

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 06/26/2014
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 6/24/14, 6/25/14 and 6/26/14.</p> <p>Facility Number: 000915 Provider Number: 15G401 AIMS Number: 100244390</p> <p>Surveyor: Keith Briner, QIDP</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review completed June 27, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#1 and #2) with restrictive programs, the facility's HRC (Human Rights</p>	W000262	<p>Area Director will retrain Program Director on obtaining HRC approval behavior plans and psychotropic medications. Program Director will obtain HRC approval for Behavioral plans for clients #1</p>	08/26/2014

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>Committee) failed to review, monitor and approve clients #1 and #2's use of psychotropic medications for behavior management.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 6/25/14 at 11:50 AM. Client #1's BSP (Behavior Support Plan) dated 8/14/13 indicated client #1 received Abilify 15 milligrams daily (depression/isolation) and Fluoxetine 40 milligrams daily (depression/isolation). Client #1's record did not indicate documentation of HRC review or approval of client #1's use of Abilify 15 milligrams and Fluoxetine 40 milligrams routine/daily use for behavior management.</p> <p>2. Client #2's record was reviewed on on 6/25/14 at 1:15 PM. Client #2's BSP dated 2/19/13 indicated client #2 received Zoloft 100 milligrams daily (anxiety) and</p>		<p>and #2; which includes psychotropic medications used for behavioral ManagementProgram Director will review Behavior plans for all clients in the home to ensure HRC approval was received for all pans as needed.HRC approvals copies will also me maintained by the Area Director.Responsible Party: Program Director, Area Director</p>				

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	<p>Risperidone 0.5 milligrams daily (anxiety). Client #2's record did not indicate documentation of HRC review or approval of client #2's use of Zoloft 100 milligrams and Risperidone 0.5 milligrams routine/daily use for behavior management.</p> <p>HM (Home Manager) #1 was interviewed on 6/25/14 at 5:20 PM. HM #1 indicated the use of psychotropic medications should be reviewed and approved by the facility's HRC prior to use. HM #1 indicated there was not documentation of HRC review or approval regarding clients #1 and #2's psychotropic medications.</p> <p>9-3-4(a)</p>						