

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G410	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/11/2015
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 103 E HANCOCK MITCHELL, IN 47446
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W000000	<p>This visit was for the investigation of complaint #IN00163663.</p> <p>This visit was in conjunction with the Post Certification Revisit (PCR) to the annual recertification and state licensure survey completed on 12/19/14.</p> <p>Complaint #IN00163663: Substantiated. Federal/state deficiency related to the allegation is cited at W154.</p> <p>Survey Dates: February 6, 9, 10 and 11, 2015</p> <p>Facility Number: 000924 Provider Number: 15G410 AIM Number: 100244510</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 2/18/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly</p>			

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>investigated.</p> <p>Based on record review and interview for 1 of 3 incident/investigative reports reviewed affecting client D, the facility failed to conduct a thorough investigation.</p> <p>Findings include:</p> <p>On 2/6/15 at 11:28 AM a review of the facility's incident/investigative reports was conducted and indicated the following: A Bureau of Developmental Disabilities Services (BDDS) incident report, dated 1/19/15 indicated, "On 1-19-2015, [Home Manager] received a report from [client D's] housemates that a staff at day program, [staff #9] ties a handkerchief around [client D's] mouth to prevent him from spitting after meal times. Staff was suspended on 1-19-2015 pending the results of an investigation."</p> <p>The investigation, dated 1/20/15, indicated the housemates were clients B and H. Client H, in the investigation, indicated he had never observed staff #9 tie a handkerchief around client D's mouth at any time. Client H indicated, "No, [staff #9] is good to all of us... No, I have never seen that happen. [Client B] said she seen it but I haven't." Client B indicated in the investigation, "...I told her (Home Manager) I saw [staff #9] tie a</p>	W000154	Program Directors, the Area Director and the Quality Assurance Specialist are attending the Investigation and Plan of Correction Training on 2/26/2015 at DSI in Columbus presented by Steve Corya. All future investigations will be reviewed for completeness and thoroughness by the Area Director and Quality Assurance Specialist ongoing. Responsible Party: Program Director, Area Director, Quality Assurance Specialist	03/13/2015			

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	<p>handkerchief around [client D's] face to keep him from spitting, but he would just reach up and pull it off." When asked if there were other staff around, client B indicated, "No, just me, [staff #9], [client H], [client D] and [client C]." When asked in the investigation when the incident occurred, client B indicated, "Either Monday or Tuesday." When asked if she was sure, client B indicated, "Yeah, because everyone else was recycling and at the [name of area program to assist with providing meals to community members]." The investigation indicated, "After reviewing the Day Program Attendance Logs for Monday 1/12/15 and 1/13/15, it was discovered that [client D] did not attend Day program either of those days." The Conclusion indicated, "The evidence from the investigation does not support the claim that [staff #9] tied a handkerchief around [client D's] mouth to keep him from spitting."</p> <p>On 2/6/15 at 1:13 PM, the Day Program Director (DPD) indicated client H did not recall the incident during his interview during the investigation. The DPD indicated client B reported the incident occurred the week before his interview with him on Monday or Tuesday. Client B reported the handkerchief looked like it was tied over his mouth but he was able</p>						

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	<p>to pull it off. The DPD indicated client D was not in attendance at the day program on the days client B indicated the incident occurred. The DPD indicated staff #9 denied the incident occurred. The DPD indicated he had never witnessed staff #9 use a handkerchief to cover client D's mouth. The DPD indicated he did not interview additional clients or staff during the investigation. The DPD stated, "Only interviewed one staff (staff #9) and he (client D) wasn't even here at the time." The DPD indicated the investigation would have been thorough if he had conducted additional interviews. The DPD indicated he concluded the investigation once he determined client D was not present on the dates indicated by client B.</p> <p>The investigation included interviews with clients B and H, staff #9 and attempted interviews with clients C and D (clients C and D were non-verbal and unable to provide information for the investigation). There were no interviews with additional clients who attended the day program or staff who may have witnessed the incident.</p> <p>On 2/6/15 at 2:21 PM, staff #10 indicated she had not witnessed staff tie a handkerchief over client D's mouth to keep him from spitting.</p>						

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	<p>On 2/6/15 at 2:24 PM, staff #11 indicated she had not witnessed staff tie a handkerchief over client D's mouth to keep him from spitting.</p> <p>On 2/9/15 at 1:32 PM client A indicated she had not witnessed staff tie a handkerchief over client D's mouth to keep him from spitting.</p> <p>On 2/10/15 at 11:43 AM, the Program Director (PD) indicated there was no evidence to support the allegation of staff #9 using a handkerchief to cover client D's mouth to prevent him from spitting. The PD indicated the facility should conduct thorough investigations. The PD indicated she would have interviewed every client and all the staff who were present, including the Day Program Manager, and anyone else who was in the building on the dates indicated the incident occurred.</p> <p>On 2/6/15 at 12:03 PM, the Quality Assurance Specialist (QAS) indicated she assisted the Day Program Director with completing the investigation. The QAS indicated the investigation was not thorough since there were no interviews with additional clients and staff who may have witnessed staff #9 tying a handkerchief over client D's mouth to</p>						

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	<p>prevent him from spitting. The QAS indicated the investigation would have been thorough if additional interviews were conducted.</p> <p>This federal tag relates to complaint #IN00163663.</p> <p>9-3-2(a)</p>						