

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G436	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/15/2015
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11 WASHINGTON ST BROWNSBURG, IN 46112
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W 0000 Bldg. 00	<p>This visit was for the Post Certification Revisit (PCR) to a pre-determined full annual recertification and state licensure survey completed on 7/16/15.</p> <p>Dates of Survey: 9/14/15 and 9/15/15</p> <p>Facility Number: 000950 Provider Number: 15G436 AIMS Number: 100244690</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/17/15.</p>	W 0000		
W 0104 Bldg. 00	<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, record review and interview for 1 of 4 sampled clients (#1), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #1 had a recommended alternating pressure mattress.</p>	W 0104	Area Director has gone through Mullaney's Pharmacy & Home Health Care to order the pressure relieving mattress to assist with	10/15/2015

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>Findings include:</p> <p>Observations were conducted at the group home on 9/14/15 from 4:45 PM through 5:45 PM and on 9/15/15 from 9:00 AM through 10:53 AM. Client #1's bed did not have an alternating pressure mattress.</p> <p>Client #1's record was reviewed on 9/15/15 at 9:30 AM. Client #1's Medical Appointment Form (MAF) dated 6/18/15 indicated, "Reason for visit: Wound exam." Client #1's MAF dated 6/18/15 indicated, "Home health care nurses to see [client #1] twice a week and PRN (As Needed), hydrogel gel... to right post hip stage III ulcer, needs alternating pressure mattress, needs Roho low profile cushion and follow up in 2 weeks."</p> <p>Client #1's MAF dated 7/31/15 indicated, "Will need pressure relief mattress."</p> <p>Client #1's MAF dated 8/13/15 indicated, "Wound exam. Need proper doctor order for mattress and cushion. No change. Continue previous wound orders. Bed issues resolved. Initial [adaptive equipment vendor] does not bill [client #1's] insurance but did not let us know. New vendor contacted and paperwork submitted."</p> <p>Nurse #1 was interviewed on 9/15/15 at</p>		<p>client #1 wounds in lieu of awaiting Medicare/Medicaid payment. The pressure relieving mattress will be delivered to the home no later than 10/15/15 Ongoing, medical orders that are delayed pending medicaid payment and/or approval will communicated to the Area Director by the Program Nurse. These pending items costs will be absorbed by the company no later than 15 days pending. Responsible Party: Nurse, Area Director</p>	

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W 9999 Bldg. 00	<p>9:22 AM. Nurse #1 indicated client #1 was being treated for pressure ulcers on her hip. Nurse #1 indicated client #1's wound care specialist had recommended an alternating pressure mattress on 6/18/15. Nurse #1 indicated the facility was actively attempting to secure Medicaid funding for the alternating pressure mattress but had not yet obtained the mattress for client #1. Nurse #1 indicated client #1 did not have the 6/18/15 recommended pressure mattress.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 9/15/15 at 9:30 AM. QIDP #1 indicated client #1 had not yet received the recommended alternating pressure mattress. QIDP #1 indicated the facility was in the process of obtaining Medicaid funding to purchase the mattress.</p> <p>This deficiency was cited on 7/16/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>			

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		W 9999	Area Director has gone through Mullaney's Pharmacy & Home Health Care to order the pressure relieving mattress to assist with client #1 wounds in lieu of awaiting Medicare/Medicaid payment. The pressure relieving mattress will be delivered to the home no later than 10/15/15 Ongoing, medical orders that are delayed pending medicaid payment and/or approval will be communicated to the Area Director by the Program Nurse. These pending items costs will be absorbed by the company no later than 15 days pending. Responsible Party: Nurse, Area Director	10/15/2015