

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G474	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/12/2012
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NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 144 MAPLE ST LYNNVILLE, IN 47619
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: December 3, 6, 7, 11, 12, 2012</p> <p>Provider Number: 15G474 Aims Number: 100244920 Facility Number: 000988</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 12/14/12 by Tim Shebel, 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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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed for 1 non-sampled client (#7) observed to be administered medications, to ensure client #7 received her medication without error.</p> <p>Findings include:</p> <p>Observation was done at the group home on 12/3/12 from 2:24p.m. to 5:15p.m. Staff #3 passed client medication at 4:32p.m. At 4:38p.m., staff #3 stated the medication pass was over until the 8p.m medication pass. Client #7 did not receive any medication during the 4:32p.m. medication pass. At 5:08p.m. the clients were preparing to leave the facility to go to a Christmas dance. I (surveyor) asked staff #3 at 5:08p.m. if client #7 had received her 5p.m. medication. Staff #3 stated that client #7 did not receive any medication until 8p.m. Review of client #7's 12/12 medication administration record (MAR) on 12/3/12 at 5:11p.m. indicated client #7 had not been given her (two) Calcium 600 milligrams tablets (for calcium supplement). Staff #3 indicated they didn't know client #7 got a 5p.m. medication.</p>	W0369	<p>On 12/19/12 Direct Support Staff, Home Manager and Program Director received re-training on medication administration and the buddy check system from the group home nurse. On 12/20/12, the doctor wrote an order changing the Calcium dose time to 4:30pm so this medication falls in with regular medication pass times. Direct Support Staff will continue to do buddy checks at each medication pass. The Group Home Nurse, Home Manager and Program Director will continue to monitor and review the medication administration records regularly to check for errors. Responsible party: Direct Support Staff, Home Manager, Program Director and Group Home Nurse</p>	01/11/2013			

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	<p>Record review of client #7's 12/12 MAR on 12/3/12 at 5:11p.m. indicated client #7 was to receive Calcium 600mg two tablets at 5p.m.</p> <p>Interview on 12/3/12 at 5:11p.m. of professional staff #1 indicated client #7 should have received Calcium 600mg two tablets at the 5p.m. medication pass. 9-3-6(a)</p>			