

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G763	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/31/2014
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 114 S CHESTNUT ST HUNTINGBURG, IN 47542
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W000000	<p>This visit was for the annual fundamental recertification and state licensure survey.</p> <p>This visit was in conjunction with a post certification revisit (PCR) to the investigation of complaint #IN00140003.</p> <p>Survey Dates: January 22, 23, 24, 27 and 31, 2014</p> <p>Facility Number: 012289 Provider Number: 15G763 AIM Number: 100249380</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/11/14 by Ruth Shackelford, QIDP.</p>	W000000		
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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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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients (clients #1 and #4), the facility failed to implement the medication administration objective for client #4 and failed to instruct client #1 on the proper use of his cane.</p> <p>Findings include:</p> <p>1. During the morning observation on 1/23/14 at 5:15 AM to 8:30 AM, client #4 came to the medication room at 5:45 AM. Client #4 received her medication at 6:00 AM. Client #4 received one Sertraline HCL (Zoloft) 100 mg (milligram) and one 50 mg Sertraline for depression. Staff #5 did not have client #4 identify her medication.</p> <p>The record review for client #4 was conducted on 1/24/14 at 9:55 AM. The Individualized Support Plan (IPP) dated 1/23/13 indicated client #4 had a training goal as follows: "3 times weekly [client #4] will state the name</p>	W000249	<p>Staff were retrained on goal implementation on 2/4/2014 and again on 2/18/2014 for active treatment/ program implementation. Client #4's medication goal and Client #1's cane goal are being implemented by staff. Client #1's cane goal has been revised for implementation effective 3/1/2014. Client #1's primary care physician ordered an OT and PT evaluation. Client #1 went for his OT evaluation on 2/13/2014 and for his PT evaluation on 2/21/2014. No other clients were affected by this deficient practice. Management staff will do at least three active treatment observations per week for four weeks to ensure direct support professionals are implementing goals as written. Management staff will continue to be in the home on a weekly basis thereafter to ensure continued compliance with goal implementation. Management staff will give corrective action if necessary. Responsible party: Direct Support Professionals, Home Manager and Program</p>	03/02/2014			

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	<p>and dosage of Zoloft."</p> <p>2. During the observation period on 1/22/14 from 5:15 PM to 7:00 PM, client #1 was in the kitchen with client #6 when there was a verbal disagreement. Client #1 told staff he was going outside to calm down and carried his cane out of the kitchen, walked through the dining room and living room and went out the front door. Client #1 was not prompted to use his cane. On 1/22/14 at 5:45 PM client #1 was assisting with cleaning the table off after dinner and carried salad dressing bottles to kitchen from dining room without using his cane. The staff did not prompt client #1 to use his cane.</p> <p>During the observation period on 1/23/14 from 3:50 PM to 5:00 PM, client #1 went outside with client #5 and was again carrying the cane. Staff did not prompt client #1 to put the cane down on the floor.</p> <p>The record review for client #1 was conducted on 1/23/14 at 5:38 PM. The Individualized Support Plan (ISP) dated 6/24/13 indicated client #1 had a new goal added to his plan on 1/7/14 as follows: "[Client #1] will safely use his cane for ambulation with 3 verbal prompts 75% (percent) of the time for 3</p>		Director				

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W000250	<p>consecutive months."</p> <p>Interview with administrative staff #2 on 1/23/14 at 6:00 PM stated "The staff should be telling [client #1] to turn the cane the right way and to put the cane on the floor and not carry it up in the air."</p> <p>9-3-4(a)</p> <p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on observation, record review and interview for 1 of 4 sampled clients (client #1), the facility failed to have an active treatment schedule for the time he was suspended from day program.</p> <p>Findings include:</p> <p>During the observation period on 1/23/14 from 5:15 AM to 8:30 AM, client #1 got up to take his medication at 6:30 AM and went back to bed. Staff #5 indicated he didn't have a schedule since he had been suspended from the day program.</p>	W000250	<p>Client #1's IDT met on 2/4/2014 with the PCARC workshop and it was determined he could be taken off of suspension. Client #1 returned to workshop on 2/10/2014 due to there being snow days from February 5th to the 7th. Client #1's active treatment schedule was reviewed and revised on 2/19/2014 and a separate active treatment schedule was created on 2/19/2014 for non-work days for Client #1. No other clients were affected by this deficient practice. Program Director and Home Manager received retraining on active treatment and program implementation on</p>	03/02/2014

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W000255	<p>The record review for client #1 was conducted on 1/23/14 at 5:38 PM. The record did not include an activity schedule for the days he did not attend the day program.</p> <p>Interview with staff #5 on 1/23/14 at 6:30 PM indicated client #1 had been suspended from his day program in November and he currently ran errands and went on appointments with staff.</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to revise training objectives when successfully completed.</p> <p>Findings include:</p>	W000255	<p>2/17/2014. Program Director will review and/ or revise the active treatment schedule at least annually or as changes arise. Management staff will do at least three active treatment observations per week for four weeks to ensure direct support professionals are following the active treatment schedules. Management staff will continue to be in the home on a weekly basis thereafter to ensure continued compliance with active treatment schedules. Management staff will give corrective action if necessary. Responsible party: Direct Support Professionals, Home Manager, Program Director and Area Director</p> <p>Program Director was retrained on ISP and goals on 1/31/2014. Program Director will review goals on a monthly basis and monitor for success or make necessary revisions to ensure appropriate training goals are being tracked or monitored. IDT meetings were held on 2/13/2014 for Client's #1, #2, #3 and #4 to review and revise all goals for</p>	03/02/2014			

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	<p>1. The ISP (Individualized Support Plan) dated 6/24/13 for client #1 was reviewed on 1/23/14 at 5:38 PM. The training objectives for client #1 were as follows:</p> <p>"1. 3 times weekly [client #1] will state what he should do when he is upset and wants to be verbally or physically aggressive 75% (percent) of the opportunities per month with 3 verbal prompts or less for 3 consecutive months.</p> <p>2. 3 times per week [client #1] will add various coins up to one dollar 75% of the opportunities per months with 2 verbal prompts or less for 3 consecutive months.</p> <p>3. Daily [client #1] will bathe thoroughly 75% of the opportunities per month with 2 verbal prompts or less for 3 consecutive months.</p> <p>4. Twice daily [client #1] will brush his teeth 75% of the opportunities per month with 2 verbal prompts or less for 3 consecutive months.</p> <p>5. Daily [client #1] will state the name and dosage of his medication Zoloft 150 mg (milligram) 75% of the opportunities per month with 3 verbal prompts or less for 3 consecutive months.</p> <p>6. 3 times weekly [client #1] will state his address 75% of the</p>		<p>each client. Since this did affect the other clients in the home, IDT meetings were also held for them on 2/13/2014 to review and revise all of their goals as well. Staff were trained on 2/14/2014 on the updated goals for all clients in the home. These goals will be implemented on 3/1/2014. Area Director will review Program Director's monthly reports for at least three consecutive months and randomly thereafter to ensure revisions or changes are completed as necessary. Area Director will monitor the quarterly and annual 2014 meeting schedule on an on-going basis to ensure IDT's are being held regularly and timely. Management staff will give corrective action if necessary. Responsible party: Direct Support Professionals, Home Manager, Program Director and Area Director</p>				

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	<p>opportunities per month with 3 verbal prompts or less for 3 consecutive months.</p> <p>7. [Client #1] will safely use his cane for ambulation with 3 verbal prompts 75% of the time for 3 consecutive months."</p> <p>The QIDP monthly review indicated client #1 had achieved 100% on "state what he should do when he is upset and wants to be verbally or physically aggressive and adding coins up to one dollar" in September, October, November and December. The QIDP monthly review indicated client #1 had achieved over 75% for "state name and dosage of his medication Zoloft." In September he had 89%, in October he had 89%, in November he had 83% and in December he had 100%.</p> <p>2. The record review for client #2 was conducted on 1/24/14 at 11:54 AM. The ISP dated 1/23/13 indicated the following goals for client #2:</p> <p>"1. Daily [client #2] will take appropriate sized bites, chew, and swallow completely before taking another bite 85% of the opportunities per month with 3 verbal prompts or less for 3 consecutive months.</p> <p>2. 3 times weekly [client #2] will state his phone number 50% of the</p>						

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	<p>opportunities per month with 4 verbal prompts or less for 3 consecutive months.</p> <p>3. Weekly [client #2] will make a purchase of his choice 75% of the opportunities per month with 2 verbal prompts or less for 3 consecutive months.</p> <p>4. Daily [client #2] will state the name of medication 75% of the opportunities per month with 3 verbal prompts or less.</p> <p>5. Twice daily [client #2] will brush his teeth and gums 85% of the opportunities per month with 2 verbal prompts or less for 3 consecutive months.</p> <p>6. Daily [client #2] will only take 30 minutes to bathe 85% of the opportunities per month with 3 verbal prompts or less for 3 consecutive months."</p> <p>The QIDP monthly review indicated client #2 had achieved "take appropriate sized bites, chew and swallow" at 93% in September, 83% in October, 86% in November and 85% in December. The QIDP monthly review indicated client #2 had achieved "state name of medication" 100% in September, October, November and December.</p> <p>3. The record review for client #3 was</p>			

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	<p>conducted on 1/24/14 at 11:06 AM. The ISP dated 1/23/13 indicated the following goals for client #3:</p> <p>1. [Client #3] wishes to become more independent in her social skills.</p> <p>2. [Client #3] wishes to become more independent with her ADL (daily living) skills.</p> <p>3. 3 times per week [client #3] will shave her facial hair 100% of the opportunities per month with physical assistance for 3 consecutive months.</p> <p>4. Daily [client #3] will state the name and dosage of her medicine, Paxil, 50 mg, 75% of the opportunities per month with 2 verbal prompts or less for 3 consecutive months.</p> <p>5. 3 times per week [client #3] will correctly identify coins 75%of the opportunities per month with 1 verbal prompts or less for 3 consecutive months.</p> <p>6. Daily [client #3] will state what to do if she feels like being physically aggressive 75% of the opportunities per month with 1 verbal prompt or less for 3 consecutive months.</p> <p>7. Twice daily [client #3] will brush her teeth 50% of the opportunities per month with 3 verbal prompts or less for 3 consecutive months.</p> <p>8. Daily [client #3] will bathe thoroughly 100% of the opportunities per month with physical assistance for 3</p>			

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	<p>consecutive months."</p> <p>The QIDP monthly reviews indicated client #3 had achieved "shave her facial hair" and "state the name and dosage of her medicine" at 100% in September, October, November and December. The QIDP monthly review indicated client #3 had achieved "state what to do if she feels like being physically aggressive" at 100% in September, October and November and 96% in December.</p> <p>4. The record review for client #4 was conducted on 1/24/14 at 9:55 AM. The ISP dated 1/23/13 indicated the following goals for client #4:</p> <p style="padding-left: 40px;">"1. Bathe thoroughly 100% of the opportunities per month with physical assistance for 3 consecutive months 3 times weekly.</p> <p style="padding-left: 40px;">2. 3 times weekly [client #3] will state the name and dosage of Zoloft 75% of the opportunities with 1 verbal prompt or less for 3 consecutive months.</p> <p style="padding-left: 40px;">3. [Client #4] will participate in a leisure activity 75% of the opportunities per month with 2 verbal prompts for 3 consecutive months.</p> <p style="padding-left: 40px;">4. Twice daily [client #4] will brush her teeth 50% of the opportunities per month with 4 verbal prompts or less for 3 consecutive months.</p> <p style="padding-left: 40px;">5. 3 times weekly [client #4]</p>						

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	<p>will add various coins up to \$1.00 75% of the opportunities per month with 1 verbal prompt or less for 3 consecutive months.</p> <p>6. 3 times weekly [client #4] will state what to do if she becomes upset about something 75% of the opportunities per month with 2 verbal prompts or less for 3 consecutive months."</p> <p>The QIDP monthly reviews indicated client #4 had achieved "participate in a leisure activity" at 75% in October, 100% in November and 100% in December.</p> <p>Interview with administrative staff #2 on 1/24/14 at 10:00 AM stated "The training objectives for all the clients are being reviewed and changes are scheduled to begin in February."</p> <p>9-3-4(a)</p>				

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W000257	<p>483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. Based on record review and interview for 2 of 4 sampled clients (clients #1 and #2), the QIDP (Qualified Intellectual Disabilities Professional) failed to revise training objectives when no progress was being made.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 1/23/14 at 5:38 PM. The ISP (Individualized Support Plan) dated 6/24/13 included the following training objectives:</p> <p>"1. 3 times weekly [client #1] will state what he should do when he is upset and wants to be verbally or physically aggressive 75% (percent) of the opportunities per month with 3 verbal prompts or less for 3 consecutive months.</p> <p>2. 3 times per week [client #1] will add various coins up to one dollar 75% of the opportunities per months with 2 verbal prompts or less for 3 consecutive months.</p> <p>3. Daily [client #1] will bathe</p>	W000257	<p>Program Director was retrained on ISP and goals on 1/31/2014. Program Director will review goals on a monthly basis and monitor for success or make necessary revisions to ensure appropriate training goals are being tracked or monitored. IDT meetings were held on 2/13/2014 for Client's #1, #2, #3 and #4 to review and revise all goals for each client. Since this did affect the other clients in the home, IDT meetings were also held for them on 2/13/2014 to review and revise all of their goals as well. Staff were trained on 2/14/2014 on the updated goals for all clients in the home. These goals will be implemented on 3/1/2014. Area Director will review Program Director's monthly reports for at least three consecutive months and randomly thereafter to ensure revisions or changes are completed as necessary. Area Director will monitor the quarterly and annual 2014 meeting schedule on an on-going basis to ensure IDT's are being held regularly and timely. Management staff will give corrective action if necessary.</p>	03/02/2014			

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	<p>thoroughly 75% of the opportunities per month with 2 verbal prompts or less for 3 consecutive months.</p> <p>4. Twice daily [client #1] will brush his teeth 75% of the opportunities per month with 2 verbal prompts or less for 3 consecutive months.</p> <p>5. Daily [client #1] will state the name and dosage of his medication Zoloft 150 mg (milligram) 75% of the opportunities per month with 3 verbal prompts or less for 3 consecutive months.</p> <p>6. 3 times weekly [client #1] will state his address 75% of the opportunities per month with 3 verbal prompts or less for 3 consecutive months.</p> <p>7. [Client #1] will safely use his cane for ambulation with 3 verbal prompts 75% of the time for 3 consecutive months."</p> <p>The QIDP monthly reviews indicated client #1 had failed to progress in "bathe thoroughly" goal. The client had achieved 63% in October, 50% in November and 42% in December. The monthly reviews indicated client #1 had failed to progress in "brush his teeth" goal. The monthly reviews indicated client #1 had achieved 3% in October, 0% in November and 7% in December.</p>		Responsible party: Direct Support Professionals, Home Manager, Program Director and Area Director		

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	<p>The record review for client #2 was conducted on 1/24/14 at 11:54 AM. The ISP dated 1/23/13 included the following training objectives:</p> <p>"1. Daily [client #2] will take appropriate sized bites, chew, and swallow completely before taking another bite 85% of the opportunities per month with 3 verbal prompts or less for 3 consecutive months.</p> <p>2. 3 times weekly [client #2] will state his phone number 50% of the opportunities per month with 4 verbal prompts or less for 3 consecutive months.</p> <p>3. Weekly [client #2] will make a purchase of his choice 75% of the opportunities per month with 2 verbal prompts or less for 3 consecutive months.</p> <p>4. Daily [client #2] will state the name of medication 75% of the opportunities per month with 3 verbal prompts or less.</p> <p>5. Twice daily [client #2] will brush his teeth and gums 85% of the opportunities per month with 2 verbal prompts or less for 3 consecutive months.</p> <p>6. Daily [client 2] will only take 30 minutes to bathe 85% of the opportunities per month with 3 verbal prompts or less for 3 consecutive months."</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G763		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/31/2014	
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W000260	<p>The QIDP monthly reviews indicated client #2 had failed to progress in "state his phone number" goal. Client #2 had achieved 38% in October, 38% in November and 40% in December. The monthly reviews indicated client #2 had failed to progress in "make a purchase" goal. Client #2 had achieved 60% in October, 40% in November and 40% in December.</p> <p>Interview with administrative staff #2 on 1/24/14 at 10:00 PM stated "The training objectives for all the clients are being reviewed and changes are scheduled to begin in February."</p> <p>9-3-4(a)</p> <p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. Based on record review and interview for 3 of 4 sampled clients (clients #2, #3</p>	W000260	Program Director was retrained on ISP and goals on 1/31/2014. Program Director will review ISP	03/02/2014			

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	<p>and #4), the facility failed to review the ISP (Individualized Support Plan) annually.</p> <p>Findings include:</p> <p>The record review for client #2 was conducted on 1/24/14 at 11:54 AM. The ISP was dated 1/23/13.</p> <p>The record review for client #3 was conducted on 1/24/14 at 11:06 AM. The ISP was dated 1/23/13.</p> <p>The record review for client #4 was conducted on 1/24/14 at 9:55 AM. The ISP was dated 1/23/13.</p> <p>Interview with administrative staff #2 on 1/24/14 at 10:00 AM stated "New training goals are going to be put in place on 2/1/14. The new ISP hasn't been put in place because I wanted to start the first of the month."</p> <p>9-3-4(a)</p>		<p>on a quarterly and annual basis or as needed to ensure the ISP is still appropriate. Annual IDT meetings were held 1/21/2014 for Client's #2, 3 and 4 and their new ISP's were put in place on 2/1/2014. Since this did affect some of the other clients in the home, IDT meetings were also held for them 1/21/14 and their new ISP's were also put in place on 2/1/14. Area Director will monitor the quarterly and annual 2014 meeting schedule to ensure IDT's are being held regularly and timely. Management staff will give corrective action if necessary. Responsible party: Program Director and Area Director</p>		