

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G436	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/17/2012
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11 WASHINGTON ST BROWNSBURG, IN 46112
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W0000	<p>This visit was for the investigation of complaint #IN00116001.</p> <p>Complaint #IN00116001: Substantiated, federal and state deficiencies related to the allegation(s) are cited at W120, W122, W149, W154, W157, W227 and W9999.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: 9/7/12, 9/10/12, 9/11/12 and 9/17/12.</p> <p>Facility Number: 000950 Provider Number: 15G436 AIMS Number: 100244690</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/20/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure the day service provider met the needs of client A.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and investigations were reviewed on 9/7/12 at 10:25 AM. The review indicated the following:</p> <p>-BDDS report dated 9/3/12 indicated on 9/2/12, "[Client A] was taken to the emergency room (ER) because staff saw a pencil and marker coming out of his rectum. During x-rays the hospital noticed several more in his stomach. [Client A] was admitted to the hospital because of this situation."</p> <p>The day services IRs were reviewed on 9/10/12 at 12:15 PM. The review indicated the following:</p> <p>-day services IR report dated 5/18/12 indicated, "[Client A] was working on a project using a balloon. Staff observed</p>	W0120	<p>The Regional Director will re-train the Program Director on all BDDS reportable incidents as well as time frames for filing BDDS reports.</p> <p>The Regional Director will re-train the Program Director on ensuring that if a BDDS reportable incident occurs at day program that the day program files a BDDS report; and if the day program fails to do so it is the PD's responsibility to file the BDDS report.</p> <p>The Regional Director will re-train the Program Director on incidents that require investigations and the time frames for investigations to be completed.</p> <p>The Regional Director will re-train the Program Director on convening the IDT for a consumer in regards to significant incidents in order to be sure that safety measures are put in place after incidents occur. As well as the IDT reviewing and updating the Behavior Support Plan if necessary as well as the risk plan and any other pertinent protocol to the specific issue.</p> <p>The Program Director will re-train the day program on communicating</p>	10/17/2012			

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	<p>[client A] put the balloon in his mouth. Staff attempted to get the balloon from [client A] but he would not open his mouth and swallowed the balloon." The review did not indicate the 5/18/12 incident regarding client A's self injurious behavior had been reported to BDDS. The review did not indicate the 5/18/12 incident regarding client A's self injurious behavior had been investigated. The review did not indicate the facility had implemented corrective measures to prevent client A from continued self injurious behavior following the 5/18/12 incident.</p> <p>Interview with day service team leader (DSTL) #1 on 9/10/12 at 12:30 PM indicated client A had an incident of eating a balloon on 5/18/12 while at the day services. DSTL #1 indicated since the 5/18/12 incident, client A had attempted to put pencils, crayons, adaptive equipment pegs/components and other small objects in his mouth on a daily basis. DSTL #1 indicated the day services had begun restricting client A from small objects and had seated client A away from sources of small objects during programming while at day services. DSTL #1 indicated the facility had been aware of client A's attempts to eat non food items but was unable to provide documentation of communication with</p>		<p>incidents that occur at day program directly to the Home Manager or Program Director.</p> <p>The Area Director will track all BDDS reports weekly to ensure that all reports are filed within the 24 hour time frame.</p> <p>The Area Director will verify via email with the Program Director that IDT meetings are set up and occurring after any incident which would require the IDT to meet for 2 months.</p> <p>The Program Director will continue to complete observations at day programs and communicate any concerns to both the Area Director as well as the day program supervisor.</p> <p>A safety protocol regarding client A's behavior has been put in place and all staff have been trained.</p> <p>The IDT has met regarding client A's behavior and the Behavior Support Plan will be updated, approved by guardian and HRC and all staff trained on the updated BSP.</p> <p>A follow up consult with the gastro-intestinal Dr will be scheduled to rule out any potential medical issue which would cause client A's recent behavior.</p>		

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	<p>the facility regarding client A's attempts at eating non food items. DSTL #1 indicated prior to the IDT (Interdisciplinary Team) meeting that followed client A's 9/2/12 incident there had been no formal communications or plans to address client A's behaviors.</p> <p>Interview with day service staff (DSS) #1 on 9/10/12 at 12:35 PM indicated client A had been attempting to eat non food items while at day services. DSS #1 indicated she worked in the group with client A. DSS #1 indicated client A had attempted to put pencils and wood blocks in his mouth to eat on a daily basis. DSS #1 indicated the day services had restricted client A's access to small objects and moved him to a seat closer to staff and away from his peers and/or sources for small objects to ingest. DSS #1 indicated she had relayed information regarding client A's behaviors while at day services to facility staff. DSS #1 stated, "I have told the lady that does the morning transport. We see her more often. There is usually so much going on in the afternoon. I had told his staff, the lady, that comes in the morning." DSS #1 did not indicate whom she had reported information regarding client A's behavior to. DSS #1 did not provide documentation or dates of communication with facility staff regarding client A's behaviors while</p>			

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	<p>at the day services.</p> <p>Interview with DSS #2 on 9/10/12 at 12:40 PM indicated client A had attempted to put pencils, crayons and non food items in his mouth on a daily basis for the past 6 weeks. DSS #2 indicated she had worked with client A before he was moved to a different area due to him attempting to gain access to a storage cabinet which was used to store pencils and crayons. DSS #2 indicated she had reported client A's behavior to the morning staff that transports client A to day services.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 9/10/12 at 9:40 AM indicated she had been aware of the 5/18/12 incident regarding client A eating a balloon. QMRP #1 indicated she had not been made aware of client A attempting to ingest non food items while at the day services until she did a routine observation at the day program on Thursday 8/30/12. QMRP #1 stated, "I noticed [client A] sitting at a table by himself and asked them why he was sitting away from everyone else at the table. They then told me that he had been trying to put things in his mouth. Before that I had not been notified. None of my staff have reported anything about [client A] having issues while at day program."</p>			

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	<p>QMRP #1 indicated if she had been aware of the issues regarding client A's attempts at ingesting non food items while at day program prior to the 8/30/12 observation, the facility would have conducted an IDT and assessed client A's behavior for needed supports. QMRP #1 indicated she had not seen or been aware of client A attempting to eat or put non food items in his mouth while at the group home. QMRP #1 indicated staff that do the morning transport would have been HM (Home Manager) #1 or DCS (Direct Care Staff) #1.</p> <p>Interview with HM #1 on 9/10/12 at 9:45 AM indicated the day services had not reported any concerns regarding client A's attempts to eat non food items prior to the 9/2/12 incident. HM #1 indicated she had not seen or been aware of client A attempting to eat or place non food items in his mouth while at the group home or while at day services prior to the 9/2/12 incident.</p> <p>Interview with DCS #1 on 9/10/12 at 1:30 PM indicated the day services staff had not reported any concerns regarding client A's attempts to eat non food items prior to the 9/2/12 incident. DCS #1 indicated she had not observed client A attempting to eat or place non food items in his mouth while working with client A at the group</p>				

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	<p>home or while at the day services prior to the 9/2/12 incident.</p> <p>AS (Administrative Staff) #1 was interviewed on 9/10/12 at 1:35 PM. AS #1 indicated she had not seen or been aware of client A either attempting to eat or place non food items in his mouth while at the group home or day services prior to the 9/2/12 incident. AS #1 indicated the day services should have notified facility staff, HM #1 or the QMRP regarding client A's behaviors while at the day services. AS #1 indicated the facility should have addressed client A's behaviors formally through IDT and/or assessment prior to the 9/2/12 incident.</p> <p>This federal tag relates to complaint #IN00116001.</p> <p>9-3-1(a)</p>				

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (A). The facility failed to implement its policy and procedures to immediately notify BDDS (Bureau of Developmental Disabilities Services) within 24 hours in accordance with state law regarding an incident of self injurious behavior for client A. The facility failed to implement its policy and procedures to complete an investigation in regards to client A's self injurious behavior while at day services. The facility failed to implement its policy and procedures to ensure client A did not ingest non food items while at day services. The facility failed to complete an investigation in regards to client A's self injurious behavior while at day services. The facility failed to develop and implement safeguards to ensure client A did not ingest non food items while at day services.</p> <p>Findings include:</p> <p>1. The facility failed to implement its policy and procedures to immediately notify BDDS within 24 hours in accordance with state law regarding an</p>	W0122	<p>The Regional Director will re-train the Program Director on all BDDS reportable incidents as well as time frames for filing BDDS reports.</p> <p>The Regional Director will re-train the Program Director on ensuring that if a BDDS reportable incident occurs at day program that the day program files a BDDS report; and if the day program fails to do so it is the PD's responsibility to file the BDDS report.</p> <p>The Regional Director will re-train the Program Director on incidents that require investigations and the time frames for investigations to be completed.</p> <p>The Regional Director will re-train the Program Director on convening the IDT for a consumer in regards to significant incidents in order to be sure that safety measures are put in place after incidents occur. As well as the IDT reviewing and updating the Behavior Support Plan if necessary as well as the risk plan and any other pertinent protocol to the specific issue.</p> <p>The Program Director will re-train the day program on communicating incidents that occur at day program</p>	10/17/2012			

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	<p>incident of self injurious behavior for client A. The facility failed to implement its policy and procedures to complete an investigation in regards to client A's self injurious behavior while at day services. The facility failed to implement its policy and procedures to ensure client A did not ingest non food items while at day services. Please see W149.</p> <p>2. The facility failed to complete an investigation in regards to client A's self injurious behavior while at day services. Please see W154.</p> <p>3. The facility failed to develop and implement safeguards to ensure client A did not ingest non food items while at day services. Please see W157.</p> <p>This federal tag relates to complaint #IN00116001.</p> <p>9-3-2(a)</p>		<p>directly to the Home Manager or Program Director.</p> <p>The Area Director will track all BDDS reports weekly to ensure that all reports are filed within the 24 hour time frame.</p> <p>The Area Director will verify via email with the Program Director that IDT meetings are set up and occurring after any incident which would require the IDT to meet for 2 months.</p> <p>The Program Director will continue to complete observations at day programs and communicate any concerns to both the Area Director as well as the day program supervisor.</p> <p>A safety protocol regarding client A's behavior has been put in place and all staff have been trained.</p> <p>The IDT has met regarding client A's behavior and the Behavior Support Plan will be updated, approved by guardian and HRC and all staff trained on the updated BSP.</p> <p>A follow up consult with the gastro-intestinal Dr will be scheduled to rule out any potential medical issue which would cause client A's recent behavior.</p>				

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 4 sampled clients (A), the facility failed to implement its policy and procedures to immediately notify BDDS (Bureau of Developmental Disabilities Services) within 24 hours in accordance with state law regarding an incident of self injurious behavior for client A. The facility failed to implement its policy and procedures to complete an investigation in regards to client A's self injurious behavior while at day services. The facility failed to implement its policy and procedures to ensure client A did not ingest non food items while at day services.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and investigations were reviewed on 9/7/12 at 10:25 AM. The review indicated the following:</p> <p>-BDDS report dated 9/3/12 indicated on 9/2/12, "[Client A] was taken to the emergency room (ER) because staff saw a pencil and marker coming out of his rectum. During x-rays the hospital noticed several more in his stomach. [Client A] was admitted to the hospital because of this situation."</p> <p>The day services IRs were reviewed on 9/10/12 at 12:15 PM. The review indicated the following:</p> <p>-day services IR report dated 5/18/12 indicated,</p>	W0149	<p>The Regional Director will re-train the Program Director on all BDDS reportable incidents as well as time frames for filing BDDS reports.</p> <p>The Regional Director will re-train the Program Director on ensuring that if a BDDS reportable incident occurs at day program that the day program files a BDDS report; and if the day program fails to do so it is the PD's responsibility to file the BDDS report.</p> <p>The Regional Director will re-train the Program Director on incidents that require investigations and the time frames for investigations to be completed.</p> <p>The Regional Director will re-train the Program Director on convening the IDT for a consumer in regards to significant incidents in order to be sure that safety measures are put in place after incidents occur. As well as the IDT reviewing and updating the Behavior Support Plan if necessary as well as the risk plan and any other pertinent protocol to the specific issue.</p> <p>The Program Director will re-train the day program on communicating</p>	10/17/2012			

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	<p>"[Client A] was working on a project using a balloon. Staff observed [client A] put the balloon in his mouth. Staff attempted to get the balloon from [client A] but he would not open his mouth and swallowed the balloon." The review did not indicate the 5/18/12 incident regarding client A's self injurious behavior had been reported to BDDS. The review did not indicate the 5/18/12 incident regarding client A's self injurious behavior had been investigated. The review did not indicate the facility had implemented corrective measures to prevent client A from continued self injurious behavior following the 5/18/12 incident.</p> <p>Interview with day service team leader (DSTL) #1 on 9/10/12 at 12:30 PM indicated client A had an incident of eating a balloon on 5/18/12 while at the day services. DSTL #1 indicated since the 5/18/12 incident, client A had attempted to put pencils, crayons, adaptive equipment pegs/components and other small objects in his mouth on a daily basis. DSTL #1 indicated the day services had begun restricting client A from small objects and had seated client A away from sources of small objects during programming while at day services. DSTL #1 indicated the facility had been aware of client A's attempts to eat non food items but was unable to provide documentation of communication with the facility regarding client A's attempts at eating non food items. DSTL #1 indicated prior to the IDT (Interdisciplinary Team) meeting that followed client A's 9/2/12 incident there had been no formal communications or plans to address client A's behaviors.</p> <p>Interview with day service staff (DSS) #1 on 9/10/12 at 12:35 PM indicated client A had been attempting to eat non food items while at day services. DSS #1 indicated she worked in the group with client A. DSS #1 indicated client A</p>		<p>incidents that occur at day program directly to the Home Manager or Program Director.</p> <p>The Area Director will track all BDDS reports weekly to ensure that all reports are filed within the 24 hour time frame.</p> <p>The Area Director will verify via email with the Program Director that IDT meetings are set up and occurring after any incident which would require the IDT to meet for 2 months.</p> <p>The Program Director will continue to complete observations at day programs and communicate any concerns to both the Area Director as well as the day program supervisor.</p> <p>A safety protocol regarding client A's behavior has been put in place and all staff have been trained.</p> <p>The IDT has met regarding client A's behavior and the Behavior Support Plan will be updated, approved by guardian and HRC and all staff trained on the updated BSP.</p> <p>A follow up consult with the gastro-intestinal Dr will be scheduled to rule out any potential medical issue which would cause client A's recent behavior.</p>		

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	<p>had attempted to put pencils and wood blocks in his mouth to eat on a daily basis. DSS #1 indicated the day services had restricted client A's access to small objects and moved him to a seat closer to staff and away from his peers and/or sources for small objects to ingest. DSS #1 indicated she had relayed information regarding client A's behaviors while at day services to facility staff. DSS #1 stated, "I have told the lady that does the morning transport. We see her more often. There is usually so much going on in the afternoon. I had told his staff, the lady, that comes in the morning." DSS #1 did not indicate whom she had reported information regarding client A's behavior to. DSS #1 did not provide documentation or dates of communication with facility staff regarding client A's behaviors while at the day services.</p> <p>Interview with DSS #2 on 9/10/12 at 12:40 PM indicated client A had attempted to put pencils, crayons and non food items in his mouth on a daily basis for the past 6 weeks. DSS #2 indicated she had worked with client A before he was moved to a different area due to him attempting to gain access to a storage cabinet which was used to store pencils and crayons. DSS #2 indicated she had reported client A's behavior to the morning staff that transports client A to day services.</p> <p>Client A's record was reviewed on 9/10/12 at 9:03 AM. Client A's ISP (Individual Support Plan) dated 4/4/12 did not indicate client A had incidents of attempting to or ingesting non food items. Client A's IDT dated 3/12/12 did not indicate team discussion regarding eating non food items. Client A's Participant Status Monthly Summary dated July 2012 did not indicate client A had attempted to or had ingested non food items. Client A's Daily Support Record dated June 1, 2012 through August 31, 2012 did not indicate facility staff had observed client A attempting to</p>			

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	<p>ingest non food items.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 9/10/12 at 9:40 AM indicated she had been aware of the 5/18/12 incident regarding client A eating a balloon. QMRP #1 indicated she had not been made aware of client A attempting to ingest non food items while at the day services until she did a routine observation at the day program on Thursday 8/30/12. QMRP #1 stated, "I noticed [client A] sitting at a table by himself and asked them why he was sitting away from everyone else at the table. They then told me that he had been trying to put things in his mouth. Before that I had not been notified. None of my staff have reported anything about [client A] having issues while at day program." QMRP #1 indicated if she had been aware of the issues regarding client A's attempts at ingesting non food items while at day program prior to the 8/30/12 observation, the facility would have conducted an IDT and assessed client A's behavior for needed supports. QMRP #1 indicated she had not seen or been aware of client A attempting to eat or put non food items in his mouth while at the group home. QMRP #1 indicate staff that do the morning transport would have been HM (Home Manager) #1 or DCS (Direct Care Staff) #1.</p> <p>Interview with HM #1 on 9/10/12 at 9:45 AM indicated the day services had not reported any concerns regarding client A's attempts to eat non food items prior to the 9/2/12 incident. HM #1 indicated she had not seen or been aware of client A attempting to eat or place non food items in his mouth while at the group home or while at day services prior to the 9/2/12 incident.</p> <p>Interview with DCS #1 on 9/10/12 at 1:30 PM indicated the day services staff had not reported</p>			

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	<p>any concerns regarding client A's attempts to eat non food items prior to the 9/2/12 incident. DCS #1 indicated she had not observed client A attempting to eat or place non food items in his mouth while working with client A at the group home or while at the day services prior to the 9/2/12 incident.</p> <p>AS (Administrative Staff) #1 was interviewed on 9/10/12 at 1:35 PM. AS #1 indicated she had not seen or been aware of client A either attempting to eat or place non food items in his mouth while at the group home or day services prior to the 9/2/12 incident. AS #1 indicated the day services should have notified facility staff, HM #1 or the QMRP regarding client A's behaviors while at the day services. AS #1 indicated the facility should have addressed client A's behaviors formally through IDT and/or assessment prior to the 9/2/12 incident.</p> <p>The facility's policy and procedures were reviewed on 9/7/12 at 3:00 PM. The facility's 4/11 policy and procedure entitled Quality and Risk Management indicated, "Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed. Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS (not all inclusive):</p> <p>e. Failure to provide appropriate supervision, care or training,</p>			

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	<p>f. Event with the potential for causing significant harm or injury and requiring medical or psychiatric treatments or services to or for an individual receiving services;</p> <p>h. Injury to an individual when the origin or cause of the injury is unknown and could be indicative of abuse, neglect or exploitation;</p> <p>i. Injury to an individual when the origin or cause of the injury is unknown and the injury required medical evacuation or treatment;</p> <p>C. Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee.</p> <p>1. Investigation findings will be submitted to the Area Director for review and development of further recommendations as needed within 5 days of the incident."</p> <p>This federal tag relates to complaint #IN00116001.</p> <p>9-3-2(a)</p>			

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W0154	<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 11 incidents of abuse, neglect or injuries of unknown origin reviewed for 1 of 4 sampled clients (A), the facility failed to complete an investigation in regards to client A's self injurious behavior while at day services.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and investigations were reviewed on 9/7/12 at 10:25 AM. The review indicated the following:</p> <p>-BDDS report dated 9/3/12 indicated on 9/2/12, "[Client A] was taken to the emergency room (ER) because staff saw a pencil and marker coming out of his rectum. During x-rays the hospital noticed several more in his stomach. [Client A] was admitted to the hospital because of this situation."</p> <p>The day services IRs were reviewed on 9/10/12 at 12:15 PM. The review indicated the following:</p>	W0154	<p>The Regional Director will re-train the Program Director on all BDDS reportable incidents as well as time frames for filing BDDS reports.</p> <p>The Regional Director will re-train the Program Director on ensuring that if a BDDS reportable incident occurs at day program that the day program files a BDDS report; and if the day program fails to do so it is the PD's responsibility to file the BDDS report.</p> <p>The Regional Director will re-train the Program Director on incidents that require investigations and the time frames for investigations to be completed.</p> <p>The Regional Director will re-train the Program Director on convening the IDT for a consumer in regards to significant incidents in order to be sure that safety measures are put in place after incidents occur. As well as the IDT reviewing and updating the Behavior Support Plan if necessary as well as the risk plan and any other pertinent protocol to the specific issue.</p> <p>The Program Director will re-train the day program on communicating</p>	10/17/2012			

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	<p>-day services IR report dated 5/18/12 indicated, "[Client A] was working on a project using a balloon. Staff observed [client A] put the balloon in his mouth. Staff attempted to get the balloon from [client A] but he would not open his mouth and swallowed the balloon." The review did not indicate the 5/18/12 incident regarding client A's self injurious behavior had been investigated.</p> <p>Interview with day service team manager #1 on 9/10/12 at 12:30 PM indicated the day services had not completed an investigation regarding the 5/18/12 incident of client A eating a balloon.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 9/10/12 at 9:40 AM indicated the facility had not completed an investigation regarding the 5/18/12 incident of client A eating a balloon.</p> <p>This federal tag relates to complaint #IN00116001.</p> <p>9-3-2(a)</p>		<p>incidents that occur at day program directly to the Home Manager or Program Director.</p> <p>The Area Director will track all BDDS reports weekly to ensure that all reports are filed within the 24 hour time frame.</p> <p>The Area Director will verify via email with the Program Director that IDT meetings are set up and occurring after any incident which would require the IDT to meet for 2 months.</p> <p>The Program Director will continue to complete observations at day programs and communicate any concerns to both the Area Director as well as the day program supervisor.</p> <p>A safety protocol regarding client A's behavior has been put in place and all staff have been trained.</p> <p>The IDT has met regarding client A's behavior and the Behavior Support Plan will be updated, approved by guardian and HRC and all staff trained on the updated BSP.</p> <p>A follow up consult with the gastro-intestinal Dr will be scheduled to rule out any potential medical issue which would cause client A's recent behavior.</p>		

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 11 incidents of abuse, neglect or injuries of unknown origin reviewed for 1 of 4 sampled clients (A), the facility failed to develop and implement safeguards to ensure client A did not ingest non food items while at day services.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and investigations were reviewed on 9/7/12 at 10:25 AM. The review indicated the following:</p> <p>-BDDS report dated 9/3/12 indicated on 9/2/12, "[Client A] was taken to the emergency room (ER) because staff saw a pencil and marker coming out of his rectum. During x-rays the hospital noticed several more in his stomach. [Client A] was admitted to the hospital because of this situation."</p> <p>The day services IRs were reviewed on 9/10/12 at 12:15 PM. The review indicated the following:</p> <p>-day services IR report dated 5/18/12</p>	W0157	<p>The Regional Director will re-train the Program Director on all BDDS reportable incidents as well as time frames for filing BDDS reports.</p> <p>The Regional Director will re-train the Program Director on ensuring that if a BDDS reportable incident occurs at day program that the day program files a BDDS report; and if the day program fails to do so it is the PD's responsibility to file the BDDS report.</p> <p>The Regional Director will re-train the Program Director on incidents that require investigations and the time frames for investigations to be completed.</p> <p>The Regional Director will re-train the Program Director on convening the IDT for a consumer in regards to significant incidents in order to be sure that safety measures are put in place after incidents occur. As well as the IDT reviewing and updating the Behavior Support Plan if necessary as well as the risk plan and any other pertinent protocol to the specific issue.</p> <p>The Program Director will re-train the day program on communicating incidents that occur at day program</p>	10/17/2012			

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	<p>indicated, "[Client A] was working on a project using a balloon. Staff observed [client A] put the balloon in his mouth. Staff attempted to get the balloon from [client A] but he would not open his mouth and swallowed the balloon." The review did not indicate the facility had implemented corrective measures to prevent client A from continued self injurious behavior following the 5/18/12 incident.</p> <p>Interview day service staff (DSS) #1 on 9/10/12 at 12:35 PM indicated client A had been attempting to eat non food items while at day services. DSS #1 indicated she worked in the group with client A. DSS #1 indicated client had attempted to put pencils and wood blocks in his mouth to eat on a daily basis. DSS #1 indicated the day services had restricted client A's access to small objects and moved him to a seat closer to staff and away from his peers and/or sources for small objects to ingest.</p> <p>Interview with DSS #2 on 9/10/12 at 12:40 PM indicated client A had attempted to put pencils, crayons and non food items in his mouth on a daily basis for the past 6 weeks. DSS #2 indicated she had worked with client A before he was moved to a different area due to him attempting to gain access to a storage</p>		<p>directly to the Home Manager or Program Director.</p> <p>The Area Director will track all BDDS reports weekly to ensure that all reports are filed within the 24 hour time frame.</p> <p>The Area Director will verify via email with the Program Director that IDT meetings are set up and occurring after any incident which would require the IDT to meet for 2 months.</p> <p>The Program Director will continue to complete observations at day programs and communicate any concerns to both the Area Director as well as the day program supervisor.</p> <p>A safety protocol regarding client A's behavior has been put in place and all staff have been trained.</p> <p>The IDT has met regarding client A's behavior and the Behavior Support Plan will be updated, approved by guardian and HRC and all staff trained on the updated BSP.</p> <p>A follow up consult with the gastro-intestinal Dr will be scheduled to rule out any potential medical issue which would cause client A's recent behavior.</p>				

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	<p>cabinet which was used to store pencils and crayons.</p> <p>Client A's record was reviewed on 9/10/12 at 9:03 AM. Client A's record did not indicate client A eating non food items had been addressed with a plan or assessed.</p> <p>AS (Administrative Staff) #1 was interviewed on 9/10/12 at 1:35 PM. AS #1 indicated she had not seen or been aware of client A either attempting to eat or place non food items in his mouth while at the group home or day services prior to the 9/2/12 incident. AS #1 indicated the day services should have notified facility staff, HM #1 or the QMRP regarding client A's behaviors while at the day services. AS #1 indicated the facility should have addressed client A's behaviors formally through IDT and/or assessment prior to the 9/2/12 incident.</p> <p>This federal tag relates to complaint #IN00116001.</p> <p>9-3-2(a)</p>			

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W0227	<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 record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure the IDT (Interdisciplinary Team) addressed client A's identified behavioral needs.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and investigations were reviewed on 9/7/12 at 10:25 AM. The review indicated the following:</p> <p>-BDDS report dated 9/3/12 indicated on 9/2/12, "[Client A] was taken to the emergency room (ER) because staff saw a pencil and marker coming out of his rectum. During x-rays the hospital noticed several more in his stomach. [Client A] was admitted to the hospital because of this situation."</p> <p>The day services IRs were reviewed on 9/10/12 at 12:15 PM. The review indicated the following:</p>	W0227	<p>The Regional Director will re-train the Program Director on all BDDS reportable incidents as well as time frames for filing BDDS reports.</p> <p>The Regional Director will re-train the Program Director on ensuring that if a BDDS reportable incident occurs at day program that the day program files a BDDS report; and if the day program fails to do so it is the PD's responsibility to file the BDDS report.</p> <p>The Regional Director will re-train the Program Director on incidents that require investigations and the time frames for investigations to be completed.</p> <p>The Regional Director will re-train the Program Director on convening the IDT for a consumer in regards to significant incidents in order to be sure that safety measures are put in place after incidents occur. As well as the IDT reviewing and updating the Behavior Support Plan if necessary as well as the risk plan and any other pertinent protocol to the specific issue.</p>	10/17/2012			

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	<p>-day services IR report dated 5/18/12 indicated, "[Client A] was working on a project using a balloon. Staff observed [client A] put the balloon in his mouth. Staff attempted to get the balloon from [client A] but he would not open his mouth and swallowed the balloon."</p> <p>Interview with day service team leader (DSTL) #1 on 9/10/12 at 12:30 PM indicated client A had an incident of eating a balloon on 5/18/12 while at the day services. DSTL #1 indicated since the 5/18/12 incident, client A had attempted to put pencils, crayons, adaptive equipment pegs/components and other small objects in his mouth on a daily basis. DSTL #1 indicated the day services had begun restricting client A from small objects and had seated client A away from sources of small objects during programming while at day services.</p> <p>Interview with day service staff (DSS) #1 on 9/10/12 at 12:35 PM indicated client A had been attempting to eat non food items while at day services. DSS #1 indicated she worked in the group with client A. DSS #1 indicated client had attempted to put pencils and wood blocks in his mouth to eat on a daily basis. DSS #1 indicated the day services had restricted client A's access to small objects and moved him to a seat closer to staff and away from his</p>		<p>The Program Director will re-train the day program on communicating incidents that occur at day program directly to the Home Manager or Program Director.</p> <p>The Area Director will track all BDDS reports weekly to ensure that all reports are filed within the 24 hour time frame.</p> <p>The Area Director will verify via email with the Program Director that IDT meetings are set up and occurring after any incident which would require the IDT to meet for 2 months.</p> <p>The Program Director will continue to complete observations at day programs and communicate any concerns to both the Area Director as well as the day program supervisor.</p> <p>A safety protocol regarding client A's behavior has been put in place and all staff have been trained.</p> <p>The IDT has met regarding client A's behavior and the Behavior Support Plan will be updated, approved by guardian and HRC and all staff trained on the updated BSP.</p> <p>A follow up consult with the gastro-intestinal Dr will be scheduled to rule out any potential medical issue which would cause client A's recent behavior.</p>		

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	<p>peers and/or sources for small objects to ingest.</p> <p>Interview with DSS #2 on 9/10/12 at 12:40 PM indicated client A had attempted to put pencils, crayons and non food items in his mouth on a daily basis for the past 6 weeks. DSS #2 indicated she had worked with client A before he was moved to a different area due to him attempting to gain access to a storage cabinet which was used to store pencils and crayons.</p> <p>Client A's record was reviewed on 9/10/12 at 9:03 AM. Client A's ISP (Individual Support Plan) dated 4/4/12 did not indicate client A had incidents of attempting to or ingesting non food items. Client A's IDT dated 3/12/12 did not indicate team discussion regarding eating non food items. Client A's Participant Status Monthly Summary dated July 2012 did not indicate client A had attempted to or had ingested non food items. Client A's Daily Support Record dated June 1, 2012 through August 31, 2012 did not indicated facility staff had observed client A attempting to ingest non food items.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 9/10/12 at 9:40 AM indicated she had been aware of the 5/18/12 incident regarding client</p>			

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	<p>A's eating a balloon but no other incidents of attempting to eat non food items. QMRP #1 indicated she had not been made aware of client A's attempting to ingest non food items while at the day services until she did a routine observation at the day program on Thursday 8/30/12. QMRP #1 stated, "I noticed [client A] sitting at a table by himself and asked them why he was sitting away from everyone else at the table. They then told me that he had been trying to put things in his mouth. Before that I had not been notified. None of my staff have reported anything about [client A] having issues while at day program." QMRP #1 indicated if she had been aware of the issues regarding client A's attempts at ingesting non food items while at day program prior to the 8/30/12 observation, the facility would have conducted an IDT and assessed client A's behavior for needed supports. QMRP #1 indicated she had not seen or been aware of client A attempting to eat or put non food items in his mouth while at the group home. QMRP #1 indicated staff that do the morning transport would have been HM (Home Manager) #1 or DCS (Direct Care Staff) #1.</p> <p>Interview with HM #1 on 9/10/12 at 9:45 AM indicated the day services had not reported any concerns regarding client A's</p>						

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	<p>attempts to eat non food items prior to the 9/2/12 incident. HM #1 indicated she had not seen or been aware of client A attempting to eat or place non food items in his mouth while at the group home or while at day services prior to the 9/2/12 incident.</p> <p>Interview with DCS #1 on 9/10/12 at 1:30 PM indicated the day services staff had not reported any concerns regarding client A's attempts to eat non food items prior to the 9/2/12 incident. DCS #1 indicated she had not observed client A attempting to eat or place non food items in his mouth while working with client A at the group home or while at the day services prior to the 9/2/12 incident.</p> <p>AS (Administrative Staff) #1 was interviewed on 9/10/12 at 1:35 PM. AS #1 indicated she had not seen or been aware of client A either attempting to eat or place non food items in his mouth while at the group home or day services prior to the 9/2/12 incident. AS #1 indicated the day services should have notified facility staff, HM #1 or the QMRP regarding client A's behaviors while at the day services. AS #1 indicated the facility should have addressed client A's behaviors formally through IDT and/or assessment prior to the 9/2/12 incident.</p>			

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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11 WASHINGTON ST BROWNSBURG, IN 46112
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	This federal tag relates to complaint #IN00116001. 9-3-4(a)			

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W0259	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure client A had a current CFA (Comprehensive Functional Assessment) completed annually.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 9/10/12 at 9:03 AM. Client A's CFA was dated 3/31/11. Client A's record did not indicate client A's CFA had been updated since 3/31/11.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 9/10/12 at 9:30 AM indicated she was unable to locate client A's most current/updated CFA. QMRP #1 indicated client A's CFA should be updated annually.</p> <p>9-3-4(a)</p>	W0259	<p>The Regional Director will re-train the Program Director on the requirement to update each consumers' Comprehensive Functional Assessment annual at the time of their annual ISP.</p> <p>The Area Director will complete a random sample audit of Program Directors charts 1X per month for three months to ensure that all CFA's are current.</p> <p>The Program Director will update client A's CFA.</p>	10/17/2012			

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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by division.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 2 of 11 allegations of abuse, neglect, mistreatment and/or injuries of unknown origin reviewed, the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) within 24 hours in accordance with state law regarding an incident of self injurious behavior for client A. The facility failed to immediately notify BDDS within 24 hours with accordance with state law regarding client C's ER (Emergency Room) visit.</p> <p>Findings include:</p> <p>1. The day services IR (Incident Report)s were reviewed on 9/10/12 at 12:15 PM. The review indicated the following:</p> <p>-day services IR report dated 5/18/12 indicated, "[Client A] was working on a project using a</p>	W9999	<p>The Regional Director will re-train the Program Director on all BDDS reportable incidents as well as time frames for filing BDDS reports.</p> <p>The Area Director will track all BDDS reports weekly to ensure that all reports are filed within the 24 hour time frame.</p>	10/17/2012

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	<p>balloon. Staff observed [client A] put the balloon in his mouth. Staff attempted to get the balloon from [client A] but he would not open his mouth and swallowed the balloon."</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and investigations were reviewed on 9/7/12 at 10:25 AM. The review did not indicate the 5/18/12 incident of self injurious behavior regarding client A had been reported to BDDS.</p> <p>AS (Administrative Staff) #1 was interviewed on 9/10/12 at 1:35 PM. AS #1 indicated she was unsure if the 5/18/12 incident regarding client A ingesting a balloon was an incident of self injurious behavior. AS #1 indicated the 5/18/12 incident regarding client A swallowing a balloon was not reported to BDDS.</p> <p>2. Client C's record was reviewed on 9/10/12 at 10:23 AM. Client C's ER discharge forms dated 6/15/12 indicated client C was taken to the ER on 6/15/12 following complaints of stomach pain and self reported blood in his stool.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and investigations were reviewed on 9/7/12 at 10:25 AM. The review did not indicate the 6/15/12 ER visit was reported to BDDS.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 9/10/12 at 9:40 AM indicated she was not able to locate a BDDS report regarding client C's 6/15/12 ER visit. QMRP #1 indicated client C's 6/15/12 ER visit should have been reported to BDDS.</p>						

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