedures to prevent client to client abuse.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 8/1/12 at 1:26 PM.</p> <p>-On 5/7/12 at 5:30 PM, client E hit client C in the face with a partially closed hand.</p> <p>-On 5/13/12 at 1:00 PM, client B hit client D with an open hand in the face.</p> <p>-On 5/29/12 at 5:30 PM, client F was physically aggressive toward client D. Client F bit and scratched client D. Client D had a mark on the top of his head and scratch marks on his cheek and neck area. Staff restrained JV hands down with open palms until he was calm.</p> <p>A review of the facility's abuse and neglect policy, dated April 2011, was conducted on 8/1/12 at 1:14 PM. The policy indicated the following, "Any allegation of abuse or human rights violation is thoroughly investigated by the Area Director in consultation with Human Resources Department and/or Quality Assurance/Risk Management Department." The policy indicated, "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</p>	W0149	<p>The Program Director was retrained on 7/23/2012 on completing IDT's for clients after incidents if there is evidence to support client to client abuse to ensure client safety and work toward prevention of future incidents. Staff were retrained on the prevention of client to client abuse on 8/9/2012. All future investigations will be reviewed by the Area Director and if evidence is found to support that client to client abuse occurred, will work with the Program Director to ensure meetings are completed and program plans are changed as needed to ensure client safety. The Program Director will update client's plans as needed after incidents and train staff on any program plan changes. Health and Safety Assessments are completed quarterly where each client has an opportunity to reivev their satisfaction with things in their home, including how they feel about their safety in the home. These assessments are reviewed by the Area Director and the Quality Assurance Specialist. Responsibility Party: Program Director, Area Director</p>	09/06/2012			

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	<p>not limited to: e. Ensure the clients are not subjected to physical, verbal, sexual, or psychological abuse or punishment... o. The following actions are prohibited by employees of Indiana MENTOR: 1) abuse, neglect, exploitation or mistreatment of an individual including misuse of an individual's funds. 2) violation of an individual's rights."</p> <p>An interview with the Home Manager (HM) was conducted on 8/3/12 at 12:15 PM. The HM indicated the facility had addressed client to client abuse. The HM indicated client to client abuse had decreased. The HM indicated the facility prohibited client to client abuse and the staff should prevent it from occurring.</p> <p>This deficiency was cited on 4/30/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>				

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 1 of 4 clients in the sample and 1 of 3 non-sampled clients (E and F), the facility failed to ensure staff implemented their training objectives for meals.</p> <p>Findings include:</p> <p>An observation was conducted on 8/1/12 from 4:12 PM to 6:29 PM and 8/2/12 from 6:09 AM to 7:47 AM. On 8/1/12 at 5:19 PM, client F ate a granola bar before dinner. Client F was not prompted to take drinks in between bites. At 6:15 PM, dinner started. Client F was not prompted to take drinks between bites during dinner. On 8/2/12 at 6:54 AM, clients E and F were not prompted to take drinks in between bites during breakfast. An observation was conducted on 8/2/12 from 10:51 AM to 11:40 AM at the facility-operated day program. At 11:34 AM, client E started eating lunch. The staff did not prompt client E to take a drink in between each bite during his meal.</p> <p>A review of client E's record was conducted on 8/3/12 at 10:43 AM. His Individual Support Plan (ISP), dated 7/28/12, indicated he had a training objective to take a drink in between bites. The ISP indicated he required verbal prompting to eat slowly.</p>	W0249	<p>Client E's IDT met to discuss client E's training objective. Client E's ISP was revised to include an updated training objective to increase his dining skills and independence. Residential and Day Program staff were trained on this revision. This goal has been implemented. Management staff will complete random observations to ensure residential and day program staff are implementing this training objective. Client F's IDT met to discuss. Client F's training objective. Client F's ISP was revised to include an updated training objective to increase his dining skills and independence. Staff were retrained on the revision and implementation of this training objective. Day Program staff will be trained on the revision and implementation of the training objective. Management staff will complete random observations to ensure the training objective is being implemented. Responsibility Party: Program Director, Area</p>	09/06/2012			

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	<p>A review of client F's record was conducted on 8/3/12 at 10:59 AM. His ISP, dated 6/6/12, indicated, "Requires verbally (sic) prompting and physical assistance at times in regards to slowing down when eating and drinking." Client F's goals included the following, "Daily, [client F] will take a drink in between bites with no more than 2 Verbal Prompts 60 % of the time for 3 consecutive months."</p> <p>An interview with the Program Director (PD) was conducted on 8/3/12 at 12:05 PM. The PD indicated client E and F's plans for taking a drink in between bites should be implemented as written.</p> <p>An interview with the Home Manager (HM) was conducted on 8/3/12 at 12:15 PM. The HM indicated the clients' training objectives should be implemented as written.</p> <p>This deficiency was cited on 4/30/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>		Director		