

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G435	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/02/2012
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4155 RAY ST INDIANAPOLIS, IN 46241
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W0000	<p>This visit was for a post certification revisit (PCR) to the fundamental recertification and state licensure survey completed on 02/24/2012.</p> <p>Dates of Survey: 05/01/2012 and 05/02/2012</p> <p>Facility Number: 000949 Provider Number: 15G435 AIM number: 100244680</p> <p>Surveyor: Brenda Nunan, RN, CDDN, PHNS III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/2/12 by Ruth Shackelford, 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 observation, interview and record review, the facility failed to implement its policy and procedures in regard to reporting all injuries of unknown origin immediately to the administrator. The facility failed to implement its policy and procedures to conduct a thorough investigation in regard to an incident of unknown origin for client #1.</p> <p>Findings include:</p> <p>The facility's policy and procedures were reviewed on 05/01/2012 at 11:50 a.m. The facility's April 2011 policy, titled, "Quality and Risk Management," indicated, "...Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana MENTOR services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed....A service delivery site that compromises the health and safety of an individual while the individual is receiving services from the following causes...Injury to an</p>	W0149	<p>Area Director will retrain Program Director on filing BDDS reportable incidents; including, injuries of unknown origin and conducting a thorough investigation for these incidents. Program Director will retrain staff on documenting BDDS reportable incidents and immediately reporting injuries of unknown origin. Staff completes daily body checks on client #1 due to health condition and medications to check for any open soars or redness. Home Manager will review daily support records and body check forms 2xs weekly for the next 30days to check for notations of unknown injuries. Responsible Party: Area Director, Program Director, Home Manager Completion date: 5/16/12</p>	05/16/2012	

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	<p>individual when the origin or cause of the injury is unknown and could be indicative of abuse, neglect or exploitation...Indiana MENTOR is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served...."</p> <p>1. The facility failed to ensure facility staff immediately reported an injury of unknown origin for 1 of 2 allegations of abuse, neglect and/or injuries of unknown origin to the administrator and to the Bureau of Developmental Disabilities Services, in accordance with state law regarding client #1. Please see W153.</p> <p>2. The facility failed to conduct a thorough investigation for 1 of 2 allegations of abuse, neglect and/or injuries of unknown origin reviewed involving client #1's injury of unknown origin. Please see W154.</p> <p>9-3-2(a)</p>				

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on observation, interview and record review for 1 of 2 allegations of abuse, neglect and/or injuries of unknown origin reviewed, the facility failed to immediately report an injury of unknown origin to the administrator and to the Bureau of Developmental Disabilities Services, in accordance with state law for client #1.</p> <p>Findings include:</p> <p>During observations on 05/01/2012 at 4:25 p.m., Client #1 was seated in his wheel chair at the dining table wearing a short sleeved tee shirt. His left arm was red with 4 open sores on the back and lateral (outer) edge of the forearm near the elbow. He had a 3 inch superficial scratch on the back of the left forearm. The first open area was located midway between the elbow and wrist on the back of the forearm. This open area measured 1 cm (centimeter) and had a yellow center without drainage. The second open area measured 1/2 cm and had scab crusting over all but the outer edge of the wound.</p>	W0153	<p>Area Director will retrain Program Director on filing BDDS reportable incidents; including, injuries of unknown origin. Program Director will retrain staff on documenting BDDS reportable incidents and immediately reporting injuries of unknown origin. Staff currently complete daily body checks on client #1 due to health condition and medications to check for any open soars or redness. Home Manager will review daily support records and body check forms 2xs weekly for the next 30days to check for notations of unknown injuries. Responsible Party: Area Director, Program Director, Home Manager Completion date: 5/16/12</p>	05/16/2012			

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	<p>The third and fourth open areas were scabbed and measured 1/4 cm each. The 2nd, 3rd, and 4th open sores were in a line between the elbow and wrist, extending from the radial edge (thumb side) to the ulnar edge (little finger side) of the forearm.</p> <p>The facility's reportable incidents were reviewed on 05/01/2012 at 11:58 a.m. The record did not include an incident report regarding client #1's arm.</p> <p>During an interview on 05/01/2012 at 4:20 p.m., the Program Director indicated she was unaware client #1 had sores on his arm. She indicated she was not aware of how the injuries occurred. She indicated an incident report should have been completed for injuries of unknown origin.</p> <p>During an interview on 05/01/2012 at 4:21 p.m., Direct Support Professional (DSP) #4 indicated she used over the counter medication to treat the sores on client #1's forearm 5 days ago. She stated, "I told [DSP #6] about his arm." She indicated she had not reported the injury to the Administrator. When asked if she knew the source of client #1's injury, DSP #6 stated, "It had to have happened at the work shop."</p>				

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	<p>During a phone interview on 05/01/2012 at 4:40 p.m., the RN indicated she was not aware of any injuries to client #1's left arm. She indicated she completed a skin assessment on 04/29/2012.</p> <p>During an interview on 05/01/2012 at 4:45 p.m., DSP #6 stated she "was aware of the injury last week." She indicated she did not notify the Administrator of the injury. She indicated she contacted the nurse for instructions to care for the sores. She stated, "Day Services said they would fax an incident report" in regard to client #1's sores.</p> <p>9-3-2(a)</p>			

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on observation, interview and record review for 1 of 2 allegations of abuse, neglect and/or injuries of unknown origin reviewed, the facility failed to conduct a thorough investigation in regard to an injury of unknown origin for client #1.</p> <p>Findings include:</p> <p>During observations on 05/01/2012 at 4:25 p.m., Client #1 was seated in his wheel chair at the dining table wearing a short sleeved tee shirt. His left arm was red with 4 open sores on the back and lateral (outer) edge of the forearm near the elbow. He had a 3 inch superficial scratch on the back of the left forearm. The first open area was located midway between the elbow and wrist on the back of the forearm. This open area measured 1 cm (centimeter) and had a yellow center without drainage. The second open area measured 1/2 cm and had scab crusting over all but the outer edge of the wound. The third and fourth open areas were scabbed and measured 1/4 cm each. The 2nd, 3rd, and 4th open sores were in a line between the elbow and wrist, extending from the radial edge (thumb side) to the</p>	W0154	<p>Area Director will retrain Program Director on filing BDDS reportable incidents; including, injuries of unknown origin and conducting a thorough investigation for these incidents. Program Director will retrain staff on documenting BDDS reportable incidents and immediately reporting injuries of unknown origin. Staff completes daily body checks on client #1 due to health condition and medications to check for any open soars or redness. Home Manager will review daily support records and body check forms 2xs weekly for the next 30days to check for notations of unknown injuries. Responsible Party: Area Director, Program Director, Home Manager Completion date: 5/16/12</p>	05/16/2012

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	<p>ulnar edge (little finger side) of the forearm.</p> <p>The facility's reportable incidents were reviewed on 05/01/2012 at 11:58 a.m. The record did not indicate the facility investigated an injury of unknown origin for client #1.</p> <p>During an interview on 05/01/2012 at 4:20 p.m., the Program Director indicated she was unaware that client #1 had sores on his arm. She indicated she was not aware of how the injury occurred. She indicated the facility should have investigated the source of client #1's injuries.</p> <p>9-3-2(a)</p>				

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed to ensure an annual physical, which included a hearing and vision evaluation, was completed for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 05/01/2012 at 2:05 p.m. There was no documentation in the client's record to indicate a hearing evaluation or vision screening had been completed during the past year.</p> <p>During an interview on 05/01/2012 at 5:20 p.m., the Program Director indicated hearing and vision screenings had not been completed for client #1 during the past year.</p> <p>This deficiency was cited on 02/24/2012. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>	W0323	<p>Client #1 was taken for a new hearing and vision screening on 5/4/12. All other consumers in the home requiring a vision and hearing screening have been complete and/or scheduled. The Facility's Annual Physical Form includes a screening section for hearing and vision to be completed on an annual basis. Ongoing, Facility Nurse will ensure that hearing and vision screening are completed by the primary physician at the annual physical appointment. Responsible Party: Facility Nurse Completion Date: 5/16/12</p>	05/16/2012			

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review, and interview, the facility failed to ensure nursing services completed thorough and accurate quarterly nursing assessments for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>During observations on 05/01/2012 at 4:25 p.m., Client #1 was seated in his wheel chair at the dining table wearing a short sleeved tee shirt. His left arm was red with 4 open sores on the back and lateral (outer) edge of the forearm near the elbow. He had a 3 inch superficial scratch on the back of the left forearm. The first open area was located midway between the elbow and wrist on the back of the forearm. This open area measured 1 cm (centimeter) and had a yellow center without drainage. The second open area measured 1/2 cm and had scab crusting over all but the outer edge of the wound. The third and fourth open areas were scabbed and measured 1/4 cm each. The 2nd, 3rd, and 4th open sores were in a line between the elbow and wrist, extending from the radial edge (thumb side) to the ulnar edge (little finger side) of the</p>	W0331	<p>Nursing Supervisor will retrain facility nurse on the completion of quarterly assessments and the accuracy of documentation. Facility nurse has completed another assessment for clients #1, #2, #3 and #4 to re-evaluate all information written and to accurately notate the date of evaluation. Area Director will review Quarterly Assessments for accuracy for the next 2 quarters Responsible Party: Area Director, Nursing Supervisor, Facility Nurse Completion Date: 5/16/12</p>	05/16/2012

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	<p>forearm.</p> <p>Client #1's record was reviewed on 05/01/2012 at 2:05 p.m. A quarterly nursing note was post-dated to 05/02/2012. The quarterly nursing assessment did not indicate impaired skin integrity for client #1's left forearm.</p> <p>Client #2's record was reviewed on 05/01/2012 at 2:45 p.m. The record indicated a quarterly nursing assessment was post-dated to 05/02/2012.</p> <p>Client #3's record was reviewed on 05/01/2012 at 1:40 p.m. The record indicated a quarterly nursing assessment was post-dated to 05/02/2012.</p> <p>Client #4's record was reviewed on 05/01/2012 at 2:30 p.m. The record indicated a quarterly nursing assessment was post-dated to 05/02/2012.</p> <p>During an interview on 05/01/2012 at 4:40 p.m., the RN indicated she completed the quarterly nursing assessments on 04/29/2012. She stated, "The (nursing) quarterlies are due in May." She indicated the records were post-dated to reflect the dates the nursing quarterly assessments were due. The RN indicated she did not notice any sores on client #1's left forearm during her nursing</p>						

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	<p>assessment. She indicated she was not aware he had any sores.</p> <p>During an interview on 05/01/2012 at 4:45 p.m., DSP #6 stated she called the RN for instructions for treating client #1's sores "last week."</p> <p>This deficiency was cited on 02/24/2012. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>				