

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
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 N MAIN ST SPENCER, IN 47460
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W0000	<p>This visit was for the annual recertification and licensure survey.</p> <p>This visit was in conjunction with the post certification revisit (PCR) to the investigation of complaint #IN00106828 completed on 4/30/12.</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		
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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	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	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>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	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:	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>9-3-4(a)</p>		Program Director, Area Director		

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W0255	<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.</p> <p>Based on record review and interview for 3 of 4 clients in the sample (A, D and E), the Qualified Mental Retardation Professional (QMRP) failed to ensure the program plan was reviewed and revised as necessary when an objective(s) was successfully completed.</p> <p>Findings include:</p> <p>A review of client A's record was conducted on 8/3/12 at 9:18 AM. Client A's monthly summaries from January 2012 to May 2012 indicated the following:</p> <p>-Daily, [client A] will wash his hands with no more than physical assistance 75% of the time for three consecutive months. From January to May 2012, the monthly summaries for this objective indicated, "Change due to goal achievement and in order to increase skills and independence." Client A achieved the following percentages: January - 100, February - 96, March - 100, April - 100 and May - 100.</p> <p>-Daily, [client A] will pour water into a glass during medication pass with no more than physical assistance 60% of the time for three consecutive months. From January to May 2012, the monthly summaries for this objective indicated, "Change due to goal achievement and in order to increase skills and independence." Client A achieved the following percentages: January - 100, February - 100, March - 100, April - 100 and May - 100.</p>	W0255	The QMRP was retrained on 8/7/2012 on ensuring program plans are reviewed and revised as necessary when an objective(s) has been successfully completed by the client(s). The Area Director will review the QMRP'S monthly summaries to ensure clients' training objectives have been reviewed and revised as necessary. Responsible Party: Program Director and Area Director.	09/06/2012			

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	<p>-Weekly, [client A] will initial all personal receipts and place into an appropriate bag with no more than physical assistance 60 percent of the time for three consecutive months. From January to May 2012, the monthly summaries for this objective indicated, "Change goal to make more feasible and obtainable." Client A achieved the following percentages: January - 0, February - 0, March - 0, April - 0 and May - 0.</p> <p>-Three times a week, [client A] will participate in identifying photos of tasks with no more than three verbal prompts 60 percent of the time for three consecutive months. From January to May 2012, the monthly summaries for this objective indicated, "Change goal to make more feasible and obtainable." Client A achieved the following percentages: January - 0, February - 100, March - 3, April - 0 and May - 0.</p> <p>-Daily, [client A] will use correct utensils with no more than 4 verbal prompts 50 percent of the time for three consecutive months. From January 2012 to February 2012, the monthly summaries indicated, "continue running goal for further practice." In March, April and May 2012, the monthly summaries indicated, "Change due to goal achievement and in order to increase skills and independence." Client A achieved the following percentages: January - 100, February - 100, March - 100, April - 100 and May - 100.</p> <p>A review of client D's record was conducted on 8/3/12 at 9:50 AM. Client D's monthly summaries from December 2011 to May 2012 indicated the following:</p> <p>-Daily, [client D] will brush his gums with no more than physical assistance 75% of the time for three consecutive months. From December 2011 to March 2012, the monthly indicated, "Continue running goal for further practice." In April 2012, the monthly indicated, "Change due to goal</p>				

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	<p>achievement and in order to increase skills and independence." In May 2012, the monthly indicated, "Change." Client D achieved the following percentages: December - 100, January - 97, February - 100, March - 100, April - 100 and May - 100.</p> <p>-Daily, [client D] will hold own water cup with no more than two verbal prompts 75 percent of the time for three consecutive months. In December 2011, the monthly indicated, "Continue running goal for further practice." From January through May 2012, the monthly indicated, "Change due to goal achievement and in order to increase skills and independence." Client D achieved the following percentages: December - 100, January - 100, February - 100, March - 100, April - 93 and May - 97.</p> <p>-Weekly, [client D] will identify change with no more than modeling 60 percent of the time for three consecutive months. From December through April 2012, the monthly summaries indicated, "Continue running goal for futher practice." In May 2012, the monthly summary indicated, "Change." Client D achieved the following percentages: December - 0, January - 84, February - 0, March - 0, April - 0 and May - 0.</p> <p>-Daily, [client D] will sign "bathroom" with no more than modeling 60 percent of the time for three consecutive months. From December 2011 to April 2012, the monthly summaries indicated, "Continue running goal for further practice." In May 2012, the monthly summary indicated, "Change." Client D achieved the following percentages: December - 0, January - 100, February - 100, March - 0, April - 22 and May - 0.</p> <p>-Daily, [client D] will use utensils with no more than four verbal prompts 50 percent of the time for three consecutive months. From December 2011 to April 2012, the monthly summary indicated, "Continue running goal for futher practice." In May 2012, the monthly summary indicated,</p>			

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	<p>"change." Client D achieved the following percentages: December - 81, January - 0, February - 54, March - 100, April - 100 and May - 58.</p> <p>-When weather and time permits, [client D] will walk in the community with staff at least five times weekly with no more than one verbal prompt 75 percent of the time for three consecutive months. For May 2012, the monthly summary indicated, "Continue running goal for further practice." Client D achieved the following percentage: May - 13%.</p> <p>A review of client E's record was conducted on 8/3/12 at 10:43 AM. Client E's monthly summaries from December 2011 to June 2012 indicated the following:</p> <p>-Daily, [client E] will brush his gums with no more than physical assistance 75 percent of the time for three consecutive months. From December 2011 to April 2012, the monthly summaries indicated, "Continue running goal for further practice." In May and June 2012, the monthly summaries indicated, "Change due to goal achievement and in order to increase skills and independence." Client E achieved the following percentages: December - 100, January - 100, February - 100, March - 97, April - 97, May - 100 and June - 100.</p> <p>-Daily, [client E] will state one reason for Zyprexa with no more than two verbal prompts 75 percent of the time for three consecutive months. In December 2011, the monthly summary indicated, "Continue running goal for further practice." From January 2012 to June 2012, the monthlies indicated, "Change due to goal achievement and in order to increase skills and independence." Client E achieved the following percentages: December - 100, January - 100, February - 100, March - 89, April - 93, May - 79 and June - 100.</p> <p>-Weekly, [client E] will make a purchase and</p>						

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	<p>collect receipt with no more than physical assistance 60 percent of the time for three consecutive months. In December 2011, the monthly summary indicated, "Continue running goal for further practice." From January 2012 to June 2012, the monthlies indicated, "Change due to goal achievement and in order to increase skills and independence." Client E achieved the following percentages: December - 100, January - 100, February - 100, March - 88, April - 3, May - 0 and June - 100.</p> <p>-Three times a week, [client E] will identify two calming methods he can use when upset or angry with no more than two verbal prompts 75 percent of the time for three consecutive months. From December 2011 to June 2012, the monthlies indicated, "Continue running goal for further practice." Client E achieved the following percentages: December - 100, January - 100, February - 100, March - 72, April - 96, May - 1 and June - 93.</p> <p>-Daily, [client E] will take a drink in between bites with no more than four verbal prompts 50 percent of the time for three consecutive months. In December 2011, the monthly indicated, "Continue running goal for further practice." In January 2012, the monthly indicated, "change goal." From February 2012 to June 2012, the monthlies indicated, "Change due to goal achievement and in order to increase skills and independence." Client E achieved the following percentages: December - 100, January - 100, February - 100, March - 100, April - 100, May - 100 and June - 100.</p> <p>An interview with the Program Director (PD) was conducted on 8/3/12 at 9:36 AM. The PD stated, "I didn't get the goals changed as I would have preferred." The PD indicated the goals were not revised when the criteria was met.</p> <p>9-3-4(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 for 1 of 4 clients in the sample (D), the facility failed to ensure he had an annual physical.</p> <p>Findings include:</p> <p>A review of client D's record was conducted on 8/3/12 at 9:50 AM. His most recent physical was conducted on 7/25/11. There was no documentation in client D's record indicating he had an annual physical since 7/25/11.</p> <p>An interview with Home Manager (HM) was conducted on 8/3/12 at 10:26 AM. The HM indicated client D should have annual physicals.</p> <p>9-3-6(a)</p>	W0323	<p>TSI is committed to providing and obtaining preventative and general medical care. Client D received his annual physical on 8/7/2012. The nurses track updated annual dental and physical dates every month and forward the dates to the Area Director. The Area Director will follow up with the Program Director on any missing documenttion to ensure completion each month. Responsible Party: Area Director, Program Director</p>	09/06/2012	

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation and interview for 1 of 4 clients in the sample (D), the facility failed to ensure the staff ensured the client sniffed or took a deep breath while receiving his nasal spray.</p> <p>Findings include:</p> <p>An observation was conducted at the group home from 8/2/12 from 6:09 AM to 7:47 AM. At 6:14 AM, client D received his medications, including a nasal spray, from staff #5. Staff #5 sprayed two sprays of Saline .65% nasal spray into each nostril for epistaxis. Client D did not sniff or take a deep breath and was not prompted by staff #5 to do so.</p> <p>An interview was conducted on 8/3/12 at 11:56 AM with the nurse. The nurse indicated just spraying will work but not as good as sniffing and taking a deep breath. The nurse indicated she spoke to the doctor; the doctor would prefer client D to sniff or take a breath. The nurse indicated the staff should prompt client D to sniff and take a deep breath.</p> <p>An interview with the Home Manager (HM) was conducted on 8/3/12 at 11:58 AM. The HM indicated the staff should try to get him to get meds into nasal cavatiy by sniffing or taking a deep breath.</p> <p>9-3-6(a)</p>	W0331	Staff were retrained on 8/9/2012 on the proper use of nasal spray to ensure clients get benefit from usage. Management staff will complete random med pass observations to ensure staff are following this procedure. Responsible Party: Program Director, Area Director.	09/06/2012			

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W0356	<p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review for 1 of 4 clients in the sample (D), the facility failed to ensure a follow-up dental appointment was conducted, as recommended.</p> <p>Findings include:</p> <p>A review of client D's record was conducted on 8/3/12 at 9:50 AM. On 12/28/11, the dentist recommended a 6 month follow-up appointment. There was no documentation in his record indicating a 6 month follow-up appointment was conducted.</p> <p>An interview with the Home Manager (HM) was conducted on 8/3/12 at 10:47 AM. The HM indicated on 6/30/12, the facility was contacted by the dentist's office indicating the dentist was out of the country. The scheduled appointment on 7/2/12 was not held due to the dentist being out of the country. The HM indicated the 6 month follow-up appointment was not conducted.</p> <p>9-3-6(a)</p>	W0356	<p>TSI is committed to providing and obtaining preventative and general dental care. Client D's follow-up dental appointments scheduled for 9/24/2012. Client D's follow-up appointment was previously scheduled, however, Client D's dentist cancelled his appointment due to leaving the country. Responsible Party: Program Director, Area Director</p>	09/06/2012	