

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G515		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/05/2013	
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 359 W 47TH ST INDIANAPOLIS, IN 46208			
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W000000	<p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: March 26, 27, 28, and April 5, 2013</p> <p>Facility Number: 001029 Provider Number: 15G515 AIMS Number: 100245200</p> <p>Surveyor: Vickie Kolb, RN, BSN, Public Health Nurse Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 15, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000					

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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W000125	<p>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.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (#3) and 2 additional clients (#7 and #8), the facility failed to ensure the rights of each client in regard to restricting clients #3 and #7 from their clothing and/or personal items in their closets and restricting client #8 from her clothing.</p> <p>Findings include:</p> <p>1. During observations at the group home on 3/27/13 between 5:45 AM and 9 AM, client #3's and client #7's closet doors were locked.</p> <p>Interview with staff #4 on 3/27/13 at 6:30 AM indicated client #7's closet door was locked because client #7 would ball his clothes up and throw them away. Staff #4 indicated client #3's closet door was locked because of client #7's behaviors and to protect client #3's clothing. Staff #4 indicated clients #3 and #7 did not have a key to unlock their closets and had to ask the staff to unlock the closet doors for them.</p>	W000125	<p>Area Director will retrain PD on programmatic requirements for all client restrictions; including ISP, BSP and HRC inclusion.</p> <p>In conjunction with the IDT, Program Director will determine need for and plan to access needed restrictions for client #7 & #8.</p> <p>Program Director will review and amend Behavior Support Plan's to include targeted behaviors and restrictions as determined through IDT.</p> <p>Program Director will amend ISP to identify restrictions for all clients it affects and how the clients will be able to access the restricted items.</p> <p>Program Director will obtain guardian and Human Right Committee approval for all restrictions.</p> <p>Home Manager will retrain staff on all amended programming associated with the restrictions.</p> <p>Home Manager will complete active treatment observations 3xs weekly for 30 days to ensure appropriate implementation of restrictions.</p> <p>Ongoing, Home Manager will complete active treatment observations per established</p>	05/05/2013			

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	<p>Review of the facility HRC (Human Rights Committee) notes for 11/14/12 indicated "locked closet" for client #7. The HRC notes indicated no explanation as to why client #7 was to have a locked closet.</p> <p>Client #7's record was reviewed on 3/27/13 at 3 PM. Client #7's record indicated client #7 was represented by a legal guardian. Client #7's record indicated no written informed consent from the client and/or guardian for the practice of restricting client #7 from his clothing and/or personal items in his closet.</p> <p>Client #3's record was reviewed on 3/27/13 at 3 PM. Client #3's record indicated client #3 was represented by a legal guardian. Client #3's record indicated no written informed consent from the client and/or guardian to restrict client #3 from his clothing and/or personal items in his closet.</p> <p>Interview with the PD (Program Director) on 3/28/13 at 2 PM indicated the facility had not obtained written informed consent from client #3's and client #7's legal guardians to lock the client's bedroom closet doors.</p>		<p>frequency for HM observations. Responsible Party: Area Director, Program Director, Home Manager</p>		

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	<p>2. During observations at the group home on 3/27/13 between 4:30 PM and 6:30 PM, the staff was observed retrieving clothing from the shed outside of the group home. Several boxes overflowing with clothing were in the shed.</p> <p>Interview with the HM (Home Manager) on 3/27/13 at 4:35 PM indicated client #8's clothing was stored in the shed due to client #8's behaviors of shredding her clothing.</p> <p>Interview with the PD on 3/28/13 at 8 AM indicated client #8's clothing was also stored in the laundry area of the group home.</p> <p>Client #8's record was reviewed on 3/28/13 at 11 AM. Client #8's BSP indicated client #8 had a targeted behavior of shredding clothing, her and/or other clients' clothing. The BSP indicated a scheduled clothing change of when client #8 was to be permitted to change her clothing. The BSP did not indicate client #8 was to be restricted from her clothing and/or her clothing was to be stored in the shed outside of the group home. Client #8's record indicated client #8 had a legal guardian. Client #8's record indicated no verbal and/or written consent from the client and/or guardian for the practice of restricting client #8 from her</p>				

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	<p>clothing and/or removing her clothing from the home and storing it in the shed outside of the group home.</p> <p>Review of the facility HRC notes for 11/14/12 indicated client #8 had a "cloth restriction." The facility HRC notes did not indicate client #8's clothing was to be removed from her room and/or stored in the shed outside of the group home.</p> <p>Interview with the PD on 3/28/13 at 2 PM indicated the facility had not obtained written informed consent from client #8's legal guardian to remove client #8's clothing from her bedroom and/or to store client #8's clothing in the shed outside of the group home.</p> <p>9-3-2(a)</p>			

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 2 injuries of unknown origin, the facility failed to ensure client #8's injury of unknown origin was investigated.</p> <p>Findings include:</p> <p>The facility's records and reportable incidents were reviewed on 3/26/13 at 2:15 PM. A BDDS (Bureau of Developmental Disabilities Services) report of 12/8/12 at 4:10 PM indicated "staff called on (sic) stating that [client #8] returned from day placement today and notice (sic) unknown bruises under her [client #8's] left arm and on her left knee. [Client #8's] program director will conduct an investigation." The facility's records indicated no investigation for client #8's injuries of unknown origin reported on 12/8/12.</p> <p>Telephone interview with the AD (Area Director) on 4/5/13 at 12:15 PM indicated client #8's injuries of unknown origin reported on 12/8/12 were not investigated.</p> <p>9-3-2(a)</p>	W000154	<p>Area Director will retrain Program Director on the investigation of reportable incidents within 5 business days.</p> <p>Program Director will complete all BDDS reportable incidents that require an investigation for consumers in the home.</p> <p>Area Director and Quality Assurance Specialist tracks all BDDS reportable incidents by date and all investigations needed for reports.</p> <p>Responsible Party: Area Director, Program Director, Quality Assurance Specialist.</p>	05/05/2013			

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W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the Interdisciplinary Team (IDT) conducted a financial assessment that included the amount of money the clients could carry independently.</p> <p>Findings include:</p> <p>Client #1's, #2's, #3's and #4's financial records were reviewed on 3/27/13 at 11:30 AM.</p> <p>_____ Client #2's COHR (cash on hand record) indicated client #2 was given the following amounts of money for personal spending: \$30.00 on 12/24/12, \$15.00 on 11/16/12, \$5.00 on 10/10/12 and \$20.00 on 8/21/12. Client #2's COHR indicated the client was given \$35 on 9/28/12 for an "outing, store, dinner and bowling." Client #2's financial records indicated no receipts for the money given to client #2 on 12/24/12, 11/16/12, 10/10/12, 9/28/12 and 8/21/12.</p> <p>_____ Client #3's COHR indicated client</p>	W000210	<p>Area Director will retrain Program Director and Home Manager on conducting assessments and re-assessments for individual programming; including financial assessments.</p> <p>Program Director will complete financial assessments for all clients in the home with conjunction of IDT to determine how much money each client can carry independently.</p> <p>Program Director will amend ISP and associated financial goals (as needed) to include this assessed amount,</p> <p>Home Manager will retrain all staff on amended ISP's and goals.</p> <p>Responsible Parties: Area Director, Program Director, Home Manager</p>	05/05/2013			

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	<p>#3 was given the following amounts of money for personal spending: \$20.00 on 12/21/12, \$10.00 on 11/29/12, \$15.00 on 10/12/12 and \$20.00 on 9/28/12 for an "outing, dinner and bowling." Client #3's financial records indicated no receipts for the money given to client #3 on 11/21/12, 11/29/12, 10/12/12 and 9/28/12.</p> <p>_____ Client 1's and #4's COHRs indicated no COH and/or purchases made by clients #1 and/or #4.</p> <p>Review of the facility HRCA (Human Rights Committee Agenda) notes of 2012/2013 on 3/27/13 at 1 PM indicated:</p> <p>_____ Client #1 - "Money management \$5.00 on person to purchase a pop and items from vending machine and Stores."</p> <p>_____ Client #2 - "Money management \$1.50 on person to purchase a pop and items from vending machine."</p> <p>_____ Client #3 - "Money management \$1.50 on person to purchase a pop and items from vending machine."</p> <p>Client #1's record was reviewed on 3/27/13 at 12 PM. Client #1's ISP (Individual Support Plan) of 11/30/12 indicated once a week client #1 had a goal to go to the store of her choice and make a purchase. Client #1's record did not indicate an assessment of how much money client #1 could carry responsibly.</p>						

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	<p>Client #2's record was reviewed on 3/27/13 at 1:30 PM. Client #2's ISP of 8/18/12 indicated client #2 had a monthly goal to go to the bank and independently withdraw \$30 from his checking account. Client #2's record did not indicate an assessment of how much money client #2 could carry responsibly.</p> <p>Client #3's record was reviewed on 3/27/13 at 3 PM. Client #3's ISP of 6/24/12 indicated client #3 had a goal to go to the store one time a month and make a \$5 purchase. Client #2's record did not indicate an assessment of how much money client #2 could carry responsibly.</p> <p>Client #4's record was reviewed on 3/28/13 at 11 AM. Client #4's ISP of 2/27/13 indicated client #4 had a goal to identify a penny, dime and nickel. Client #4's record did not indicate an assessment of how much money client #4 could carry responsibly.</p> <p>Interview with the HM (House Manager) on 3/27/13 at 11:30 AM indicated clients #1, #2, #3 and #4 were not independent with their finances and needed assistance. The HM indicated clients #1 and #4 had recently been admitted to the facility and were waiting on their money to be set up in their accounts. The HM indicated the</p>			

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	<p>purchases made by the clients for personal spending was not recorded and no receipts were collected as "it's their money to do with what they want." The HM indicated she did not know how much money clients #1, #2, #3 and #4 could carry responsibly.</p> <p>Interview with the AD (Area Director) on 3/28/13 at 2 PM indicated clients #1, #2, #3 and #4 were not independent with their finances and needed assistance. The AD indicated the clients' records did not include an assessment of how much money the clients could carry responsibly.</p> <p>9-3-4(a)</p>			

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W000227	<p>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 3 of 4 sampled clients (#1, #3 and #4), the ISP (Individual Support Plan) failed to include objectives to address the clients identified training needs in regard to meal preparation and client #7's behavior of balling up his clothing and throwing them away.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 3/27/13 at 12 PM. Client #1's CFA (Comprehensive Functional Assessment) dated 11/5/12 indicated client #1 "needs training" to prepare a meal and/or to bake, fry and grill food. Client #1's ISP indicated no objectives to assist client #1 with meal preparation.</p> <p>Client #3's record was reviewed on 3/27/13 at 3 PM. Client #3's ISP of 6/24/12 indicated client #3 had a diagnosis of, but not limited to, "Legally Blind." The ISP indicated client #3 was "non-verbal" and required hand over hand assistance to prepare a meal. Client #3's CFA dated 5/24/12 indicated client #3</p>	W000227	<p>Program Director will retrain Home Manager on accuracy of completing annual comprehensive assessments to reflect client changes and progressions. Home Manager will review and update all assessments in the home to reflect clients' current level of performance. In conjunction with the IDT, Program Director will determine which training needs will be identified as priority objectives and continue to update goals on a quarterly basis. Program Director will amend the ISPs to identify any revised objectives as stated above. Program Director will update training objects for the consumers as stated above. Home Manager will retrain staff on all revised ISPs and training objectives Home Manager will complete active treatment observations 3xs weekly for 30days to ensure adequate goal implementation. Ongoing, Home Manager will complete observations per established frequency for HM observations Responsible Party: Program Director and Home Manager</p>	05/05/2013			

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	<p>"needs training" with preparing food that requires mixing and/or not mixing, baking/frying/broiling food and preparing a complete meal. Client #3's ISP indicated no training objectives to assist client #3 with food preparation.</p> <p>Client #4's record was reviewed on 3/28/13 at 11 AM. Client #3's CFA dated 1/30/13 indicated client #4 "needs training" with preparing food requiring mixing and/or no mixing, selecting proper pans for the mode of cooking, to bake/broil/fry and/or saute foods and to prepare a complete meal. Client #4's ISP of 2/27/13 indicated client #4 was not capable of food preparation. Client #4's ISP indicated no training objectives to assist client #4 with food preparation.</p> <p>Client #1's, #3's and #4's ISPs indicated the clients' CFAs were completed by the HM, the PD and the facility nurse.</p> <p>Interview with the HM (Home Manager) on 3/27/13 at 6:10 AM indicated clients #1, #3 and #4 required assistance with meal preparation. The HM indicated client #3 was blind and required staff assistance with all aspects of his daily living skills.</p> <p>Interview with the PD (Program Director) on 3/27/13 at 7:30 AM indicated clients</p>				

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	<p>#1, #3 and #4 could not prepare a meal independently and required staff assistance and supervision.</p> <p>2. During observations at the group home on 3/27/13 between 5:45 AM and 9 AM, client #3's and client #7's closet doors were locked.</p> <p>Interview with staff #4 on 3/27/13 at 6:30 AM indicated client #7's closet door was locked because client #7 would ball his clothes up and throw them away. Staff #4 indicated client #3's closet door was locked because of client #7's behaviors and to protect client #3's clothing.</p> <p>Review of the facility HRC (Human Rights Committee) notes for 11/14/12 indicated "locked closet" for client #7. The HRC notes indicated no explanation as to why client #7 was to have a locked closet.</p> <p>Client #7's record was reviewed on 3/27/13 at 3 PM. Client #7's BSP (Behavior Support Plan) of 8/30/12 indicated targeted behaviors of extreme irritability, verbal abuse, physical assault, obsessive behaviors and temper outbursts. Client #7's BSP indicated no behaviors and/or plan in place requiring client #7's restriction from clothing and/or personal items in his bedroom closet.</p>			

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	<p>Interview with the PD (Program Director) on 3/28/13 at 2 PM indicated client #7's behavior of balling up his clothes and throwing his clothes away "should be in his plan (BSP)."</p> <p>9-3-4(a)</p>			

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W000232	<p>483.440(c)(4)(iv) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be organized to reflect a developmental progression appropriate to the individual.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#2 and #3), the facility failed to organize the clients objectives to begin with the most logical step given the clients' current functioning levels.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 3/27/13 at 1:30 PM. Client #2's ISP of 8/18/12 indicated client #2 was "not capable" of taking care of his finances and required staff assistance. Client #2's CFA (Comprehensive Functional Assessment) of 6/8/12 indicated client #2 required training to count change, to know about sales tax, to make bank checking and/or savings deposits, to budget his money, to cash checks and/or to understand currency denominations. Client #2's CFA indicated client #2 needs training to buy toilet items, to know food prices, to buy groceries, to know clothing size, to buy his own clothes, to buy varied foods, to resist high pressure sales, to buy through a catalog and/or to buy seasonal clothing. Client #2's ISP indicated client #2 had a monthly goal to go to the bank and</p>	W000232	<p>Area Director will retrain PD on creating training objective to correlate with clients' current functioning level.</p> <p>Program Director will review goals for all consumers in the home and amend (as needed) to begin with the most logical training step based on functioning level.</p> <p>Home Manager will train staff on all newly revised goals.</p> <p>Home Manager will complete active treatment observations 3xs weekly for 30days to ensure adequate goal implementation.</p> <p>Ongoing, Home Manager will complete observations per established frequency for HM observations</p> <p>Responsible Party: Area Director, Program Director, Home Manager.</p>	05/05/2013

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	<p>independently withdraw \$30 from his checking account. Client #2's ISP failed to organize client #2's objectives to begin with the most logical step given client #2's current functioning level.</p> <p>Client #3's record was reviewed on 3/27/13 at 3 PM. Client #3's ISP of 6/24/12 indicated client #3 had a diagnosis of "Legally Blind." The ISP indicated client #3 was "non-verbal" and required hand over hand assistance from the staff to care for his finances. Client #3's CFA dated 5/24/12 indicated client #3 required training to count change, to know about sales tax, to make bank checking and/or savings deposits, to budget his money, to cash checks and/or to understand currency denominations. Client #3's CFA indicated client #3 needs training to buy toilet items, to know food prices, to buy groceries, to know clothing size, to buy his own clothes, to buy varied foods, to resist high pressure sales, to buy through a catalog and/or to buy seasonal clothing. Client #3's ISP indicated client #3 had a financial objective to go to the store 1 time a month and make a \$5 purchase. Client #3's ISP failed to organize client #3's objectives to begin with the most logical step given client #3's current functioning level.</p> <p>Interview with the HM (House Manager)</p>			

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	<p>on 3/27/13 at 11:30 AM. When asked what sequence of skills would the clients need to complete in order make a purchase in the community, the HM indicated the clients should be able to understand the denominations of money, know how to make change, be able to wait for the change and know to wait for a receipt from the store clerk. The HM indicated clients #2 and #3 were not independent with their finances and required assistance from staff to identify and/or count money.</p> <p>9-3-4(a)</p>				

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W000242	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview for 3 of 4 sampled clients (#1, #3 and #4), the ISP (Individual Support Plan) failed to include objectives to address the clients' identified training needs in regard to regulating the water temperatures, tooth brushing, bathing, dressing, dining and toileting.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/27/13 at 12 PM. Client #1's Dental Examination Report of 2/11/13 indicated oral hygiene instructions for the client to brush 2 times daily for 2 minutes at the gum line to remove plaque. Client #1's ISP indicated no objectives to assist client #1 with tooth brushing.</p> <p>Client #3's record was reviewed on 3/27/13 at 3 PM. Client #3's ISP of 6/24/12 indicated client #3 had a diagnosis of, but not limited to, "Legally</p>	W000242	<p>Area Director will retrain Program Director on creating training objectives to correlate with client training needs.</p> <p>In conjunction with the IDT and review or comprehensive assessment, the Program Director will determine which training needs will be identified as priority objectives and continue to update goals on a quarterly basis for all clients in the home.</p> <p>The Program Director will update the ISP and goals to reflect clients training needs as determined above. The Home Manager will train the staff on amended ISP and updated training objectives.</p> <p>Home Manager will complete active treatment observations 3xs weekly for 30days to ensure adequate goal implementation.</p> <p>Ongoing, Home Manager will complete observations per established frequency for HM observations</p>	05/05/2013			

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	<p>Blind." The ISP indicated client #3 was "non-verbal" and required hand over hand assistance from the staff to care for his personal hygiene, grooming, dressing and dining. Client #3's CFA dated 5/24/12 indicated client #3 "needs training" with using a napkin, pouring liquids, choosing the correct dining utensils, passing food, cutting food with a knife, appropriate table etiquette, putting on and removing garments, using zippers, buttons, ties and/or buckles, choosing clean clothing, choosing weather appropriate clothing, going to the toilet, flushing after toileting, using toilet paper and washing his hands after toileting. Client #3's ISP indicated no training objectives to assist client #3 with dining, grooming, dressing, and/or toileting.</p> <p>Client #4's record was reviewed on 3/28/13 at 11 AM. Client #4's CFA dated 1/30/13 indicated client #4 "needs training" with drying himself with a towel, using soap to bathe, rinsing after bathing, using a wash cloth to bathe, washing all parts of his body, preparing the tub/shower for bathing, regulating the water temperature and cleaning the bathroom after bathing. Client #4's ISP of 2/27/13 indicated client #4 was not capable of mixing water safely, required staff assistance to care for his personal hygiene, grooming and bathing. Client</p>						

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	<p>#4's ISP indicated no training objectives to assist client #4 with regulating the water temperature and bathing.</p> <p>Client #1's, #3's and #4's ISPs indicated the clients' CFAs were completed by the HM, the PD and the facility nurse.</p> <p>Interview with the HM (Home Manager) on 3/27/13 at 6:10 AM indicated client #1 required verbal reminders to brush her teeth. The HM indicated client #3 was blind and required staff assistance with toileting, bathing/grooming, dressing and dining. The HM indicated client #4 required prompting to bathe.</p> <p>9-3-4(a)</p>				

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W000312	<p>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 3 of 4 sampled clients receiving medications to control behaviors (#1, #2 and #3), the facility failed to ensure a specific plan of reduction to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/27/13 at 12 PM. The client's BSP (Behavior Support Plan) of 12/7/12 indicated client #1 took Celexa for verbal aggression and irritability. The client's BSP indicated the "Titration criteria: Recommendations for medication review will be based upon data collected through program data forms. Recommendations will be based on data indicated significant, sustained reduction in behavior (e.g.:at least 75% improvement in rate, duration or intensity of behaviors to increase lasting no less than 6 consecutive months unless otherwise indicated by prescribing physician), that</p>	W000312	<p>Behavior Analyst will review all plans in the home and amend (if needed) to include targeted behaviors to be reduced and specifications needed to meet prior to considering reduction in psychoactive medications taken. Annually and as needed, the Behavior Analyst will review and update plans- in conjunction with IDT- to identify behaviors to decrease and a plan of reduction for psychoactive medications taken. Responsible Party: Behavior Analyst</p>	05/06/2013			

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	<p>effect health, safety, and ability to cope. In the event of no significant changes in behavior (e.g.: increase or decrease of 10% or less) 12 months following prescription change, medication review will also be recommended." Client #1's BSP indicated no specific plan of reduction that clearly defined the behaviors to be reduced and specifications needed to meet prior to considering client #1 for a reduction in the psychoactive medication taken.</p> <p>Client #2's record was reviewed on 3/27/13 at 1:30 PM. Client #2's BSP of 11/9/12 indicated client #2 took Fluvoxamine 100 mg (milligrams) and Invega 9 mg a day for temper outbursts and self injurious behaviors. The client's BSP indicated the "Titration criteria: Recommendations for medication review will be based upon data collected through program data forms. Recommendations will be based on data indicated significant, sustained reduction in behavior (e.g.:at least 75% improvement in rate, duration or intensity of behaviors to increase lasting no less than 6 consecutive months unless otherwise indicated by prescribing physician), that effect health, safety, and ability to cope. In the event of no significant changes in behavior (e.g.: increase or decrease of 10% or less) 12 months following</p>			

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	<p>prescription change, medication review will also be recommended." Client #2's BSP indicated no specific plan of reduction that clearly defined which medications were to be considered first for reduction and the behavioral specifications needed to meet prior to considering client #2 for a reduction in psychoactive medications taken.</p> <p>Client #3's record was reviewed on 3/27/13 at 3 PM. Client #3's BSP of 11/29/12 indicated client #3 took Fluvoxamine 75 mg and Risperidone 2 mg a day for refusals. The client's BSP indicated the "Titration criteria: Recommendations for medication review will be based upon data collected through program data forms. Recommendations will be based on data indicated significant, sustained reduction in behavior (e.g.:at least 75% improvement in rate, duration or intensity of behaviors to increase lasting no less than 6 consecutive months unless otherwise indicated by prescribing physician), that effect health, safety, and ability to cope. In the event of no significant changes in behavior (e.g.: increase or decrease of 10% or less) 12 months following prescription change, medication review will also be recommended." Client #3's BSP indicated no specific plan of reduction that clearly defined which</p>						

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	<p>medications were to be considered first for reduction and the behavioral specifications needed to meet prior to considering client #3 for a dosage reduction in psychoactive medications taken.</p> <p>Interview with the PD (Program Director) on 3/28/13 at 2 PM indicated client #1's, #2's and #3's BSPs included the same titration criteria.</p> <p>9-3-5(a)</p>			

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W000316	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>Based on record review and interview for 2 of 3 sample clients receiving medications to control maladaptive behaviors (#2 and #3), the facility failed to provide evidence an annual medication reduction had been attempted or specific contraindications as to why an attempt was not made.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 3/27/13 at 1:30 PM. Client #2's 2012/2013 physician's orders indicated client #2 took Fluvoxamine 100 mg (milligrams) and Invega 9 mg a day for behavior modification. Client #2's BSP (Behavior Support Plan) of 11/9/12 indicated client #2 had targeted behaviors of temper outbursts and self injurious behaviors. Client #2's Medical Appointment forms of 6/22/12, 9/28/12 and 1/18/13 indicated client #2 was stable and no medication changes were made. Client #2's BCNs (Behavior Consultant's Notes) of 1/26/12 and 4/27/12 indicated client #2's Behavior Development Program of 11/30/11 was reviewed by the consultant and client #2 had met the criteria for a reduction and "...therefore</p>	W000316	<p>Behavior Analysts will review plan in the home for all consumers and amend (if needed) to include and annual reduction.</p> <p>In conjunction of IDT, the consumers' behavior plans will be reviewed and revised to include a medication reduction plan.</p> <p>Responsible Party: Behavior Analysts</p>	05/05/2013			

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	<p>the IST (Individual Support Team) should consider a reduction in [client #2's] medication." Client #2's record indicated client #2's last reduction was on 12/23/09. Client #2's record indicated no annual attempt of medication reduction and/or specific contraindications as to why an attempt was not made.</p> <p>Client #3's record was reviewed on 3/27/13 at 3 PM. Client #3's 2012/2013 physician's orders indicated client #3 took Fluvoxamine 75 mg and Risperidone 2 mg a day for behavior modification. Client #3's BSP of 11/29/12 indicated client #3 had targeted behaviors of refusals. Review of client #3's behavior data sheets for January, February and March 2013 indicated no behaviors. Client #3's Medical Appointment forms of 6/22/12, 9/28/12 and 1/18/13 indicated client #3 was stable and no medication changes were made. Client #3's record indicated no changes in client #3's medications since 2010. Client #3's record indicated no annual attempt of medication reduction and/or specific contraindications as to why an attempt was not made.</p> <p>Interview with the AD (Area Director) and PD (Program Director) on 3/28/13 at 2 PM indicated no annual attempt of medication reduction for clients #2 and #3</p>						

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	had been made. The AD stated, "They never have behaviors." 9-3-5(a)			

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W009999	<p>State Findings:</p> <p>This Community Residential Rule for Persons with Developmental Disabilities was not met.</p> <p>460 IAC 9-3-2 Resident protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum,... three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review and interview, the facility failed for 1 of 3 staff persons reviewed (staff #2), to obtain three references of staff #2.</p> <p>Findings include:</p> <p>Review of the personnel records with the AD (Area Director) on 3/27/13 at 3 PM</p>	W009999	<p>The Human Resource Coordinator will obtain 3 verifiable references for Direct Support Professionals prior to employment.</p> <p>The Human Resource Generalist will complete random audits quarterly to ensure hiring requirement are met.</p> <p>Responsible party: HR Coordinator, HR Generalist</p>	05/05/2013
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	<p>indicated staff #2 was hired December of 2010. Staff #2's file indicated 3 references, 1 from staff #2's sister, 1 from a previous co-worker and 1 from a previous employer. The reference from the previous employer indicated only verification of dates of employment.</p> <p>Interview with the AD on 3/27/13 at 3 PM indicated 3 references for staff #2. One of the three references for staff #2 indicated dates of former employment only.</p> <p>9-3-2(c)(3)</p>				