STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G300		02/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONAL SERVICES SUB LLC	110 W PIKE ST MARTINSVILLE, IN 46151

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W 0000 Bldg. 00	This visit was for a Post Certification Revisit (PCR) to the full recertification and state licensure survey completed on 12/14/15. Survey Dates: February 8, 9, 10 and 11, 2016 Facility Number: 000819 Provider Number: 15G300 AIM Number: 100249100 This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/16/16.	W 0000		
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 clients in the sample (#5), the facility's nursing services failed to develop and implement a plan/protocol to address client #5's recurring issues with ulcerations to his feet in a timely manner. The facility's nursing services	W 0331	Skin Integrity and Osteomyelitis Protocols have been developed and all staff have been trained on these protocols for Client #5. The Nurse was retrained on 2/19/16 on completing protocols timely and including appropriate nursing interventions for staff to follow for client health and safety. The	02/19/2016

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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	failed to indicate in the plan the nursing interventions. Findings include: On 2/8/16 from 3:57 PM to 5:39 PM, an observation was conducted at the group home. During the observation, client #5 was wearing a surgical shoe on his left foot. Client #5 was sitting in a recliner with his feet elevated from 3:57 PM to 4:56 PM when he got up to take his medications. At 5:15 PM, client #5 left the group home to eat dinner at a local church. On 2/8/16 at 4:16 PM, the Program Director (PD) indicated client #5 was having on-going issues with his feet. The PD indicated client #5 had an ulcer on his left big toe. The PD indicated there was a protocol in place to address the issue. The PD indicated the direct care staff assess client #5's toe daily. The PD indicated the nurse assessed client #5's toe on a weekly basis. The PD indicated the direct care staff report changes to client #5's toe to the Program Coordinator (PC) who then reported the issue to the nurse. The PD indicated the staff was trained by the nurse. The PD indicated the issues with client #5's feet started in June 2015. The PD indicated there was no documentation the ulcers		Program Director will review the Nursing Monthlies each month and will follow up with the Nurse to determine whether there is need of completion of appropriate protocols if there are changes in health conditions of clients. Responsible party: Area Director	

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	were decubiti or pressure ulcers. On 2/8/16 at 4:20 PM, a review of client #5's record was conducted. Client #5's record indicated the following appointments related to his feet: -On 6/8/15, client #5 was seen by a podiatrist. The Medical Appointment Form (MAF) indicated, "(Left) hallux (big toe) ulceration." -On 6/11/15, client #5 was seen by his primary care physician. The MAF indicated, "(Check) ultrasound (left) leg... (Change) antibiotic ointment... BID (two times a day) (for) 2 weeks to great toe...." -On 6/15/15, client #5 was seen by a podiatrist. The MAF indicated, "(left) hallux ulcer...." -On 6/30/15, client #5 was seen by his PCP. The MAF indicated, "...heel raises every commercial while watching TV. Encourage activity." -On 7/1/15, client #5 was seen by a podiatrist. The MAF indicated, "Wound distal (situated away from the center of the body) hallux. Keep DSG (dressing) intact. Change 2-3 days. WBAT (weight bearing as tolerated) (left) foot." -On 7/15/15, client #5 was seen by his physician. The MAF indicated, "Keep meds the same. OK (with) refusal to wear compression stockings." -On 7/17/15, client #5 was seen by a			

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	podiatrist. The MAF indicated, "Dressing clean, dry, intact 1 week. Call clinic if SOI (signs of infection). Continue boot." -On 7/24/15, client #5 was seen by his physician. The MAF indicated, "Cellulitis/abscess of 3rd toe on right foot. Cellulitis of right leg below the knee. Elevate legs while (at) rest." -On 7/27/15, client #5 was seen by his physician. The MAF indicated, "Sit in recliner to elevate leg. Needs to wear compression stocking on (right) leg." The Assessment section indicated, "Cellulitis/abscess of a toe/right 3rd toe." -On 7/30/15, client #5 was seen by his physician. The MAF indicated, "Seems to be doing the same. No (change) in meds. Continue (with) compression stockings (and) elevate, elevate, elevate." -On 7/31/15, client #5 was seen by his podiatrist. The MAF indicated, "WBAT. Post-op shoe (right) foot. Keep dressing intact (right) foot. Monitor for signs of infection." -On 8/7/15, client #5 was seen by his podiatrist. The MAF indicated, "Weight bearing in post op shoes bilaterally (both feet). Keep dressing CDI (clean, dry, intact). (Change) every other day (with) 4 x (by) 4 kerlix (bandage)." -On 9/25/15, client #5 was seen by his podiatrist. The MAF indicated, "Dressing changes every 2-3 days.			

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	Weight bearing in post-operation surgical shoe (left) foot. Notice for any signs of infection including redness, drainage, swelling." -On 10/2/15, client #5 was seen by his podiatrist. The MAF indicated, "Post op shoe left foot. Keep DSG clean, dry, intact. (Change) (every) 2-3 days." -On 10/11/15, client #5 was seen by his podiatrist. The MAF indicated, "Change DSG (every) 2-3 days. Post op shoe on (left) when ambulating." -On 10/20/15, client #5 was seen by his physician. The MAF indicated, "Continue current (treatment) plan. Change dressing daily. Must wear sx (surgical) shoe. RTC (return to clinic) 2 weeks." -On 11/3/15, client #5 was seen by his podiatrist. The MAF indicated, "Wants to see in 2 weeks after new shoe." -On 12/1/15, client #5 was seen by his physician. The MAF indicated, "(No) new changes. (No) signs of infection. Full thickness wound (decrease) size. No dressing needed." -On 12/17/15, client #5 was seen by his physician. The MAF indicated, "Full thickness wound (left) hallux. (No) SOI (signs of infection). Plan: Continue WB (weight bearing) as tolerated. Full thickness debridement #15 blade (with) no complications. Bandage over wound daily. F/U (follow up) 2-3 weeks."			

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	-On 1/6/16, client #5 was seen by his physician. The MAF indicated, "Wound left hallux decreasing in size. No signs of infection. Debridement performed #15 blade. No complications. Plan: Fitted for shoes today. 4 wk (week) f/u. WBAT." -On 1/19/16, client #5 was seen by his physician. The MAF indicated, "Stasis dermatitis (skin changes that occur in the leg as a result of "stasis" or blood pooling from insufficient venous return) - encourage compression stockings. Daily unscented lotion to B/L (bilateral) lower legs." -On 2/3/16, client #5 was seen by his physician. The MAF indicated, "Full-thickness wound left hallux. Acute cellulitis left hallux. WBAT in post-op shoe...." Client #5's 2/5/16 Alteration in Skin Integrity Protocol indicated, in part, "Give a brief description of the problem/contributing factors: Alteration in skin integrity is when an area of dead or dying skin cell occurs as a result of an interruption of blood flow to an area due to pressure. Pressure must be relieved for healing to occur. States of impairment may be from redness of intact skin to full thickness skin loss with destruction or damage to muscle, bone, or supporting tissues. Risk factors include decreased			

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	mobility, age, poor nutrition, bowel and/or bladder incontinence, poor pain sensation and altered mental status. [Client #5] has a hx (history) of skin breakdown occurring to his left and/or right foot great toe. [Client #5] has poor circulation to his bilateral lower legs and feet. He should wear TED hose (compression stockings) but it is believed that the TED hose could be causing the pressure areas. He has ordered and just received special shoes to assist with not getting open areas to this feet. He often develops cellulitis when he does not wear his TED hose. His feet are inspected daily and calls placed to his doctor as soon as an area occurs." The Preventative Measures section indicated, "Encourage and assist client to frequently reposition his feet and legs and to elevate as much as possible. Assist [client #5] to maintain clean, dry skin, and follow doctor orders. Follow all physician orders for treatment. Monitor skin daily and report any re/open areas as soon as they occur. If the client is incontinent, assist with clean up and clothing change as soon as they are wet/soiled. Monitor daily hygiene to ensure that the client has good hygiene habits. Whenever [client #5] has any alteration to skin integrity, he is to be evaluated by the primary care physician or podiatrist as soon as the alteration is noted."			

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	On 2/10/16 at 2:00 PM, a review of client #5's 4/21/15 Risk Management Assessment and Plan (RMAP) indicated in the pressure sores/skin ulcers sections, "Does not present a risk." The RMAP indicated, in part, "[Client #5] has had cancerous sores removed from his scalp and shoulder in the past couple of years. [Client #5] is monitored closely by the nurse at least quarterly, and his PCP regularly monitors for any changes in his skin or for any open sores." There was no documentation in client #5's record the nurse developed and implemented a plan to address client #5's recurring issues with his feet prior to 2/5/16. Client #5's skin integrity protocol did not include nursing interventions. There was no documentation the physician's and podiatrist's recommendations were included in a plan. On 2/8/16 at 5:26 PM, the Licensed Practical Nurse (LPN) indicated she was unsure what was causing the ulcers to client #5's feet. The LPN stated client #5 had "terrible circulation." The LPN indicated client #5 had special socks, shoes and compression hose tried both on and off over the past several months. The LPN indicated when client #5 wore			

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	compression hose, his toes get ulcers. The LPN indicated when client #5 did not wear the compression hose, his legs swelled. The LPN indicated client #5 had several tests conducted over the past several months. The LPN indicated the areas heal and then open up. The LPN indicated originally the open area was on his right foot but he currently had an open area on his left great toe. The LPN indicated a protocol was implemented and the staff was trained on 2/5/16. The LPN indicated client #5's dressing was being changed daily. The LPN indicated the staff training included her showing staff how to change his dressing. The LPN indicated client #5 got a recliner to elevate his feet. The LPN indicated the protocol was written last week (2/5/16). The LPN indicated client #5 should have had a protocol in place prior to last week. The LPN indicated last week client #5's toe was fine and then it just opened up. The LPN stated, "There's something I'm not doing." The LPN indicated she did not assess client #5 feet weekly. The LPN indicated this was an on-going issue with client #5's feet. On 2/10/16 at 11:10 AM, the LPN indicated client #5 should have had a plan prior to 5 days ago. The LPN stated, "I probably should have written a plan before." The LPN indicated client #5's			

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	current ulcer was worse than the others. The LPN stated it "just hit me I needed a plan." The LPN indicated prior to last week she did not think about client #5 needing a plan. The LPN stated, "It's hard to think of everything." The LPN indicated she should have developed a plan prior to 2/5/16. The LPN indicated client #5's current skin integrity plan did not include the interventions she was going to implement. The LPN stated it "never occurred to me to write in the interventions I am going to do." The LPN indicated she relied on the staff to assess the area and notify her if there were changes. The LPN indicated client #5 was seen by his physicians on a regular basis. The LPN indicated if client #5 was not being assessed by the physicians on a regular basis, she would have assessed client #5 more frequently. The LPN indicated she assessed client #5 on a quarterly basis. The LPN indicated she would now assess client #5 weekly until the area was healed. On 2/10/16 at 1:27 PM, the Program Director (PD) indicated the staff trainings on 7/15/15 and 9/1/15 addressed monitoring client #5's toe and reporting changes. The PD indicated the recommendations and physician's orders were communicated to the staff using a dry erase board in the office area of the			

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	group home. The PD indicated client #5's current Individualized Support Plan did not address his recurrent issues with ulcers on his feet. The PD indicated the ISP listed his diagnoses including venous insufficiency. The PD stated, "there probably should have been a plan" prior to 2/5/16 to address client #5's recurring issues with ulcers on his feet. On 2/10/16 at 1:49 PM, the PD indicated the skin integrity protocol should indicate both the direct care staff and the nurse's responsibilities for assessing his feet. This deficiency was cited on 12/14/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-6(a)			
W 9999 Bldg. 00		W 9999	n/a	02/19/2016