

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G300		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/06/2022	
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 110 W PIKE ST MARTINSVILLE, IN 46151			
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00378326.</p> <p>Complaint #IN00378326 - Substantiated, Federal and state deficiency related to the allegation(s) was cited at W125.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: May 5 and 6, 2022</p> <p>Facility Number: 000819 Provider Number: 15G300 AIM Number: 100249100</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/13/22.</p>		W 0000				
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>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 interview and record review for 1 of 3 clients in the sample (A), the facility failed to ensure client A had the right to due process in regard to staff taking his cell phone and Xbox controller away from him daily at 10:00 PM.</p> <p>Findings include:</p>		W 0125	<p>Staff in the home will be retrained on not implementing any restrictions for any individuals' program plans without HRC approval.</p> <p>The Program Director (QIDP) will set up a meeting with Client A's team to determine the need for the</p>		05/26/2022	

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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	<p>On 5/5/22 at 12:34 PM, client G stated staff removed client A's Xbox controller and cell phone from him when client A "mistreats them." Client G indicated he witnessed the Program Supervisor and staff #3 take away client A's controller.</p> <p>On 5/5/22 at 4:43 PM, client A indicated he had to give his cell phone and Xbox controller to the staff daily at 10:00 PM. Client A indicated he thought there was a plan for staff removing his cell phone and controller. Client A did not respond when asked how he felt about staff taking his items.</p> <p>On 5/5/22 at 5:07 PM, the Program Supervisor (PS) indicated client A did not have a plan to remove his cell phone from him daily at 10:00 PM. The PS indicated client A's guardian told him (PS) to remove client A's cell phone and controller daily at 10:00 PM. The PS indicated the guardian also told him he could take client A's cell phone at any time to check the contents of the phone. The PS indicated there was no meeting to discuss removing client A's cell phone and controller. The PS indicated these were needed restrictions to keep client A from staying up all night however there was no plan for the restrictions. The PS indicated he trained new staff to remove client A's cell phone and controller daily at 10:00 PM.</p> <p>On 5/5/22 at 5:17 PM, the Program Director (PD) indicated she spoke to client A's guardian regarding his controller and cell phone. The PD indicated the staff was supposed to contact client A's guardian prior to removing his cell phone and controller if he was exhibiting maladaptive behaviors. The PD indicated she spoke to the Behavior Clinician (BC) and the BC was not</p>				<p>restrictive plan and guidelines and will send it to HRC for approval or denial. Persons Responsible: Program Director (QIDP)</p>		

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	<p>aware staff was removing client A's cell phone and controller. The PD indicated there was no plan for the restriction of removing client A's cell phone and controller. The PD indicated client A needed a plan. The PD indicated client A needed a plan to address staying up late as well due to being on his phone and Xbox late into the night.</p> <p>On 5/5/22 at 5:23 PM, staff #11 indicated client A's guardian told the staff to take away client A's cell phone and controller at 10:00 PM. Staff #11 indicated the cell phone started about 6 months ago and the controller removal started about one month ago. Staff #11 stated removing these items "helps with behaviors and sleep."</p> <p>On 5/5/22 at 5:29 PM, staff #14 indicated client A gave his cell phone and controller to the staff daily at 10:00 PM. Staff #14 stated "don't think it was in a plan. Believe guardian requested." Staff #14 indicated removing client A's cell phone and controller was due to him staying up late.</p> <p>On 5/6/22 at 10:22 AM, a focused review of client A's record was conducted. Client A's 11/18/21 Individualized Support Plan did not include a plan to remove his cell phone and Xbox controller daily at 10:00 PM. Client A's 12/19/21 Behavior Support Plan did not include a plan to remove his cell phone and Xbox controller daily at 10:00 PM. There was no documentation in client A's record indicating the need for client A's personal items to be removed. There was no documentation indicating when the restrictions started. There was no documentation client A's interdisciplinary team convened to discuss the removal of his cell phone and controller.</p>						

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W 0154 Bldg. 00	<p>On 5/5/22 at 3:25 PM, the Behavior Clinician (BC) indicated client A used to have a plan for staff to take away his cell phone however there was no current plan. The BC indicated client A did not have a plan for staff to take away his Xbox controller. The BC indicated she was not aware of the need for staff to remove his controller and cell phone.</p> <p>This federal tag relates to complaint #IN00378326.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 9 incident/investigative reports reviewed affecting clients A, B, C, D, E, F, G and H, the facility failed to conduct an investigation of an allegation of abuse.</p> <p>Findings include:</p> <p>On 5/5/22 at 1:59 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>On 3/24/22, the facility received an anonymous allegation of physical abuse at the group home. The Mentor Network Individual Abuse/Physical form indicated in the Primary Issue section, "Individual Abuse/Physical." The report indicated the location was the address of the group home. The report indicated, "The caller was reporting patient abuse." The report indicated, "The caller began to file a report regarding patient abuse.</p>		W 0154	<p>The Quality Improvement Specialist received a hotline report with very vague information related to the home and an allegation of abuse. The QIS was retrained by the Regional Director to complete an investigation into any report of abuse to ensure the safety of the individuals in the home.</p> <p>The Regional Director will monitor any future hotline call investigations to ensure they are completed in the required time frame occur.</p> <p>Persons Responsible: Quality Improvement Specialist, Regional Director</p>		05/26/2022	

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	<p>Due to the abrupt termination of the call prior to the completion of intake, no additional details were gathered...." This affected clients A, B, C, D, E, F, G and H.</p> <p>There was no documentation the facility conducted an investigation.</p> <p>On 5/5/22 at 1:33 PM, the Quality Improvement Specialist (QIS) stated she received a report "a couple of weeks ago" regarding an allegation of abuse at the group home. The QIS indicated there was no specific allegation other than physical abuse. The QIS indicated there were no dates and no specific clients mentioned. The QIS indicated the report came in on the complaint line. The QIS stated she interviewed the Program Director and "a couple of others" but she did not document the dates, times and information related to the information obtained from the interviews. The QIS stated "shoot for" five working days for an investigation. The QIS indicated she had no documentation to review.</p> <p>On 5/5/22 at 1:45 PM, the Area Director (AD) indicated the report was anonymous however she thought the report came from a former staff at the group home who was trying to come back to work after being terminated for verbal abuse. The AD indicated there was no specific incident. The AD indicated the QIS did not conduct an investigation. The AD indicated she was not sure if the QIS conducted interviews. The AD stated the QIS "should have conducted an investigation." The incident was reported to the facility on 3/24/22. The AD indicated the Regional Director informed the QIS she should have conducted an investigation into the allegation.</p> <p>9-3-2(a)</p>						

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