STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G298	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONAL SERVICES SUB LLC	317 N MAIN ST HAUBSTADT, IN 47639

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
W000000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: January 27, 28, 29, February 2 and 12, 2014 Facility Number: 000817 Provider Number: 15G298 AIMS Number: 100243700 Surveyor: Jo Anna Scott, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/20/14 by Ruth Shackelford, QIDP.	W000000		
W000125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on record review and interview for 2 of 4 sampled clients (clients #3 and #4), the facility failed to ensure	W000125	IDT meetings have been held for Client #3 and Client #4 to discuss the need for a guardian or an advocate. Client #3's mother has	03/14/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	guardianship or advocacy in assisting the clients in exercising their rights. Findings include: The record review for client #3 was conducted on 1/28/14 at 12:47 PM. The record review for client #3's diagnoses included, but were not limited to: Infantile Autism, IED (Intermittent Explosive Disorder), Atypical Psychosis, Moderate MR (Mental Retardation), Gastritis, Vasomotor Rhinitis, Allergic Rhinitis, Hyperopia and Astigmatism. The record indicated client #3 was emancipated and did not have a guardian, advocate or health care representative. The Informed Consent Assessment dated 7/30/13 indicated client #3 was not independent in the following skills except for the ones marked independent. "A. Photograph Consent: 1. Knows what a picture is. (Marked as independent.) 2. Determines what picture is being taken for when approached. 3. Determines when/where picture should be published. B. Authorization to Assist in Financial Affairs 1. Recognizes what money is used for. 2. Understands relative values of		agreed to become his advocate. Client #4's brother has agreed to become his advocate. Meetings are being arranged for Client #3 and Client #4's family members to sign the Appointment of Health Care Representation form in front of a notary. Since this did affect other clients in the home, IDT meetings were also held for them to discuss the need for a guardian or an advocate. If it was determined that an advocate was needed, then another meeting is being arranged to sign the Appointment of Health Care Representation form in front of a notary.At least annually, Program Directors and Home Managers will discuss the need for advocacy or guardianship with the team for any client that is emancipated and does not currently have an advocate. Program Director was retrained on ISP and goals on 1/31/2014. Program Director received retraining on active treatment and program implementation on 2/24/2014. Responsible person: Area Director, Program Director and Home Manager	

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	money. 3. Selects independent petty cash expenditures (below $30.00). 4. Selects independent moderate cash expenditures ($30.00 to $100.00). 5. Selects independent major cash expenditures (above $100.00). 6. Able to make independent priority decisions regarding expenditures. 7. Budgets money with staff assistance. (Marked as independent.) 8. Budgets money independently. 9. Able to maintain savings and checking accounts independently. 10. Able to maintain savings and checking accounts with assistance. (Marked as independent.) 11. Understands financial responsibility. 12. Pays bills with staff assistance. (Marked as independent.) 13. Pays bills independently. 14. Able to independently perceive the need for assistance in financial areas. C. Release of Information 1. Understands to whom the information is to be given. 2. Understands what information is being released. 3. Understands why information needs to be given.			

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	4. Understands how information is to be given. D. Endangered Adults 1. Can identify own status as an endangered adult on basis of diagnosis. 2. Understands the major components of the endangered adult act. 3. Understands the process to use when an endangering situation arises. E. Resident Rights 1. Knows his/her rights. 2. Identifies rights. 3. Is assertive in the utilization and protection of own rights. 4. Understands the process to use if rights are violated. F. Dietary Needs 1. Understands nutrition. 2. Knowledgeable about health risks. 3. Knowledge of diet restriction. 4. Understands choices considering health risks and restrictions. 5. Able to make independent decisions in this area. G. Psychotropic Medication 1. Identifies his/her maladaptive behaviors. 2. Identifies social implications of these behaviors. 3. Knows the purpose of medication. 4. Understands risk/side effects			

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	of medications. 5. Knowledge of REM, Indiana policy regarding psychotropic medications. 6. Understands titration plan and reasons for discontinuing use of the medication. H. IDT (Interdisciplinary Team) Membership 1. Knows what the IDT is and its purpose. 2. Knows who is eligible to be a member of the IDT. 3. Is able to make independent decision as to team participants. I. Behavior Assessment 1. Understands information but intermittently exhibits maladaptive behaviors that can interfere with giving informed consent. J. House Rules 1. Knows that the house has rules to be followed. (Marked as independent.) 2. Is able to identify these rules. 3. Is able to understand and follow the listed house rules. K. Medical treatment Needs 1. Is able to identify pain. (Marked as independent.) 2. Is able to communicate need for treatment. 3. Knows own medical problems.			

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	4. Understands what medical treatment is needed. 5. Understands treatment procedure. 6. Understands implications of medical problems. 7. Understands risks of medical treatments. L. Supervision Level 1. Understands meaning of supervision level. 2. Understands 30 day supervision level policy. 3. Exhibits appropriate pedestrian safety skills. 4. Understands community transportation. 5. Knows home address and phone number. 6. Wears medical information tag, if needed. 7. Can maneuver independently in the community. 8. Interacts in a safe manner with strangers. M. Grievance Policy and Procedure 1. Understands situations when grievance procedure should be used. 2. Can state steps in grievance procedure. 3. Is able to carry out grievance procedure with staff assistance. 4. Is able to carry out grievance procedure independently.			

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	N. Human Rights Committee Membership 1. Understands confidentiality of records and information about others. 2. Understands Resident Rights issues (Refer to E. Resident Rights). 3. Understands Endangered Adult Issues (Refer to D. Endangered Adults). 4. Understands Psychotropic Medication issues (Refer to G. Psychotropic medication). 5. Understands purpose of the Human Rights Committee. 6. Understands aversive vs. (versus) non-aversive behavior shaping. 7. Understands various components of behavior shaping plans." The record review for client #4 was conducted on 1/28/14 at 2:20 PM. The record indicated client #4's diagnoses included, but were not limited to: Bipolar Disorder, Impulse Control Disorder, Mild Mental Retardation, and Quadriparesis with cerebral palsy. The record indicated client #4 was emancipated and did not have a guardian, advocate or health care representative. The Informed Consent Assessment dated 7/30/13 indicated client #3 was not independent in the following skills except for the ones marked independent.			

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	"A. Photograph Consent: 1. Knows what a picture is. (Marked as independent.) 2. Determines what picture is being taken for when approached. (Marked as independent.) 3. Determines when/where picture should be published. B. Authorization to Assist in Financial Affairs 1. Recognizes what money is used for. (Marked as independent.) 2. Understands relative values of money. (Marked as independent.) 3. Selects independent petty cash expenditures (below $30.00). (Marked as independent.) 4. Selects independent moderate cash expenditures ($30.00 to $100.00). 5. Selects independent major cash expenditures (above $100.00). 6. Able to make independent priority decisions regarding expenditures. 7. Budgets money with staff assistance. (Marked as independent.) 8. Budgets money independently. 9. Able to maintain savings and checking accounts independently. 10. Able to maintain savings and checking accounts with assistance. 11. Understands financial responsibility.			

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	12. Pays bills with staff assistance. 13. Pays bills independently. 14. Able to independently perceive the need for assistance in financial areas. C. Release of Information 1. Understands to whom the information is to be given. 2. Understands what information is being released. 3. Understands why information needs to be given. 4. Understands how information is to be given. D. Endangered Adults 1. Can identify own status as an endangered adult on basis of diagnosis. 2. Understands the major components of the endangered adult act. 3. Understands the process to use when an endangering situation arises. E. Resident Rights 1. Knows his/her rights. (Marked as independent.) 2. Identifies rights. (Marked as independent.) 3. Is assertive in the utilization and protection of own rights. (Marked as independent.) 4. Understands the process to use if rights are violated. F. Dietary Needs			

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	1. Understands nutrition. (Marked as independent.) 2. Knowledgeable about health risks. (Marked as independent.) 3. Knowledge of diet restriction. (Marked as independent,) 4. Understands choices considering health risks and restrictions. 5. Able to make independent decisions in this area. G. Psychotropic Medication 1. Identifies his/her maladaptive behaviors. (Marked as independent.) 2. Identifies social implications of these behaviors. (Marked as independent.) 3. Knows the purpose of medication. (Marked as independent.) 4. Understands risk/side effects of medications. (Marked as independent.) 5. Knowledge of REM, Indiana policy regarding psychotropic medications. 6. Understands titration plan and reasons for discontinuing use of the medication. H. IDT (Interdisciplinary Team) Membership 1. Knows what the IDT is and its purpose. 2. Knows who is eligible to be a member of the IDT. 3. Is able to make independent			

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	decision as to team participants. I. Behavior Assessment 1. Understands information but intermittently exhibits maladaptive behaviors that can interfere with giving informed consent. J. House Rules 1. Knows that the house has rules to be followed. (Marked as independent.) 2. Is able to identify these rules. (Marked as independent.) 3. Is able to understand and follow the listed house rules. (Marked as independent.) K. Medical treatment Needs 1. Is able to identify pain. (Marked as independent.) 2. Is able to communicate need for treatment. (Marked as independent.) 3. Knows own medical problems. (Marked as independent.) 4. Understands what medical treatment is needed. (Marked as independent.) 5. Understands treatment procedure. 6. Understands implications of medical problems. 7. Understands risks of medical treatments. L. Supervision Level 1. Understands meaning of supervision level. (Marked as			

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	independent.) 2. Understands 30 day supervision level policy. (Marked as independent.) 3. Exhibits appropriate pedestrian safety skills. 4. Understands community transportation. 5. Knows home address and phone number. 6. Wears medical information tag, if needed. 7. Can maneuver independently in the community. 8. Interacts in a safe manner with strangers. M. Grievance Policy and Procedure 1. Understands situations when grievance procedure should be used. (Marked as independent.) 2. Can state steps in grievance procedure. 3. Is able to carry out grievance procedure with staff assistance. 4. Is able to carry out grievance procedure independently. N. Human Rights Committee Membership 1. Understands confidentiality of records and information about others. 2. Understands Resident Rights issues (Refer to E. Resident Rights). 3. Understands Endangered Adult Issues (Refer to D. Endangered			

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	Adults). 4. Understands Psychotropic Medication issues (Refer to G. Psychotropic medication). 5. Understands purpose of the Human Rights Committee. 6. Understands aversive vs. (versus) non-aversive behavior shaping. 7. Understands various components of behavior shaping plans." Interview with staff #3, Home Manager, on 1/28/14 at 1:00 PM indicated the facility assists the clients when making decisions. 9-3-2(a)			
W000227	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. Based on observation, record review and interview for 1 of 4 sampled clients	W000227	An IDT meeting for Client #2 was held on 2/24/2014 to review her	03/14/2014

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	(client #2), the facility failed to ensure a program was in place to address the client's threats to self-harm. Findings include: During the observation period on 1/27/14 from 3:30 PM to 6:50 PM, client #2 asked to speak to surveyor at 5:30 PM. Client #2 indicated to staff #2, HM (Home Manager), that she could come to her room with surveyor. Client #2 proceeded to tell surveyor and staff #2 that she wanted "to do bad things and hurt herself" and started crying. Staff #2 talked with client #2 and tried to get client #2 to come to kitchen and have some dinner. Client #2 refused and she stayed in her room to calm. Staff #2, HM, checked on client #2 after 5 minutes and got client #2 to come to the kitchen and try to eat. Client #2 ate dinner and washed dishes after dinner. Client #2 appeared calm and went to her room after washing dishes. The record review for client #2 was conducted on 1/28/14 at 9:52 AM. The BSP (Behavior Support Plan) dated 2/24/13 indicated client #2 had the following behaviors: Manipulative Behavior - described as "Gets by authority figures by asking successive persons in authority the same		current Behavior Support Plan and discuss her threats of self harm. Client #2's Behavior Support Plan was revised on 2/25/14 to address threats of self harm. Staff will be trained on the revised plan. No other clients were affected by this deficient practice.At least annually, the IDT will meet to discuss any necessary revisions to Client #2's Behavior Support Plan and Individual Service Plan.Program Director was retrained on ISP and goals on 1/31/2014. Program Director received retraining on active treatment and program implementation on 2/24/2014. Responsible Person: Area Director, Program Director, Home Manager and Behavior Specialist	

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	questions/request until receiving the desired answer or response: exchange items of unequal values to own benefit, e.g. (example) trading a candy bar to get a coat; lies about others to get them into trouble, lies to obtain own goal to avoid repercussions for own behavior. Tries to make male housemates at odds with each other because she does not like them to be friends. This definition also includes false reporting against staff and peers. Attention seeking Behavior - Becomes very loud and exhibits a lot of movement. Attempts to get attention from male housemates. Will interrupt the activities of her housemates in order to bring attention to herself." An interview was conducted with staff #2, HM, on 1/28/14 at 10:30 AM. Staff #2, HM, indicated client #2 was trying to get attention when she said she wanted to hurt herself. Staff #2, HM, indicated she had called the administrator and behaviorist and they had decided to put client #2 on a 1 to 1-1/2 hour check during the night. Staff #2, HM, stated "[Client #2] has a history of saying this when someone new is in the house." Staff #2, HM indicated there was not a plan in place to address how to protect client #2 because she has the Seeking Attention in her behavior			

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	plan. Staff #2, HM, stated "The team did not feel it was necessary to add hurting herself." 9-3-4(a)			
W000312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 4 sampled clients (client #1), the facility failed to ensure the behavior plan addressed client #1's specific behavior and reason why she was taking behavior medication. Findings include: The record review for client #1 was conducted on 1/28/14 at 1:10 PM. The Behavior Guidelines for client #1 were dated 4/11/13. The Behavior Guidelines included the following targeted behaviors: "Childish behaviors - Behavior that is childish in nature such as repeating phrases like 'I can't hear you', or playing pranks on others.	W000312	An IDT meeting for Client #1 was held on 2/24/2014 to review the need for a formal Behavior Support Plan for any specific behaviors and the reason for taking behavior medications. Client #1's Behavior Support Plan was written on 3/1/2014 to address SIB and the use of behavior medications. Staff will be trained on this new plan. No other clients were affected by this deficient practice.At least annually, the IDT will meet to discuss any necessary revisions to Client #1's Behavior Support Plan and Individual Service Plan.Program Director was retrained on ISP and goals on 1/31/2014. Program Director received retraining on active treatment and program implementation on 2/24/2014.	03/14/2014

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONAL SERVICES SUB LLC	317 N MAIN ST HAUBSTADT, IN 47639

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	Verbal Abuse - Threats, mocking or derisive language directed at others that is outside the context of a joke or banter. Temper Outbursts - Periods of intense non-adaptive motor and verbal behavior that is not age-appropriate and that may include crying, verbal abuse and rough misuse of property. Self-Injurious Behavior - Purposely inflicts a flow or bite to self that causes noticeable marking to the body. Property Destruction - Purposely damages own, peer's, agency's or public property resulting in a minor or major replacement cost. Bossing - Acts of telling other consumers or staff members what tasks to complete or not complete. Manipulative Behavior - Gets by authority figures by asking successive persons in authority the same question/request until receiving the desired answer or response; exchanges items of unequal values to own benefit. Temper Outbursts - Periods of intense non-adaptive motor and verbal behavior that is not age appropriate and that may include crying, verbal abuse and rough misuse of property. Instigating - Provoking others to display problem behavior, especially by lying about other's behavior or fabricating stories about others. Inappropriate Sexual Behavior - Any		Responsible Person: Area Director, Program Director, Home Manager and Behavior Specialist	

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	attempts to touch or actual touching or penetration of another's genitals without his/her consent. This also includes actions which are sexual in nature and make others uncomfortable. Physical Assault - Attempted or actual attacks directed at other people that may include striking, kicking, pulling hair, violently pulling clothing or glasses, biting or throwing objects. Intimidation - Verbal/Non-verbal threatening, or being forceful with others. Vacating or Elopement - Vacating will be defined to occur only at times when [client #1] is scheduled to be in a specified environment. Type 3 Resistance - Engages in behavior that poses a physical danger to self and/or others and refuses to cease that behavior, and/or refuses to initiate behavior to decrease the danger. Inappropriate Nudity - Engages in partial or full nudity or genital exposure in view of others in inappropriate locations within the group home setting or other location." The Medication Management data sheet dated 9/26/13 indicated client #1 received Lorazepam .5 mg (milligram) tid (three times a day). The Medication Management data sheet also indicated client #1 had 0 behaviors of tantrums,			

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	property damage, self-injurious behaviors and stealing (from peers in home) in quarter 1 and 2. Interview with staff #3, HM (Home Manager) on 1/28/14 at 2:00 PM stated client #1 had been admitted to the home in March (2013) and the Behavior Guideline was a "blanket" behavior plan, and it was not specific to address client #3's behavioral needs. Staff #3, HM, indicated client #1 did not have any problem behaviors. Staff #3, HM, indicated client #1 received the Lorazepam for anxiety. 9-3-5(a)			
W000436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review and interview for 1 of 4 sampled clients (client #2), the facility failed to ensure the client wore OCDs (Orthotic shoe	W000436	An IDT meeting was held on 2/24/2014 for Client #2 to discuss her need to wear orthotic shoe inserts. The orthotic shoe inserts have been added to the MAR to	03/14/2014

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	inserts) in her shoes. Findings include: During the observation period on 1/28/14 from 6:30 AM to 8:00 AM, client #2 came to the medication area and removed her tennis shoes to receive a foot treatment. The tennis shoes she was wearing were worn and did not have any inserts inside the shoes. The record review for client #2 was conducted on 1/28/14 at 9:52 AM. The Podiatrist appointment form dated 4/14/13 indicated client #2 was to "Wear OCD's all time in shoes." Interview with staff #3, HM (Home Manager), on 1/28/14 at 1:30 PM indicated client #2 was directed to wear the OCDs. Staff #3, HM, indicated they should have been in the shoes. 9-3-7(a)		ensure that staff reminds Client #2 to wear her inserts daily. No other clients were affected by this deficient practice.At least annually, the IDT will meet to discuss any necessary revisions to Client #2's Individual Service Plan. Program Director was retrained on ISP and goals on 1/31/2014. Program Director received retraining on active treatment and program implementation on 2/24/2014. Responsible Person: Area Director, rogram Director, Home Manager and Direct Support Professionals	