

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G266	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/03/2012
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2840 JOHN ST NEW HARMONY, IN 47631		
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W0000	<p>This visit was for the investigation of complaint #IN00110270. This visit resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00110270: Substantiated, federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122, W149, W186, W227, W240 and W289.</p> <p>Unrelated Deficiencies Cited.</p> <p>Dates of Survey: 6/27, 6/28, 6/29, 7/2 and 7/3/12</p> <p>Facility Number: 000786 Provider Number: 15G266 AIM Number: 100248990</p> <p>Surveyor: Jenny Rida, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/9/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000			

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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W0102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Governing Body for 1 of 3 sampled clients (A) in regard to implementing its policy and procedures to prevent abuse and/or neglect of client A due to his elopement.</p> <p>Findings include:</p> <p>1. The governing body failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients (A). The governing body failed to ensure the facility implemented its policy and procedures to prevent neglect. Please see W122.</p> <p>2. The governing body failed to exercise operating direction over the facility to implement its policy and procedures to prevent neglect in regards to client A's elopement. Please see W104.</p> <p>This federal tag relates to complaint #IN00110270.</p> <p>9-3-1(a)</p>	W0102	<p>Indiana Mentor/TSI is committed to preventing neglect of clients.</p> <p>Client A began visits to a new group home on 7/3/2012 which then led to Client A being discharged from the New Harmony Group Home on 7/19/2012 and admitted to the new group home on 7/19/2012.</p> <p>An IDT meeting was held for Client A on 6/28/12 with update's to Client A's Behavior Plan, ISP and RMAP to show the following changes to ensure Client A's safety;</p> <p>1) A door alarm placed on Jose's bedroom door to alert staff to when he leaves his bedroom. The alarms will remain on all other doors currently with alarms.</p> <p>2) There will be at least two staff in the home at all times when Jose is there. There will be one specific staff responsible for Jose at all times.</p> <p>3) Jose will have one on one staffing during his waking hours to keep him safe if he attempts to leave the home without supervision.</p> <p>4) When Jose is in his bedroom or the bathroom, the staff will wait for him outside the door until he comes out.</p> <p>5) If Jose is awake and outside</p>	08/02/2012			

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			<p>of his room, one on one staff is to be with him regardless of the time of day.</p> <p>6) Jose will continue to have one on one staffing from TSI while attending day program.</p> <p>7) A formal goal addressing pedestrian safety skills added.</p> <p>Group Home staff will be retrained on abuse, neglect and exploitation.</p>	

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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (A), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent abuse and neglect in regard to client A's elopement.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect in regard to client A's elopement. Please see W149.</p> <p>This federal tag relates to complaint #IN00110270.</p> <p>9-3-1(a)</p>	W0104	<p>Indiana Mentor/TSI is committed to preventing neglect of clients.</p> <p>Client A began visits to a new group home on 7/3/2012 which then led to Client A being discharged from the New Harmony Group Home on 7/19/2012 and admitted to the new group home on 7/19/2012.</p> <p>An IDT meeting was held for Client A on 6/28/12 with update's to Client A's Behavior Plan, ISP and RMAP to show the following changes to ensure Client A's safety;</p> <p>1) A door alarm placed on Jose's bedroom door to alert staff to when he leaves his bedroom. The alarms will remain on all other doors currently with alarms.</p> <p>2) There will be at least two staff in the home at all times when Jose is there. There will be one specific staff responsible for Jose at all times.</p> <p>3) Jose will have one on one staffing during his waking hours to keep him safe if he attempts to leave the home without supervision.</p> <p>4) When Jose is in his bedroom or the bathroom, the staff will wait for him outside the door until he comes out.</p> <p>5) If Jose is awake and outside</p>	08/02/2012			

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			<p>of his room, one on one staff is to be with him regardless of the time of day.</p> <p>6) Jose will continue to have one on one staffing from TSI while attending day program.</p> <p>7) A formal goal addressing pedestrian safety skills added.</p> <p>Group Home staff will be retrained on abuse, neglect and exploitation.</p>	

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, interview, and record review for 1 of 4 sampled clients (A), the facility failed to meet the Condition of Participation: Client Protections. The facility failed to implement written policy and procedures to prevent neglect of the client in regards to his elopement.</p> <p>This non-compliance resulted in an Immediate Jeopardy as the facility failed to address and/or to ensure the client A's safety in regards to his elopement. The Immediate Jeopardy was identified on 6/28/12 at 11:00 AM. The Area Director and the Regional Director were notified of the Immediate Jeopardy on 6/28/12 at 11:15 AM. The Immediate Jeopardy began on 6/28/12. On 6/29/12 at 12:06 AM the facility submitted the following plan of action to remove the immediate jeopardy: "New Harmony Request for Removal of Immediate Jeopardy June 28, 2012"</p> <p>"Client A's Behavior Plan, ISP (Individual Support Plan) and RMAP (Risk Management Assessment Plan) have been updated to show the following changes: 1) A door alarm placed on [Client</p>	W0122	<p>Indiana Mentor/TSI is committed to preventing neglect of clients.</p> <p>Client A began visits to a new group home on 7/3/2012 which then led to Client A being discharged from the New Harmony Group Home on 7/19/2012 and admitted to the new group home on 7/19/2012.</p> <p>An IDT meeting was held for Client A on 6/28/12 with update's to Client A's Behavior Plan, ISP and RMAP to show the following changes to ensure Client A's safety; 1) A door alarm placed on Jose's bedroom door to alert staff to when he leaves his bedroom. The alarms will remain on all other doors currently with alarms. 2) There will be at least two staff in the home at all times when Jose is there. There will be one specific staff responsible for Jose at all times. 3) Jose will have one on one staffing during his waking hours to keep him safe if he attempts to leave the home without supervision. 4) When Jose is in his bedroom or the bathroom, the staff will wait for him outside the door until he comes out. 5) If Jose is awake and outside of his room, one on one staff is to</p>	08/02/2012			

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	<p>A's] bedroom door to alert staff to when he leaves his bedroom. The alarms will remain on all other doors currently with alarms.</p> <p>2) There will be at least two staff in the home at all times when [client A] is there. There will be one specific staff responsible for [client A] at all times.</p> <p>3) [Client A] will have one on one staffing during his waking hours to keep him safe if he attempts to leave the home without supervision.</p> <p>4) When [Client A] is in his bedroom or the bathroom, the staff will wait for him outside the door until he comes out.</p> <p>5) If [client A] is awake and outside of his room, one on one staff is to be with him regardless of the time of day.</p> <p>6) [Client A] will continue to have one on one staffing from TSI while attending day program.</p> <p>7) A formal goal addressing pedestrian safety skills added.</p> <p>[Client A] has been in the process of visiting the another Group Home to transition there. This transition will be expedited and overnight visits will start next week."</p>		<p>be with him regardless of the time of day.</p> <p>6) Jose will continue to have one on one staffing from TSI while attending day program.</p> <p>7) A formal goal addressing pedestrian safety skills added.</p> <p>Group Home staff will be retrained on abuse, neglect and exploitation.</p>				

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	<p>The Immediate Jeopardy was removed on 7/2/12 through observation, interview and record review. It was determined the facility had implemented a plan of action to remove the Immediate Jeopardy, and the steps taken removed the immediacy of the problem. During the 7/2/12 observation period between 5:35 AM and 7:12 AM, at the group home, client A had one on one staffing with him. At 5:35 AM staff #4 was in the medication administration room filing paperwork. Staff #5 was sitting outside of client A's bedroom. Client A was asleep in his room. At 5:55 AM client A woke up, opened his bedroom door and an alarm sounded. Staff #5 implemented client A's one on one staffing at that time. At 6:05 AM client A went to the bathroom; staff #5 waited outside of the bathroom door until client A was finished. At 6:20 AM staff #6 arrived to assist the rest of the clients with morning activities, so staff #4 could begin preparing for medication administration. At 6:45 AM the PD (Program Director) arrived to do observations to ensure staff were following client A's new Behavior Plan. At 7:00 AM staff #7 arrived and began helping client E prepare breakfast. Also at 7:00 AM the HM and One on One staff #2 arrived. One on One staff #2 relieved staff #5 from his duties as being client A's one on one staff. One on one staff #2 took</p>			

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	<p>client A outside to smoke on the deck; the door alarm sounded when it opened. One on one staff #2 stayed within arms reach of client A while they were outside. Even though the facility's corrective actions removed the Immediate Jeopardy, the facility remained out of compliance at a Condition level (Client Protections).</p> <p>Findings include:</p> <p>1. The facility neglected to implement written policy/procedures to prevent the neglect of the client in regards to client A's elopement. Please see W149.</p> <p>This federal tag relates to complaint #IN00110270.</p> <p>9-3-2(a)</p>				

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W0149	<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.</p> <p>Based on record review and interview for 1 of 4 sampled clients (A), the facility neglected to implement written policy/procedures to prevent the neglect of the client in regards to client A eloping from the home.</p> <p>Findings include:</p> <p>Confidential interview (CI) #1 on 6/28/12 indicated there was an incident at the group home that morning (6/28/12). CI #1 indicated a fireman knocked on the door and asked CI #1 to check the backyard to see if a male client may be back there, due to a client that was missing from the group home. CI #1 indicated the fireman came to the door around 6:00 AM. CI #1 indicated the client had not been located when CI #1 left at 8:00 AM.</p> <p>Interview with the Program Director (PD) on 6/28/12 at 10:00 AM indicated client A eloped from the home this morning (6/28/12). The PD indicated the client had woken up early and was agitated. The PD indicated client A left the home around 5:40 AM. The PD indicated there was one staff person on duty at the time</p>	W0149	<p>Indiana Mentor/TSI is committed to preventing neglect of clients.</p> <p>Client A began visits to a new group home on 7/3/2012 which then led to Client A being discharged from the New Harmony Group Home on 7/19/2012 and admitted to the new group home on 7/19/2012.</p> <p>An IDT meeting was held for Client A on 6/28/12 with update's to Client A's Behavior Plan, ISP and RMAP to show the following changes to ensure Client A's safety;</p> <ol style="list-style-type: none"> 1) A door alarm placed on Jose's bedroom door to alert staff to when he leaves his bedroom. The alarms will remain on all other doors currently with alarms. 2) There will be at least two staff in the home at all times when Jose is there. There will be one specific staff responsible for Jose at all times. 3) Jose will have one on one staffing during his waking hours to keep him safe if he attempts to leave the home without supervision. 4) When Jose is in his bedroom or the bathroom, the staff will wait for him outside the door until he comes out. 5) If Jose is awake and outside 	08/02/2012			

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	<p>and staff could not follow client A. The PD indicated staff followed client A's elopement plan and protocol was followed to locate client A. The PD indicated client A's one on one staffing arrived at 7:00 AM daily. The PD indicated client A is on one on one staffing due to elopement. The PD indicated client A was located by the sheriff and brought back to the group home around 8:40 AM. The PD stated "[Client A] was located 3.37 miles away from the group on [name of road]" (the road client A was located on can only be accessed by crossing a highway).</p> <p>Record review for client A was conducted on 6/28/12 at 1:00 PM. Client A's 11/15/11 Behavior Development Program (BDP) indicated client A "Runs/Wanders Away. Running away will be defined to occur only at times when [client A] is scheduled to be in a specified environment (e.g. group home, day program) as outlined within [client A's] program plan. Running away is defined as leaving without informing staff or leaving a program area and not returning when called." Client A's 11/15/11 BDP indicated, "[Client A] has difficulty making good choices in social settings. [Client A] needs training to help him discuss appropriate matters with others in social settings and to educate him on how</p>		<p>of his room, one on one staff is to be with him regardless of the time of day.</p> <p>6) Jose will continue to have one on one staffing from TSI while attending day program.</p> <p>7) A formal goal addressing pedestrian safety skills added.</p> <p>Group Home staff will be retrained on abuse, neglect and exploitation.</p>	

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	<p>to interact with different groups of people and stay safe. [Client A] will be kept in line of sight daily from 7 a.m. to 9 p.m. except when he is in his bedroom to the bathroom; and staff will wait outside the door."</p> <p>Client A's 11/15/11 Individualized Support Plan (ISP) indicated client A had the following goals:</p> <ul style="list-style-type: none"> - Identify his Risperdal before he takes it -Take a bath in the evening -Participate in a community outing appropriately -Write out his deposit slips -Participate in a leisure activity 1 time per week -State the consequences of placing holes in the wall. <p>The ISP did not include a goal for pedestrian safety skills.</p> <p>The facility records were reviewed on 6/27/12 at 1:00 PM. The facility's Bureau of Developmental Disabilities Services (BDDS) records indicated:</p> <ul style="list-style-type: none"> -On 6/24/12 "[Client A] requested his morning cigarette and staff asked him to wait until it was 7 am per his smoking schedule. Staff was passing medications when she heard the door alarms sound and [client A] had left the home without staff being told he was leaving. There 			

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	<p>was only one staff and she was unable to follow him due to other residents in the home. [Client A] was gone for approximately 10 minutes when he returned home on his own. He stated he went for a walk. At no time was [client A] in danger and he does have pedestrian safety skills. Staff were following his behavior plan and the staffing ratio was per his behavior plan at that time. His one to one staffing begins at 7 AM in the morning to 9 PM in the evening."</p> <p>Interview with the PD on 6/28/12 at 10:00 AM indicated client A does not usually wake this early. The PD indicated no changes had been made to the 7 AM time when the one on one staffing began each day. PD stated "This just came up and he walked out. The staff followed his plan and we were notified immediately and so were the police." When asked if client had good pedestrian safety skills, the PD stated "No, he does not pay attention."</p> <p>Review of the facility's Procedures, Protocol and Information to follow for Incident Reporting dated April 2011 on 6/28/12 at 9:50 AM indicated "Inadequate staff support for an individual including inadequate supervision, with potential for significant harm or injury to an individual."</p>			

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W0186	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on interview and record review, for 1 of 3 sampled clients (A), the facility failed to provide enough direct care staff to manage and supervise client A according to his behavioral needs.</p> <p>Findings include:</p> <p>Interview with the Program Director (PD) on 6/28/12 at 10:00 AM indicated client A eloped from the home this morning (6/28/12). The PD indicated the client had woken up early and was agitated. The PD indicated client A left the home around 5:40 AM. The PD indicated there was one staff person on duty at the time and staff could not follow client A. The PD indicated staff followed client A's elopement plan and protocol was followed to locate client A. The PD indicated client A's one on one staffing arrived at 7:00 AM daily. The PD indicated client A is on one on one staffing due to elopement. The PD indicated client A was located by the</p>	W0186	<p>Client A began visits to a new group home on 7/3/2012 which then led to Client A being discharged from the New Harmony Group Home on 7/19/2012 and admitted to the new group home on 7/19/2012.</p> <p>An IDT meeting was held for Client A on 6/28/12 with update's to Client A's Behavior Plan, ISP and RMAP to show the following changes to ensure Client A's safety;</p> <ol style="list-style-type: none"> 1) A door alarm placed on Jose's bedroom door to alert staff to when he leaves his bedroom. The alarms will remain on all other doors currently with alarms. 2) There will be at least two staff in the home at all times when Jose is there. There will be one specific staff responsible for Jose at all times. 3) Jose will have one on one staffing during his waking hours to keep him safe if he attempts to leave the home without supervision. 4) When Jose is in his bedroom or the bathroom, the staff will wait 	08/02/2012	

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	<p>sheriff and brought back to the group home around 8:40 AM. The PD stated "[Client A] was located 3.37 miles away from the group on [name of road]" (the road client A was located on can only be accessed by crossing a highway).</p> <p>Record review for client A was conducted on 6/28/12 at 1:00 PM. Client A's 11/15/11 Behavior Development Program (BDP) indicated client A "Runs/Wanders Away. Running away will be defined to occur only at times when [client A] is scheduled to be in a specified environment (e.g. group home, day program) as outlined within [client A's] program plan. Running away is defined as leaving without informing staff or leaving a program area and not returning when called." Client A's 11/15/11 BDP indicated, "[Client A] has difficulty making good choices in social settings. [Client A] needs training to help him discuss appropriate matters with others in social settings and to educate him on how to interact with different groups of people and stay safe. [Client A] will be kept in line of sight daily from 7 a.m. to 9 p.m. except when he is in his bedroom to the bathroom; and staff will wait outside the door."</p> <p>The facility records were reviewed on 6/27/12 at 1:00 PM. The facility's Bureau</p>		<p>for him outside the door until he comes out.</p> <p>5) If Jose is awake and outside of his room, one on one staff is to be with him regardless of the time of day.</p> <p>6) Jose will continue to have one on one staffing from TSI while attending day program.</p> <p>7) A formal goal addressing pedestrian safety skills added.</p>	

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	<p>of Developmental Disabilities Services (BDDS) records indicated:</p> <p>-On 6/24/12 "[Client A] requested his morning cigarette and staff asked him to wait until it was 7 am per his smoking schedule. Staff was passing medications when she heard the door alarms sound and [client A] had left the home without staff being told he was leaving. There was only one staff and she was unable to follow him due to other residents in the home. [Client A] was gone for approximately 10 minutes when he returned home on his own. He stated he went for a walk. At no time was [client A] in danger and he does have pedestrian safety skills. Staff were following his behavior plan and the staffing ratio was per his behavior plan at that time. His one to one staffing begins at 7 AM in the morning to 9 PM in the evening."</p> <p>Interview with the PD on 6/28/12 at 10:00 AM indicated client A does not usually wake this early. The PD indicated no changes had been made to the 7 AM time when the one on one staffing began each day. PD stated "This just came up and he walked out. The staff followed his plan and we were notified immediately and so were the police." When asked if client had good pedestrian safety skills, the PD stated "No, he does not pay attention."</p>			

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	<p>This federal tag relates to complaint #IN00110270.</p> <p>9-3-3(a)</p>			

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W0210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on interview and record review for 1 of 3 sampled clients (A), the client's interdisciplinary team (IDT) failed to assess client A to determine if a program was needed in regards to client A urinating outside in front of others.</p> <p>Findings include:</p> <p>The facility records were reviewed on 6/27/12 at 1:00 PM. The facility's Bureau of Developmental Disabilities Services (BDDS) records indicated:</p> <p>-On 6/19/12 "The neighbor across the street from the group home called the police on 6/18/12 at approximately 7 PM stating that [client A] was in the front yard urinating. This is the second day in a row he has made the accusation. [Client A] has staff with him one on one from 7 AM to 9 PM and they are reporting that this is not true at all. In both situations staff have asked [client A] to fix his pants because either they were falling down or his zipper was undone and [client A] turns his back to staff to adjust his pants and then turns right back around."</p>	W0210	<p>Client A began visits to a new group home on 7/3/2012 which then led to Client A being discharged from the New Harmony Group Home on 7/19/2012 and admitted to the new group home on 7/19/2012.</p> <p>Management Staff where Client A was admitted on 7/19/12 have been made aware that urinating in inappropriate places could be a new or emerging issue with Client A.</p> <p>Group Home Staff will receive training to address accurate reporting and documentation of behaviors to include any emerging, new or unusual behaviors such as urinating in inappropriate places.</p>	08/02/2012			

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	<p>Client A's record was reviewed on 6/28/12 at 1:00 PM. Client A's 11/15/11 Individual Program Plan (IPP) did not indicate the client demonstrated urinating in inappropriate places. Client A's 11/15/11 IPP and/or record did not indicate the client's interdisciplinary team had assessed the client to determine if this was a behavior.</p> <p>Interview with staff #2 (one on one) on 6/27/12 at 5:33 PM indicated she has seen client A urinate outside in front of the neighbors, but was not sure of the date. Staff #2 stated "[Client A] will use the bathroom in the front, on the side and all around (the house). If he has to go, he will use it (urinate)."</p> <p>9-3-4(a)</p>				

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W0227	<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.</p> <p>Based on interview and record review for 1 of 3 sampled clients (B), the facility failed to address a client's identified behavioral need for a Behavior Support Plan.</p> <p>Findings include:</p> <p>The facility records were reviewed on 6/27/12 at 1:00 PM. The facility's Bureau of Developmental Disabilities Services (BDDS) records indicated:</p> <p>-6/24/12 "[Client B] was in the living room when he became agitated. Staff were redirecting him to another area of the home verbally. [Client B] was going to his room with staff when he began throwing objects at staff and destroying property in his room. To keep him from harming others and himself Physical Intervention Alternatives were used and [client B] was placed in a hold for 4 minutes until he became calm. Staff continue to follow his behavior plan and to report aggressive behaviors per his behavior plan."</p>	W0227	<p>Client B was discharged to the care of Terre Haute Regional Hospital on 7/10/2012 and will not be returning to the New Harmony Group Home. Terre Haute Regional Hospital is working with their local BDDS office to find appropriate placement for Client B.</p> <p>Client B had not displayed any adverse behaviors upon his admission (5/10/2012) to the home and during the first few weeks of his admission. After behaviors were observed and began to be tracked, an IDT was held on 6/8/12 to discuss Client B's recent behaviors and a Behavioral Assessment was completed by the Behavior Consultant. A Behavior Development Plan, including appropriate behavior techniques, was being developed at the time that Client B was admitted to the hospital on 6/25/12 and he has not returned as of this date.</p> <p>As a practice, clients are assessed as new or changing behaviors are identified and a Behavior Development Plan is created or updated at that time.</p>	08/02/2012			

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	<p>-6/23/12 "[Client B] became physically aggressive towards staff and after staff tried numerous times to redirect him verbally he continued to have physical aggression. Staff used Physical Intervention Alternatives on [client B] until he was calm and not harming himself or others. [Client B's] team will continue to work together to resolve his physical aggression towards others."</p> <p>-6/22/12 "At 10:30 AM on 6/22/12, [Client B] became physically assaultive with [name of staff]. He grabbed her shirt and her hair. He held her up against the washing machine. When [client B] leg (sic) go of her shirt, [name of staff] got behind [client B] and then let go of her hair. [Client B] pulled the curtains down and began throwing objects at [name of staff]. [Client B] again grabbed [name of staff's] shirt and hair and would not let go. [Name of staff] used agency approved Physical Intervention Alternative techniques, but self reported that she thought she had used closed hands and fingers on [client B's] wrists to keep [client B] and herself safe during the incident so she could get away from him when he was pulling her hair. Nurse was notified. No injuries to [client B] were noted. Management will be making observations week (sic) to gather information for [client B's] behavior plan.</p>		TSI/Indiana Mentor's current contract with an outside behavior management provider has been terminated and this service will now be provided within the company which will allow more control over timeliness of plan development.		

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	<p>Additionally, group home staff are scheduled to be retrained on PIA on July 6th."</p> <p>-6/20/12 "At 2 PM on 6/20/12, [client B] wanted to lay down in his room but couldn't. [Client B] had had a toileting accident earlier and the mattress had been pulled off the bed to be cleaned. [Client B] became upset, and when [name of staff] asked him why he was upset, he grabbed her shirt and arm. [Name of staff] attempted to verbally redirect and also backed away, but had to use a Physical Intervention Alternative move in order to get away. The move she used involved pushes her arms through his in order to break his grip. [Name of staff] then verbally redirected him to calm down. [Client B's] team is developing a behavior plan that will address physical aggression. He currently has an IDT in place to use PIA for aggression. [Client B] has recently has (sic) a medication change that will hopefully address his increase in behaviors. He also starting counseling this week."</p> <p>-6/18/12 "At 4:45 PM on 6/17/12, [Client B] was sitting in the med room just after med pass. Very abruptly [client B] became physically assaultive towards staff. He choked her, pinned her against the wall, scratched her, pushed her to the</p>			

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	<p>ground and kicked her. Staff used Physical Intervention Alternatives to deflect [client B's] blows. Another client in the home called 911. The police arrived and stayed with [client B] until he was calm. Staff took [client B] to the emergency room seeking psychiatric evaluation. [Client B] was not admitted and was discharged from the ER to the group home at 9 PM. [Client B] is beginning counseling services, and his psychiatrist has been notified. Staff are continuing to track [client B's] behaviors."</p> <p>Review of client B's record on 6/29/12 at 5:00 PM indicated client B did not have a Behavior Support Plan (BSP).</p> <p>Interview with the Home Manager (HM) on 6/27/12 at 4:45 PM stated "We do not have a behavior plan in place, but we are working with [Name of Behavioral Consultant] to get something in place."</p> <p>Interview with the Program Director (PD) on 6/28/12 at 10:00 AM indicated client B moved into this home in May of this year. The PD stated "[Client B] will return to this home after his release from the hospital, we hope to have a behavior plan for him by then."</p> <p>This federal tag is related to complaint #IN00110270.</p>						

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W0240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on interview and record review for 2 of 3 sampled clients (A and C) and for 4 additional clients (D,E, F and G), the clients' Individual Support plans (ISP's) failed to indicate how facility staff were to assist the clients to feel safe in their environment.</p> <p>Findings include:</p> <p>The facility records were reviewed on 6/27/12 at 1:00 PM. The facility's Bureau of Developmental Disabilities Services (BDDS) records indicated:</p> <p>-6/25/12 "At 8:30 AM on 6/25/12, [Client B's] psychiatrist gave the agency nurse a direct admit order for [client B] to go to the behavioral unit of [name of hospital]. [Client B] is being re-evaluated due to the extreme agitation and aggressive behaviors."</p> <p>-6/24/12 "[Client B] was in the living room when he became agitated. Staff were redirecting him to another area of the home verbally. [Client B] was going to his room with staff when he began throwing objects at staff and destroying property in his room. To keep him room</p>	W0240	<p>Client B was discharged to the care of Terre Haute Regional Hospital on 7/10/2012 and will not be returning to the New Harmony Group Home. Terre Haute Regional Hospital is working with their local BDDS office to find appropriate placement for Client B.</p> <p>Individual IDT meetings will be held with the clients to give them the opportunity to address any issues or concerns they want to discuss and their ISP's will be updated accordingly.</p> <p>The clients in this home will participate in a review of their Adult Services Handbook which includes a review of "Say No to Abuse" and how to report complaints and/or concerns.</p> <p>Health and Safety Assessments are completed at least quarterly and address client's feelings of personal safety in the home. At least one of these assessments per year are completed by an administrative staff that does not supervise the home in order to promote objectivity. Health and Safety Assessments were completed with all clients at the New Harmony Group Home on 6/13/2012 to assess that clients</p>	08/02/2012			

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	<p>harming others and himself Physical Intervention Alternatives were used and [client B] was placed in a hold for 4 minutes until he became calm. Staff continue to follow his behavior plan and to report aggressive behaviors per his behavior plan."</p> <p>-6/23/12 "[Client B] became physically aggressive towards staff and after staff tried numerous times to redirect him verbally he continued to have physical aggression. Staff used Physical Intervention Alternatives on [client B] until he was calm and not harming himself or others. [Client B's] team will continue to work together to resolve his physical aggression towards others."</p> <p>-6/22/12 "At 10:30 AM on 6/22/12, [Client B] became physically assaultive with [name of staff]. He grabbed her shirt and her hair. He held her up against the washing machine. When [client B] leg (sic) go of her shirt, [name of staff] got behind [client B] and then let go of her hair. [Client B] pulled the curtains down and began throwing objects at [name of staff]. [Client B] again grabbed [name of staff's] shirt and hair and would not let go. [Name of staff] used agency approved Physical Intervention Alternative techniques, but self reported that she thought she had used closed hands and</p>		<p>are feeling safe and secure.</p> <p>House meetings will be held at least monthly for two months to discuss interpersonal interactions and to resolve any lingering feelings of fearfulness, issues or concerns.</p>	

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	<p>fingers on [client B's] wrists to keep [client B] and herself safe during the incident so she could get away from him when he was pulling her hair. Nurse was notified. No injuries to [client B] were noted. Management will be making observations week (sic) to gather information for [client B's] behavior plan. Additionally, group home staff are scheduled to be retrained on PIA on July 6th."</p> <p>-6/20/12 "At 2 PM on 6/20/12, [client B] wanted to lay down in his room but couldn't. [Client B] had had a toileting accident earlier and the mattress had been pulled off the bed to be cleaned. [Client B] became upset, and when [name of staff] asked him why he was upset, he grabbed her shirt and arm. [Name of staff] attempted to verbally redirect and also backed away, but had to use a Physical Intervention Alternative move in order to get away. The move she used involved pushes her arms through his in order to break his grip. [Name of staff] then verbally redirected him to calm down. [Client B's] team is developing a behavior plan that will address physical aggression. He currently has an IDT in place to use PIA for aggression. [Client B] has recently has (sic) a medication change that will hopefully address his increase in behaviors. He also starting</p>			

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	<p>counseling this week."</p> <p>-6/18/12 "At 4:45 PM on 6/17/12, [Client B] was sitting in the med room just after med pass. Very abruptly [client B] became physically assaultive towards staff. He choked her, pinned her against the wall, scratched her, pushed her to the ground and kicked her. Staff used Physical Intervention Alternatives to deflect [client B's] blows. Another client in the home called 911. The police arrived and stayed with [client B] until he was calm. Staff took [client B] to the emergency room seeking psychiatric evaluation. [Client B] was not admitted and was discharged from the ER to the group home at 9 PM. [Client B] is beginning counseling services, and his psychiatrist has been notified. Staff are continuing to track [client B's] behaviors."</p> <p>-5/28/12 "[Client B] was sitting in the living room with staff and his peers when he suddenly jumped up made a statement of 'that's not right' and was going towards one of his peers. Staff intervened and asked [client B] to calm himself. At that time [client B] began to hit and kick staff. He then tried to choke staff. The staff was scratched by [client B]. [Client B] became more physically assaultive towards staff, the staff tried to redirect [client B] and he continued to be</p>			

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	<p>physically assaultive. The staff also asked the peers to leave the area. [Client B] also began to turnover the TV and other items in the room. Staff called 911 and the police arrived at the home. The police spoke with [client B] and he went to his room. Before the police left the home [client B] became upset again and tried to become physically assaultive again and the police took [client B] to jail. The officer stated that [client B] would be sent to the hospital for an evaluation also. The Interdisciplinary Team will meet to discuss [client B] and his treatment plan."</p> <p>Review of the Client B's IDT meeting notes on 6/29/12 at 4:00 PM indicated the following.</p> <p>-6/8/12 "The team met to discuss prevention and intervention techniques to be used in addressing [client B's] physical aggression and property destruction. The team agrees in the event [client B] is at risk of harming himself or others staff will utilize Physical Intervention Alternatives (PIA) to intervene. Additionally as a prevention (sic) measure the team agrees staff will attempt to verbally redirect [client B] to an activity he enjoys (watching TV, reading newspaper or quiet time in his room) when he shows signs of being upset. It should be noted however, that [client B's]</p>			

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	<p>episodes of physical aggression and property destruction have been explosive with no warning signs and no obvious triggers."</p> <p>Interview with client C on 6/27/12 at 5:50 PM indicated she was afraid of client B. Client C stated "Hell yeah I'm afraid of him. He throws things and yells and screams. I don't feel safe with him here."</p> <p>Interview with client G on 6/27/12 at 6:10 PM stated "I'm afraid of [client B]." Client G indicated client B would yell at her. Client G stated "He (client B) calls me a B**** all the time. He is not safe to be around."</p> <p>Interview with client D on 6/27/12 at 6:16 PM indicated client B yells. Client D stated "I want him out. We are not safe with him in the home."</p> <p>Interview with client A on 6/27/12 at 6:22 PM stated "He (client B) creeps me out and I don't like it. I don't feel safe."</p> <p>Interview with client F on 6/27/12 at 6:30 PM stated "I am happy he (client B) is not here. He is something else. He is a trip and does not like me. He sniffs at me and is rude. He moves to get in my way and then won't move. He is a big a**hole. No, he is crazy and acts like a bat out of</p>			

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	<p>hell when he gets mad. He shouldn't be allowed to live with us. We aren't safe with him here."</p> <p>Client B's record was reviewed on 6/28/12 at 2:30 PM. Client B's BPR (Behavior Problem Record)-Narratives indicated the following (not all inclusive):</p> <p>-6/24/12 "[Client B] was standing on the deck and walked toward the railing. He looked down to see a client in the phone under the deck. He took two chairs and threw them down over the deck to try to hit a peer. Peer moved to not get hit. Staff redirected [client B] to go to his room and walked down with him.</p> <p>-6/23/12 "...-[Client B] tore down the shower curtain. He then started yelling and saying he was going to get the HM (Home Manager) fired. He then went to the window and tore down the curtains and blinds."</p> <p>-6/17/12 "[Client B] got up and went into the living room. Staff heard glass shatter and went to see what happened. [Client B] was taking out light bulbs and throwing them."</p> <p>-6/15/12 "[Client B] got up, came upstairs, threw TV in living room, threw the fire escape picture, broke it, came into</p>			

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	<p>the med room and threw the phone and threw the digital scale and broke it."</p> <p>-6/13/12 "[Client B] walked over to [Client E's] TV and threw it into the floor."</p> <p>-6/4/12 "[Client B] got upset and tore clock off the wall and threw it on the ground."</p> <p>-6/2/12 "Staff heard a noise from [client B's] room. Staff went down and into the room to see [client B] throwing things off his dresser. Staff asked [client B] to calm down and asked if he would like a snack. He said yes and on his way out of the room he grabbed his roommates things off of a dresser and hurled them at staff. [Client B] ripped all of the posters and pictures up and refused to calm down. [Client B] then stripped his clothes off and peed all over the floor, himself and [client D's] things."</p> <p>-6/2/12 "[Client B] was in the kitchen and grabbed a mirror off the wall and threw it and broke it. He grabbed the fire extinguisher and threw it at the floor."</p> <p>-5/31/12 "[Client B] kicked and slammed door to his room. Through (sic) everything off dresser and tearing up bedroom. Once calm and ate (sic) he</p>			

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	<p>urinated on self."</p> <p>-5/27/12 "[Client B] went downstairs and threw a chair, knocked peers things off dresser breaking them."</p> <p>-5/26/12 "[Client B] started yelling, cussing and took off his shoes, socks, pants and shirt and threw them over the deck."</p> <p>Client A's record was reviewed on 6/29/12 at 12:03 PM. Client A's 11/15/11 ISP and/or record indicated the facility failed to address client A's fear and/or concerns regarding client B to ensure the client felt safe/comfortable in his home.</p> <p>Client C's record was reviewed on 6/29/12 at 12:55 PM. Client C's 3/15/12 ISP and/or record did not indicate the facility addressed client C's concerns/intimidation in regard to client B to assist the client to feel safe/comfortable in her home.</p> <p>Interview with the Home Manager (HM) on 6/27/12 at 4:45 PM indicated client B was in the hospital due to behaviors. The HM indicated client B had some issues with aggression. The HM stated "One minute he is calm and the next he is not." The HM stated "Yes, I know some of the clients are afraid of him, they have told</p>				

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	<p>me." The HM stated "We do not have a behavior plan in place, but we are working with [Name of Behavioral Consultant] to get something in place." The HM indicated she did not know when client B would be returning to the group home.</p> <p>Interview with staff #3 on 6/27/12 at 5:17 PM stated "[Clients C, D, G and F] have all told me they are afraid of [client B]. He is very aggressive and verbally abusive. When you can get him to his room to calm down, that is when the property destruction starts and you have no choice but to use PIA (Physical Intervention Alternatives) on him."</p> <p>Interview with the Program Director (PD) on 6/28/12 at 10:00 AM indicated client B moved into this home in May of this year. The PD indicated client B had several behaviors and now is in a behavioral hospital. The PD indicated the hospital had not given them a release date for client B. The PD stated "[Client B] will return to this home after his release from the hospital, we hope to have a behavior plan for him by then." When asked if the facility had met to address the clients (A, C, D, F, G and H) being fearful and/or intimidated/uncomfortable in their home, the PD stated "No, none of the clients told me they were scared of him."</p>			

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	<p>This federal tag is related to complaint #IN00110270.</p> <p>9-3-4(a)</p>			

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W0252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 1 of 3 sampled clients (C), the facility failed to ensure the staff collected data as outlined in the client's Behavior Development Plan (BDP).</p> <p>Findings include:</p> <p>The facility records were reviewed on 6/27/12 at 1:00 PM. The facility's Bureau of Developmental Disabilities Services (BDDS) records indicated:</p> <p>-On 4/18/12 "At 8:15 AM on 4/18/12,[Client C] asked staff to check her temperature while staff was on the phone. Staff told her to wait until she was off the phone. [Client C] subsequently went out onto the deck. When staff got off the phone shortly thereafter, staff went to the deck to get [client C] and she was missing. Staff was unable to locate [client C] for approximately 25 minutes, until she was located down the road, standing just off the road near some trees. [Client C] stated that she was upset and walked away, and that she was afraid to come back because she didn't want to get into trouble."</p>	W0252	<p>Group Home Staff will receive training to address accurate reporting and documentation of behaviors.</p> <p>Staff will be trained to fax the 15 minute check forms to the Program Director nightly for any client on 15 minute checks.</p> <p>Management staff will check documentation at least weekly to ensure data is being collected and maintained.</p>	08/02/2012

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	<p>Follow up to the 4/18/12 incident indicated, "IDT (Interdisciplinary Team) met and agreed to have [client C] on 15 minute checks while at the group home until further notice. Team is scheduled to meet with [client C's] behavior specialist on 4/24/12 to assist in the development of a behavior support plan that will address elopement."</p> <p>-On 5/10/12 "At approximately 7:55 AM on 5/10/12, [client C] complained to staff her ears hurt. Given that there were no signs of illness and the complaint was mild, staff administered the prn (as needed) acetaminophen and avoided the subject. As a result, [client C] left the home through the back door and staff followed. Staff were unsuccessful in verbally prompting [client C] to stay in the home, and [client C] left the property. While staff followed, [client C] was out of line of sight for approximately 10 minutes. Staff called 911. She was located just down the road standing near some trees. [Client C] then walked back to the home and staff followed."</p> <p>Follow up to the 5/10/12 incident indicated "An officer spoke with [client C] and EMT (Emergency Medical Team) to take her to the emergency room for evaluation. The emergency room</p>						

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	<p>determined that client C was not a threat to herself and discharged her. Client C continues to be on 15 minute checks until further notice."</p> <p>Client C's 4/29/12 BDP indicated data should be collected for the behaviors:</p> <ul style="list-style-type: none"> - "Vacating-leaving the premises of the group home without informing staff or leaving a program area and not returning when called. <p>Strategies to stop this behavior include:</p> <ul style="list-style-type: none"> - Alarms are on the doors so that staff know when someone has exited the home. <ol style="list-style-type: none"> 1. If you do not see [client C] leave the area and she is gone for 5 or more minutes, initiate search procedures; when [client C] is located implement steps 5-7. 2. If staff observe [client C] attempting to leave, ask her to remain within the program area. 3. If [client C] does as requested, resume the ongoing activity with no further comment. 4. If [client C] leaves anyway, the staff person responsible for her program must exit with her and stay with her to protect her from danger. 5. If necessary, another staff person should bring protective clothing for [client C] and the primary staff person. 6. Approximately every 5 minutes, ask [client C] if she is ready to return. If 			

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	<p>she is not, remain with her repeating the request on the interval until she will return to the house or program area. Do not speak to her at any other time.</p> <p>7. If [client C] goes to the highway where she could run into oncoming traffic, and staff is fearful of her and/or their safety, staff should call the police for assistance with traffic and assuring client C's safety.</p> <p>8. If [client C] is missing and cannot be found within 5 minutes of initiating the search, the Program Director or on call staff should be notified so further instructions can be issued."</p> <p>Interview with Home Manager (HM) on 6/27/12 at 4:45 PM indicated client C was on 15 checks due to her wandering away from the group home. The HM indicated staff are to initial every 15 minutes in the documentation book daily. When asked to review the 15 minutes documentation book, the HM stated "It is missing, has been for 2-3 days and I am still looking for it."</p> <p>9-3-4(a)</p>				

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W0289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on interview and record review for 1 of 3 clients (B), the facility failed to include Physical Intervention Alternatives (PIA) techniques in client B's Behavior Support Plan(BSP).</p> <p>Findings include:</p> <p>The facility records were reviewed on 6/27/12 at 1:00 PM. The facility's Bureau of Developmental Disabilities Services (BDDS) records indicated:</p> <p>-6/24/12 "[Client B] was in the living room when he became agitated. Staff were redirecting him to another area of the home verbally. [Client B] was going to his room with staff when he began throwing objects at staff and destroying property in his room. To keep him from harming others and himself Physical Intervention Alternatives were used and [client B] was placed in a hold for 4 minutes until he became calm. Staff continue to follow his behavior plan and to report aggressive behaviors per his behavior plan."</p>	W0289	<p>Client B was discharged to the care of Terre Haute Regional Hospital on 7/10/2012 and will not be returning to the New Harmony Group Home. Terre Haute Regional Hospital is working with their local BDDS office to find appropriate placement for Client B.</p> <p>Client B had not displayed any adverse behaviors upon his admission (5/10/2012) to the home and during the first few weeks of his admission. After behaviors were observed and began to be tracked, an IDT was held on 6/8/12 to discuss Client B's recent behaviors and a Behavioral Assessment was completed by the Behavior Consultant. A Behavior Development Plan, including appropriate behavior techniques, was being developed at the time that Client B was admitted to the hospital on 6/25/12 and he has not returned as of this date.</p> <p>As a practice, clients are assessed as new or changing behaviors are identified and a Behavior Development Plan is created or updated at that time.</p>	08/02/2012

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	<p>-6/23/12 "[Client B] became physically aggressive towards staff and after staff tried numerous times to redirect him verbally he continued to have physical aggression. Staff used Physical Intervention Alternatives on [client B] until he was calm and not harming himself or others. [Client B's] team will continue to work together to resolve his physical aggression towards others."</p> <p>-6/22/12 "At 10:30 AM on 6/22/12, [Client B] became physically assaultive with [name of staff]. He grabbed her shirt and her hair. He held her up against the washing machine. When [client B] leg (sic) go of her shirt, [name of staff] got behind [client B] and then let go of her hair. [Client B] pulled the curtains down and began throwing objects at [name of staff]. [Client B] again grabbed [name of staff's] shirt and hair and would not let go. [Name of staff] used agency approved Physical Intervention Alternative techniques, but self reported that she thought she had used closed hands and fingers on [client B's] wrists to keep [client B] and herself safe during the incident so she could get away from him when he was pulling her hair. Nurse was notified. No injuries to [client B] were noted. Management will be making observations week (sic) to gather</p>		<p>TSI/Indiana Mentor's current contract with an outside behavior management provider has been terminated and this service will now be provided within the company which will allow more control over timeliness of plan development.</p>				

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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2840 JOHN ST NEW HARMONY, IN 47631
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	<p>information for [client B's] behavior plan. Additionally, group home staff are scheduled to be retrained on PIA on July 6th."</p> <p>-6/20/12 "At 2 PM on 6/20/12, [client B] wanted to lay down in his room but couldn't. [Client B] had had a toileting accident earlier and the mattress had been pulled off the bed to be cleaned. [Client B] became upset, and when [name of staff] asked him why he was upset, he grabbed her shirt and arm. [Name of staff] attempted to verbally redirect and also backed away, but had to use a Physical Intervention Alternative move in order to get away. The move she used involved pushes her arms through his in order to break his grip. [Name of staff] then verbally redirected him to calm down. [Client B's] team is developing a behavior plan that will address physical aggression. He currently has an IDT in place to use PIA for aggression. [Client B] has recently has (sic) a medication change that will hopefully address his increase in behaviors. He also starting counseling this week."</p> <p>-6/18/12 "At 4:45 PM on 6/17/12, [Client B] was sitting in the med room just after med pass. Very abruptly [client B] became physically assaultive towards staff. He choked her, pinned her against</p>			

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	<p>the wall, scratched her, pushed her to the ground and kicked her. Staff used Physical Intervention Alternatives to deflect [client B's] blows. Another client in the home called 911. The police arrived and stayed with [client B] until he was calm. Staff took [client B] to the emergency room seeking psychiatric evaluation. [Client B] was not admitted and was discharged from the ER to the group home at 9 PM. [Client B] is beginning counseling services, and his psychiatrist has been notified. Staff are continuing to track [client B's] behaviors."</p> <p>Review of client B's record on 6/29/12 at 5:00 PM indicated Client B did not have a Behavior Support Plan (BSP).</p> <p>Interview with the Home Manager (HM) on 6/27/12 at 4:45 PM stated "We do not have a behavior plan in place, but we are working with [Name of Behavioral Consultant] to get something in place."</p> <p>Interview with the Program Director (PD) on 6/28/12 at 10:00 AM indicated client B moved into this home in May of this year. The PD stated "[Client B] will return to this home after his release from the hospital, we hope to have a behavior plan for him by then."</p> <p>This federal tag is related to complaint</p>						

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	#IN00110270. 9-3-5(a)			