

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G476	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/20/2012
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2944 DIETZ ST INDIANAPOLIS, IN 46203		
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Date of Survey: April 18, 19, 20, 2012</p> <p>Facility Number: 000990 Aims Number: 100244930 Provider Number: 15G476</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality Review completed on 4/26/12 by Tim Shebel, 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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W0124	<p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>Based on record review and interview, the facility failed for 1 of 2 sampled clients (#4) with a guardian to ensure the client's guardian was informed of locked knives at the group home.</p> <p>Findings Include:</p> <p>The record for client #4 was reviewed on 4/19/12 at 11:20a.m. Client #4's individual support plan (ISP) indicated client #4 had a guardian. Client #4's record did not have any documentation that client #4's guardian had been informed of the facility's practice to lock up the group home knives/sharps.</p> <p>Professional staff #1 was interviewed on 4/19/12 at 1:50p.m. Professional staff #1 indicated the facility kept the group home knives/sharps locked (only staff had a key) due to client 33's behavior. Staff #1 indicated there was no documentation client #4's guardian had been informed of the facility's practice to lock the knives/sharps.</p>	W0124	<p>Area Director will retrain Program Director on obtaining guardian approval for any consumers affected by a general restriction. Program Director will obtain guardian approvals for all clients in the home affected by the restriction Program Director will develop and train staff on a plan that identifies how non-restricted clients can obtain access to restriction Home Manager will complete active treatment observations 3xs per week to ensure implementation of plan Responsible Party: Area Director, Program Director, Home Manager Completion date: 5/20/12</p>	05/20/2012			

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	9-3-2(a)			

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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.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#4) to ensure client #4's individual support plan (ISP) had a training program in place to address the identified training need for client #4's behavior of throwing himself to the floor.</p> <p>Findings include:</p> <p>Record review of the facility incident reports was done on 4/19/12 at 10:02a.m. Client #4 had an incident report on 3/13/12. The 3/13/12 incident report indicated client #4 had a bruise on his right elbow and the area was swollen. The incident report indicated client #4 had thrown himself to the floor at day services during a behavior. Record review of a day service 10/11 review indicated client #4 had thrown himself to the floor 8 times during 10/11. Client #4's 11/26/11 ISP did not address any training for client #4's identified behavior of throwing self to the floor during behaviors.</p> <p>Day service staff #1 was interviewed on</p>	W0227	<p>Behavior Specialist will amend Behavior Support Plan to include newly observed behavior Program Director will receive HRC approval for the updated behavior support plan Program Director will train staff on updated behavior plan and tracking of the newly identified behavior Program Director will ensure Day Services has a copy of the revised Behavior Plan Behavior Specialist will review tracking on behavioral data monthly Responsible Party: Behavior Specialist, Program Director, Day Services Completion Date: 5/20/12</p>	05/20/2012			

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	<p>4/19/12 at 2:29p.m. Day service staff #1 indicated client #4's behaviors at day services included throwing himself to the floor. Professional staff #1 was interviewed on 4/19/12 at 1:50p.m. Professional staff indicated client #4 had thrown himself to the floor as part of his displayed behaviors. Professional staff #1 indicated client #4 did not have a training program in place to address his behavior of throwing himself to the floor.</p> <p>9-3-4(a)</p>			

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W0289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#1) with a restrictive behavior management plan, to ensure that all interventions (door wind chimes, eyeglasses locked) to manage client #1's behaviors was included in client #1's behavior support plan (BSP).</p> <p>Findings include:</p> <p>An observation was done at the group home on 4/18/12 from 4:36p.m. to 6:51p.m. There were wind chimes on the back door of the facility that would sound when the the door was opened.</p> <p>Record review for client #1 was done on 4/19/12 at 1:18p.m. Client #1 had a 2/9/12 human rights committee (HRC) review. The HRC review indicated client #1 had his eyeglasses locked in the facility office due to his behavior of destroying eyeglasses. The HRC also indicated wind chimes were on the back door due to client t #1's vacating behavior. Client #1's 2/27/11 BSP did not</p>	W0289	<p>Area Director will retrain the Program Director on identifying restrictions in consumer's ISP</p> <p>Program Director will amend ISPs to add restrictions identified for client #1</p> <p>Program Director for obtain guardian approval for amended ISP that includes Identified restriction.</p> <p>Area Director will complete random audit within 30 days to ensure that ISP has amendments and guardian approval.</p> <p>Responsible Party: Area Director, Program Director</p> <p>Completion Date: 5/20/12</p>	05/20/2012			

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	<p>address the wind chimes door alarm and client #1's eyeglasses kept locked in the office.</p> <p>Interview of professional staff #1 on 4/19/12 at 1:32p.m. indicated the back door wind chimes were in place due to client #1's behavior of vacating. Professional staff #1 indicated client #1's eyeglasses were kept locked in the office (only staff had the key) due to client #1's behaviors of destroying his eyeglasses. Staff #1 indicated the above restrictions had not been included in client #1's current BSP. 9-3-5(a)</p>				

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>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 team as needed by the client.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 4 sampled clients (#1, #3) with adaptive equipment, to provide clients #1 and #3 with training for the wear of their eyeglasses.</p> <p>Findings include:</p> <p>Observations were done on 4/18/12 from 4:34p.m. to 6:51p.m. and on 4/19/12 from 6:51a.m. to 8:18a.m. at the group home. Clients #1 and #3 did not wear nor were they prompted to wear eyeglasses during the observations.</p> <p>Record review of client #1 was done on 4/19/12 at 1:18p.m. Client #1's 12/15/11 eye exam indicated client #1 had prescribed eyeglasses. Client #1 had a 12/28/11 individual support plan (ISP). Client #1's ISP did not have documentation of training programs in place to address client #1's daily wear prescribed eyeglasses.</p>	W0436	<p>Area Director will retrain Program Director on addressing client refusals for orders through programmatic training. Program Director will create goals for client #1 and client #3 to address refusals to wear eye glasses. Program Director will retrain the staff on the implementation of the new goals. Home Manager will complete active treatment observations 3xs a week for the next 30days to ensure implementation. Responsible Party: Area Director, Program Director, Home Manager Completion date: 5/20/12</p>	05/20/2012			

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	<p>Record review of client #3 was done on 4/19/12 at 12:07p.m. Client #3's 2/22/12 eye exam indicated client #3 had prescribed eyeglasses. Client #3 had a 5/3/11 ISP. Client #3's ISP indicated client #3 was to wear her eyeglasses daily. Client #3 did not have documentation of a training program in place to address client #3's daily wear prescribed eyeglasses.</p> <p>Professional staff #1 was interviewed on 4/19/12 at 1:50p.m. Professional staff #1 indicated clients #1 and #3 had eyeglasses. Staff #1 indicated clients #1 and #3 did not wear them daily and needed daily reminders to wear their eyeglasses. Professional staff #1 indicated clients #1 and #3 did not wear them without reminders. Staff #1 indicated clients #1 and #3 did not have a training program in place to address the training need of daily wear of eyeglasses.</p> <p>9-3-7(a)</p>			