

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G304	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2012
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4812 W SR 45 BLOOMINGTON, IN 47401
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W0000	<p>This visit was for an investigation of complaint #IN00114563.</p> <p>Complaint #IN00114563: Substantiated. Federal/state deficiencies related to the allegation are cited at W227, W263, W264 and W312.</p> <p>Dates of Survey: September 19, 20 and 21, 2012.</p> <p>Facility number: 000823 Provider number: 15G304 AIM number: 100249090</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/27/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for 1 of 4 clients in the sample (A), the facility failed to ensure a Behavior Development Program (BDP) was developed and implemented to address his known issues of elopement.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 9/19/12 at 1:32 PM. Since 8/6/12, client A eloped on 8/6/12, 8/13/12 (two times), 8/25/12, 9/4/12 and 9/5/12 (two times).</p> <p>A review of client A's record was conducted on 9/20/12 at 11:01 AM. Client A's record indicated he was admitted to the group home on 8/6/12. Client A's Individual Support Plan (ISP), dated 9/6/12, indicated he needed a formal behavior plan. Client A's Behavior Guidelines, dated 7/8/12, indicated he had the following targeted behaviors: destroys property, manipulative behavior/lying, physical assault, runs/wanders away, self-injurious</p>	W0227	<p>Behavior Guidelines for Client A have been developed, trained on and implemented with regards to a plan to address known issues of elopement. A Behavior Support Plan is being developed and staff will receive training on this plan upon its completion. Monitoring of this plan will be completed to ensure its effectiveness. Staff Responsible: Program Director, Area Director, Behavioral Analyst Date of completion: 10/21/2012</p>	09/21/2012

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	<p>behavior, inappropriate sexual behavior, suicide threat/attempt, temper outbursts, verbal abuse, blocking entry/exit/refusal to leave medication area, up at night, and inappropriate social behavior. On 9/4/12, client A's support team met. The team indicated in the notes, "BDP will be introduced to HM (home manager) and PD (program director) 9/6/12, staff will be trained by Monday 9/9/12." Client A's record did not include a BDP. On 9/21/12 at 10:32 AM, the Area Director provided a copy of the BDP, dated 8/26/12, the facility received for implementation.</p> <p>An interview with the Area Director (AD) was conducted on 9/21/12 at 10:34 AM. The AD indicated the facility received a plan from their previous outside services behavior consultant however the plan was not client-specific to client A. The AD indicated client A's plan did not include one on one supervision, line of sight, two on one supervision in the community, bedroom door alarm, and Plexiglas covering the bedroom window to prevent elopement. The AD indicated he made a decision to not implement the plan received since it was not specific to client A.</p> <p>This federal tag relates to Complaint #IN00114563.</p>				

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	9-3-4(a)			

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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 1 of 4 clients in the sample (A), the facility's specially constituted committee (HRC) failed to ensure restrictive interventions were implemented with guardian consent.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 9/19/12 at 1:32 PM. Since 8/6/12, client A eloped on 8/6/12, 8/13/12 (two times), 8/25/12, 9/4/12 and 9/5/12 (two times).</p> <p>A review of client A's record was conducted on 9/20/12 at 11:01 AM. Client A's record indicated he was admitted to the group home on 8/6/12. Client A's Individual Support Plan (ISP), dated 9/6/12, indicated client A had a guardian. A review of client A's Meeting Notes, dated 8/7/12, 9/4/12, and 9/10/12, indicated the facility implemented one on one supervision, two on one supervision in the community, and Plexiglas covering his bedroom window. Based on review of</p>			W0263	Guardian and HRC approval was obtained for Client A's Invega injections on 9/11/2012. The Program Director was retrained on ensuring guardian consent has been given for any restrictive measures prior to obtaining HRC approval and before implementation in the home. The Program Director will ensure that all restrictive measures have been approved by guardians before they are sent to the HRC and before implementation in the home. Staff Responsible: Program Director, Area Director Date of Completion: 9/21/2012		09/21/2012

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	<p>his psychiatrist's notes, client A's psychotropic medications were discontinued and the psychiatrist added Invega (mood disorder) on 9/11/12. There was no documentation in client A's record indicating his guardian consented to the restrictive interventions of one on one supervision, two on one supervision in the community, the use of Plexiglas over his bedroom window and the use of Invega.</p> <p>An interview with the Area Director (AD) was conducted on 9/21/12 at 10:34 AM. The AD indicated the facility did not have written guardian consent for one on one supervision, two on one supervision in the community, Plexiglas covering his bedroom window and discontinued his psychotropic medications and added Invega on 9/11/12. The AD indicated there should be guardian consent for restrictive interventions prior to them being implemented.</p> <p>This federal tag relates to Complaint #IN00114563.</p> <p>9-3-4(a)</p>				

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W0264	<p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on record review and interview for 1 of 4 clients in the sample (A), the facility's specially constituted committee (HRC) failed to ensure restrictive interventions were implemented with their consent prior to implementation.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 9/19/12 at 1:32 PM. Since 8/6/12, client A eloped on 8/6/12, 8/13/12 (two times), 8/25/12, 9/4/12 and 9/5/12 (two times).</p> <p>A review of client A's record was conducted on 9/20/12 at 11:01 AM. Client A's record indicated he was admitted to the group home on 8/6/12. Client A's Individual Support Plan (ISP), dated 9/6/12, indicated client A had a guardian. A review of client A's Meeting Notes, dated 8/7/12, 9/4/12, and 9/10/12, indicated the facility implemented one on</p>	W0264	Guardian and HRC approval was obtained for Client A's restrictive measures of 1:1 staffing in the home, 2:1 staff in the community, and having plexi-glass in his bedroom windows on 9/21/12. The Program Director was retrained on ensuring guardian consent has been given for any restrictive measures prior to obtaining HRC approval and before implementation in the home. Staff Responsible: Program Director, Area Director Date of Completion: 9/21/2012	09/21/2012			

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	<p>one supervision, two on one supervision in the community, and Plexiglas covering his bedroom window. Based on review of his psychiatrist's notes, client A's psychotropic medications were discontinued and the psychiatrist added Invega (mood disorder) on 9/11/12. There was no documentation in client A's record indicating the HRC consented to the restrictive interventions of one on one supervision, two on one supervision in the community, the use of Plexiglas over his bedroom window and the use of Invega.</p> <p>An interview with the Area Director (AD) was conducted on 9/21/12 at 10:34 AM. The AD indicated the facility did not have HRC consent for one on one supervision, two on one supervision in the community, Plexiglas covering his bedroom window and discontinued his psychotropic medications and added Invega on 9/11/12. The AD indicated there should be HRC consent for restrictive interventions prior to them being implemented.</p> <p>This federal tag relates to Complaint #IN00114563.</p> <p>9-3-4(a)</p>						

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W0312	<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. Based on record review and interview for 1 of 4 clients in the sample (A), the facility failed to ensure there was a medication reduction plan for client A's psychotropic medication.</p> <p>Findings include:</p> <p>A review of client A's record was conducted on 9/20/12 at 11:01 AM. Client A was prescribed Invega (for mood disorder) on 9/11/12 by his psychiatrist. Client A's record did not contain a plan for reducing the use of the psychotropic medication.</p> <p>An interview with the Area Director (AD) was conducted on 9/21/12 at 10:34 AM. The AD indicated the plan of reduction should be included in the behavior plan (BDP). The AD indicated the facility received a plan from their previous outside services behavior consultant however the plan was not client-specific to client A. The AD indicated he made a decision to not implement the plan received since it was not specific to client</p>	W0312	A medication reduction plan will be developed as part of the Behavior Support Plan for Client A and staff will receive training on this plan. Program Directors are trained to ensure that a med reduction plan is included as part of the program plan for any pshchotropic medication directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Staff Responsible: Program Director, Area Director, Behavioral Analyst	09/21/2012			

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	A. The AD indicated a plan of reduction for Invega was needed. This federal tag relates to Complaint #IN00114563. 9-3-5(a)				