

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  06/25/2014
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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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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 6/23/14, 6/24/14 and 6/25/14.</p> <p>Facility Number: 000949 Provider Number: 15G435 AIMS Number: 100244680</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed June 30, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #1's personal finances were not in excess of the predetermined maximum amount allowed by Medicaid.</p>	W000104	<p>Program Director will consult with guardian and open Arc Trust to deposit all monies less \$2000 so that client#1 is within the Medicaid allowable amount. Program Director will review finances of all clients in the home to ensure they are within the Medicaid allowable amount. Client Finance Specialist will receive monthly statements and deposits and will send out</p>	07/25/2014

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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W000149	<p>Findings include:</p> <p>Client #1's financial record was reviewed on 6/25/14 at 10:15 AM. Client #1's facility based cluster account, dated 3/1/14 through 6/3/14, indicated an ending balance of \$6,194.91.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/25/14 at 10:15 AM. QIDP #1 indicated client #1 had recently inherited money from a deceased relative. QIDP #1 indicated the facility was in the process of spending down client #1's account. QIDP #1 indicated client #1's finances were in excess of the \$2,000.00 Medicaid limit.</p> <p>9-3-1(a)</p> <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 record review and interview for 1 of 8 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to implement its policy and procedures to ensure an injury of unknown origin was reported to the BDDS (Bureau of Developmental Disabilities Services)</p>	W000149	<p>monthly accounting of client balances Responsible Party: Program Director, Client Finance Specialist</p> <p>Program Director and Home Manager will retrain staff on incident reporting and immediately reporting all incidents to manager or on-call. Home Manager will complete documentation review 3 times a week; including daily support records and behavioral tracking to ensure all reportable incidents</p>	07/25/2014			

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	<p>within 24 hours of the facility's knowledge of the injury.</p> <p>Findings include:</p> <p>The facility's BDDS reports and investigations were reviewed on 6/23/14 at 2:40 PM. The review indicated the following:</p> <p>-BDDS report dated 6/9/14 indicated, "One staff was assisting a client in the bathroom while the other staff was outside with clients when they heard a loud noise coming from the other bathroom. Staff ran into the bathroom to find [client #1] sitting in the bathtub. They examined her and found a knot on the left side of her head. The program nurse was called and said to apply ice to head, watch for any signs of concussion, complete a fall assessment and complete a fall observation flow sheet. [Client #1] went home with her parents/guardians that night and returned to the group home on the morning of 6/8/14. When she returned back to the group home, her left eye was bruised." The 6/9/14 BDDS report indicated the facility was aware of the injury of unknown origin on 6/7/14.</p> <p>AD (Area Director) #1 was interviewed on 6/24/14 at 2:10 PM. AD #1 indicated the facility's abuse and neglect policy</p>		<p>have been reported. Weekly checklist will be submitted by Home Manager to Program Director and Area Director Responsible Party: Program Director, Area Director and Home Manager</p>				

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W000153	<p>should be implemented. AD #1 indicated allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be reported to the BDDS within 24 hours of knowledge of the alleged incident.</p> <p>The facility's policy and procedures were reviewed on 6/25/14 at 10:15 AM. The facility's April 2011 policy and procedure entitled Quality Risk Management indicated, An initial report regarding an incident shall be submitted within twenty-four (24) hours of; (a) the occurrence of the incident or (b) the reporter becoming aware of or receiving information about the incident."</p> <p>9-3-2(a)</p> <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. Based on record review and interview for 1 of 8 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to report an injury of unknown origin to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours of</p>	W000153	<p>Program Director and Home Manager will retrain staff on incident reporting and immediately reporting all incidents to manager or on-call. Home Manager will complete documentation review 3 times a week; including daily support</p>	07/25/2014			

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W000440	<p>unknown origin should be reported to the BDDS within 24 hours of knowledge of the alleged incident.</p> <p>9-3-2(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 4 additional clients (#5, #6, #7 and #8), the facility failed to conduct evacuation drills for each quarter on each shift of staff.</p> <p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 6/23/14 at 2:20 PM. The review indicated the facility failed to conduct an evacuation drill for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7 and #8) for the fourth quarter, October, November and December 2013 for the overnight hours.</p> <p>AD (Area Director) #1 was interviewed on 6/23/14 at 2:20 PM. AD #1 indicated an evacuation drill should be conducted for each staff shift once per quarter.</p>	W000440	Home Manager will retrain staff on following the Evacuation Drill scheduled as written; which monthly rotates drills on a varied schedule. Program Director will retrain Home Manager on reviewing evacuation drills for complete accuracy prior to submission; including time of drill. Home Manager will submit copies of drill to Area Director and Quality Assurance Specialist for review of accuracy and be maintained for record. Responsible Party: Home Manager, Program Director, Area Director, Quality Assurance Specialist	07/25/2014

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	9-3-7(a)				