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 12/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONAL SERVICES SUB LLC	4812 W SR 45 BLOOMINGTON, IN 47401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	This visit was for the Post Certification Revisit (PCR) to the PCR completed 11/5/12 to the investigation of complaint #IN00114563 completed 9/21/12. This visit was in conjunction with the investigation of complaint #IN00119807. Unrelated deficiencies: Not corrected. Dates of Survey: December 10 and 11, 2012. Facility number: 000823 Provider number: 15G304 AIM number: 100249090 Surveyor: Steven Schwing, Medical Surveyor III These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/14/12 by Ruth Shackelford, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0149	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 2 of 5 incident/investigative reports reviewed affecting 2 of 8 clients (C and G), the facility failed to implement its policies and procedures to prevent neglect of client G, ensure a Bureau of Developmental Disabilities Services (BDDS) report was submitted within 24 hours, in accordance with state law, for neglect of client G, and investigations were concluded within 5 business days of the incident for clients C and G. Findings include: A review of the facility's incident/investigative reports was conducted on 12/10/12 at 10:35 AM. 1) On 10/25/12 at 4:45 PM, client G was left unsupervised at the group home for "up to" ten minutes. The facility's investigation, dated 11/16/12, indicated, "There is evidence to support that [former staff #11] left [client G] alone in the home when going to pick up another client at an appointment." The facility terminated staff #11 on 12/7/12. The termination notice, dated 12/7/12, indicated the following, "Indiana Mentor is terminating [staff #11's] employment due to leaving a	W0149	The Area Director will implement plan with Program Director to ensure timeliness of reporting and submitting of investigations and will complete corrective action as necessary to ensure that written policies and procedures preventing mistreatment, neglect, and/or abuse of clients are developed and implemented. Staff responsible: Area Director, Program Director	01/08/2013

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	client alone at the group home on 10/25/12." The report indicated, "On 10/25/12, [staff #11] left the group home to pick up a client at an appointment, while leaving the other client home alone. An investigation was completed and [staff #11] admitted that he had left this client home alone. This client is legally blind and does not have any unsupervised/unstaffed time in his behavior plan. This is in direct violation of Indiana Mentor's policies; therefore, we are terminating [staff #11's] employment." The BDDS report indicated the facility submitted the BDDS report on 11/15/12. 2) On 11/18/12 at 9:45 AM, client C had an incident of verbal and physical aggression toward staff after client C asked for a cigarette. Staff #10 informed client C he had a few more minutes to wait per his reinforcement plan for cigarettes. An investigation was conducted to ensure staff implemented client C's plan as written. The investigation was completed on 12/6/12. The conclusion of the investigation indicated, "There is evidence to support that in utilizing this restraint, staff utilized the least restrictive measures necessary to ensure the safety of all those involved (including anyone not involved but could have been a target). The factual findings also support that staff involved followed			

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	[client C's] Behavior Plan. [Client C's] Positive Reinforcement Plan was also followed exactly as written, and although it was the primary cause of [client C's] agitation and subsequent physical aggression, it was done correctly and as written." A review of the facility's abuse and neglect policy, dated April 2011, was conducted on 12/10/12 at 3:19 PM. The policy indicated the following, "Any allegation of abuse or human rights violation is thoroughly investigated by the Area Director in consultation with Human Resources Department and/or Quality Assurance/Risk Management Department." The policy indicated, "Indiana MENTOR programs maintain a written list of rights, which take into account the requirements of applicable laws, regulations, and purchasing agencies. This list of rights should include, but is 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." An interview was conducted with the			

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	Program Director (PD) on 12/10/12 at 3:28 PM. The PD indicated investigations should be conducted within 5 business days. The PD indicated BDDS reports should be submitted within 24 hours. The PD indicated the facility should prevent staff's neglect of the clients as much as they were able. An interview was conducted with the Area Director (AD) on 12/10/12 at 11:00 AM. The AD indicated client G should not have been left alone. The AD indicated client G did not have alone time in his plan and he can not see well. The AD indicated the BDDS report was not submitted within 24 hours; the AD indicated the report was late. The AD indicated the investigation was not finished within the timeframe due to issues alleged involving the AD's treatment of the staff found during the investigation. The AD indicated the investigation should have been done within 5 business days. This deficiency was cited on 11/5/12. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)			

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W0153	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 5 incident/investigative reports reviewed affecting 1 of 4 clients in the sample (G), the facility failed to ensure a Bureau of Developmental Disabilities Services (BDDS) report was submitted within 24 hours, in accordance with state law, for neglect of client G. Findings include: A review of the facility's incident/investigative reports was conducted on 12/10/12 at 10:35 AM. On 10/25/12 at 4:45 PM, client G was left unsupervised at the group home for "up to" ten minutes. The facility's investigation, dated 11/16/12, indicated, "There is evidence to support that [former staff #11] left [client G] alone in the home when going to pick up another client at an appointment." The facility terminated staff #11 on 12/7/12. The termination notice, dated 12/7/12, indicated the following, "Indiana Mentor is terminating [staff #11's] employment due to leaving a client alone at the group home on	W0153	The Area Director will implement plan with Program Director to ensure timeliness of reporting and submitting of investigations and will complete corrective action as necessary to ensure that all allegations of mistreatment, neglect, or abuse, as well as injuries of unknown origin, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Staff responsible: Area Director, Program Director	01/08/2013

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W9999		W9999	The Area Director will implement plan with Program Director to ensure timeliness of reporting and submitting of investigations and will complete corrective action as necessary to ensure that all allegations of mistreatment, neglect, or abuse, as well as injuries of unknown origin, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Staff responsible: Area Director, Program Director	01/08/2013