

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G401	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/03/2013
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1603 S LYNHURST DR INDIANAPOLIS, IN 46241		
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: April 30, May 1, 2 and 3, 2013.</p> <p>Facility Number: 000915 Provider Number: 15G401 AIM Number: 100244390</p> <p>Surveyor: Kathy J. Wanner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed May 10, 2013 by Dotty Walton, QIDP.</p>	W000000			

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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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN 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 record review and interview the facility failed to address the identified behavioral need of refusals for 1 of 4 sampled clients (client #3), and the identified behavioral need of physical aggression (biting) others for 1 of 4 additional clients (client #6).</p> <p>Findings include:</p> <p>1. Client #3's record was reviewed on 5/1/13 at 3:37 P.M. Client #3's record included a Behavioral Support Plan dated 12/24/12 with the targeted behaviors of resistance to complete tasks, resistance to comply with staff requests, verbal abuse, negative verbalizations, physical assault and taking others' property. Client #3's record indicated the following: Vision exam 4/5/12 client #3 received new glasses, but refused to help pick them out and refuses to wear them. There was no plan to address client #3's refusal to wear his glasses. Dental exam 8/8/12, client #3 refused to go. Client #3 did go to the dentist on 11/29/12. There was no plan to address client #3's refusals to go to the dentist. Physical Therapy appointments</p>	W000227	<p>Behaviorist will update Behavior Support Plans to include target behaviors of refusals (client #3) and biting (client #6). Behaviorist will review all plans in home to ensure all target behaviors are addressed. Program Director will obtain approvals from guardian and Human Rights Committee Program Director will update ISPs as needed to reflect added targeted behaviors. Program Director/Behaviorist will train staff on updated Behavior Support Plans Home Manager will complete active treatment observations 3 times weekly for 30 days to ensure accurate implementation of plans once trained. Responsible Party: Program Director, Home Manager, Behaviorist</p>	06/03/2013

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	<p>dated 12/4/12, 1/8/13 and 4/3/13 were indicated to be unattended by client #3. Client #3's record indicated he was prescribed bi-lateral shoe inserts on 5/18/12. Client #3's record indicated client #3 had refused to wear them and had stated "I just won't do it." There was no plan to address client #3's refusals to wear his orthotics. Client #3's record indicated he had frequent refusals to go to the day program. During this survey client #3 refused to attend the day program on 5/1/13. There was no plan to address client #3's attendance.</p> <p>Human Rights Committee Meeting minutes dated 2/13/13 were reviewed on 5/2/13 at 1:30 P.M. and indicated "BSP (behavior support plan) dated 12/24/12. Some changes noted to compliance with medical orders and goals. Has continued refusals for hygiene and healthcare needs. Increase to 200 mg (200 milligrams) for Zoloft (anti-depressant), and will see a counselor 2 x (twice) a week. Has stated he is depressed and would like to move to [name of city] to move closer to his family."</p> <p>IDT (interdisciplinary team) meeting minutes were reviewed on 5/1/13 at 4:05 P.M. and indicated the following: IDT dated 10/11/12 "...Mom has requested that [client #3] continue to do in home</p>			

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	<p>exercises with staff and she wants to be notified immediately each time that [client #3] refuses to do them. She wants to reward him with money for movies to buy since that is what he looks (sic) forward to...[Client #3] will attend day program daily, when he refuses to get up out of bed that morning he gets one chance to verbally be told by staff to get up. Second time that it takes mom will be called, also this goes along with showering daily." IDT dated 11/19/12 "... [client #3] is doing his home exercises 1/2 (half) of the time and still refusing to shower and to go to day program and PT (physical therapy) exercises...[client #3] is not wearing his shoe inserts, had then re-evaluated to fit him better per his complaint, now he won't wear them at all...."</p> <p>Client #3 was interviewed on 5/1/13 at 7:58 A.M. Client #3 stated, "I have shoe inserts. I don't wear them they hurt my feet. The staff help me get up when I fall. I have hurt myself, not bad. I don't want them (staff) walking with me." Client #3 indicated he did not like being helped to walk.</p> <p>The House Manager (HM) and the Program Director (PD) were interviewed on 5/1/13 at 3:07 P.M. They indicated client #3 has an exercise goal, but refused</p>						

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	<p>PT exercises. They (PT exercises) were changed to just "any exercise." He had orthotics, threw one set away, but staff found them. Then he threw away another set, and they have not been found. He is wearing his knee braces and using cane and does general exercise. Mom sent money, but not consistently. He was falling a lot, but no falls since 1/2013 a significant change for him. The HM and PD indicated client #3 is doing better, but is still refusing. He is refusing counseling too. The PD stated, "We have had three behavior consultants recently, and the one we have now is working on tracking positive things [client #3] does." The HM and the PD indicated they have tried numerous things to motivate client #3 to not refuse his healthcare needs.</p> <p>2. Facility records were reviewed on 4/30/13 at 2:20 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the time period between 4/30/12 and 4/30/13. The BDDS reports indicated the following:</p> <p>A BDDS report dated 12/19/12 for an incident on 12/18/12 at 11:30 A.M. indicated client #6 and a peer on the van at day program were in an altercation. Client #6 proceeded to bite the peer's hand, breaking the skin.</p>			

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	<p>A BDDS report dated 12/20/12 at 8:40 A.M. indicated client #6 grabbed client #5 with both of his hands on his right arm and bit him on the upper arm causing client #5 to receive (sic) a bruise from the bite. The skin was not broken.</p> <p>A BDDS report dated 1/8/13 at 8:30 A.M. indicated client #6 bit the hand of client #2. Client #2's hand was cleansed and basic first aid was done and neosporin (antibiotic) ointment was added to hand.</p> <p>A BDDS report dated 1/9/13 at 8:45 A.M. indicated client #6 ran off the van and back into the group home. Client #2 would not leave the area as requested to do so by staff. Client #6 "charged at client #2 and bit her on her arm breaking the skin. Client #2 was taken to her Primary Care Physician where she received a tetanus shot and given (sic) 5 (five) days of antibiotics due to the bite."</p> <p>A BDDS report dated 1/16/13 at 8:45 A.M. indicated client #6 walked over to the couch and bit client #2 on the lower forearm. Client #2 was taken to urgent care and prescribed antibiotics.</p> <p>Client #6's record was reviewed on 5/1/13 at 5:05 P.M. Client #6's record included a Behavior Development Program (PDP) dated 8/7/12. Client #6's PDP included</p>				

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	<p>the target behaviors of incontinence and self-injurious behaviors (pulling on his collar causing red marks on his neck).</p> <p>HRC meeting minutes dated 1/9/13 were reviewed on 5/2/13 at 11:55 A.M. and indicated "[Client #6] Risperdal (anti-psychotic) increased from 0.5 mg BID (one half a milligram twice a day) to 1.5 mg (one and one half milligrams) in the morning and 0.5 mg in the evening due to increase in biting towards housemates to help calm his anxiety."</p> <p>The House Manager (HM) was interviewed on 5/2/13 at 12:15 P.M. and stated, "We did some environmental changes, moved his chair, drive him separately to day program. He lets us know (by his actions/cues) if he needs to go to a quieter area or be driven by himself." The HM indicated physical aggression was not a part of client #6's BDP.</p> <p>The Program Director (PD) was interviewed on 5/2/13 at 12:48 P.M. and indicated physical aggression and biting were not included in client #6's BDP.</p> <p>9-3-4(a)</p>						

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview, the facility failed to assure all medications were administered in compliance with the physician's orders for 2 of 4 sampled clients (clients #1 and #4).</p> <p>Findings include:</p> <p>Facility records were reviewed on 4/30/13 at 2:20 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the time period between 4/30/12 and 4/30/13. The BDDS reports indicated the following:</p> <p>A BDDS report dated 1/5/13 at 10:06 A.M. indicated "On 1/5/13 a med (medication) error had occur (sic) where [client #1] has receiving (sic) the incorrect amount of medication (Abilify) (Bi-Polar). On dates, 1/1/13, 1/2/13, 1/3/13, and 1/4/13 [client #1] was receiving an incorrect amount of Abilify at 35 mg (thirty-five milligrams) instead of the recommended 15 mg (fifteen milligrams). On call Home Manager [Name] notified the on-call nurse, she recommended trying calling (sic) the psych Dr. (Psychiatrist) (but no answer). [Name] HM called the nurse back and the</p>	W000368	<p>Program Nurse will retrain staff on medication administration and following physician orders</p> <p>Program Director will retrain Home Manager on record review; including review of medication administration records.</p> <p>Home Manager will complete medication administration observations 3 times weekly for the next 30 days.</p> <p>Ongoing, Home Manger will complete observations per established frequency of observations</p> <p>Responsible party: Program Nurse, Program Director, Home Manager</p>	06/03/2013			

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	<p>nurse recommended calling the Primary Care Physician (PCP). [Client #1's] PCP was called stated (sic) to monitor him, and if an increase (sic) behaviors started to occur, then staff need to call him (PCP) back."</p> <p>Client #1's record was reviewed on 5/1/13 at 1:27 P.M. Client #1's Medication Clinic Progress Note dated 12/28/12 indicated client #1 had a decrease of his Abilify from 20 mg (twenty milligrams) daily to 15 mg (fifteen milligrams) daily on 12/28/12.</p> <p>A BDDS report dated 6/6/12 for an incident on 5/23/12 at 8:00 P.M. indicated "It was found by the group home nurse that [client #4] had missed her Docusate Sodium (stool softener) 100 mg (one hundred milligrams) every morning since May 23 rd (5/23/12). After an investigation was completed it was found that the morning staff #15 [name] misread orders from the doctor and discontinued the medication. [Name] staff #15 stated that, "that [client #4's] mother did the appointment and brought paperwork back home and told [Name] staff #15 to discontinue the medication this was done by error. Continue to monitor the health and safety of [client #4] and continue the Docusate as of 6/06/12."</p>			

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	<p>Client #4's record was reviewed on 5/1/13 at 4:25 P.M. Client #4's Physician's Orders (PO) indicated client #4 had diagnoses including, but not limited to, "history of bowel problems, irritable bowel syndrome and history of constipation."</p> <p>The Home Manager (HM) was interviewed on 5/2/13 at 12:20 P.M. The HM stated, "Client #1 and client #4 had not received their medications according to their physician's orders."</p> <p>The Program Director (PD) was interviewed on 5/2/13 at 12:21 P.M. and stated "No they did not receive their medications per their physician's orders at the time of the medication errors, that is why we filled BDDS reports."</p> <p>9-3-6(a)</p>			