

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G298	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/19/2015
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 317 N MAIN ST HAUBSTADT, IN 47639
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W 000 Bldg. 00	<p>This visit was for a recertification and state licensure survey. This visit included the investigation of complaint #IN00155778.</p> <p>Complaint #IN00155778: Unsubstantiated, due to lack of evidence.</p> <p>Survey Dates: March 17, 18 and 19, 2015.</p> <p>Facility Number: 000817 Provider Number: 15G298 Aim Number: 100243700</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 24, 2015 by Dotty Walton, QIDP.</p>	W 000		
W 159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p>			

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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	<p>Based on record review and interview, the facility failed for 2 of 4 sampled clients (#3, #4) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP), by the QIDP not ensuring failure to make progress on identified training programs (#4) had been reviewed/revised and behavior interventions for identified client behavior (#3) were included in the client's behavior support plan (BSP).</p> <p>Findings include:</p> <p>Record review for client #4 was done on 3/19/15 at 8:08a.m. Client #4's 9/20/14 individual support plan (ISP) and monthly data reviews for the time period of 11/1/14 through 3/18/15 indicated the following training program progress: 1) Goal: increase money management, 11/14 12%, and 0% for 12/1/14 through 3/18/15. 2) Increase health wellness, all 0% from 11/1/14 through 3/18/15. 3) Increase independence with oral hygiene 11/14 9%, 12/1/14 through 3/18/15 all 0%. 4) Increase medication administration skills, all 0% from 11/14 through 3/18/15. There was no documentation the QIDP had revised or retrained staff on possible implementation on the training programs</p>	W 159	<p>Program Director and Home Manager were trained 4/2/2015 in regards to updating Individualized Support Plans (ISP), updating Behavior Support Plans (BDP's), adding HRC restrictions to those plans and or goal revisions. IDT meetings were held on 3/27/2015 for Client's #2 , #3 and Client #4 to ensure each clients active treatment program was coordinated and monitored by reviewing clients ISP, BDP and revising plans and goals for each client as needed. Since this did affect one of the other clients in the home an IDT meeting was held for him as well. Staff were trained on 4/1/2015 on the updated goals and plans for those clients in the home that this effected. These goals and plans will be implemented on 4/1/2015. Program Director will review goals on a monthly basis and monitor for success or make necessary revisions to ensure appropriate training goals are being tracked or monitored and revising the goals due to achievements or lack of progress. Area Director will review Program Director's monthly reports for at least three consecutive months and randomly thereafter to ensure revisions or changes are completed as necessary. Management staff will give corrective action if necessary. Responsible party: Direct Support Professionals, Home Manager,</p>	04/18/2015

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	<p>client #4 was failing to progress in.</p> <p>Record review for client #3 was done on 3/19/15 at 9:08a.m. An incident report on 5/2/14 indicated client #3 had a behavior and had made threatening remarks to staff regarding his misuse of sharp objects. The facility had documentation the sharps were to be kept locked due to client #3's behavior. The facility had guardian and Human Rights Committee (HRC) approval. Client #3's 4/8/14 BSP did not address the facility's behavior intervention of locking the group home knives.</p> <p>Staff #1 (QIDP) was interviewed on 3/19/15 at 10:30a.m. Staff #1 indicated client #4 had training programs in which client #4 had failed to make progress. Staff #1 indicated he had not reviewed/revised these training programs. Staff #1 indicated the facility sharps were kept locked due to past behavior of client #3. Staff #1 indicated client #3 did not have his (#3) current behavior intervention (locked sharps) included in his BSP. Staff #1 indicated the QIDP was responsible for the coordination and monitoring of client programs for revisions and interventions.</p> <p>9-3-3(a)</p>		<p>Program Director and Area Director This survey is being submitted at 11:40pm central time on 4/5/2015.</p>	

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W 257 Bldg. 00	<p>483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#4) to ensure client #4's training programs in which client #4 was failing to progress (money, oral hygiene, exercise, meal preparation, medication training), were reviewed and revised as necessary by the facility's qualified intellectual disabilities professional (QIDP).</p> <p>Findings include:</p> <p>Record review for client #4 was done on 3/19/15 at 8:08a.m. Client #4's 9/20/14 individual support plan (ISP) and monthly data reviews for the time period of 11/1/14 through 3/18/15 indicated the following training program progress: 1) Goal: Increase money management, 11/14 12%, and 0% for 12/1/14 through 3/18/15. 2) Increase health wellness, all 0% from 11/1/14 through 3/18/15. 3) Increase independence with oral hygiene</p>	W 257	<p>Program Director and Home Manager were trained 4/2/2015 in regards to updating Individualized Support Plans (ISP) and updating those plans as needed. IDT meetings were held on 3/27/2015 for Client's #2 and Client #4 to ensure each clients active treatment program was coordinated and monitored by reviewing clients ISP, BDP and revising plans and goals for each client as needed. Since this did affect one of the other clients in the home an IDT meeting was held for him as well. Staff were trained on 4/1/2015 on the updated goals and plans for those clients in the home that this effected. These goals and plans will be implemented on 4/1/2015. Program Director will review goals on a monthly basis and monitor for success or make necessary revisions to ensure appropriate training goals are being tracked or monitored and revising the goals due to achievements or lack of progress. Area Director will</p>	04/18/2015

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W 289 Bldg. 00	<p>11/14 9%, 12/1/14 through 3/18/15 all 0%. 4) Increase medication administration skills, all 0% for 11/14 through 3/18/15. There was no documentation the QIDP had revised or retrained staff on possible implementation on the training programs client #4 was failing to progress in.</p> <p>Professional staff #1 (QIDP) was interviewed on 3/19/15 at 10:30a.m.. Staff #1 indicated client #4's money, medication, oral hygiene and exercise training program data, from 11/14 through 3/15, indicated client #4 had failed to progress on these programs. Staff #1 indicated there was no documentation the QIDP had addressed and revised client #4's training programs he had failed to progress in. Staff #1 indicated client #4 was in need of training program review/revision for these training programs.</p> <p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR 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>review Program Director's monthly reports for at least three consecutive months and randomly thereafter to ensure revisions or changes are completed as necessary. Management staff will give corrective action if necessary. Responsible party: Direct Support Professionals, Home Manager, Program Director and Area Director This survey is being submitted at 11:40pm central time on 4/5/2015.</p>				

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	<p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#3) with a restrictive behavior management plan, to ensure that all interventions (locked sharps/knives) to manage client #3's behavior were included in the client's behavior support plan (BSP).</p> <p>Findings include:</p> <p>Record review for client #3 was done on 3/19/15 at 9:08a.m. An incident report on 5/2/14 indicated client #3 had a behavior and had made threatening remarks to staff regarding his misuse of sharp objects. The facility had documentation the sharps were to be kept locked due to client #3's behavior. The facility had guardian and Human Rights Committee (HRC) approval. Client #3's 4/8/14 BSP did not address the facility's behavior intervention of locking the group home knives.</p> <p>Interview of professional staff #1 on 3/19/15 at 10:30a.m., indicated client #3's inappropriate social behavior was the reason for the facility sharps/knives to be kept locked. Staff #1 indicated the facility intervention practice of locking the sharps/knives had not been included in client #3's current BSP.</p>	W 289	<p>Program Director and Home Manager were trained 4/2/2015 in regards to updating Individualized Support Plans (ISP), updating Behavior Support Plans (BDP's), adding HRC restrictions to those plans and or goal revisions. An IDT meetings was held on 3/27/2015 for Client #3 to ensure each this clients plan Behavior Suppot Plan included all interventions, such as locking up sharps/ knives. Clients active treatment program was coordinated and monitored by reviewing the clients BDP and making revisions as needed. taff were trained on 4/1/2015 on the updated goals and plans for those clients in the home that this effected. This plan will be implemented on 4/1/2015. This deficiency did not affect any other clients in the home. Program Director will review plans on a quarterly basis and make necessary revisions to ensure appropriate plans are in place. Area Director will review Program Director's plans at least annually ensure revisions or changes are completed as necessary. Management staff will give corrective action if necessary. Responsible party: Direct Support Professionals, Home Manager, Program Director and Area Director This survey is being submitted at 11:40 central time on 4/5/2015.</p>	04/18/2015			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/13/2015
FORM APPROVED
OMB NO. 0938-0391

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