

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G298	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/12/2015
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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 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00178053</p> <p>Complaint #IN00178053: Substantiated. Federal/state deficiencies related to the allegations were cited at W104, W149, and W153.</p> <p>Dates of Survey: August 6, 7, 11 and 12, 2015.</p> <p>Provider Number 15G298 AIMS Number 100243700 Facility Number 000817</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on interview and record review for 1 of 3 sampled clients (A), the governing body failed to exercise general policy,</p>	W 0104	Direct Support Professionals (DSP), Program Coordinators, Program Directors and Nurse for the group home were trained	09/11/2015

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>budget and operating direction over the facility to ensure the facility implemented written policies and procedures to prevent neglect and abuse of clients in regards to a client's pattern of falls not being addressed by the Interdisciplinary Team (IDT) and not being reported in a timely manner to the administrator or the Bureau of Developmental Disabilities Services.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented written policy and procedures to prevent abuse and/or neglect of clients in regard to client A's pattern of falls not being addressed by the Interdisciplinary Team (IDT). Please see W149. 2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented written policy and procedures to prevent abuse and/or neglect of clients in regard to client A's fall with injury not being reported due to a lack of communication between the group home staff and the IDT. Please see W153. 		<p>9/3/2015 in regards to Abuse/ Neglect/ Exploitation, Incident Reporting, Interdisciplinary Team Meetings, Falls/ Reporting Falls/ Paperwork for falls and retraining on fall protocols for clients in the home with fall protocols. Day Program Staff will be trained by 9/11/15. Program Coordinators, Program Directors and Nurse for the group home and day program were trained 9/3/15 on Program Coordinator Checklists, Program Director Checklists and Nurse visits and paperwork. The Program Coordinator for the group home will do the home manager progress report on a weekly basis on an on-going basis. The Program Director will do the Program Director Home Visit checklist two times a month for 3 months and then monthly on an on-going basis. The nurse will visit the home once a week to review medical documentation on an on-going basis. We were unable to do any corrective action regarding failure to report because the DSP that failed to report no longer works for the company. Also we have a new Program Coordinator, new Program Director and a new nurse over the home since the incident in August of 2014 that was not reported. Responsible Parties: Area Director, Program Director, Program Coordinator, Nurse and Direct Support Professionals.</p>		

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W 0149 Bldg. 00	<p>This federal tag relates to complaint #IN00178053.</p> <p>9-3-1(a)</p> <p>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 interview and record review for 1 of 3 sampled clients (A), the facility failed to implement written policy and procedures to prevent abuse and/or neglect of a client in regard to a pattern of falls not being addressed by the Interdisciplinary Team (IDT) to prevent potential future falls from occurring.</p> <p>Findings include:</p>	W 0149	<p>Direct Support Professionals (DSP), Program Coordinators, Program Directors and Nurse for the group home were trained 9/3/2015 in regards to Abuse/ Neglect/ Exploitation, Incident Reporting, Interdisciplinary Team Meetings, Falls/ Reporting Falls/ Paperwork for falls and retraining on fall protocols for clients in the home with fall protocols. Day Program Staff will be trained by 9/11/15. Program Coordinators, Program Directors and Nurse for</p>	09/11/2015

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	<p>The facility's reportable incident reports (Bureau of Developmental Disabilities Services-BDDS) reports, investigations and/or facility incident reports were reviewed on 8/6/15 at 1:30 PM and indicated the following:</p> <p>A form entitled "Southeast Indiana Outreach Fall Assessment - To Be Completed At Time of Fall" indicated on 8/18/14 at 12:15 am, client A was asleep, sat up and was sitting on the bed for a minute or two and went to stand and after 10 seconds, fell and suffered a nose bleed. Ice was applied to the nose to help stop the bleeding. In response to "How could this fall be prevented in the future?" the staff wrote, "assist by holding on to him (client A) or something for him to hold on to." A form entitled "Fall Observation Flow sheet" was completed for 5 hours after the 8/18/14 fall at 12:15 am.</p> <p>A form entitled "Indiana Mentor Immediate Investigation of Injury" dated 10/16/14 indicated client A fell at 9:10 pm. It indicated "[client A] had been in bed but got up and went in laundry room with laundry and he fell. We heard him fall. 'Went upstairs and helped him back in bed. I contacted on call, House manager and nurse." The report indicated vitals signs were taken and no injury was</p>		<p>the group home and day program were trained 9/3/15 on Program Coordinator Checklists, Program Director Checklists and Nurse visits and paperwork. The Program Coordinator for the group home will do the home manager progress report on a weekly basis on an on-going basis. The Program Director will do the Program Director Home Visit checklist two times a month for 3 months and then monthly on an on-going basis. The nurse will visit the home once a week to review medical documentation on an on-going basis. We were unable to do any corrective action regarding failure to report because the DSP that failed to report no longer works for the company. Also we have a new Program Coordinator, new Program Director and a new nurse over the home since the incident in August of 2014 that was not reported. Responsible Parties: Area Director, Program Director, Program Coordinator, Nurse and Direct Support Professionals.</p>		

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	<p>noted.</p> <p>A form entitled "Indiana Mentor Immediate Investigation of Injury" indicated client A fell on 10/16/14 at 9:30 pm. It indicated "[client A] lost balance and fell in living room. [Client A] had been asleep in the living room chair - staff prompted him to get up and go to bed. He then lost his balance and fell. I (staff) assisted him upstairs and helped him into bed. No injuries noted at this time."</p> <p>A BDDS report dated 7/15/15 indicated "[client A] had gotten up to go the bathroom when he fell and hit the bedpost of his roommate's bed. [Client A] received a laceration to the back of his head. He was taken to the Emergency Room (ER) to be checked and received 5 staples to the back of his head. He was also given a Computerized Tomography (CT) scan to ensure that he did not have any further injuries. The CT scan was negative for any further injuries. [Client A] was released home and he has resumed his normal activities. He will have a follow-up with his Primary Care Physician (PCP) to remove the staples when needed. The Plan to Resolve indicated "fall high risk plan is appropriate as this is a one time occurrence. Continue to monitor fall plan</p>			

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	<p>to ensure that it is appropriate." The Incident Follow-Up Report dated 7/23/15 indicated "it appears that [client A] fell over while picking up stuff on the floor of his room. The doctor did not order that [client A] be monitored for concussion, but we did monitor him for 72 hours with no signs of concussion noted. [Client A] appears to be doing fine after the fall and laceration. He has not required any follow up treatment besides having the staples removed. [Client A] will be prompted to be cautious when picking things up off the floor. A fall plan has been developed."</p> <p>A BDDS report dated 8/7/15 indicated "it was reported that staff heard a noise and went to [client A's] room and found him appearing to clean up urine on the floor with his bedspread. Staff stated they observed his face had blood on it. Staff reported he had a bruise on his left eye, with a deep cut on the top approximately an inch long and a smaller cut under it approximately an inch and a half long. The Program Director took [client A] to the hospital and they did a CT scan. He was given four stitches for the cut above his eye and they reported that the scan showed that he had sinusitis. He was given a script (sic) for an antibiotic for sinusitis." The Plan to Resolve indicated the fall protocol was revised to include a</p>			

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	<p>toileting schedule overnight and two hour checks overnight by staff. Padding being bought to be placed on furniture around his bed. An IDT was held to discuss all of this.</p> <p>An Indiana Mentor/TSI Medical Appointment Form dated 8/7/15 indicated "client A seen at [name of Hospital] Emergency Department for fall with facial edema, bruising, and laceration. CT of head was negative. CT of face revealed sinusitis. [Name of doctor] placed 4 sutures to laceration above left eye after area cleansed with normal saline. Client tolerated procedure well. [Client A] sent home with antibiotic and instructions to remove sutures in 1 week with client's PCP (Primary care Physician)."</p> <p>During an interview with the Qualified Intellectual Disabilities Professional (QIDP) on 8/11/15 at 10:13 am, he stated "neither fall on 8/18/14 had been reported by the group home staff or manager and (he) was not aware of the fall with the bloody nose. It was not reported to BDDS." With two falls on 8/18/14, one with injury, and one fall on 10/16/14, the QIDP stated "the IDT did not meet to revise [client A's] program plan to reduce the potential for future falls."</p>			

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	<p>The Area Director, interviewed on 8/11/15 at 10:13 am, stated "it is facility policy that all falls be reported to the nurse per on-call procedures."</p> <p>The Facility Nurse, interviewed on 8/11/15 at 10:14 am, stated "I was not notified of [client A's] fall with the bloody nose that occurred on 8/18/14." She stated "I was aware of [client A's] fall on 10/16/14."</p> <p>A form entitled Indiana Mentor Assessment Procedure For Group Home Client Falls dated 3/24/10 was reviewed on 8/7/15 at 9:30 AM. The form indicated:</p> <ul style="list-style-type: none"> - Nurse will be notified of falls per on-call procedure. - Nurse will initiate a phone consult to do a systems review of any injuries. - Nurse will provide instructions to the staff to provide care for the injuries noted and/or direct them to emergency medical services as indicated. - Nurse will document the phone consult on a progress note or on monthly review/report note. On-call nurse will provide nursing note to permanent nurse. - Nurse will physically assess all clients injuries within 2 business days and monitor for concerns as needed. - Nurse will document on progress notes 			

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	<p>and file in the Medical File on the day of the assessment.</p> <p>The facility's abuse, neglect and mistreatment policy entitled Operating Practices - Supervised Group Living Services - Quality and Risk Management revised April 2011 was reviewed on 8/6/15 at 1:30 pm. The policy stated "Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed. Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:</p> <ul style="list-style-type: none"> - A significant injury to an individual, including any injury requiring more than first aid. - A fall resulting in injury, regardless of severity of injury." <p>This federal tag relates to complaint #IN00178053.</p>				

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W 0153 Bldg. 00	<p>9-3-2(a)</p> <p>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 4 allegations of falls, the facility failed to immediately report a fall with injury for client A to the administrator and to the Bureau of Developmental Disabilities Services (BDDS).</p>	W 0153	Direct Support Professionals (DSP), Program Coordinators, Program Directors and Nurse for the group home were trained 9/3/2015 in regards to Abuse/ Neglect/ Exploitation, Incident Reporting, Interdisciplinary Team Meetings, Falls/ Reporting Falls/	09/11/2015

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	<p>Findings include:</p> <p>The facility's reportable incident reports (Bureau of Developmental Disabilities Services-BDDS) reports, investigations and/or facility incident reports were reviewed on 8/6/15 at 1:30 PM and indicated the following:</p> <p>A form entitled "Southeast Indiana Outreach Fall Assessment - To Be Completed At Time of Fall" indicated on 8/18/14 at 12:15 am, client A was asleep, sat up and was sitting on the bed for a minute or two and went to stand and after 10 seconds, fell and suffered a nose bleed. Ice was applied to the nose to help stop the bleeding. In response to "How could this fall be prevented in the future?" the staff wrote, "assist by holding on to him (client A) or something for him to hold on to." A form entitled "Fall Observation Flow sheet" was completed for 5 hours after the 8/18/14 fall at 12:15 am.</p> <p>During an interview with the Qualified Intellectual Disabilities Professional (QIDP) on 8/11/15 at 10:13 am, he stated, "the fall on 8/18/14 had not been reported by the group home staff or manager and (he) was not aware of the fall with the bloody nose. It was not reported to BDDS."</p>		<p>Paperwork for falls and retraining on fall protocols for clients in the home with fall protocols. Day Program Staff will be trained by 9/11/15. Program Coordinators, Program Directors and Nurse for the group home and day program were trained 9/3/15 on Program Coordinator Checklists, Program Director Checklists and Nurse visits and paperwork. The Program Coordinator for the group home will do the home manager progress report on a weekly basis on an on-going basis. The Program Director will do the Program Director Home Visit checklist two times a month for 3 months and then monthly on an on-going basis. The nurse will visit the home once a week to review medical documentation on an on-going basis. We were unable to do any corrective action regarding failure to report because the DSP that failed to report no longer works for the company. Also we have a new Program Coordinator, new Program Director and a new nurse over the home since the incident in August of 2014 that was not reported. Responsible Parties: Area Director, Program Director, Program Coordinator, Nurse and Direct Support Professionals.</p>		

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	<p>The Area Director, interviewed on 8/11/15 at 10:13 am, stated "it is facility policy that all falls be reported to the nurse per on-call procedures."</p> <p>The Facility Nurse, interviewed on 8/11/15 at 10:14 am, stated "I was not notified of [client A's] fall with the bloody nose that occurred on 8/18/14."</p> <p>A form entitled "Indiana Mentor Assessment Procedure For Group Home Client Falls" dated 3/24/10 was reviewed on 8/11/15 at 9:30 AM. The form indicated:</p> <ul style="list-style-type: none"> - Nurse will be notified of falls per on-call procedure. - Nurse will initiate a phone consult to do a systems review of any injuries. - Nurse will provide instructions to the staff to provide care for the injuries noted and/or direct them to emergency medical services as indicated. - Nurse will document the phone consult on a progress note or on monthly review/report note. On-call nurse will provide nursing note to permanent nurse. - Nurse will physically assess all clients injuries within 2 business days and monitor for concerns as needed. - Nurse will document on progress notes and file in the Medical File on the day of 			

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	<p>the assessment.</p> <p>This federal tag relates to complaint #IN00178053.</p> <p>9-3-2(a)</p>			