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 11/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONAL SERVICES SUB LLC	103 E HANCOCK MITCHELL, IN 47446

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W000000	This visit was for a recertification and state licensure survey. This visit was in conjunction with a post certification revisit (PCR) to the investigation of Complaint #IN00134977 completed on 9/26/13. Dates of Survey: November 5, 6, 7 and 8, 2013 Facility Number: 000924 Provider Number: 15G410 AIM Number: 100244510 Surveyor: Jo Anna Scott, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/25/13 by Ruth Shackelford, QIDP.	W000000		

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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W000159	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 4 of 4 sampled clients (clients A, B, C and D), the QIDP (Qualified Intellectual Development Professional) failed to monitor training objectives and revise programs when needed. Findings include: The record review for client A was conducted on 11/7/13 at 11:48 AM. The record indicated client A was admitted to the home on 3/1/13. The record indicated her current ISP was dated 10/8/13. Review of the training objectives indicated client A had no training objectives since being admitted to the facility on 3/1/13. There were no training objectives from the current ISP. The record indicated client A had only 2 monthly summaries done by the QIDP available for review one dated July, 2013 indicating "No Goal Sheets" and one for August, 2013 indicating "No Goal Sheets." The record review for client B was conducted on 11/6/13 at 12:30 PM. The record indicated the QIDP had reviewed	W000159	The Program Director was retrained on 10/27/13 on developing and implementing individual program plans within 30 days after an admission and at least annually after that. On 12/5/13, all staff in the home were trained on Client A's training objectives and program plan. All monthly reviews will reflect progress or need for revisions of these training objectives. On 10/27/13, the Program Director was retrained on completing monthly reviews and making changes to programs as needed. All required monthly reviews have been placed in the home and are current. Client B's ISP was reviewed and updated on 10/27/13 and the objectives were revised with more appropriate criteria based on the monthly review information. The revised objectives are currently being implemented. Client C's ISP was reviewed and updated on 10/27/13 and the objectives were revised with more appropriate criteria based on the monthly review information. The revised objectives are currently being implemented.Client D's ISP was reviewed and updated on 10/25/13 and the objectives were revised with more appropriate	12/08/2013

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	the training objectives in July, August and September, 2013. There was no review for October, 2013. The training objective for "Brush Gums" and "Wear Dentures" and "Weekly Budget" indicated 0% of success for all three months. There was no indication the goals were revised. The record review for client C was conducted on 11/7/13 at 9:34 AM. The record had 2 monthly reviews done by the QIDP for client C for the months of July and August, 2013. The reviews indicated client C had achieved the goals of "Shirt", "Pants", "Sanitize hands prior to med (medication) administration", "Financial Skills", "Food Prep Skills" and "Obtaining a sharp when needed," at 100% of success. There was no indication the goals were revised. The record review for client D was conducted on 11/6/13 at 1:30 PM. The record had 2 monthly reviews done by the QIDP for client D for the months of July and August, 2013. The review indicated client D had achieved the goals of "Touch Face", "Flush Toilet" and "Medication Administration" at 100% of success. The goal of "Community Integration and Money Management" had 0% of success. There was no indication the goals had been revised.		criteria based on the monthly review information. The revised objectives are currently being implemented.The Area Director will review monthly reviews for clients and monitor for possible revisions. Responsible Party: Home Manager, Program Director, Area Director	

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	Interview with Administrative staff #4 on 11/7/13 at 4:00 PM indicated the quarterly reviews had not been completed. Administrative staff #4 indicated she had not made any changes on the training objectives. 9-3-3(a)			

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W000248	483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 1 of 4 sampled clients (client A), the facility failed to ensure client A's behavior support plan (BSP) was available to all staff who worked at the group home. Findings include: The record review for client A was conducted on 11/7/13 at 11:48 AM. The BSP available for group home staff for client A's record (blue book) was dated 4/29/12. Phone interview with Area Director on 11/7/13 at 1:45 PM indicated there was a more current BSP and provided a copy dated 6/11/13. The BSP was not available to group home staff in client A's record (blue book) or facility's (black book). Interview with Administrative staff #4 on 11/7/13 at 4:00 PM indicated the staff should be using the BSP dated 6/11/13. Staff #2, Home Manager, was interviewed on 11/7/13 at 1:00 PM. Staff #2, Home	W000248	Client A's current BSP is in the home and staff were retrained on the plan on 12/5/13 and where to locate this plan and all other client's BSP's as needed. Staff in the home were trained on 12/5/13, on the weekly checklist that is to be completed by the Home Manager or Program Director to ensure that all current ISPs and BSPs are available in the home. The Area Director will review the weekly checklist to ensure its completion and monitor plan information to ensure everything is in the home as required. Responsible Party: Home Manager, Program Director, Area Director	12/08/2013

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	Manager, indicated the blue book was what the staff used for documenting training objectives and referred to for BSP plans. 9-3-4(a)			

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W000249	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. Based on observation, record review and interview for 1 of 4 sampled clients (client D), the facility to ensure client was prompted to slow down when eating. Findings include: During the observation period on 11/5/13 from 3:00 PM to 6:00 PM, client D's food was placed in front of him at 4:40 PM. Client D leaned over the high sided plate and had finished eating at 4:48 PM. Staff did not prompt client D to slow down. The record review for client D was conducted on 11/6/13 at 1:30 PM. The nutritional assessment dated 9/19/13 indicated client D was on a pureed diet with nectar thick liquids except for tomato juice and milk, supplement BID (two times a day) in 8 ounces of whole milk, seconds and snacks, Calcium enriched juice daily, and 2 ounces prune juice daily. The ISP (Individualized Support Plan) dated 10/26/13 indicated under current status client D had poor	W000249	Client D's IDT met on 12/5/13 to review his dining plan. A new plan was developed. Staff were retrained on Client D's updated dining plan on 12/5/13. All current dining plans are available in the home for staff reference. Observations will be completed at mealtimes to ensure the plans are being followed correctly. Responsible Party: Home Manager, Program Director, Area Director	12/08/2013

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	dining skills. The ISP indicated "[Client D] needs constant reminders to slow down when eating, and requires total assistance in preparing his food (pureed and addition of Thick-it)." Interview with staff #2 on 11/6/13 at 10:00 AM indicated the staff had a 3 x (by) 5 card in the kitchen that included diet consistency for all the clients living in the home. Staff #2 indicated they did not have all the information on the 3 x 5 card that was in the ISP. 9-3-4(a)			

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W000436	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 team as needed by the client. Based on observation, record review and interview for 1 of 4 sampled clients (client D), the facility failed to ensure client wore his AFO (Ankle-Foot Orthotic) as specified in ISP (Individual Support Plan). Findings include: During the observation period on 11/5/13 from 3:00 PM to 6:00 PM, client D was bare footed and was not wearing any AFOs. During the observation period on 11/6/13 from 12:30 PM to 7:00 PM, client D was not wearing any shoes, socks or AFOs. During the observation period on 11/7/13 from 6:00 AM to 7:45 AM, client D was not wearing AFOs while eating breakfast. The AFOs were put on client D after he received his morning medication at 7:00 AM. At 7:30 AM client D was observed walking around with no shoes and socks and an AFO on the left ankle.	W000436	Client D has an appointment with his physician on 12/17/13 to discuss the possibility of getting him a different type of braces due to his refusal to wear his current braces. Client D's IDT will meet to review the recommendations and to decide the future plan of action for Client D wearing his braces. Staff were trained on 12/5/13 on tracking attempts of Client D wearing his braces and for refusals to wear them, three times per day. The Home Manager or Program Director will monitor this tracking to ensure Client D has the braces available for use. Responsible Party: Home Manager, Program Director, Area Director	12/08/2013

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	The record review for client D was conducted on 11/6/13 at 1:30 PM. The ISP (Individual Support Plan) dated 10/26/13 indicated client D was to wear an AFO on right and left ankles. The Physicians Orders dated 11/1/13 through 11/30/13 indicated the AFOs were to be worn during all waking hours. Interview with staff #2, Home Manager, on 11/7/13 at 2:30 PM indicated client D refused to wear the AFOs and took them off. Staff #2 indicated they should be put back on anytime client D took them off. 9-3-7(a)			