

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G363	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2015
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 84 S WALNUT ST DANVILLE, IN 46122
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W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 7/13/15, 7/14/15 and 7/16/15</p> <p>Facility Number: 000877 Provider Number: 15G363 AIMS Number: 100244220</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0262 Bldg. 00	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility's HRC (Human Rights Committee) failed to review, approve and monitor the use of an audio monitor in client #1's personal bedroom.</p>	W 0262	Area Director will retrain Program Director on the approval process and plan development requirements associated with the implementation of client restrictions; including Human Rights Committee review and approval. In conjunction with the IDT, Program Director will add	08/15/2015

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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W 0263 Bldg. 00	<p>Findings include:</p> <p>Observations were conducted at the group home on 7/13/15 from 5:08 PM through 6:15 PM. Client #1's bedroom had an audio monitor receiver.</p> <p>Client #1's record was reviewed on 7/14/15 at 8:38 AM. Client #1's record did not indicate documentation of HRC review, approval or monitoring regarding the use of audio monitoring devices in client #1's personal bedroom.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/13/15 at 6:05 PM. QIDP #1 indicated client #1's bedroom had an audio monitor to assist staff monitor client #1 for Self-Injurious Behavior (SIB). QIDP #1 indicated client #1 had head banging behaviors.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on observation, record review and</p>	W 0263	<p>client #1 bedroom audio monitor into the behavior support plan for monitoring of self-injurious behaviors. Program Director will obtain guardian and HRC approval for the amended plan. Program Director will amend client #1 Individual Support Plan to include monitoring device. Program Director will train staff on the revised plan that includes the monitoring device. Program Director will review all clients' plans to ensure that all restrictions in place have appropriate approvals and implemented into a monitored plan. Quarterly Human Rights Committee reviews, facilitated by the Area Director; conducted quarterly will include written review of all clients with medications for behavior management and/or restrictions for behavior management.</p> <p>Area Director will retrain</p>	08/15/2015	

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	<p>interview for 1 of 4 sampled clients (#1), the facility's HRC (Human Rights Committee) failed to ensure the use of an audio monitoring device was implemented with the written informed consent of client #1's guardian.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/13/15 from 5:08 PM through 6:15 PM. Client #1's bedroom had an audio monitor receiver.</p> <p>Client #1's record was reviewed on 7/14/15 at 8:38 AM. Client #1's ISP (Individual Support Plan) dated 2/27/15 indicated client #1 had a legal guardian. Client #1's record did not indicate documentation of the written informed consent of client #1's guardian for the use of audio monitoring devices in his bedroom.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/13/15 at 6:05 PM. QIDP #1 indicated client #1's bedroom had an audio monitor had been implemented in 2010 due to falls and head banging. QIDP #1 indicated there was no documentation available for review regarding the written informed consent of client #1's audio monitoring device. QIDP #1 indicated</p>		<p>Program Director on the approval process and plan development requirements associated with the implementation of client restrictions; including Human Rights Committee review and approval. In conjunction with the IDT, Program Director will add client #1 bedroom audio monitor into the behavior support plan for monitoring of self-injurious behaviors. Program Director will obtain guardian and HRC approval for the amended plan. Program Director will amend client #1 Individual Support Plan to include monitoring device. Program Director will train staff on the revised plan that includes the monitoring device. Program Director will review all clients' plans to ensure that all restrictions in place have</p>	

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W 0289 Bldg. 00	<p>intrusive interventions to address client #1's head banging behavior and falls should be conducted with the written informed consent of his guardian.</p> <p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure the use of an audio monitoring device in client #1's bedroom to manage client #1's Self-Injurious Behavior (SIB) was incorporated into his ISP (Individual Support Plan) and/or BSP (Behavior Support Plan).</p> <p>Findings include:</p>	W 0289	<p>appropriate approvals and implemented into a monitored plan. Quarterly Human Rights Committee reviews, facilitated by the Area Director; conducted quarterly will include written review of all clients with medications for behavior management and/or restrictions for behavior management.</p> <p>Area Director will retrain Program Director on the approval process and plan development requirements associated with the implementation of client restrictions; including Human Rights Committee review and approval. In conjunction with the IDT, Program</p>	08/15/2015

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	<p>Observations were conducted at the group home on 7/13/15 from 5:08 PM through 6:15 PM. Client #1's bedroom had an audio monitor receiver.</p> <p>Client #1's record was reviewed on 7/14/15 at 8:38 AM. Client #1's ISP dated 2/27/15 and/or BSP dated April 2015 did not indicate documentation of the use of audio monitoring devices to assist staff supervise/monitor client #1 to prevent SIB.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/13/15 at 6:05 PM. QIDP #1 indicated client #1's bedroom had an audio monitor had been implemented in 2010 due to falls and head banging. QIDP #1 indicated the use of the audio monitoring device was not included in client #1's 2/27/15 ISP or April 2015 BSP.</p> <p>9-3-5(a)</p>		<p>Director will add client #1 bedroom audio monitor into the behavior support plan for monitoring of self-injurious behaviors. Program Director will obtain guardian and HRC approval for the amended plan. Program Director will amend client #1 Individual Support Plan to include monitoring device. Program Director will train staff on the revised plan that includes the monitoring device. Program Director will review all clients' plans to ensure that all restrictions in place have appropriate approvals and implemented into a monitored plan. Quarterly Human Rights Committee reviews, facilitated by the Area Director; conducted quarterly will include written review of all clients with medications</p>	

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