

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G476	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/25/2014
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2944 DIETZ ST INDIANAPOLIS, IN 46203
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W000000	<p>This visit was for a Post Certification Revisit (PCR) to an annual recertification and state licensure survey and to the investigation of complaint #IN00149542 completed on 6/10/14.</p> <p>Complaint #IN00149542: Not Corrected.</p> <p>Dates of Survey: 7/23/14, 7/24/14 and 7/25/14.</p> <p>Facility Number: 000990 Provider Number: 15G476 AIMS Number: 100244930</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/4/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL			

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>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 2 of 3 sampled clients (A and C), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor client C's active treatment program by failing to ensure the facility's HRC (Human Rights Committee) reviewed, approved and monitored client C's use of psychotropic medications used for behavior management. The QIDP failed to integrate, coordinate and monitor client A's active treatment program by failing to develop and implement a plan of reduction to reduce and eventually eliminate the behavior for which the client A received psychotropic medications.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed to integrate, coordinate and monitor client C's active treatment program by failing to ensure the facility's HRC (Human Rights Committee) reviewed, approved and monitored client C's use of psychotropic medications used for behavior management. Please see W262. 2. The QIDP failed to integrate, 	W000159	<ol style="list-style-type: none"> 1. Human Rights Committee Approval has been obtained for Client C psychotropic medications (Zoloft 150 mg and Abilify 10 mg.). <p>The Program Director will receive retraining to include ensuring that all psychotropic medications have Human Rights Committee approval before use of any psychotropic medications is implemented. Training will include ensuring that documentation is available for review of Human Rights Committee approvals of any additions or increases to psychotropic medications.</p> <p>For the next 3 months, the Program Director will provide documentation to the Area Director that Human Rights Committee approval has been obtained for any additions or increases to consumers' psychotropic medications prior to their implementation. After the 3 month period, the Area Director will review the documentation that Human Rights Committee has approved any additions or increases to consumers' psychotropic medications a minimum of quarterly to ensure that these requirements continue to be met.</p>	08/24/2014

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W000262	<p>coordinate and monitor client A's active treatment program by failing to develop and implement a plan of reduction to reduce and eventually eliminate the behavior for which the client A received psychotropic medications. Please see W312.</p> <p>This deficiency was cited on 6/10/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-3(a)</p> <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. Based on record review and interview for</p>	W000262	<p>2. The QIDP will be retrained on the requirement to include an appropriate plan to address medication withdrawal based on behaviors.</p> <p>The QIDP has revised Client A's Behavior Plan to include the titration plans developed for the use of Trazadone 100 mg and Risperidone 2 mg.</p> <p>The QIDP will obtain required approvals as soon as the plans are available. The QIDP will also ensure the staff is trained on the implementation of the plans.</p> <p>Ongoing, the QIDP will review each client's files to ensure each client that receives medication to manage behavior has an appropriate titration plan.</p> <p>Responsible Staff: Program Director, Area Director</p> <p>Human Rights Committee</p>	08/24/2014			

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	<p>1 of 4 sampled clients with restrictive programs (C), the facility's HRC (Human Rights Committee) failed to review, approve and monitor client C's use of psychotropic medications used for behavior management.</p> <p>Findings include:</p> <p>Client C's record was reviewed on 7/24/14 at 5:00 PM. Client C's BSP (Behavior Support Plan) dated 5/2/14 indicated client C received Abilify 10 milligrams (mood stabilization) and Zoloft 150 milligrams (depression/mood). Client C's record did not indicate documentation of HRC review or approval regarding client C's use of Zoloft 150 milligrams and/or Abilify 10 milligrams.</p> <p>Interview with AD (Area Director) #1 on 7/25/14 at 9:50 AM indicated the use of psychotropic medications for behavior management should be reviewed and approved by the facility's HRC. AD #1 indicated there was not additional documentation available for review regarding HRC review/approval of client C's medications used for behavior management.</p> <p>9-3-4(a)</p>		<p>Approval has been obtained for Client C psychotropic medications (Zoloft 150 mg and Abilify 10 mg.).</p> <p>The Program Director will receive retraining to include ensuring that all psychotropic medications have Human Rights Committee approval before use of any psychotropic medications is implemented. Training will include ensuring that documentation is available for review of Human Rights Committee approvals of any additions or increases to psychotropic medications.</p> <p>For the next 3 months, the Program Director will provide documentation to the Area Director that Human Rights Committee approval has been obtained for any additions or increases to consumers' psychotropic medications prior to their implementation. After the 3 month period, the Area Director will review the documentation that Human Rights Committee has approved any additions or increases to consumers' psychotropic medications a minimum of quarterly to ensure that these requirements continue to be met.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p>				

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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 4 sampled clients receiving medications to control behavior (A), the facility failed to develop and implement a plan of reduction to reduce and eventually eliminate the behavior for which the client A received psychotropic medications.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 7/24/14 at 5:10 PM. Client A's Physician's Orders dated 7/14/14 indicated client A received trazodone 100 milligrams daily (depression) and risperidone 2 milligrams (anti-psychotic). Client A's BSP (Behavior Support Plan) dated 7/31/13 did not indicated documentation of the use of trazodone, or risperidone. Client A's record did not indicate documentation of a plan of titration regarding client A's psychotropic medications.</p>	W000312	<p>The QIDP will be retrained on the requirement to include an appropriate plan to address medication withdrawal based on behaviors.</p> <p>The QIDP has revised Client A's Behavior Plan to include the titration plans developed for the use of Trazadone 100 mg and Risperidone 2 mg.</p> <p>The QIDP will obtain required approvals as soon as the plans are available. The QIDP will also ensure the staff is trained on the implementation of the plans.</p> <p>Ongoing, the QIDP will review each client's files to ensure each client that receives medication to manage behavior has an appropriate titration plan.</p> <p>Responsible Staff: Program Director, Area Director,</p>	08/24/2014

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	AD (Area Director) #1 was interviewed on 7/25/14 at 9:10 AM. AD #1 indicated psychotropic medications should be included in a plan of titration to reduce and eventually eliminate the need/use of the psychotropic medication. 9-3-5(a)				