

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G410	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/11/2015
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NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 103 E HANCOCK MITCHELL, IN 47446
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W000000	<p>This visit was for the Post Certification Revisit (PCR) to the annual recertification and state licensure survey completed on 12/19/14.</p> <p>This visit was in conjunction with the investigation of complaint #IN00163663.</p> <p>Survey Dates: February 6, 9, 10 and 11, 2015</p> <p>Facility Number: 000924 Provider Number: 15G410 AIM Number: 100244510</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/18/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p>			

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>Based on record review and interview for 1 of 4 clients in the sample (B), the facility failed to ensure the client had a surrogate to assist her in decision making.</p> <p>Findings include:</p> <p>On 2/9/15 at 3:56 PM, a review of client B's record was conducted. Her Risk Management Assessment and program plan dated 6/16/14 (revised on 11/3/14) indicated she required 24 hours a day, 7 days a week supervision. The record indicated client B received medication for behavior management (Vyvanse for attention deficit disorder and Prozac for depression). The assessment indicated she presented a risk in regard to defending herself against abuse/exploitation due to her poor behavior/decision making. She exhibited poor judgement, was at risk for sexual exploitation and had a history of making false allegations. The assessment indicated she lacked comprehensive understanding of personal finances and could not recognize or report mismanagement of her money. The record indicated the client had no surrogate to assist her with decision making.</p> <p>On 2/9/15 at 4:38 PM, the Home</p>	W000125	<p>An assessment for the need for guardianship was completed on 1/28/2015 for Client B. Guardianship is being pursued for Client B to assist in decision making. Client B's IDT met on 2/4/2015 to review the assessment for need for guardianship and determine the plan of action. Contact has been made with a potential guardian who has sent documentation to TSI to begin the process for guardianship for Client B. Client B's team will complete the required documentation once received, in order to assist Client B with gaining a surrogate to assist her in decision making. Responsible Party: Home Manager, Program Director</p>	03/13/2015	

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W000149	<p>Manager (HM) indicated the facility had contacted a guardianship provider. The facility received the documentation from the guardianship provider however the HM indicated she had not completed the documentation. The HM indicated there had been no change in client B's surrogate status for decision making since the annual in December 2014.</p> <p>On 2/10/15 at 11:43 AM, the Program Director (PD) indicated the facility contacted a provider of guardianship for client B. The PD indicated client B needed a guardian. The PD indicated a guardian had not been obtained. The PD indicated the facility needed to complete the documentation the guardian provided to get the process going.</p> <p>This deficiency was cited on 12/19/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(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</p>	W000149	Client H's team met on 2/13/2015 to review incidents involving	03/13/2015			

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	<p>4 of 5 incident/investigative reports reviewed affecting clients A, B, D, G and H, the facility neglected to implement its policies and procedures to prevent client to client abuse, prevent neglect of client A and conduct a thorough investigation into an allegation of abuse involving client D at the facility-operated day program.</p> <p>Findings include:</p> <p>On 2/6/15 at 11:28 AM a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) An Investigation Summary, dated 2/10/15, indicated the Brief Summary of Incident: "On 2/6/15, [day program client] reported that client [client H] had inappropriately touched herself and [client B] while at home. She could not report when this incident allegedly occurred. It was reported that [client H] had touched [client B] on her knee and touched [day program client] on her upper thigh close to her knee."</p> <p>Client G's interview in the investigation indicated, "[Client G] stated that she told a State Surveyor [name] on 2/6/15, that her housemate, [client H] had touched her inappropriately. When asked how</p>		<p>Client H and allegations of inappropriate touching of others. Guidelines were developed to structure Client H's schedule at the day program, in the home, and in the van during transports, to assist Client H with maintaining appropriate social boundaries. Staff at day program and the home, will be trained on these guidelines by 3/4/2015. The team determined that a formal Behavior Support Plan was not appropriate at this time.A tracking form was started on 2/13/2015 to monitor the number of inappropriate social boundary behaviors displayed daily by Client H.A weekly house meeting with clients will occur to review social circles and appropriate social interactions with others both in the home and in the community for one month and then at least monthly ongoing.A training with day program clients, including Client H, was completed on 2/13/2015 to review appropriate social boundaries, good citizenship, reporting incidents as soon as they occur, and false reporting and exaggeration of incidents.A Sexual consent Assessment was completed with Client H on 2/13/2015 to determine his understanding of appropriate sexual interactions with others. Client H's on 2/13/2015 Camelot Behavioral checklist was reviewed on 2/13/2015 by the Program Director to ensure the</p>		

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	<p>[client H] touched her, [client G] stated that he touched her thigh area, right above the knee. When asked if he touched her anywhere else, she said 'no.' [Client G] stated that [client H] had asked her out and she told him no because she already had a boyfriend. [Client G] said they (sic) [client H] touched her knee one evening in January while sitting in the living room at her home. When asked why she didn't come to anyone sooner with this, she stated that she didn't want to get in trouble and she just thought of it again. When asked if she has seen [client H] touch anyone else in the house, [client G] replied 'NO!' which is different from her initial report. She did not have a reason for reporting that [client H] had also touched [client B]."</p> <p>Client B's interview in the investigation indicated, "When [client B] was asked about [client H], she replied '[Client H's] been touching me and [client G] inappropriately.' She said, 'I sit Indian style on the couch and he walked by and touched my knee.' [Client B] said, 'he says I look like [former client] and misses her and so he touched my knee.' [Client B] went on and said, 'I know me and [former client] are step-sisters, but we don't look anything alike.' (NOTE: [Client B] AND [former client] ARE OF</p>		<p>checklist was marked accurately for Client H's ability to "maintain appropriate social distance" during social interactions. Client H's ISP and Risk Management and Assessment Plan have been updated to include the guidelines developed for staff to assist Client H to maintain appropriate social boundaries. The client bedrooms in the home will be rearranged to have all mail clients on one side of the home and all female clients on the other side of the home to assist Client H in increasing his ability to be successful following the established guidelines by 3/4/2015. Staff in the home were trained on 1/27/2015 on policy of abuse and neglect. The staff involved in the incident involving Client A, was terminated immediately following the conclusion of the investigation. Program Directors, the Area Director, and the Quality Assurance Specialist are attending the Investigation and Plan of Correction Training on 2/26/2015 at DSI in Columbus presented by Steve Corya. All future investigations will be reviewed for completeness and thoroughness by the Area Director and Quality Assurance Specialist ongoing. Responsible Party: Home Manager, Program Director, Area Director, Quality Assurance Specialist.</p>				

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	<p>NO RELATION). ([Former client] is a former client of the [name] Group Home). When asked if she has seen [client H] touch any other client within the home, [client B] replied, 'no.' When asked if she ever heard [client H] ask [client G] out, [client B] replied, 'no.' When asked if she had ever seen [client H] touch anyone else, she replied, 'No I have not.'</p> <p>Client H's interview in the investigation indicated, "When asked if he had ever touched any one of the ladies that reside in the home, [client H] replied, 'No, absolutely not.' [Client H] added, 'I don't do things like that.' When asked if he ever asked any of his roommates out on a date, [client H] replied, 'I swear to you, I never asked out any girl that lives here.' [Client H] added, 'we all run around together, but that's it.' When asked if he knew of any problems with any of the girls that would cause them to say these things, [client H] said, 'Not at all, I'm smarter than I look.' He added, 'I'm not a bad guy, I will just stay away from them I guess.'"</p> <p>Client A's interview in the investigation indicated, "When asked about [client H] and if he had ever touched her, [client A] responded, " no, [client H] has never touched me at all.' She added, 'the other</p>			

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	<p>girls are always talking about him, and gossiping.' When asked if she had ever seen [client H] touch anyone in the house, [client A] said, 'no, I have never seen him touch [client G] or [client B].' She said, '[Initials of client], at Day program said that he touched me, but he didn't, he never touched me at all.' [Client A] mentioned she told [initials of client] from Day program, to 'stop it, I didn't get touched by [client H], and it's not my business.'"</p> <p>The investigation indicated in the Recommendations/Corrective Measure to Prevent the Likelihood of Future Occurrences section, "Staff will continue to follow clients (sic) BSPs and continue to monitor client interactions. Team will meet to discuss goals being put in place for [client H] to work on appropriate boundary issues. Team will meet with each female client to discuss false reporting and socially appropriate boundaries."</p> <p>On 2/6/15 at 12:55 PM, client G indicated client H touched client B and her on the leg. Client G indicated she observed client H touch client B's leg. Client G indicated client H had rubbed her leg when staff were not around and stopped when the staff came back into the room.</p>			

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	<p>On 2/6/15 at 2:05 PM a female client at the facility-operated day program indicated she was told by client B that client H was touching client B's legs. The female client indicated client H touched client A and G's legs. The client indicated client H touched her legs. The female client indicated client H touched her roommate's private area and leg. The client stated, "[Client H] thinks it's funny."</p> <p>On 2/9/15 at 1:26 PM, client A indicated client H had touched others' private areas. Client A indicated client H touched two female clients at the day program. Client A indicated client H touched client B and G's private area. Client A indicated she did not witness the incidents however the other clients told her about it. Client A indicated client H had never touched her inappropriately.</p> <p>On 2/9/15 at 2:05 PM, day program staff #11 indicated she was aware of an allegation of client H touching others' inappropriately. Staff #11 indicated the day program seating arrangements at the day program and the van were changed. Staff #11 indicated after the allegation, client H was not going on outings with females. Staff #11 indicated she had never witnessed client H inappropriately</p>			

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	<p>touch another client.</p> <p>On 2/9/15 at 2:09 PM, client B indicated client H tried to touch her by putting his hand down her pants. Client B indicated client H did not put his hand down her pants.</p> <p>On 2/9/15 at 3:50 PM, staff #8 indicated she had not witnessed client H touch any of the other clients inappropriately. Staff #8 indicated none of the other clients reported to her issues of client H touching them inappropriately.</p> <p>On 2/9/15 at 4:30 PM, client H indicated he was friends with all the clients at the group home. Client H indicated he kept his hands to himself and did not touch anyone inappropriately.</p> <p>On 2/9/15 at 3:52 PM, a review of client H's record was conducted. Client H's 7/3/14 Individualized Support Plan indicated client H did not have a Behavior Support Plan. Client H's Risk Management Assessment and Plan, dated 7/3/14, indicated in the Exhibits socially accepted behaviors in public section, "Inappropriate sexual remarks. Staff will monitor." The Ability to remain alone in any environment section indicated, "Requires 24 (hours a day)/7 (day a week) supervision." The Sexual</p>			

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	<p>(displays behaviors which may provoke abuse by others including consumers) section indicated client H both did and did not present a risk. Both boxes on the form were checked. In the Physical section (behaviors which may provoke abuse by others including consumers) the plan indicated, "[Client H] can be verbally aggressive. Staff will continue to implement behavior plan."</p> <p>On 2/9/15 at 4:42 PM, the Home Manager (HM) indicated client H did not have a Behavior Support Plan. The HM indicated client H's interdisciplinary team was going to meet on 2/10/15 to discuss the recent allegations involving client H. The HM indicated she was present when client B was interviewed. During client B's interview, client B indicated client H brushed up against her knee one time while she was sitting on the couch. The HM indicated she had not witnessed client H touch anyone inappropriately. The HM indicated she worked at the group home all the time and had not witnessed client H touch anyone inappropriately. The HM indicated the client who initially reported concerns had been calling the group home to talk to client H. Client H did not want to speak with her. The HM indicated she believed the allegations were false.</p>						

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	<p>On 2/10/15 at 11:43 AM, the Program Director (PD) indicated there was no evidence to support the allegations. The PD indicated the facility needed to assess client H for the need of a Behavior Support Plan. The PD indicated the facility needed to track the incidents to assess the need for a BSP to formally address inappropriate touching.</p> <p>On 2/10/15 at 11:52 AM, the Area Director (AD) indicated the facility had a policy and procedure prohibiting abuse of the clients and the facility should prevent abuse of the clients.</p> <p>2) On 2/3/15 at 11:30 AM, the 2/4/15 Bureau of Developmental Disabilities Services incident report indicated, "[Name of day program client] reported to [day program staff #13] that while in the van [client H] put his hand on her leg and tried to hold her hand. [Client] told him to stop and he did. [Client] told staff when she got back to program facility. Staff will ensure that [client H] sits next to male clients only while in the van and that there is no opportunity for [client] and [client H] to sit next to each other."</p> <p>The investigation, dated 2/9/15, included an interview with client H. Client H indicated, "He said that he did touch her leg by her knee... [Client H] said that he</p>			

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	<p>would not do it anymore." The Recommendations/Corrective Measure to Prevent the Likelihood of Future Occurrences section indicated, "Staff to be trained on seating in program and in transport to community activities/team to meet to discuss training with all clients on personal boundaries and social circles."</p> <p>On 2/10/15 at 11:52 AM, the Area Director (AD) indicated the facility had a policy and procedure prohibiting abuse of the clients and the facility should prevent abuse of the clients.</p> <p>3) On 1/1/15 at 5:30 PM, the Bureau of Developmental Disabilities Services (BDDS) incident report, dated 1/2/15, indicated, "On 1/1/15 PD (Program Director) [name] received a phone call from [staff #3] stating that [client A] and [staff #12] had been involved in an automobile accident. [Staff #12] and [client A] were traveling back to [name of city] after [client A] having (sic) a visit with her boyfriend at [name of city] group home. [Staff #12] reported that he had dozed off and ran off the road causing the group home van to wreck. [Client A] was taken to the emergency room to be treated for injury. [Client A] had no serious injury and she did have a bruise to her right eye and doctor</p>			

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	<p>recommended for [client A] to follow up with her primary care physician in 2-3 days and ibuprofen for pain. Staff has been suspended pending an investigation...."</p> <p>The investigation, dated 1/8/15, indicated in the Conclusion section, "Evidence supports that [staff #12] fell asleep while driving the van and wrecked the van causing injury to [client A] and himself."</p> <p>A Termination Notice, dated 1/13/15, indicated, in part, "Indiana MENTOR is terminating [staff #12's] employment due (sic) sleeping on the job and failing to exercise safe driving practices while driving on Company business. During his work shift on 1/1/15, [staff #12] was transporting a client in the Company van and fell asleep while driving resulting in an automobile accident. An investigation was completed on 1/1/15 and 1/5/15 and during the investigation it was reported by the client that [staff #12] fell asleep and they went into the woods. Also during the investigation, [staff #12] admitted that he must have fallen asleep and that he was tired. This is direct violation of Indiana Mentor's policies: specifically, the Employee Information Guide (EIG) that states 'the type of behavior that will not be tolerated: sleeping during working hours.' The EIG</p>			

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	<p>also outlines 'inefficiency, incompetence, or negligence in the performance of duties will not be permitted,' 'Any acts of disrespect, abuse and/or neglect towards individuals we support will not be tolerated,' and 'verbal or physical abuse and neglect of any kind will not be tolerated,' as well as 'you are expected to drive safely, obeying all traffic rules.' The Code of Conduct stated, 'Employees are committed to providing quality services. Every individual we serve can expect safety and security in home and community. We are all accountable for ensuring a safe and healthy environment for the individuals we serve.' The Personally Owed Vehicle Business Use Agreement outlines, 'The employee-driver must exercise safe driving practices while driving on Company business.' Therefore, we are terminating [staff #12's] employment.'"</p> <p>On 2/9/15 at 12:59 PM, client A indicated the staff fell asleep on 1/1/15 while driving the van causing the van to drive into the woods. Client A indicated she was wearing her seatbelt and she hurt her eye during the accident.</p> <p>On 2/6/15 at 11:33 AM, the Area Director (AD) indicated staff #12 reported he (staff #12) dozed off while driving the group home van. The AD</p>			

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	<p>indicated staff #12 and client A were in the group home van at the time of the accident. The AD indicated staff #12 was terminated for falling asleep while driving the group home van. The AD indicated staff #12 was terminated due to neglect (he was driving the van when he fell asleep). The AD indicated the group home van was totaled by the insurance company. The AD indicated staff #12 admitted he dozed off when the Program Director interviewed him about the accident.</p> <p>On 2/10/15 at 11:43 AM, the Program Director (PD) indicated staff #12 was terminated for neglect due to admitting he fell asleep while driving the group home van. The PD indicated client A sustained bruises and scrapes during the accident. The PD indicated the facility had a policy and procedure prohibiting abuse and neglect by the staff.</p> <p>4) A Bureau of Developmental Disabilities Services (BDDS) incident report, dated 1/19/15 indicated, "On 1-19-2015, [Home Manager] received a report from [client D's] housemates that a staff at day program, [staff #9] ties a handkerchief around [client D's] mouth to prevent him from spitting after meal times. Staff was suspended on 1-19-2015 pending the results of an investigation."</p>						

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	<p>The investigation, dated 1/20/15, indicated the housemates were clients B and H. Client H, in the investigation, indicated he had never observed staff #9 tie a handkerchief around client D's mouth at any time. Client H indicated, "No, [staff #9] is good to all of us... No, I have never seen that happen. [Client B] said she seen it but I haven't." Client B indicated in the investigation, "...I told her (Home Manager) I saw [staff #9] tie a handkerchief around [client D's] face to keep him from spitting, but he would just reach up and pull it off." When asked if there were other staff around, client B indicated, "No, just me, [staff #9], [client H], [client D] and [client C]." When asked in the investigation when the incident occurred, client B indicated, "Either Monday or Tuesday." When asked if she was sure, client B indicated, "Yeah, because everyone else was recycling and at the [name of area program to assist with providing meals to community members]." The investigation indicated, "After reviewing the Day Program Attendance Logs for Monday 1/12/15 and 1/13/15, it was discovered that [client D] did not attend Day program either of those days." The Conclusion indicated, "The evidence from the investigation does not support the claim that [staff #9] tied a</p>			

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	<p>handkerchief around [client D's] mouth to keep him from spitting."</p> <p>On 2/6/15 at 1:13 PM, the Day Program Director (DPD) indicated client H did not recall the incident during his interview during the investigation. The DPD indicated client B reported the incident occurred the week before his interview with him on Monday or Tuesday. Client B reported the handkerchief looked like it was tied over his mouth but he was able to pull it off. The DPD indicated client D was not in attendance at the day program on the days client B indicated the incident occurred. The DPD indicated staff #9 denied the incident occurred. The DPD indicated he had never witnessed staff #9 use a handkerchief to cover client D's mouth. The DPD indicated he did not interview additional clients or staff during the investigation. The DPD stated, "Only interviewed one staff (staff #9) and he (client D) wasn't even here at the time." The DPD indicated the investigation would have been thorough if he had conducted additional interviews. The DPD indicated he concluded the investigation once he determined client D was not present on the dates indicated by client B.</p> <p>The investigation included interviews with clients B and H, staff #9 and</p>			

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	<p>attempted interviews with clients C and D (clients C and D were non-verbal and unable to provide information for the investigation). There were no interviews with additional clients who attended the day program or staff who may have witnessed the incident.</p> <p>On 2/6/15 at 2:21 PM, staff #10 indicated she had not witnessed staff tie a handkerchief over client D's mouth to keep him from spitting.</p> <p>On 2/6/15 at 2:24 PM, staff #11 indicated she had not witnessed staff tie a handkerchief over client D's mouth to keep him from spitting.</p> <p>On 2/9/15 at 1:32 PM client A indicated she had not witnessed staff tie a handkerchief over client D's mouth to keep him from spitting.</p> <p>On 2/10/15 at 11:43 AM, the Program Director (PD) indicated there was no evidence to support the allegation of staff #9 using a handkerchief to cover client D's mouth to prevent him from spitting. The PD indicated the facility should conduct thorough investigations. The PD indicated she would have interviewed every client and all the staff who were present, including the Day Program Manager, and anyone else who was in the</p>			

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	<p>building on the dates indicated the incident occurred.</p> <p>On 2/6/15 at 12:03 PM, the Quality Assurance Specialist (QAS) indicated she assisted the Day Program Director with completing the investigation. The QAS indicated the investigation was not thorough since there were no interviews with additional clients and staff who may have witnessed staff #9 tying a handkerchief over client D's mouth to prevent him from spitting. The QAS indicated the investigation would have been thorough if additional interviews were conducted.</p> <p>The facility's policy and procedures related to abuse and neglect were reviewed on 2/6/15 at 11:47 AM. The facility's Quality and Risk Management policy dated April 2011 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." The policy indicated the following, "Any allegation of abuse or human rights violation is thoroughly investigated by the Area</p>						

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	<p>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 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." The policy indicated, "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 or other employee."</p> <p>This deficiency was cited on 12/19/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>			

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W000154	<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 record review and interview for 1 of 5 incident/investigative reports reviewed affecting client D, the facility failed to conduct a thorough investigation.</p> <p>Findings include:</p> <p>On 2/6/15 at 11:28 AM a review of the facility's incident/investigative reports was conducted and indicated the following: A Bureau of Developmental Disabilities Services (BDDS) incident report, dated 1/19/15 indicated, "On 1-19-2015, [Home Manager] received a report from [client D's] housemates that a staff at day program, [staff #9] ties a handkerchief around [client D's] mouth to prevent him from spitting after meal times. Staff was suspended on 1-19-2015 pending the results of an investigation."</p> <p>The investigation, dated 1/20/15, indicated the housemates were clients B and H. Client H, in the investigation, indicated he had never observed staff #9 tie a handkerchief around client D's mouth at any time. Client H indicated, "No, [staff #9] is good to all of us... No, I have never seen that happen. [Client B]</p>	W000154	<p>Program Directors, the Area Director and the Quality Assurance Specialist are attending the Investigation and Plan of Correction Training on 2/26/2015 at Dsl in Columbus presented by Steve Corya. All future investigations will be reviewed for completeness and thoroughness by the Area Director and Quality Assurance Specialist ongoing. Responsible Party: Program Director, Area Director, Quality Assurance Specialist.</p>	03/13/2015

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	<p>said she seen it but I haven't." Client B indicated in the investigation, "...I told her (Home Manager) I saw [staff #9] tie a handkerchief around [client D's] face to keep him from spitting, but he would just reach up and pull it off." When asked if there were other staff around, client B indicated, "No, just me, [staff #9], [client H], [client D] and [client C]." When asked in the investigation when the incident occurred, client B indicated, "Either Monday or Tuesday." When asked if she was sure, client B indicated, "Yeah, because everyone else was recycling and at the [name of area program to assist with providing meals to community members]." The investigation indicated, "After reviewing the Day Program Attendance Logs for Monday 1/12/15 and 1/13/15, it was discovered that [client D] did not attend Day program either of those days." The Conclusion indicated, "The evidence from the investigation does not support the claim that [staff #9] tied a handkerchief around [client D's] mouth to keep him from spitting."</p> <p>On 2/6/15 at 1:13 PM, the Day Program Director (DPD) indicated client H did not recall the incident during his interview during the investigation. The DPD indicated client B reported the incident occurred the week before his interview</p>			

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	<p>with him on Monday or Tuesday. Client B reported the handkerchief looked like it was tied over his mouth but he was able to pull it off. The DPD indicated client D was not in attendance at the day program on the days client B indicated the incident occurred. The DPD indicated staff #9 denied the incident occurred. The DPD indicated he had never witnessed staff #9 use a handkerchief to cover client D's mouth. The DPD indicated he did not interview additional clients or staff during the investigation. The DPD stated, "Only interviewed one staff (staff #9) and he (client D) wasn't even here at the time." The DPD indicated the investigation would have been thorough if he had conducted additional interviews. The DPD indicated he concluded the investigation once he determined client D was not present on the dates indicated by client B.</p> <p>The investigation included interviews with clients B and H, staff #9 and attempted interviews with clients C and D (clients C and D were non-verbal and unable to provide information for the investigation). There were no interviews with additional clients who attended the day program or staff who may have witnessed the incident.</p> <p>On 2/6/15 at 2:21 PM, staff #10 indicated</p>						

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	<p>she had not witnessed staff tie a handkerchief over client D's mouth to keep him from spitting.</p> <p>On 2/6/15 at 2:24 PM, staff #11 indicated she had not witnessed staff tie a handkerchief over client D's mouth to keep him from spitting.</p> <p>On 2/9/15 at 1:32 PM client A indicated she had not witnessed staff tie a handkerchief over client D's mouth to keep him from spitting.</p> <p>On 2/10/15 at 11:43 AM, the Program Director (PD) indicated there was no evidence to support the allegation of staff #9 using a handkerchief to cover client D's mouth to prevent him from spitting. The PD indicated the facility should conduct thorough investigations. The PD indicated she would have interviewed every client and all the staff who were present, including the Day Program Manager, and anyone else who was in the building on the dates indicated the incident occurred.</p> <p>On 2/6/15 at 12:03 PM, the Quality Assurance Specialist (QAS) indicated she assisted the Day Program Director with completing the investigation. The QAS indicated the investigation was not thorough since there were no interviews</p>						

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W000159	<p>with additional clients and staff who may have witnessed staff #9 tying a handkerchief over client D's mouth to prevent him from spitting. The QAS indicated the investigation would have been thorough if additional interviews were conducted.</p> <p>This deficiency was cited on 12/19/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 3 of 4 clients in the sample (A, B and C) and one additional client F, the Qualified Intellectual Disabilities Professional (QIDP) failed to ensure: 1) client A and B's vocational skills were assessed, 2) staff implemented client F's training objective to increase her communication skills, 3) client B's program plan included withdrawal criteria to reduce medications to address maladaptive behaviors, and 4) client C and F's adaptive equipment was</p>	W000159	<p>The Vocational Assessment has been revised to include more comprehensive information. These will be completed at least annually for all clients.</p> <p>Vocational Assessments were completed on 2/9/15 for Clients A and B. Assessments for all clients in the home will be completed on the revised form by 3/13/15 and at least annually thereafter.</p> <p>The Program Director and Area Director will meet weekly and at these meetings will discuss annuals</p>	03/13/2015

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	<p>available for use at the facility-operated day program.</p> <p>Findings include:</p> <p>1) Please refer to W225. For 2 of 4 clients in the sample (A and B), the facility failed to conduct a thorough assessment of the clients' vocational skills.</p> <p>2) Please refer to W249. For 1 of 4 non-sampled clients (F), the facility failed to ensure staff implemented client F's training objective to increase her communication skills.</p> <p>3) Please refer to W312. For 1 of 3 clients in the sample (B) who was prescribed medications to manage behaviors, the facility failed to ensure the client's program plan contained withdrawal criteria for the behavior medications.</p> <p>4) Please refer to W436. For 1 of 4 clients in the sample with adaptive equipment (C) and one additional client (F), the facility failed to provide the adaptive equipment to the clients at the facility-operated day program.</p> <p>This deficiency was cited on 12/19/14. The facility failed to implement a</p>		<p>that have been completed to monitor that all assessments are completed.</p> <p>Client F's training objective to increase her communication skills has been implemented both in the home and at the day program. She continues to use her communication book in the home and communication book is being developed for the day program. Staff at the day program will be trained on the use of Client F's communication book after it is developed.</p> <p>Observations will be completed by administrative staff to monitor that Client F is using or being encouraged to use her communication book to increase her communication skills at least weekly for a month and then monthly ongoing.</p> <p>Client B's current medications to control inappropriate behaviors were reviewed and a Medication Management Plan was developed based on her behavior tracking data. A medication reduction plan was established that will be monitored at least monthly and changes made to the plan as necessary.</p> <p>The Program Director will review all clients Behavioral Support Plans at least annually to ensure that all prescribed medications that are used to control inappropriate behaviors have medication management plans to work toward the reduction of and eventual</p>	

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	systemic plan of correction to prevent recurrence.  9-3-3(a)		elimination of the behaviors for which the drugs are targeted. Client IDTs will meet as needed whenever medication changes occur to ensure that medication management plans are updated and / or revised. Client C will wear prescribed AFO's to day program each scheduled day. Group Home staff will communicate with day program staff upon arrival and upon pick up to go home each day to ensure that Client C has all prescribed AFO's so they are utilized as required. A buddy check sheet will be in place for drop off/pick up for staff of both facilities to document that required AFO's are available for both sites. Client F's training objective to increase her communication skills has been implemented both in the home and at the day program. She continues to use her communication book in the home and communication book is being developed for the day program. Staff at the day program will be trained on the use of Client F's communication book after it is developed. Observations will be completed by administrative staff to monitor that Client C has adaptive equipment and it is in use as prescribed and Client F is using or being encouraged to use her communication book to increase her communication skills at least weekly for a month and then monthly ongoing.		

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W000214	<p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p>Based on interview and record review for 1 of 4 non-sampled clients (H), the facility failed to assess client H's behavioral management needs.</p> <p>Findings include:</p> <p>On 2/6/15 at 11:28 AM a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) On 2/3/15 at 11:30 AM, the 2/4/15 Bureau of Developmental Disabilities Services incident report indicated, "[Name of day program client] reported to [day program staff #13] that while in the van [client H] put his hand on her leg and tried to hold her hand. [Client] told him to stop and he did. [Client] told staff when she got back to program facility. Staff will ensure that [client H] sits next to male clients only while in the van and that there is no opportunity for [client] and [client H] to sit next to each other."</p>	W000214	<p>Responsible Party: Home Manager, Program Director</p> <p>Client H's team met on 2/13/2015 to review incidents involving Client H and allegations of inappropriate touching of others. Guidelines were developed to structure Client H's schedule at the day program, in the home, and in the van during transports, to assist Client H with maintaining appropriate social boundaries. Staff at the day program and the home, will be trained on these guidelines by 3/4/2015. The team determined that a formal Behavior Support Plan was not appropriate at this time. A tracking form was started on 2/13/2015 to monitor the number of inappropriate social boundary behaviors displayed daily by Client H. A weekly house meeting with clients will occur to review social circles and appropriate social interactions with others both in the home and in the community for one month and then at least monthly on going. A training with day program clients, including Client H, was completed on 2/13/2015 to review appropriate social boundaries, good citizenship, reporting incidents as soon as they occur,</p>	03/13/2015

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	<p>The investigation, dated 2/9/15, included an interview with client H. Client H indicated, "He said that he did touch her leg by her knee... [Client H] said that he would not do it anymore." The Recommendations/Corrective Measure to Prevent the Likelihood of Future Occurrences section indicated, "Staff to be trained on seating in program and in transport to community activities/team to meet to discuss training with all clients on personal boundaries and social circles."</p> <p>2) An Investigation Summary, dated 2/10/15, indicated the Brief Summary of Incident: "On 2/6/15, [day program client] reported that client [client H] had inappropriately touched herself and [client B] while at home. She could not report when this incident allegedly occurred. It was reported that [client H] had touched [client B] on her knee and touched [day program client] on her upper thigh close to her knee."</p> <p>Client G's interview in the investigation indicated, "[Client G] stated that she told a State Surveyor [name] on 2/6/15, that her housemate, [client H] had touched her inappropriately. When asked how [client H] touched her, [client G] stated that he touched her thigh area, right above the knee. When asked if he</p>		<p>and false reporting and exaggeration of incidents.A Sexual Consent Assessment was completed with Client H on 2/13/2015 to determine his understanding of appropriate sexual interactions with others. Client H's Camelot Behavioral Checklist was reviewed on 2/13/2015 by the program Director to ensure the checklist was marked accurately for Client H's ability to "maintain appropriate social distance" during social interactions.Client H's ISP and Risk Management and Assessment Plan have been updated to include the guidelines developed for staff to assist Client H to maintain appropriate social boundaries.The client bedrooms in the home will be rearranged to have all male clients on one side of the home and all female clients on the other side of the home to assist Client H in increasing his ability to be successful following the established guidelines by 3/4/2015.Responsible Party: Home Manager, Program Director</p>		

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	<p>touched her anywhere else, she said 'no.' [Client G] stated that [client H] had asked her out and she told him no because she already had a boyfriend. [Client G] said they (sic) [client H] touched her knee one evening in January while sitting in the living room at her home. When asked why she didn't come to anyone sooner with this, she stated that she didn't want to get in trouble and she just thought of it again. When asked if she has seen [client H] touch anyone else in the house, [client G] replied 'NO!' which is different from her initial report. She did not have a reason for reporting that [client H] had also touched [client B]."</p> <p>Client B's interview in the investigation indicated, "When [client B] was asked about [client H], she replied '[Client H's] been touching me and [client G] inappropriately.' She said, 'I sit Indian style on the couch and he walked by and touched my knee.' [Client B] said, 'he says I look like [former client] and misses her and so he touched my knee.' [Client B] went on and said, 'I know me and [former client] are step-sisters, but we don ' t look anything alike.' (NOTE: [Client B] AND [former client] ARE OF NO RELATION) ([Former client] is a former client of the [name] Group Home). When asked if she has seen</p>			

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	<p>[client H] touch any other client within the home, [client B] replied, 'no.' When asked if she ever heard [client H] ask [client G] out, [client B] replied, 'no.' When asked if she had ever seen [client H] touch anyone else, she replied, 'No I have not.'"</p> <p>Client H's interview in the investigation indicated, "When asked if he had ever touched any one of the ladies that reside in the home, [client H] replied, 'No, absolutely not.' [Client H] added, 'I don't do things like that.' When asked if he ever asked any of his roommates out on a date, [client H] replied, 'I swear to you, I never asked out any girl that lives here.' [Client H] added, 'we all run around together, but that's it.' When asked if he knew of any problems with any of the girls that would cause them to say these things, [client H] said, 'Not at all, I'm smarter than I look.' He added, 'I'm not a bad guy, I will just stay away from them I guess.'"</p> <p>Client A's interview in the investigation indicated, "When asked about [client H] and if he had ever touched her, [client A] responded, " no, [client H] has never touched me at all.' She added, 'the other girls are always talking about him, and gossiping.' When asked if she had ever seen [client H] touch anyone in the</p>			

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	<p>house, [client A] said, 'no, I have never seen him touch [client G] or [client B].' She said, '[Initials of client], at Day program said that he touched me, but he didn't, he never touched me at all.' [Client A] mentioned she told [initials of client] from Day program, to 'stop it, I didn't get touched by [client H], and it's not my business.'"</p> <p>The investigation indicated in the Recommendations/Corrective Measure to Prevent the Likelihood of Future Occurrences section, "Staff will continue to follow clients (sic) BSPs and continue to monitor client interactions. Team will meet to discuss goals being put in place for [client H] to work on appropriate boundary issues. Team will meet with each female client to discuss false reporting and socially appropriate boundaries."</p> <p>On 2/6/15 at 12:55 PM, client G indicated client H touched client B and her on the leg. Client G indicated she observed client H touch client B's leg. Client G indicated client H had rubbed her leg when staff were not around and stopped when the staff came back into the room.</p> <p>On 2/6/15 at 2:05 PM a female client at the facility-operated day program</p>			

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	<p>indicated she was told by client B that client H was touching client B's legs. The female client indicated client H touched client A and G's legs. The client indicated client H touched her legs. The female client indicated client H touched her roommate's private area and leg. The client stated, "[Client H] thinks it's funny."</p> <p>On 2/9/15 at 1:26 PM, client A indicated client H had touched others' private areas. Client A indicated client H touched two female clients at the day program. Client A indicated client H touched client B and G's private area. Client A indicated she did not witness the incidents however the other clients told her about it. Client A indicated client H had never touched her inappropriately.</p> <p>On 2/9/15 at 2:05 PM, day program staff #11 indicated she was aware of an allegation of client H touching others' inappropriately. Staff #11 indicated the day program seating arrangements at the day program and the van were changed. Staff #11 indicated after the allegation, client H was not going on outings with females. Staff #11 indicated she had never witnessed client H inappropriately touch another client.</p> <p>On 2/9/15 at 2:09 PM, client B indicated</p>			

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	<p>client H tried to touch her by putting his hand down her pants. Client B indicated client H did not put his hand down her pants.</p> <p>On 2/9/15 at 3:50 PM, staff #8 indicated she had not witnessed client H touch any of the other clients inappropriately. Staff #8 indicated none of the other clients reported to her issues of client H touching them inappropriately.</p> <p>On 2/9/15 at 4:30 PM, client H indicated he was friends with all the clients at the group home. Client H indicated he kept his hands to himself and did not touch anyone inappropriately.</p> <p>On 2/9/15 at 3:52 PM, a review of client H's record was conducted. Client H's 7/3/14 Individualized Support Plan indicated client H did not have a Behavior Support Plan. Client H's Risk Management Assessment and Plan, dated 7/3/14, indicated in the Exhibits socially accepted behaviors in public section, "Inappropriate sexual remarks. Staff will monitor." The Ability to remain alone in any environment section indicated, "Requires 24 (hours a day)/7 (day a week) supervision." The Sexual (displays behaviors which may provoke abuse by others including consumers) section indicated client H both did and</p>			

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	<p>did not present a risk. Both boxes on the form were checked. In the Physical section (behaviors which may provoke abuse by others including consumers) the plan indicated, "[Client H] can be verbally aggressive. Staff will continue to implement behavior plan."</p> <p>On 2/9/15 at 4:42 PM, the Home Manager (HM) indicated client H did not have a Behavior Support Plan. The HM indicated client H's interdisciplinary team was going to meet on 2/10/15 to discuss the recent allegations involving client H. The HM indicated she was present when client B was interviewed. During client B's interview, client B indicated client H brushed up against her knee one time while she was sitting on the couch. The HM indicated she had not witnessed client H touch anyone inappropriately. The HM indicated she worked at the group home all the time and had not witnessed client H touch anyone inappropriately. The HM indicated the client who initially reported concerns had been calling the group home to talk to client H. Client H did not want to speak with her. The HM indicated she believed the allegations were false.</p> <p>On 2/10/15 at 11:43 AM, the Program Director (PD) indicated there was no evidence to support the allegations. The</p>			

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W000225	<p>PD indicated the facility needed to assess client H for the need of a Behavior Support Plan. The PD indicated the facility needed to track the incidents to assess the need for a BSP to formally address inappropriate touching.</p> <p>On 2/10/15 at 11:52 AM, the Area Director (AD) indicated the facility needed to assess client H's need for a BSP to address inappropriate touching.</p> <p>9-3-4(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on observation, record review and interview for 2 of 4 clients in the sample (A and B), the facility failed to conduct a thorough assessment of the clients' vocational skills.</p> <p>Findings include:</p> <p>Observations were conducted at the facility-operated day program on 2/6/15 from 12:48 PM to 2:27 PM and 2/9/15 from 12:42 PM to 2:22 PM. During the observations, clients A and B participated in unpaid activities including cooking, puzzles, crocheting, listening to music</p>	W000225	<p>The Vocational Assessment has been revised to include more comprehensive information. These will be completed at least annually for all clients. Vocational Assessment were completed on 2/9/2015 for clients A and B. Assessments for all clients in the home will be completed on the revised form by 3/13/2015 and at least annually thereafter. The Program Director and Area Director will meet weekly and at these meetings will discuss annuals that have been completed to monitor that all assessments are completed. Responsible Party: Home Manager, Program</p>	03/13/2015

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	<p>and watching a movie.</p> <p>On 2/9/15 at 3:59 PM, client A's Vocational Profile Summary, dated 8/1/14, had not been updated or revised since the survey conducted on 12/19/14. The Summary did not include her work interests, work skills, work attitude, work-related behavior and present and future employment options.</p> <p>On 2/9/15 at 3:56 PM, client B's Vocational Profile Summary, dated 11/2/14, had not been updated or revised since the survey conducted on 12/19/14. The Summary did not include her work interests, work skills, work attitude, work-related behavior and present and future employment options.</p> <p>On 2/9/15 at 4:40 PM, the Home Manager (HM) indicated client A and B's vocational assessments had not been updated or revised. The HM indicated she had a new vocational assessment form (form was revised) to complete however she had not filled it out.</p> <p>On 2/10/15 at 11:43 AM, the Program Director (PD) indicated client A and B's vocational assessments had not been updated or revised. The PD indicated the facility needed to complete the assessments for clients A and B.</p>		Director				

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W000249	<p>This deficiency was cited on 12/19/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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, record review and interview for 1 of 4 non-sampled clients (F), the facility failed to ensure staff implemented client F's training objective to increase her communication skills.</p> <p>Findings include:</p> <p>On 2/9/15 from 12:42 PM to 2:22 PM, an observation was conducted at the facility-operated day program. During the observation, client F approached the surveyor and attempted to communicate. Client F pointed at herself and then the surveyor. When the surveyor asked client F if she had a communication book</p>	W000249	Client F's training objective to increase her communication skills has been implemented both in the home and at the day program. She continues to use her communication book in the home and communication book is being developed for the day program. Staff at the day program will be trained on the use of Client F's communication book after it is developed. Observations will be completed by administrative staff to monitor that Client F is using or being encouraged to use her communication book to increase her communication skills at least weekly for a month and then monthly ongoing. Responsible Party: Home Manager, Program	03/13/2015

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	<p>or picture exchange system, client F shook her head "no."</p> <p>On 2/9/15 at 1:18 PM, day program staff #11 indicated client F did not have a communication book or picture exchange system to use while at the day program. Staff #11 indicated it would be beneficial for client F to assist with her communication.</p> <p>On 2/9/15 at 4:18 PM, a review of client F's Individualized Support Plan (ISP), dated 9/17/14, was conducted. Client F's ISP indicated, in part, "[Client F] will express her wants and needs more effectively to staff as needed on a daily basis to explore additional means of communicating with [client F]." The ISP indicated the training objective as a "Formal Goal." On 2/9/15 at 4:20 PM, a review of client F's goal book (book where her formal goals were stored and documented on by the staff at the group home) indicated there was no documentation staff were implementing the goal. The book contained no documentation of the goal or staff implementing the goal in February 2015.</p> <p>On 2/9/15 at 4:14 PM, staff #8 indicated client F had a communication book at the group home for her to use. Staff #8 indicated she was not sure why the day</p>		Director		

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W000312	<p>program did not have a copy of the book for client F to use at the day program. Staff #8 indicated the day program should have a copy of the book and use it with client F to improve her communication skills.</p> <p>On 2/10/15 at 11:43 AM, the Program Director (PD) indicated client F had a training objective to increase her communication skills. The PD indicated the day program should implement the training objective and have the communication book and picture exchange system to implement. The PD indicated the group home should have documentation in her goal book at the group home.</p> <p>This deficiency was cited on 12/19/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p>			

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	<p>Based on record review and interview for 1 of 3 clients in the sample (B) who was prescribed medications to manage behaviors, the facility failed to ensure the client's program plan contained withdrawal criteria for the behavior medications.</p> <p>Findings include:</p> <p>On 2/9/15 at 3:56 PM a review of client B's record was conducted. Client B's Behavior Support Plan (BSP), dated 6/17/14, indicated she was prescribed the following medications for behavior: Prozac (depression), Prazosin (no behavior indicated in the plan), and Vyvanse (attention deficit hyperactivity disorder). The Medication Management Plan, dated 11/11/14, contained no information (the form was blank) in the Description of Criteria for Medication Reduction section. The Criteria for reduction section was blank. The Current Medication Targeted if Achieved section was blank. The Reduction Amount if Achieved section was blank. There were no changes in client B's medication reduction plan since the survey conducted on 12/19/14.</p> <p>On 2/9/15 at 5:01 PM, the Home Manager indicated there have been no revisions or changes to client B's</p>	W000312	Client B's current medications to control inappropriate behaviors were reviewed and a Medication Management Plan was developed based on her behavior tracking data. A medication reduction plan was established that will be monitored at least monthly and changes made to the plan as necessary. The Program Director will review all clients Behavioral Support Plans at least annually to ensure that all prescribed medications that are used to control inappropriate behaviors have medication management plans to work toward the reduction of and eventual elimination of the behaviors for which the drugs are targeted. Client IDT's will meet as needed whenever medication changes occur to ensure that medication management plans are updated and/or revised. Responsible Party: Program Director, Behavior Analyst	03/06/2015			

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NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 103 E HANCOCK MITCHELL, IN 47446
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W000436	<p>medication reduction plan since the survey conducted on 12/19/14.</p> <p>On 2/10/15 at 11:43 AM, the Program Director (PD) indicated there have been no changes or revisions to client B's medication reduction plan since the survey completed on 12/19/14. The PD indicated she contacted the behavior specialist and the behavior specialist indicated she did not have a plan to reduce client B's medications.</p> <p>On 2/10/15 at 11:52 AM, the Area Director (AD) indicated the behaviorist and the PD were responsible for completing the medication reduction plan.</p> <p>This deficiency was cited on 12/19/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-5(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary</p>			

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	<p>team as needed by the client.</p> <p>Based on observation, interview and record review for 1 of 4 clients in the sample with adaptive equipment (C) and one additional client (F), the facility failed to provide the adaptive equipment to the clients at the facility-operated day program.</p> <p>Findings include:</p> <p>1) On 2/9/15 from 12:42 PM to 2:22 PM, an observation was conducted at the facility-operated day program. During the observation, client F approached the surveyor and attempted to communicate. Client F pointed at herself and then the surveyor. When the surveyor asked client F if she had a communication book or picture exchange system, client F shook her head "no."</p> <p>On 2/9/15 at 1:18 PM, day program staff #11 indicated client F did not have a communication book or picture exchange system to use while at the day program. Staff #11 indicated it would be beneficial for client F to assist with her communication.</p> <p>On 2/9/15 at 4:18 PM, a review of client F's Individualized Support Plan (ISP), dated 9/17/14, was conducted. Client F's ISP indicated, in part, "[Client F] will</p>	W000436	<p>Client C will wear prescribed AFO's to day program each scheduled day. Group Home staff will communicate with day program staff upon arrival and upon pick up to go home eachday to ensure that Client C has all prescribed AFO's so they are utilized as required. A buddy check sheet will be in place for drop off/pick up for staff of both facilities to document that required AFO's are available for both sites. Client F's training objective to increase her communication skills has been implemented both in the home and at the day program. She continues to use her communication book in the home nad communication book is being developed for the day program. Staff at the day program will be trained on the use of Client F's communication book after it is developed. Observations will be completed by administrative staff to monitor that Client C has adaptive equipment and it is in use as prescribed and Client F is using for being encouraged to use her communication book to increase her communication skills at least weekly for a month and then monthly ongoing. Responsible Party: Home Manager, Program Director</p>	03/13/2015			

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	<p>express her wants and needs more effectively to staff as needed on a daily basis to explore additional means of communicating with [client F]." The ISP indicated the training objective as a "Formal Goal."</p> <p>On 2/9/15 at 4:14 PM, staff #8 indicated client F had a communication book at the group home for her to use. Staff #8 indicated she was not sure why the day program did not have a copy of the book for client F to use at the day program. Staff #8 indicated the day program should have a copy of the book and use it with client F to improve her communication skills.</p> <p>On 2/10/15 at 11:43 AM, the Program Director (PD) indicated client F had a training objective to increase her communication skills. The PD indicated the day program should implement the training objective and have the communication book and picture exchange system to implement.</p> <p>2) On 2/9/15 from 12:42 PM to 2:22 PM, an observation was conducted at the facility-operated day program. During the observation, client C was not observed to be wearing his bilateral leg braces. Client C's ankle foot orthodic (AFO) was present at the day program</p>						

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	<p>however client C's soft ankle brace was not present or available for him to wear.</p> <p>On 2/9/15 at 1:22 PM, day program staff #11 indicated client C arrived on this date without his black ankle brace. Staff #11 indicated client C was not wearing the brace and the brace was not in his bag or at the day program for him to wear. Staff #11 indicated client C should have his braces available to him to wear at the day program.</p> <p>On 2/9/15 at 1:22 PM, client B stated to staff #11, "[Client C's] black brace wasn't put on him this morning."</p> <p>On 2/9/15 at 3:54 PM, a review of client C's record was conducted. Client C's most recently signed Physician's Orders, dated 12/10/14, indicated, "Staff to attempt to get [client C] to wear bilat (bilateral) leg braces at 8:00 AM, 12:00 PM and 4:00 PM." Client C's Medical Component form, dated 7/31/14 and completed by the nurse, indicated, "Staff need to encourage [client C] to wear AFO's (ankle foot orthotics) daily." The form indicated, "[Client C] wears AFO's on his right and left legs/feet daily. At times he removes his AFO's and staff reapply. [Client C] needs his AFO's for mobility for short distances and a wheelchair for long distances...."</p>						

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	<p>On 2/9/15 at 4:40 PM, the Home Manager (HM) indicated she put client C's brace on him on his date. The HM indicated she was not sure how client C arrived to the day program without his brace. The HM indicated the brace was sent in to the day program. The HM indicated the day program staff should have contacted her if he did not have one of his braces.</p> <p>This deficiency was cited on 12/19/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>				