

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G476	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  04/29/2013
NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL SERVICES SUB LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2944 DIETZ ST INDIANAPOLIS, IN 46203		
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: April 16, 17, 18, 19, 22, 23, 24 and 29, 2013.</p> <p>Facility Number: 000990 Provider Number: 15G476 AIMS Number: 100244930</p> <p>Surveyor: Claudia Ramirez, RN</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed May 2, 2013 by Dotty Walton, QIDP.</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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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the QIDP (Qualified Intellectual Disabilities Professional) reviewed and revised the clients' individual programs; and failed for 2 of 4 sampled clients (client #2 and #3) who were on medications related to behaviors, by not ensuring the client's Behavior Support Plans (BSPs) included the current dosage of the medications in the plans.</p> <p>Findings include:</p> <p>A:</p> <p>1. Client #1's record was reviewed on 04/18/13 at 2:45 PM. Client #1's ISP (Individual Support Plan) was dated 11/26/12. The ISP objectives were as follows: wash hands after using bathroom; clean up toys; brush teeth; prep (prepare) side dish; use "oral" tray (for oral hygiene); make purchase in community and cross street safely. Client #1's record contained a "Participant Status Monthly Summary" dated April 2012. The monthly summary contained client #1's progress of her goals. The summary</p>	W000159	<p>Area Director will retrain Program Director on review and revision of client programming; including, monthly reports and client goal tracking.</p> <p>Program Director will review the goals for all the clients in the home and update all goals, as needed.</p> <p>Ongoing, Program Director will review client objectives monthly, and submit monthly report summaries to the Area Director by the 10 th of each month.</p> <p>Behaviorist will amend the Behavior plans for client #2 &amp; #3 to include medication increases and current medications.</p> <p>Behaviorist will review all BSPs in the home to ensure the inclusion of psychotropic medication components and revise plans as needed.</p> <p>Responsible Party: Area Director, Program Director, Behaviorist</p>	05/29/2013			

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	<p>was signed by the QIDP. The record did not contain any monthly summaries for the goals for the months of May 2012, June 2012, July 2012, August 2012, September 2012, October 2012, November 2012, December 2012, January 2013, February 2013 or March 2013. There was no evidence of program reviews or revisions.</p> <p>2. Client #2's record was reviewed on 04/22/13 at 12:31 PM. Client #2's ISP was dated 05/16/12. The ISP objectives were as follows: prep side dish; 30 minutes of exercise; bathe according to steps; identify coins and clear dishes. Client #2's record contained a "Participant Status Monthly Summary" dated April 2012. The monthly summary contained client #2's progress of her goals. The summary was signed by the QIDP. The record did not contain any monthly summaries for the goals for the months of May 2012, June 2012, July 2012, August 2012, September 2012, October 2012, November 2012, December 2012, January 2013, February 2013 or March 2013. There was no evidence of program reviews or revisions.</p> <p>3. Client #3's record was reviewed on 04/23/13 at 10:10 AM. Client #3's ISP was dated 05/16/12. The ISP objectives were as follows: identify benefits of</p>						

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	<p>wearing (dental) partials; cook side dish; participate in activity; bathe according to steps; identify 2 coins; identify benefits of wearing hearing aid and identify benefits of wearing glasses. Client #3's record contained a "Participant Status Monthly Summary" dated April 2012. The monthly summary contained client #2's progress of her goals. The summary was signed by the QIDP. The record did not contain any monthly summaries for the goals for the months of May 2012, June 2012, July 2012, August 2012, September 2012, October 2012, November 2012, December 2012, January 2013, February 2013 or March 2013. There was no evidence of program reviews or revisions.</p> <p>4. Client #4's record was reviewed on 04/23/13 at 11:45 AM. Client #4's ISP was dated 11/25/12. The ISP objectives were as follows: use set toilet schedule; shampoo hair daily; put toothpaste on toothbrush; wash hands after using restroom; maintain social distance; pour detergent in washer and hand money to cashier. Client #4's record did not contain any "Participant Status Monthly Summary (the monthly summary progress of her goals)". The record did not contain any monthly summaries by the QIDP for the goals for the months of May 2012, June 2012, July 2012, August 2012, September 2012, October 2012, November 2012,</p>						

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	<p>December 2012, January 2013, February 2013 or March 2013. There was no evidence of program reviews or revisions.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated she was behind in her reviews and she had not reviewed or revised any of the goals or data.</p> <p>B:</p> <p>1. Client #2's record was reviewed on 04/23/13 at 12:31 PM. Client #1's April 2013 physician's orders she was taking Abilify 10 mg (milligram) (Depression/Bipolar) and Zoloft 150 mg (antidepressant/treats OCD (Obsessive Compulsive Disorder and anxiety).</p> <p>Client #2's 12/24/12 BSP indicated client #2 was taking only 7.5 mg of Abilify and 75 mg of Zoloft. The BSP did not indicate the medications had been increased due to the symptoms nor did the plan have a range for the medications which included the current doses.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client #2's BSP did not contain the current dosages of the medications.</p>						

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	<p>2. Client #3's record was reviewed on 04/23/13 at 10:10 AM. Client #3's April 2013 physician's orders she was taking Cymbalta 90 mg (Depression) and Benztropine 1.5 mg (treat side effects of other drugs).</p> <p>Client #3's 12/24/12 BSP indicated client #3 was taking only 60 mg of Cymbalta and 0.5 mg of Benztropine. The BSP did not indicate the medications had been increased due to the behaviors or did the plan have a range for the medications which included the current doses.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client #3's BSP did not contain the current dosages of the medications.</p> <p>9-3-3(a)</p>						

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W000218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review, and interview, the facility failed for 1 of 3 sampled clients (client #3) with sensorimotor deficits to have a sensorimotor assessment.</p> <p>Findings include:</p> <p>Observations were conducted in the facility on 04/17/13 from 4:05 PM until 5:45 PM and on 04/18/13 from 6:30 AM until 8:30 AM. During both observation times client #2 was observed to walk slowly and walk along the wall touching it with her hand as she walked for balance.</p> <p>Client #2's record was reviewed on 04/22/13 at 12:43 PM. Client #2's record contained a Risk Plan dated 03/08/13 which indicated she was at risk for falls and a Glaucoma Protocol dated 03/08/13 which indicated she had poor vision. Client #2's record contained a Physical Therapy Evaluation (PT) dated 11/03/09. The PT evaluation indicated, "She has residual weakness due to limited mobility within the environment. She has significant visual deficits and is s/p (status post) L (left) eye surgery secondary to glaucoma. Impaired vision making it</p>	W000218	<p>Program Nurse will reassess PT Evaluation and conduct assessment for ambulatory needs to client 2. Program Nurse will update ambulatory protocols to coincide with PT recommendations. Program Nurse will retrain staff on updated ambulatory Protocols. Home Manger will complete observations 3 times weekly for 30 days to ensure implementation of protocols. Ongoing, Home Manager will complete observations per established frequency for observations.</p>	05/29/2013			

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	<p>difficult for her to see obstacles in her walking paths and may cause fall. Needs close supervision/standby assist when walks. Will report to Medicaid to get authorization for PT/OT (Occupational Therapy) sessions to re-evaluate/treat for possible use of a standard cane for directions."</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client #2 was at risk for falls and an updated PT/OT evaluations should be obtained.</p> <p>9-3-4(a)</p>			

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on interview and record review for 2 of 4 sampled clients (clients #2 and #4), the clients' Individual Support Plans (ISPs) failed to specifically indicate what staff were to do regarding client #2's suicidal ideations or client #4's insomnia/roaming around at night. The clients' ISPs failed to specifically indicate how facility staff were to monitor the clients and failed to indicate what staff were to do when the clients exhibited the behaviors.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 04/22/13 at 12:31 PM. Client #2's record contained the following dated documents:</p> <p>11/01/12: Medical Appointment form of Quarterly Psychiatric Visit indicated, "Patient is experiencing command hallucinations telling her to cut her wrists. Recommend increasing Ability...ID (Immediate Detention) to [hospital]."</p> <p>11/01/12: Emergency Room (ER) Record indicated client #2 was seen in the ER for, "SI (Suicidal Ideation) plan to use knife to cut wrist, Hearing voices who say she</p>	W000240	<p>Behaviorist will amend BSP for client #2 to include target behavior of suicidal ideation. Behaviorist will create BSP for client #4 to include target behavior of insomnia. Program Director will obtain needed Human Rights and guardian approval for plans Program Director will amend ISP as needed to correlate with BSP target updates Program Director will retrain staff on all updated programming; including what to do in response to target behaviors. Home Manger will complete observations 3 times weekly for 30 days to ensure implementation of plans Responsible Party: Behaviorist, Program Director.</p>	05/29/2013			

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	<p>'should'. Pt (patient) had prior attempt with ingestion of Ibuprofen 'years ago'."</p> <p>11/02/13: Medical Appointment Form indicated, "Assessed current symptoms. Discussed her being placed on immediate detention yesterday, due to suicidal ideation. She no longer hears voices SI...."</p> <p>12/24/12: Behavioral Support Plan (BSP) indicated client #2 had two targeted behaviors which included: "1. Self-Injurious Behavior definition: picking at or scratching the skin to an extent that tissue is reddened or bleeds, hitting or slapping herself. Having a wound that gives the appearance of infection or purposeful enlargement or removal of scabbing. 2. Incontinence...."</p> <p>The plan failed to include Suicidal Ideations or Auditory Hallucinations (AH). The plan failed to include what staff were to do should she voice SI or AH.</p> <p>01/25/13: Medical Appointment Form indicated, "Assessed symptoms. She talked about the voices she hears are actually her negative thoughts. She will try to say positives about herself when she hears the negative."</p> <p>02/22/13: Medical Appointment Form</p>						

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	<p>indicated, "Talked about her auditory hallucinations and she was able to recognize when her stress is increased she has the AH (auditory hallucinations). The AH are more negative thoughts..."</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client #2's plan failed to list the behaviors or give specific instructions on what staff were to do should the behaviors occur.</p> <p>2. Client #4's record was reviewed on 04/23/13 at 11:45 AM. Client #4's record contained the following dated documents:</p> <p>10/25/12: Admission Review Notes indicated client #4 was admitted to the Group Home.</p> <p>11/25/12: ISP indicated client #4 has a history of insomnia.</p> <p>01/2013: Monthly Health Review indicated, "...He does have periods of insomnia and will get up during night and wander around group home. His family reports his mother allowed this at home...."</p> <p>02/2013: Monthly Health Review indicated, "...Episodes of insomnia</p>				

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	<p>continues...."</p> <p>03/2013: Monthly Health Review indicated, "...Insomnia continues, client up much of night, roaming around the group home...."</p> <p>03/19/13: Medical Appointment Form indicated, "Not sleeping at night. Insomnia as evidenced by records from home - trial Melatonin (hormone used to help regulate sleep)...."</p> <p>Client #4's record did not include a BSP and failed to include what staff were to do when client #4 experienced the insomnia and/or roamed around the house when he could not sleep.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client #4's did not have a written plan to include the behaviors or give specific instructions on what staff were to do should the behaviors occur.</p> <p>9-3-4(a)</p>						

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W000250	<p>483.440(d)(2) PROGRAM IMPLEMENTATION</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4), to update and individualize the active treatment schedules (ATS).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 04/18/13 at 2:45 PM. Client #1's ATS was dated 12/13/05.</p> <p>Client #2's record was reviewed on 04/22/13 at 12:31 PM. Client #2's ATS was dated 12/13/05.</p> <p>Client #3's record was reviewed on 04/23/13 at 10:10 AM. Client #3's ATS was dated 12/13/05.</p> <p>Client #4's record was reviewed on 04/23/13 at 11:45 AM. Client #4's ATS was dated 12/13/05.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated the date at the bottom of the Active Treatment Schedule was the</p>	W000250	<p>Area Director will retrain Program Director on Annual completion of Active Treatment Schedules. Program Director will update the active treatment schedule to include the current annual date for all the consumers in the home. Ongoing, Program Director will complete active treatment schedules during Annual and include the date of the Annual Meeting. Responsible Party: Area Director, Program Director</p>	05/29/2013

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	<p>date of the form. She indicated there were no other dates on the form to indicated the ATS had been updated yearly along with the ISP (Individual Support Plan).</p> <p>9-3-4(a)</p>			

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W000388	<p>483.460(m)(1)(i) DRUG LABELING</p> <p>Labeling for drugs and biologicals must be based on currently accepted professional principles and practices.</p> <p>Based on observation, record review, and interview the facility failed for 1 of 4 clients(client #4), who receive medication, to have the medication labeled from the pharmacy.</p> <p>Findings include:</p> <p>Observations were conducted in the facility on 04/17/13 from 4:05 PM until 5:45 PM. Client #2's medications were administered by staff #1 at 4:28 PM.</p> <p>A bottle of Pred Forte 1% eye drops was taken from client #2's medication box. The bottle did not contain client #2's name or instructions for administration. The bottle did not contain a pharmacy label. Client #2's April 2013 MAR (Medication Administration Record) indicated the medication was to be administered 6 times daily. Client #2's eye drops were administered to her by staff#1 at 4:28 PM. An interview was conducted on 04/17/12 at 4:30 PM, with staff #1. Staff #1 indicated the bottle was for client #2 and did not contain a pharmacy label.</p> <p>On 04/24/13 at 3:30 PM an interview was</p>	W000388	<p>Area Director will retrain Program Nurse and Home Manager on obtaining appropriate labels for client medications.</p> <p>Home Manager will obtain pharmacy label for client #2 eye drops</p> <p>Home Manager will complete weekly medication supply checks; to include, ensuring medication have pharmacy labels</p> <p>Responsible Party: Area Director, Home Manager and Program Nurse.</p>	05/29/2013			

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NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2944 DIETZ ST INDIANAPOLIS, IN 46203
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	<p>conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated all routine medications need to be labeled with the clients' names and administration information.</p> <p>9-3-6(a)</p>			

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, interview and record review for 1 of 4 sampled clients (client #4), who wore glasses, the facility failed to ensure and/or train client #4 to use his eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted in the facility on 04/17/13 from 4:05 PM until 5:45 PM and on 04/18/13 from 6:30 AM until 8:30 AM. During both observations client #4 was not wearing eyeglasses nor were any verbal prompts made to client #4 to put on his eyeglasses.</p> <p>Client #4's record was reviewed on 04/23/13 at 11:45 PM. Client #4's vision examination dated 11/14/12 indicated client #4 was prescribed eyeglasses. Client #4's 11/25/12 ISP (Individual Support Plan) did not indicate a formal training objective for wearing the eyeglasses.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified</p>	W000436	<p>Area Director will retrain Program Director on creating training objectives to address client needs. Program Director will create a training objective to address the use of glasses for client #4 Program Director will retrain staff on the created goal for client #4 Home Manager will complete observation 3 times weekly for 30 days to ensure accurate implementation of client goal. Ongoing, Home Manager will complete observations per established frequency for observations. Responsible Party: Area Director, Program Director, Home Manager.</p>	05/29/2013			

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	<p>Intellectual Disabilities Professional). The QIDP indicated client #4 often refused to wear his eyeglasses. She indicated his ISP did not contain any formal training in this area.</p> <p>9-3-7(a)</p>			