

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G298	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/09/2013
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 317 N MAIN ST HAUBSTADT, IN 47639
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W000000	<p>This visit was for the investigation of Complaint #IN00138512.</p> <p>Complaint #IN00138512: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W149 and W210.</p> <p>Dates of Survey: 11/20, 11/21 and 12/9/13</p> <p>Facility number: 000817 Provider number: 15G298 AIM number: 100243700</p> <p>Surveyor: Paula Chika, QIDP-TC</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/13/13 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<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. Based on observation, interview and record review for 1 of 4 sampled clients (A), the facility failed to implement its</p>	W000149	Grab bars were added in the downstairs bathroom to make it more accessible. Grab bars were added to the left and right of the	12/27/2013

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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	<p>policy and procedures to prevent neglect of the client in regard to falls which had resulted injury to the client.</p> <p>Findings include:</p> <p>The facility's reportable incident reports, and/or investigations were reviewed on 11/21/13 at 11:05 AM. The facility's reportable incident reports and/or investigations indicated the following:</p> <p>-9/14/13 "[Client A] was at the group home and she was just finishing her bath and had dressed. When she went to stand to brush her teeth and she fell (sic). She told staff she tripped over feet. Staff immediately took her vitals and they were elevated. She was complaining of pain and said she was very tender. Staff took her to ER (emergency room) after talking with the nurse. The hospital assessed her found she had fractured her right 10th rib (sic)...IDT (interdisciplinary team) team to meet to discuss the incident and review her fall protocol to discuss whether or not it needs to be updated."</p> <p>The facility's 9/16/13 follow-up report indicated "...We implemented that staff will assist [client A] when getting in and out of the tub plus staff will assist her while getting dressed."</p>		<p>shower exit/ entry walls. The grab bar behind the toilet/commode was replaced with a longer sturdier grab bar. Safety bars were added to the toilet/ commode to assist clients in getting on and off the toilet/ commode safely. (See attached picture of added safety bars.)Client A went for a PT evaluation at the Easter Seals Rehabilitation Center on 12/18/2013 and is scheduled for an OT evaluation at the Easter Seals Rehabilitation Center on 1/23/2014. The PT evaluation recommended that Client A get up off the couch every hour and walk around for a few minutes. IDT met and a walking schedule was put in place for Client A to walk for at least 5 minutes out of every hour she is awake. Staff have been trained and the walking schedule has been implemented. IDT meeting held on 12/18/13 to review fall protocol, ISP and RMAP. Client A's fall protocol was updated on 12/21/2013; ISP and RMAP were reviewed and updated on 12/26/2013. Staff training to be completed by 12/27/2013. Person Responsible: Home Manager, Program Director and Program Nurse</p>				

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	<p>The facility's 9/24/13 follow-up report indicated client A had no falls in the past 6 months. The follow-up report indicated client A had a fall protocol in place prior to the 9/14/13 fall, and the client's fall protocol was updated on 9/16/13 to include staff assisting the client when getting in/out of the tub and when dressing.</p> <p>-10/17/13 "[Client A] was in the craft room doing activities. She was leaving the craft room area getting out of her chair. It was reported that her foot go (sic) caught in the leg of her chair and (sic) she began to get out of the chair. She fell onto another client's walker, where she hit the side of her face slightly. She fell back onto her bottom. The nurse assessed her immediately and there were no signs of injury and no further complaints. This was not avoidable."</p> <p>-10/18/13 "[Client A] had fallen on 10/17/13 at her day program (BDDS (Bureau of Developmental Disabilities Services) report filed) and the nurse had checked her at the time of the fall and she did not appear to have any injuries at the time. [Client A] began to present with symptoms on 10/18/13 of stiffness in her jaw and hardness. The nurse</p>						

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	<p>directed staff to take her to the ER for an exam. [Client A] was found upon x-rays that her jaw was broken. She was sent home with orders (sic) to eat soft foods. Continue to monitor for further signs of distress follow up with PCP (Primary Care Physician)."</p> <p>The facility's 10/21/13 follow-up report indicated client A was to follow -up with her PCP on 10/21/13. The follow-up report indicated "...The environment at Day Services did contribute to the fall as [client A] tripped on a leg of a chair that a client was sitting in...It was added to the protocol that 'While in Day Services, the environment will also be maintained to be free of clutter/obstacles to aid the flow of movement from area to area.' Also, a soft food protocol was put into place to help [client A] in the aid of eating comfortably. All staff will be retrained on the protocols and to consistently remind client to wear her glasses and to remind her to look where she is going and stepping. Calculations were done on a Fracture Risk Assessment resulting in [client A] is 'Major osteoporotic' risk She is to see her PCP 10/21/13 for further recommendations...Emergency Room Physician could not disseminate if the fracture was old or new. Client had an</p>			

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	<p>incident where she was the victim of peer aggression on 7/15/13; see attached report filed previously, which she was taken to the Emergency Room for showing a fracture in same jaw area. This fall could have possible made it worse...."</p> <p>The facility's 10/23/13 follow-up report indicated client A's doctor referred client A to an oral surgeon as he was unable to determine if the fracture was old or new.</p> <p>The facility's 10/28/13 follow-up report indicated client A's doctor recommended the client see an oral surgeon/Ear, Nose, Throat (ENT) Specialist. The follow-up report indicated "..[Client A] was seen by the ENT specialist on 10/25/13, where he only recommended that she continue on the soft diet to assist her in eating comfortably for two more weeks. The nurse is going to follow up with PCP to see if he would recommend a PT/OT (Physical Therapy/Occupational Therapy) evaluation...."</p> <p>-11/19/13 "[Client A] had to go to the restroom. Staff assisted [client A], to the restroom as directed to do in her fall protocol. He left the restroom to give her privacy and was outside the door. He heard a noise, so he opened the door to check. She was on the floor on her</p>						

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	<p>bottom, saying that she just fell. She was assessed for any injuries. No injuries noted and no further issue. Staff are to continue to follow [client A's] fall protocol in place."</p> <p>The facility's 11/20/13 follow-up report indicated "Staff are to continue to follow current Fall Protocol in place for [client A]. [Client A] is to be assisted in the restroom at all times...."</p> <p>During the observation of the downstairs bathroom on 11/21/13 at 2:35 PM, a counter was in front of the toilet/commode (several feet away) with a bathtub and shower to the right of the commode. There was a grab bar on the back wall of the bath tub/shower and a grab bar on a wall behind the toilet/commode. The downstairs bathroom did not have any additional bars and/or adaptive equipment in the bathroom to assist client A when sitting and/or standing up from using the toilet.</p> <p>Client A's record was reviewed on 11/21/13 at 1:45 PM. Client A's Indiana Mentor/TSI Medical Appointment Form indicated the following (not all inclusive):</p> <p>-9/14/13 "Xray showed fracture of Rt (right) 10th rib (sic) script (sic) for</p>				

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	<p>Lortab (pain) (one tablet) every 4 hrs (hours) (sic) Watch for signs of shortness of breath which may indicate punctured lung requiring immediate evaluation."</p> <p>-10/22/13 "(1) (L) (left) facial fx (fracture) refer to ENT (2) Mandibular fx."</p> <p>-10/24/13 Client A saw ENT doctor who indicated client A had a mandible fracture with "...no other facial injury noted. Rec (recommend) to oral surgeon for evaluation."</p> <p>-10/25/13 Client saw the oral surgeon who recommended client A continue on the soft diet for 2 additional weeks.</p> <p>Client A's July 2013 to September 2013 Health Care Coordination/Monthly Health review notes did not indicate the facility's nursing services followed-up/documentated anything in regard to client A being assessed by PT and/or OT.</p> <p>Client A's 12/8/10 PT assessment (most current in chart) indicated client A did not require formal PT. The PT evaluation indicated "...1. Recommend that staff encourage [client A] to remain as active as possible at home, at the</p>			

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	<p>workshop, and out in the community, and encourage her to walk more frequently in order to maintain strength and endurance for her daily activity."</p> <p>Client A's 4/11/11 OT assessment (most current in chart) indicated client A was to participate in activities of daily living "...to maintain upper extremity range-of-motion, strength, and coordination...."</p> <p>Client A's 9/1/13 Risk Management Plan (RMP) indicated client A had a history of falls and would experience hip pain when walking. The RMP indicated "... [Client A] will walk with her eyes closed when she is tired and will wear pants that are too long. Staff will assist [client A] as necessary and monitor for pants that is (sic) too long...Staff need to be aware of [client A's] surrounding when walking. She has some hip pain and she may need physical assistance when walking on hills, on sidewalks with holes or cracks...."</p> <p>Client A's 10/21/13 Fall Protocol indicated "[Client A] has a history of falling. She forgets to look where she is going/stepping and that is more pronounced when she is tired or in a hurry. She also has been known to wear pants that are too long for her which</p>						

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	<p>contribute to her tripping/falling. [Client A] also frequently refuses to wear her eyeglasses which isn't the problem in the home, but makes it more difficult to avoid uneven pavement. Staff are to assist [client A] getting in to the tub, getting out of the tub and while dressing...Verbal prompts to be used to encourage [client A] to wear her glasses and to remind [client A] to take her time and look where she is going and where she is stepping. Staff is to encourage [client A] to change her pants if they note the length to be past her ankles to prevent her from stumbling over them. Staff to assist [client A] with her laundry as climbing the stairs is difficult for her now. Home environment should be free from clutter or obstacles to optimize the flow of movement in the home...." The 10/21/13 protocol indicated client A should be assessed for injuries if the client fell, her "level of awareness was to be checked and monitored after each fall for 4 hours."</p> <p>Client A's IDT notes indicated the following (not all inclusive):</p> <p>-9/16/13 "IDT is meeting due to [client A's] fall. [Client A's] rib is healing and the team is recommending that staff assist [client A] in the tub, out of the tub and when dressing."</p>						

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	<p>-10/21/13 "IDT met on [client A's] fall on the 17th that led up to finding she had a fractured jaw in two places. IDT gone (sic) over her fall protocol which was recently changed in August due to a fall. New changes were made in Fall Protocol- 'While at Day Program the environment will also be maintained free of clutter/obstacles to aid in the flow of movement from area to area.' The PCP will be following up with [client A] to assess injury, see if there may be any issues with bone density to see if she is susceptible to fractures. There will be staff retraining." Client A's 9/1/13 ISP (Individual Support Plan) and/or above mentioned IDT notes did not indicate client A's IDT met after the 11/9/13 fall in the bathroom to see if client A's fall protocol needed to be revised and/or obtain a current assessment/evaluation in regard to client A's ambulation, strength and/or use/need for adaptive environmental equipment due to the client's increased falls with injury.</p> <p>Interview with staff #1 on 11/21/13 at 3:00 PM indicated client A's fractured jaw had improved. Staff #1 indicated client A's 10/17/13 fall, which resulted in the client's fracture, occurred at the day program. Staff #1 stated client A's</p>						

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	"toe got caught in chair leg and she fell onto a walker with her face hitting the walker." Staff #1 indicated client A was to go for a Bone Density Study on 11/22/13 as the client may have Osteoporosis due to the client's recent fractures. Staff #1 indicated client A's 11/19/13 fall was in the downstairs bathroom. Staff #1 indicated facility staff assisted client A to go to the bathroom but left the bathroom to give client A privacy. Staff #1 stated client A "caught toe on bath mat and got twisted." Staff #1 stated the bath mat was a "non-slip bath mat." Staff #1 indicated facility staff were to now remove any bathroom rugs/mats from the bathroom after they were used to ensure client A did not fall in the bathroom. Staff #1 also indicated facility staff were to supervise the client while in the bathroom. Staff #1 indicated client A's IDT met after she fell and fractured her rib and when the client fell and fractured her jaw. Staff #1 indicated client A's IDT had not met to review the client's 11/19/13 fall and/or to make changes to client A's 10/21/13 fall protocol as indicated above. When asked if client A had a recent PT and/or OT evaluation, staff #1 indicated client A's last evaluations were done in 2011. Staff #1 indicated client A's IDT had not re-assessed client A's						

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	<p>mobility/ambulation skills in regard to the falls, and/or need for adaptive/environmental equipment/devices to prevent client A from falling.</p> <p>The facility's policy and procedures were reviewed on 11/21/13 at 1:30 AM. The facility's April 2011 policy entitled Quality Risk Management indicated "Indiana Mentor promotes 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...." The April 2011 policy indicated "...Indiana Mentor is committed to ensuring the individuals we serve are provided with a safe and quality living environment...."</p> <p>This federal tag relates to complaint #IN00138512.</p> <p>9-3-2(a)</p>				

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W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, interview and record review for 1 of 4 sampled clients (A), the client's interdisciplinary team (IDT) failed to obtain a re-assessment of the client's falls in regard to ambulation/mobility/need for environmental adaptive equipment to prevent injuries.</p> <p>Findings include:</p> <p>The facility's reportable incident reports, and/or investigations were reviewed on 11/21/13 at 11:05 AM. The facility's reportable incident reports and/or investigations indicated the following:</p> <p>-9/14/13 "[Client A] was at the group home and she was just finishing her bath and had dressed. When she went to stand to brush her teeth and she fell (sic). She told staff she tripped over feet. Staff immediately took her vitals and they were elevated. She was complaining of pain and said she was very tender. Staff took her to ER (emergency room) after talking with the nurse. The hospital assessed her found</p>	W000210	<p>Grab bars were added in the downstairs bathroom to make it more accessible. Grab bars were added to the left and right of the shower exit/ entry walls. The grab bar behind the toilet/commode was replaced with a longer sturdier grab bar. Safety bars were added to the toilet/ commode to assist clients in getting on and off the toilet/ commode safely. (See attached picture of added safety bars.)Client A went for a PT evaluation at the Easter Seals Rehabilitation Center on 12/18/2013 and is scheduled for an OT evaluation at the Easter Seals Rehabilitation Center on 1/23/2014. The PT evaluation recommended that Client A get up off the couch every hour and walk around for a few minutes. IDT met and a walking schedule was put in place for Client A to walk for at least 5 minutes out of every hour she is awake. Staff have been trained and the walking schedule has been implemented. IDT meeting held on 12/18/13 to review fall protocol, ISP and RMAP. Client A's fall protocol was updated on 12/21/2013; ISP and RMAP were updated on 12/26/2013. Staff</p>	12/27/2013
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	<p>she had fractured her right 10th rib (sic)...."</p> <p>-10/17/13 "[Client A] was in the craft room doing activities. She was leaving the craft room area getting out of her chair. It was reported that her foot go (sic) caught in the leg of her chair and (sic) she began to get out of the chair. She fell onto another client's walker, where she hit the side of her face slightly. She fell back onto her bottom...This was not avoidable."</p> <p>-10/18/13 "[Client A] had fallen on 10/17/13 at her day program (BDDS (Bureau of Developmental Disabilities Services) report filed) and the nurse had checked her at the time of the fall and she did not appear to have any injuries at the time. [Client A] began to present with symptoms on 10/18/13 of stiffness in her jaw and hardness. The nurse directed staff to take her to the ER for an exam. [Client A] was found upon x-rays that her jaw was broken...."</p> <p>The facility's 10/28/13 follow-up report indicated client A's doctor recommended the client see an oral surgeon/Ear, Nose, Throat (ENT) Specialist. The follow-up report indicated "..[Client A] was seen by the ENT specialist on 10/25/13, where he only recommended that she</p>		<p>training to be completed by 12/27/2013. Person Responsible: Home Manager, Program Director and Program Nurse</p>				

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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 317 N MAIN ST HAUBSTADT, IN 47639			
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	<p>continue on the soft diet to assist her in eating comfortably for two more weeks. The nurse is going to follow up with PCP to see if he would recommend a PT/OT (Physical Therapy/Occupational Therapy) evaluation...."</p> <p>-11/19/13 "[Client A] had to go to the restroom. Staff assisted [client A], to the restroom as directed to do in her fall protocol. He left the restroom to give her privacy and was outside the door. He heard a noise, so he opened the door to check. She was on the floor on her bottom, saying that she just fell. She was assessed for any injuries. No injuries noted and no further issue. Staff are to continue to follow [client A's] fall protocol in place."</p> <p>During the observation of the downstairs bathroom on 11/21/13 at 2:35 PM, a counter was in front of the toilet/commode (several feet away) with a bathtub and shower to the right of the commode. There was a grab bar on the back wall of the bath tub/shower and a grab bar on a wall behind the toilet/commode. The downstairs bathroom did not have any additional bars and/or adaptive equipment in the bathroom to assist client A when sitting and/or standing up from using the toilet.</p>						

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	<p>Client A's record was reviewed on 11/21/13 at 1:45 PM. Client A's 12/8/10 PT assessment (most current in chart) indicated client A did not require formal PT. The PT evaluation indicated "...1. Recommend that staff encourage [client A] to remain as active as possible at home, at the workshop, and out in the community, and encourage her to walk more frequently in order to maintain strength and endurance for her daily activity."</p> <p>Client A's 4/11/11 OT assessment (most current in chart) indicated client A was to participate in activities of daily living "...to maintain upper extremity range-of-motion, strength, and coordination...."</p> <p>Client A's 9/1/13 Risk Management Plan (RMP) indicated client A had a history of falls and would experience hip pain when walking. The RMP indicated "... [Client A] will walk with her eyes closed when she is tired and will wear pants that are too long. Staff will assist [client A] as necessary and monitor for pants that is (sic) too long...Staff need to be aware of [client A's] surrounding when walking. She has some hip pain and she may need physical assistance when walking on hills, on sidewalks with holes or cracks...."</p>						

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	<p>Client A's 10/21/13 Fall Protocol indicated "[Client A] has a history of falling. She forgets to look where she is going/stepping and that is more pronounced when she is tired or in a hurry. She also has been known to wear pants that are too long for her which contribute to her tripping/falling. [Client A] also frequently refuses to wear her eyeglasses which isn't the problem in the home, but makes it more difficult to avoid uneven pavement. Staff are to assist [client A] getting in to the tub, getting out of the tub and while dressing...Verbal prompts to be used to encourage [client A] to wear her glasses and to remind [client A] to take her time and look where she is going and where she is stepping. Staff is to encourage [client A] to change her pants if they note the length to be past her ankles to prevent her from stumbling over them. Staff to assist [client A] with her laundry as climbing the stairs is difficult for her now. Home environment should be free from clutter or obstacles to optimize the flow of movement in the home...." The 10/21/13 protocol indicated client A should be assessed for injuries if the client fell, her "level of awareness was to be checked and monitored after each fall for 4 hours."</p>				

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	<p>Client A's IDT notes indicated the following (not all inclusive):</p> <p>-9/16/13 "IDT is meeting due to [client A's] fall. [Client A's] rib is healing and the team is recommending that staff assist [client A] in the tub, out of the tub and when dressing."</p> <p>-10/21/13 "IDT met on [client A's] fall on the 17th that led up to finding she had a fractured jaw in two places. IDT gone (sic) over her fall protocol which was recently changed in August due to a fall. New changes were made in Fall Protocol- 'While at Day Program the environment will also be maintained free of clutter/obstacles to aid in the flow of movement from area to area.' The PCP will be following up with [client A] to assess injury, see if there may be any issues with bone density to see if she is susceptible to fractures. There will be staff retraining." Client A's 9/1/13 ISP (Individual Support Plan) and/or above mentioned IDT notes did not indicate client A's IDT obtained a current assessment/evaluation in regard to client A's ambulation, strength and/or use/need for adaptive environmental equipment due to the client's increased falls with injury.</p> <p>Interview with staff #1 on 11/21/13 at</p>						

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	<p>3:00 PM stated client A's "toe got caught in chair leg and she fell onto a walker with her face hitting the walker." Staff #1 indicated client A's 11/19/13 fall was in the downstairs bathroom. Staff #1 indicated facility staff assisted client A to go to the bathroom but left the bathroom to give client A privacy. Staff #1 stated client A "caught toe on bath mat and got twisted." Staff #1 stated the bath mat was a "non-slip bath mat." Staff #1 indicated facility staff were to now remove any bathroom rugs/mats from the bathroom after they were used to ensure client A did not fall in the bathroom. When asked if client A had a recent PT and/or OT evaluation, staff #1 indicated client A's last evaluations were done in 2011. Staff #1 indicated client A's IDT had not re-assessed client A's mobility/ambulation skills in regard to the falls, and/or need for adaptive/environmental equipment/devices to prevent client A from falling.</p> <p>This federal tag relates to complaint #IN00138512.</p> <p>9-3-4(a)</p>						