

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G363	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/24/2013
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 84 S WALNUT ST DANVILLE, IN 46122
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(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
W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 4/15/13, 4/16/13, 4/22/13, 4/23/13 and 4/24/13</p> <p>Facility Number: 000877 Provider Number: 15G363 AIMS Number: 100244220</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 24, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000		

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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility's governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #3 did not pay for a group home window treatment.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/16/13 from 6:38 AM through 9:00 AM. Client #3's bedroom window had a plastic film privacy covering on the window glass. Client #3's bedroom window did not have curtains or blinds. Client #3 shared the bedroom with client #1.</p> <p>Client #3's financial records were reviewed on 4/16/13 at 8:14 AM. Client #1's receipts indicated, "[Hardware store], 1/5/13, purchase of \$34.52 for window treatment/covering material."</p> <p>HM #2 (Home Manager) was interviewed on 4/16/13 at 8:45 AM. HM #2 indicated client #3 paid for the window covering in her bedroom for privacy after her roommate, client #1, torn down the</p>	W000104	Area Director will submit reimbursement for client #3 for the \$34.52 expense paid for destroyed curtains. Program Director will retain HM on general program budget related to household items and qualified expenses for purchases made by the client. Home Manager will submit expenses to the Program Director monthly for review and reconciliation. Program Director will review receipts for appropriate purchases. Responsible Parties: Area Director, Program Director, Home Manager	05/24/2013			

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	curtains in the bedroom. HM #2 indicated client #3 did not damage/destroy the curtains. HM #2 indicated the facility should pay for window repairs and coverings. 9-3-1(a)			