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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G394 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 11/04/2011 |
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| NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 701 RILEY BLVD BEDFORD, IN47421 |
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| W0000 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: November 1, 2, 3 and 4, 2011.</p> <p>Facility Number: 000908 Provider Number: 15G394 AIM Number: 100244380</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/17/11 by Ruth Shackelford, Medical Surveyor III.</p> | W0000 | | |
| W0198 | <p>Clients who are admitted by the facility must be in need of and receiving active treatment services.</p> <p>Based on observation, interview and record review for 1 of 4 clients in the sample (#2), the facility failed to ensure client #2 was in need of and received active treatment services.</p> <p>Findings include:</p> <p>Observations were conducted at the group</p> | W0198 | <p>TSI/Indiana Mentor is planning to appeal this citation for Client #2. While waiting to appeal, the team had an IDT with and for Client #2 on 11/28/2011 with BDDS. At this time, Client #2's ISP was updated to address his needs for independence more effectively. Staff will be trained on this updated ISP on 12/1/2011. Client #2's 450B has been completed and turned into</p> | 12/04/2011 |

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>home on 11/2/11 from 5:59 AM to 8:12 AM and 3:15 PM to 5:53 PM. Client #2 came out of his room during the morning observations at 7:21 AM. Client #2 did not receive medications (none ordered). At 3:15 PM, upon arrival to the group home for evening observations, client #2 was outside with staff #4. He indicated he worked from 10:00 AM to 2:00 PM painting the kitchen at the group home with the maintenance staff. He indicated he played video games and listened to music the rest of his day. At 4:03 PM, client #2 assisted client #3 to start playing a video game. Client #2 hooked the cords into the back of the television, changed inputs on the television and got the game up and running for his housemate independently. At 5:41 PM after finishing his dinner, client #2 independently took his dishes to the kitchen and started loading the dishwasher independently.</p> <p>On 11/2/11 at 7:25 AM, client #2 was interviewed. Client #2 indicated he was at a higher functioning level than his peers at the group home. He indicated he did not fit in; he thought the town was too small with not enough to do. He indicated he had no one to talk to except the staff. He indicated all his friends were in the [name of city] area. He indicated he likes to spend money and was working on his budgeting skills. Client #2</p> | | BDDS and a new DDP was completed on 11/28/2011. A new level of care has also been requested. Responsible Party: Home Manager, Program Director, and Area Director. | | |

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| | <p>indicated he made the calls to Vocational Rehabilitation to get a job coach to assist him with finding community employment. He indicated his deficits included budgeting his money and temper. He indicated he wanted to be active and involved in community activities which he was getting in his current placement but not to the extent he wanted. Client #2 indicated while looking for community employment he was working with the facility's maintenance staff painting. He indicated he was not attending a workshop or day program. A follow-up interview was conducted with client #2 on 11/2/11 at 4:05 PM. Client #2 indicated he was able to do the following independently: cook an entire meal from scratch or using a recipe, clean and use cleaning chemicals, read, bathe, schedule appointments and make medical decisions. Client #2 indicated he was not currently taking medications; he indicated he felt he could be independent in this area. Client #2 indicated he knew to call 911 in an emergency.</p> <p>A review of client #2's record was conducted on 11/3/11 at 10:12 AM. -His Individualized Support Plan (ISP), dated 9/22/11, indicated client #2 was emancipated. The ISP indicated his diagnoses included Mild mental retardation and mental disorder due to</p> | | | | |

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| | <p>traumatic brain injury. The ISP indicated the dining skills assessment indicated he was independent. The ISP indicated he could independently care for his glasses and solve problems (in most areas). The ISP indicated he was independent in the following areas: safely mixing water, evacuating during fire drills, perform household tasks, personal hygiene and leisure skills. The ISP indicated he had the following training objectives: participate in at least one community activity each week, exercise for 10 minutes at least three times per week, complete daily household chore, thoroughly clean bedroom one time per week, complete all steps to do his laundry, prepare a side dish for dinner one time per week, work with job coach to obtain community employment, administer as needed medications, complete a page out of his math workbook two times per week, write a budget and put back at least 10% of his check to save to purchase larger items, and earn weekend privileges when he exhibits no targeted behaviors for the entire week.</p> <p>-Client #2's progress on his training objectives in May 2011 indicated 100% success rate.</p> <p>-Client #2's progress on his training objectives in June 2011 indicated 100% success rate with the exception of 95% for hygiene.</p> | | | |

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| | <p>-Client #2's progress on his training objectives in July 2011 indicated 100% success rate for hygiene, behavior and 96% for personal safety skills.</p> <p>-Client #2's progress on his training objectives in August 2011 indicated 100% success rate with the exception of a 90% for community safety skills and 92% for math skills.</p> <p>-Client #2's progress on his training objectives in September 2011 indicated 100% success rate with the exception of 90% for community safety skills and 86% for math skills.</p> <p>-The Hot Water Temperature Control assessment, dated 9/29/11, indicated he was independent in all aspects of controlling the temperature of water.</p> <p>-The Community Orientation Assessment, dated 9/29/11, indicated client #2 was independent in all areas except acting appropriately in a normal public situation. The assessment indicated he was able to give his home address and phone number, use a public phone and restroom, use public transportation, cross the street safely, use a phone book, call for help if lost, identify stores and what they sell and walk or ride to a familiar place over 1.4 miles away.</p> <p>-The Pedestrian Safety Test, dated 9/29/11, indicated he was independent at identifying traffic lights and crosswalk lights and, stop, yield, danger, keep out,</p> | | | | | | |

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| | <p>information, enter and exit, no trespassing, and telephone signs.</p> <p>-The Pro-Social Skills Assessment, dated 9/29/11, indicated client #2 could do the following: listening to others, ask for help, follow instructions, complete assignments, contribute to discussions, offer help to a supervisor, ask questions, make corrections, deciding on something to do, set a goal, introduce himself, begin and end a conversation, join in an activity, play a game, ask for a favor, offer help to a peer, give and accept a compliment, suggest an activity, identify feelings, recognize another's feelings, express concern for another, reward himself, ask permission, accept consequences, negotiate, deal with boredom, make a complaint, deal with losing, showing good sportsmanship under winning and losing conditions, dealing with embarrassment, react to failure, say no, deal with group pressure, and make a thoughtful decision.</p> <p>-The Camelot Behavioral Checklist, dated 9/29/11, indicated he was independent in the following areas: eating, dressing and undressing, toileting, knowledge of self, bathing, hair care, grooming (except brushing teeth and shaving), balance, walking, posture, body movements, hand movements, sensory development, house cleaning, clothing care, cooking, yard care, care maintenance, operation of appliances, work related skills, job skills,</p> | | | |

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| | <p>shopping (except "resists 'high pressure' sales"), transportation, time, expressive language, reading (except remembering what he read), writing, using telephone, spectator activities, participation, response to emergencies and security.</p> <p>-The Informed Consent - Skills List, dated 9/29/11, indicated client #2 was able to give photograph consent, assist in financial affairs (except prioritizing decisions regarding expenditures, budgeting, and maintaining savings and checking accounts independently), release of information, endangered adults, resident rights, interdisciplinary team membership, behavior assessment, house rules, medical treatment, supervision level, grievance policy and procedure, and human rights committee membership.</p> <p>An interview with direct care staff (DCS) #4 was conducted on 11/2/11 at 4:57 PM. Staff #4 indicated client #2 needed to be in a higher functioning group home. She indicated he had complained to her numerous times about not fitting in at the group home with his peers. DCS #4 indicated client #2 needed more peer interaction. DCS #4 indicated client #2 was independent in most areas.</p> <p>An interview with DCS #7 was conducted on 11/2/11 at 5:12 PM. DCS #7 indicated client #2 did not fit in at the home due to</p> | | | | |

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| | <p>being much higher functioning than the other clients. DCS #7 indicated client #2 wanted to be out doing things and going places but was unable to do so since his peers liked to stay home. DCS #7 stated client #2 "can do everything, nothing he can't do." DCS #7 indicated client #2 did not need to be in a group home. DCS #7 stated client #7 was "very smart." DCS #7 indicated client #2 discussed with her several times about being frustrated in his current living situation.</p> <p>An interview with client #2's co-worker (maintenance staff) was conducted on 11/2/11 at 3:28 PM. His co-worker indicated client #2 was a great worker. He indicated he had no issues or concerns with client #2's job performance or behavior. He indicated client #2 carries his own money. He indicated client #2 did not fit in with the rest of the clients at the group home due to being higher functioning than everyone else. Client #2 had expressed his concerns to him multiple times and indicated he did not fit in. Client #2's co-worker indicated client #2 was a quick learner and great in social situations. Client #2's co-worker stated client #2, "knows no strangers."</p> <p>An interview with the home manager (HM) was conducted on 11/3/11 at 11:12 AM. The HM stated client #2 was "really</p> | | | |

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| W0336 | <p>high functioning" for the home. The HM indicated client #2's peers were much lower functioning. The HM indicated client #2 would be happier in a higher functioning home. The HM indicated he was able to do most things independently however he, at times, refuses to do so. The HM indicated he was able to read, cook, administer as needed medications, call 911 and would not sign anything unless he read it first. The HM indicated transportation was the main area of client #2's staff dependence.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/3/11 at 11:12 AM. The QMRP stated client #2 was a "good waiver candidate." He needs some support but would be a better fit with higher functioning peers. The QMRP indicated he completed most tasks with minimal assistance.</p> <p>9-3-4(a)</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview for 4 of 4 clients in the sample (#2, #3, #5 and #7), the facility failed to ensure</p> | W0336 | TSI/Indiana Mentor is committed to providing required reviews of clients' health by completing | 12/04/2011 | |

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| | <p>nursing quarterly exams were conducted.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 11/3/11 at 10:12 AM. There were no nursing quarterly reviews conducted between December 2010 and 8/29/11.</p> <p>A review of client #3's record was conducted on 11/3/11 at 11:05 AM. There were no nursing quarterly reviews conducted between 3/18/11 and 8/29/11.</p> <p>A review of client #5's record was conducted on 11/3/11 at 11:28 AM. There were no nursing quarterly reviews conducted between 12/28/10 and 8/29/11.</p> <p>A review of client #7's record was conducted on 11/3/11 at 11:39 AM. There were no nursing quarterly reviews conducted between 12/28/10 and 8/29/11.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/3/11 at 10:49 AM. The QMRP indicated the previous nurse, who was no longer employed by the facility, did not conduct the nursing quarterlies.</p> <p>An interview with the Nursing Supervisor (NS) was conducted on 11/3/11 at 10:53</p> | | <p>routine nursing exams.A tracking system has been developed to ensure all required client reviews are completed timely. This system will be maintained by the Health Services Supervisor.The nurse for this home will be trained on this tracking system on 11/29/2011.Responsible Party: Health Services Supervisor, Program Director, and Area Director.</p> | |

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| | AM. The NS indicated the previous nurse did not conduct the quarterlies in March 2011 and June 2011. The NS indicated the quarterlies were not conducted. 9-3-6(a) | | | | |