

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G474	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/14/2011
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 144 MAPLE ST LYNNVILLE, IN47619
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W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: October 11, 12, 13, 14, 2011</p> <p>Provider Number: 15G474 Aims Number: 100244920 Facility Number: 000988</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 1.1. Quality Review completed 11/2/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0120	<p>The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sample clients (#4) to ensure the facility and client #4's outside services had communication/coordinated client #4's behavior interventions with the facility.</p> <p>Findings include: Record review of the facility incident reports was</p>	W0120	Home Manager and Program Director met with the day program on 11/11/2011 to address issues and concerns for Client #4. Client #4's Individualized Support Plan and Behavior Development Program were reviewed and updated on 11/11/2011 to reflect the necessary changes. The new plans were given to the day service provider's QMRP on	11/14/2011

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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W0209	<p>done on 10/12/11 at 10:28a.m. Client #4 had an incident report on 6/10/11. The report indicated client #4 had an incident with a peer at the workshop on 6/10/11. The incident report indicated client #4 was to be "arms length away from others" due to his physical aggression.</p> <p>An observation was done at the workshop on 10/12/11 from 1:30p.m. to 2:18p.m. Client #4 was in his group with no peers seated by him. Interview of workshop staff #1 on 10/12/11 at 1:38p.m. indicated client #4 was to be kept an arms length away from others due to behaviors.</p> <p>Record review for client #4 was done on 10/13/11 at 7:17a.m. Client #4 had an individual support plan (ISP) dated 7/28/11 and a behavior support plan (BSP) 8/26/11. Client #4's ISP and BSP identified physical aggression but did not indicate client #4 was to be kept an arms length away from others.</p> <p>Staff #1 (program director) was interviewed on 10/13/11 at 10:55a.m. Staff #1 indicated client #4 did not have the "arms length from others" in his ISP/BSP plan. Staff #1 indicated they were not aware this was being done at the workshop. 9-3-1(a)</p> <p>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>Based on record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) to ensure clients #1, #2, #3 and #4 and client #3 and #4's guardians participated in the annual individual support plans (ISP).</p>	W0209	<p>11/14/2011. The Home Manager or Program Director will have monthly meetings with the day program to ensure plans are available, programming is taking place and to address any issues or concerns. Responsible Party: Home Manager, Program Director, Area Director</p> <p>Quarterly Interdisciplinary Team meetings have been held with Client #1, Client #2, Client #3 and Client #4 on 11/11/2011 to review each Individualized Support Plan. Client #3 and Client #4's Guardian's have participated in a team meeting and have</p>	11/14/2011	

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	<p>Findings include:</p> <p>Record review for client #1 was done on 10/13/11 at 8:48a.m. Client #1's annual ISP was held on 7/28/11. The ISP had no documentation that indicated client #1 had attend and /or participated in the annual meeting.</p> <p>Record review for client #2 was done on 10/13/11 at 10:02a.m. Client #2's annual ISP was held on 7/22/11. The ISP had no documentation that indicated client #2 had attend and /or participated in the annual meeting.</p> <p>Record review for client #3 was done on 10/13/11 at 8:17a.m. Client #3's annual ISP was held on 7/27/11. The ISP indicated client #3 had a guardian. The ISP had no documentation that indicated client #3 nor her guardian had attended and /or participated in the annual meeting.</p> <p>Record review for client #4 was done on 10/13/11 at 7:17a.m. Client #4's annual ISP was held on 7/28/11. The ISP indicated client #4 had a guardian. The ISP had no documentation that indicated client #4 nor his guardian had attended and /or participated in the annual meeting.</p> <p>Interview of staff #1 (program director)</p>		<p>approved, signed and received copies of the plans. Area Director retrained the Program Directors on 11/14/2011 regarding ISP process for annual meetings regarding client/guardian and team participation. Responsible party: Program Director and Area Director</p>		

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W0220	<p>on 10/13/11 at 10:55a.m. indicated there was no documentation of the involvement of clients #1, #2, #3 and #4 and clients #3 and #4's guardians in their annual ISP.</p> <p>9-3-4(a)</p> <p>The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure client #1 had a speech assessment.</p> <p>Findings include:</p> <p>An observation was done at the group home on 10/11/11 from 3:42p.m. to 5:34p.m. Client #1 was non-verbal and received verbal prompts throughout the observation.</p> <p>Record review of client #1 was done on 10/13/11 at 8:48a.m. Client #1's 7/28/11 individual support plan (ISP) indicated client #1 was non-verbal and had a speech/language disorder. Client #1's ISP did not have any communication training programs. Client #1 did not have a documented speech evaluation.</p> <p>Interview of staff #1 (program director)</p>	W0220	<p>Client #1's doctor wrote an order on 11/11/2011 for a speech evaluation. That order has been faxed to Easter Seals Rehabilitation and an appointment has been scheduled for December 12 th , 2011 at 12:45pm.All client's comprehensive functional assessments will be reviewed annually with the team to ensure all clients needs are met.</p> <p>Responsible Party: Home Manager and Program Director</p>	11/14/2011	

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W0227	<p>on 10/13/11 at 10:55a.m. indicated they could not find a documented speech evaluation for client #1. Staff #1 indicated client #1 was non-verbal and had communication training needs.</p> <p>9-3-4(a)</p> <p>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 observation, record review and interview, the facility failed for 2 of 4 sampled clients (#1, #4) and one non-sample client (#8) to ensure the clients' individual support plan (ISP) had training programs in place to address their identified training needs: client #1's mouthing of hand/fingers; client #4's drooling; client #8's holding her head up.</p> <p>Findings include:</p> <p>An observation was done at the facility on 10/11/11 from 3:42p.m. to 5:34p.m. and on 10/13/11 from 6:20a.m. to 7:16a.m. During both observations: client #4 constantly had drool from his mouth to his arm and on his shirt. Staff did not consistently prompt client #4 to wipe his mouth. Client #4 was observed to walk in</p>	W0227	<p>Interdisciplinary Team met on 11/11/2011 to review and revise the ISP for client #4 and add a goal for drooling. Interdisciplinary Team met on 11/11/2011 to review and revise the ISP for client #1 and add a goal for mouthing his fingers. Interdisciplinary Team met on 11/11/2011 to review and revise the ISP for client #8 and add a goal for holding up her head. Staff were trained on the revised ISP's and goals for client #4, client #1 and client #8. Home Manager will review goal documentation weekly for the next 4 weeks and the Program Director will review goal documentation monthly to ensure goals are being implemented correctly. Responsible party: Home Manager and Program Director</p>	11/14/2011

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	<p>the group home with drool dropping from his chin to the floor. Client #8 was observed to constantly have her head bent downward, looking at the floor, while sitting in her wheel chair. Client #8 could hold her up when prompted by staff. Staff did not consistently prompt her to hold her head up. During the 10/11/11 observation, client #1 mouthed his right hand with drool dripping from his mouth to his shirt. Staff #6 with client #1 did not prompt him to remove his hand and to wipe his hand/mouth.</p> <p>Record review for client #1 was done on 10/13/11 at 8:48a.m. Client #1' 3/11 and 6/11 nursing quarterlies indicated client #1 had calluses on his right thumb/fingers due to sucking them. Client #1's 7/28/11 ISP did not have his thumb/finger sucking identified in a training program.</p> <p>Record review for client #4 was done on 10/13/11 at 7:17a.m. Client #4's 6/11 nursing quarterly indicated client #4 had reddened forearms due to frequent drooling. Client #4's 7/28/11 ISP had no training program to address his identified need to wipe his mouth.</p> <p>Staff #1 (program director) was interviewed on 10/13/11 at 10:55a.m. Staff #1 indicated client #1 (sucking fingers) and client #4's (drooling) had</p>			

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W0252	<p>identified training program needs that were not addressed with a training program. Staff #1 indicated client #8 should be prompted to hold her head up. Staff #1 indicated this identified need was not part of client #8's training program.</p> <p>9-3-4(a)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview, the facility failed for 3 of 4 (#1, #2, #3) sampled clients to document money training data for clients' training programs.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 10/13/11 at 8:48a.m. Client #1 had an individual support plan (ISP) on 7/28/11. The ISP indicated client #1 had a money training program to get change from a purchase.</p> <p>Record review for client #2 was done on 10/13/11 at 10:02a.m. Client #2 had an ISP on 7/22/11. The ISP indicated client #2 had a money training program to write out a deposit slip.</p>	W0252	<p>Interdisciplinary Team met on 11/11/2011 to review and revise the ISP for client #1 and add a goal for mouthing his fingers. Staff were trained on 11/10/11 regarding completion of goal documentation for clients. Home Manager will review goal documentation weekly for the next 4 weeks and the Program Director will review goal documentation monthly to ensure goals are being implemented correctly. Responsible party: Home Manager and Program Director</p>	11/14/2011	

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W0262	<p>Record review for client #3 was done on 10/13/11 at 8:17a.m. Client #3 had an ISP on 7/27/11. The ISP indicated client #3 had a money training program to sign a deposit slip.</p> <p>Interview on 10/13/11 at 10:55a.m. of staff #1 (program director) indicated there was no documentation on clients #1 , #2 and #3's money training programs from 5/11 through 9/11.</p> <p>9-3-4(a)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview, the facility's Human Rights Committee (HRC) failed for 1 of 2 sampled clients (#2) with behavior support plans (BSP) to ensure clients #2's BSP (including behavior medications) was reviewed/monitored.</p> <p>Findings include:</p> <p>The record of client #2 was reviewed on 10/13/11 at 10:02a.m. Client #2's 7/22/11 individual support plan (ISP) and BSP indicated client #2's diagnoses included,</p>	W0262	<p>Interdisciplinary Team meeting held on 11/13/2011 to review Client #2's ISP and BDP and approval of the plans to go to the Human Rights Committee (HRC). HRC approval obtained for the ISP and BDP on 11/14/11. Staff were trained on the ISP and BDP on 11/14/11.HRC will review updated and annual plans as needed and obtain approval from the committee. Quarterly HRC meetings will be held. The Program Directors were re-trained by the Area Director on 11/14/2011 on obtaining all</p>	11/14/2011	

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W0371	<p>but were not limited to, Schizophrenia and Depression for which client #2 received the medications Lexapro and Seroquel. There was documentation the ISP/BSP had been reviewed by the facility's HRC. There was no documentation of the most recent time client #2's ISP/BSP had been reviewed by the HRC.</p> <p>Interview of facility staff #1 on 10/13/11 at 10:55a.m. indicated there was no documentation the facility's HRC had reviewed client #2's restrictive ISP/BSP. Staff #1 indicated there was no documentation of the last time client #2's restrictive BSP had been reviewed.</p> <p>9-3-4(a)</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#1) to provide client #1 with a medication administration training program.</p> <p>Findings include:</p>	W0371	<p>required consents and approvals for restricted programs by the HRC prior to implementation. The Area Director will monitor client program plans to ensure required approvals are obtained prior to implementation. Responsible Party: Program Director and Area Director</p> <p>Interdisciplinary Team met on 11/11/2011 to review and revise the ISP for client #1 and add a goal for medication administration. Staff were trained on the revised ISP and goal for client #1. Home Manager will review goal documentation</p>	11/14/2011

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	<p>The record of client #1 was reviewed on 10/13/11 at 8:48a.m. Client #1's 7/28/11 individual support plan (ISP) indicated client #1 received the medication Omeprazole for stomach acid and did not have a training program in place to address the administration of the medication. The ISP indicated client #1 had training needs with the self administration of medications.</p> <p>Interview on 10/13/11 at 10:55a.m. of staff #1, indicated client #1 was in need of medication administration training and did not have the training in place at this time.</p> <p>9-3-6(a)</p>		<p>weekly for the next 4 weeks and the Program Director will review goal documentation monthly to ensure goals are being implemented correctly. Responsible party: Home Manager and Program Director</p>		