

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G515	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/06/2016
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NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 359 W 47TH ST INDIANAPOLIS, IN 46208
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W 0000  Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 6/1/16, 6/2/16 and 6/6/16.</p> <p>Facility Number: 001029 Provider Number: 15G515 AIMS Number: 100245200</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/9/16.</p>	W 0000		
W 0149  Bldg. 00	<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 record review and interview for 1 of 4 sampled clients (#1), the facility failed to implement its written policy and procedures to prevent a fracture regarding client #1's leg.</p> <p>Findings include:  The facility's BDDS (Bureau of</p>	W 0149	<p>All direct care staff will receive retraining on Client #1 RMAP and all medical protocols, especially those regarding his unstable gait. Training will include ensuring that all staff are following the RMAP and medical protocols, especially when assisting him with ambulation to prevent future incidents/injuries from occurring. All staff, Program Coordinator,</p>	07/06/2016

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>Developmental Disabilities Services) reports and investigations were reviewed on 6/1/16 at 2:15 PM. The review included the following:</p> <p>-BDDS report dated 2/23/16 indicated, "[Client #1] was complaining about lower leg pain and ankle pain. This has been ongoing for approximately 4 weeks. He had the following test(s) completed: x-rays, two venous Doppler tests (ultrasound images), bone (density) scan and another x-ray today. it was found today that [client #1] has a fractured Tibia (lower leg) after his appointment with [specialist]."</p> <p>-Summary of Internal Investigation Report dated 2/24/16 indicated the origin of client #1's fractured Tibia was inconclusive.</p> <p>AD (Area Director) #1 was interviewed on 6/1/16 at 2:20 PM. AD #1 indicated the facility's April 2011 Abuse and Neglect Policy should be implemented. AD #1 indicated abuse, neglect, mistreatment and injuries of unknown origin should be prevented.</p> <p>The facility's policy and procedures were reviewed on 6/6/16 at 11:00 AM. The facility's Quality and Risk Management policy dated April 2011 indicated the</p>		<p>QIDP and Program Nurse will receive retraining on ensuring that when a consumer is showing signs of discomfort or injury that concerns are followed up on and appropriate medical treatment is received to rule out any medical issues.</p> <p>For 4 weeks, the QIDP, Program Coordinator and/or Program Nurse will complete active treatment observations a minimum of three times weekly to ensure that all staff are following all consumers RMAP and medical protocols as written.</p> <p>Ongoing the QIDP, Program Coordinator and/or Program Nurse will complete active treatment observations a minimum of twice times weekly to ensure that all staff are following all consumers RMAP and medical protocols as written.</p> <p>Responsible Party: QIDP, Program Coordinator, Program Nurse</p>	

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W 9999  Bldg. 00	<p>following:</p> <p>- "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."</p> <p>- "I. Injury to an individual when the origin or cause of the injury is unknown and the injury required medical evaluation or treatment."</p> <p>- "J. A significant injury to an individual, including: (1.) A fracture...."</p> <p>9-3-2(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p>	W 9999	All Direct care staff, including Program Coordinator and QIDP will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are	07/06/2016

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	<p>460 IAC 9-3-1 Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by division: (14)</p> <p>(f) "any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity."</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 2 incidents of pressure ulcers reviewed, the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) regarding an incident of skin breakdown for client #1.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6/2/16 at 11:36 AM. Client #1's Nursing Progress Note dated 4/30/16 indicated, "Telephone call received from [hospital] [specialty nurse] to report that [client #1] has either a decubitus or blister area on his right buttock fold where the buttock meets the upper thigh. She states that she is unable to stage the area because there is a yellow area in the middle and she is</p>		<p>to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>The Program Coordinator will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the QIDP so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Program Coordinator and/or QIDP will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, QIDP and/or Area Director within the designated reporting guidelines. After the 30 days, the Program Coordinator and/or QIDP will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, QIDP and/or Area Director within the designated reporting guidelines.</p>	

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	<p>unable to determine the depth. She is placing skin treatment and dressing over the area and will have the physician assess the area when he sees [client #1]."</p> <p>The facility's BDDS reports and investigations were reviewed on 6/1/16 at 2:15 PM. The review did not indicate documentation of client #1's 4/30/16 skin breakdown being reported to BDDS.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/2/16 at 1:38 PM. QIDP #1 indicated client #1's 4/30/16 skin breakdown should be reported to BDDS.</p> <p>9-3-1(b)</p>		Responsible Party: Program Coordinator, QIDP, Area Director				