

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G763	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 12/02/2021
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC		STREET ADDRESS, CITY, STATE, ZIP COD 114 S CHESTNUT ST HUNTINGBURG, IN 47542		
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W 0000 Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey. This visit included the Covid-19 focused infection control survey.</p> <p>Survey Dates: 11/29/21, 11/30/21, 12/1/21 and 12/2/21.</p> <p>Facility Number: 012289 Provider Number: 15G763 AIM Number: 100249380</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 12/9/21.</p>	W 0000		
W 0159 Bldg. 00	<p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who-</p> <p>Based on observation, record review and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility's Qualified Intellectual Disabilities Professional (QIDP) failed to integrate, coordinate and monitor the clients' program plans. The facility failed to ensure the QIDP did not delegate her responsibilities to other staff. The QIDP failed to ensure assessments were performed within 30 days of admission. The QIDP failed to ensure the staff documented the implementation of program plan training objectives. The QIDP failed to ensure staff conducted quarterly evacuation drills for each shift of personnel.</p>	W 0159	<p>All staff in the home will be retrained on documenting on individuals goals at the end of each shift completed.</p> <p>The Program Director (QIDP) will be retrained on ensuring staff are documenting on individual goals so that Action Plan Summaries can determine if progress in goals has been achieved.</p> <p>The Program Director (QIDP) will be retrained on ensuring the Comprehensive Functional Assessment is completed for</p>	01/02/2022

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>Findings include:</p> <p>1) On 11/30/21 at 9:47 AM, a review of client #1's record was conducted. Client #1 moved into the group home on 8/16/21. The Individual Support Plan (ISP) dated 10/13/21 had the following training objectives:</p> <ul style="list-style-type: none"> -[Client #1] will socialize with peers and/or staff for 15 minutes with no for that (sic) 3 vps (verbal prompts) at a 25% (percent) success rate for three consecutive months. -[Client #1] will shower daily with no more than 5 vps at a 25% success rate for three consecutive months. -[Client #1] will wear clean clothes daily with no more than 5 vps at a 25% success rate for three consecutive months. -[Client #1] will complete his nightly chore after dinner with no more than 5 vps at a 25% success rate for three consecutive months." <p>-Client #1 had a review completed on 10/12/21.</p> <p>-The 10/12/21 Recommendation and Comment sections finalized by the PD (Program Director) indicated, "No changes."</p> <p>The review did not indicate whether or not client #1 met or did not meet his training objectives.</p> <p>On 11/30/21 at 10:45 AM, a review of client #2's record was conducted. The ISP dated 5/12/21 had the following training objectives:</p> <ul style="list-style-type: none"> -[Client #2] will change her bedding and clean her room. -[Client #2] will complete her laundry by washing, drying, folding and putting it away. -[Client #2] will review and balance her budget using a calculator to determine how much money she has left for the week. 		<p>each individual within 30 days of admission and yearly thereafter. Management will retrain all staff on completing evacuation drills according to the monthly schedule in order for all shifts to have an evacuation drill completed each quarter.</p> <p>The Program Director (QIDP) will be retrained on ensuring staff are completing Evacuation Drills as scheduled.</p> <p>Responsible parties: Program Supervisor, Program Director (QIDP), Area Director</p>	

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	<p>-[Client #2] will ask the person she's talking to if the space between them is acceptable.</p> <p>-[Client #2] will state her address and phone number.</p> <p>-During morning medication administration [client #2] will identify the correct number of pills she takes."</p> <p> Client #2 had reviews completed on 10/12/21, 8/11/21, 7/11/21 and 3/29/21.</p> <p>-The 10/12/21 Recommendation and Comment sections finalized by the PD indicated, "No changes."</p> <p>-The 8/11/21 Recommendation and Comment sections finalized by the PD indicated, "No changes."</p> <p>- The 7/11/21 Recommendation and Comment sections finalized by the PD indicated, "No changes."</p> <p>- The 3/29/21 Recommendation and Comment sections finalized by the PD indicated, "No changes."</p> <p> The reviews did not indicate whether or not client #2 met or did not meet her training objectives.</p> <p> On 11/30/21 at 11:28 AM, a review of client #3's record was conducted. The ISP dated 5/12/21 had the following training objectives:</p> <p>-"[Client #3] will weekly complete her laundry and fold and hang her clothes up promptly.</p> <p>-[Client #3] will respect the personal boundaries of her peers daily.</p> <p>-[Client #3] will state a positive effect of her Oxcarbazepine (seizures) daily.</p> <p>-[Client #3] will stay with the staff when shopping.</p> <p>-Weekly [client #3] will clean her room and change her bedding.</p> <p>-[Client #3] will shower safely without stomping or yelling.</p>			

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	<p>-[Client #3] will work on taking belongings from her peers daily."</p> <p>Client #3 had reviews completed on 11/30/21, 12/12/21, 8/11/21, and 7/11/21.</p> <p>-The 11/30/21 Recommendation and Comment sections finalized by the PD indicated, "No changes."</p> <p>-The 10/12/21 Recommendation and Comment sections finalized by the PD indicated, "No changes."</p> <p>- The 8/11/21 Recommendation and Comment sections finalized by the PD indicated, "No changes."</p> <p>- The 7/11/21 Recommendation and Comment sections finalized by the PD indicated, "No changes."</p> <p>The reviews did not indicate whether or not client #3 met or did not meet her training objectives.</p> <p>2) For 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to ensure the QIDP did not delegate her responsibilities to other staff.</p> <p>On 11/29/21 at 10:30 AM, a review of the QIDP Information sheet dated 11/29/21 indicated the QIDP was QIDP #1 for clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 12/1/21 at 9:52 AM, the Area Director (AD) and the Program Director (PD) were interviewed. The PD indicated the ISP was to be reviewed quarterly and revised annually. The AD stated, "The quarterly reviews can also call for a revision." The PD indicated the QIDP was responsible for completing the reviews and revisions. The PD stated, "The QIDP would approve the revisions." The PD stated, "Yes, the</p>			

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W 0210 Bldg. 00	<p>Action Plan Summaries (APS) should indicate whether the client has or has not met their training objectives but they (the APS) do not." The AD indicated she would review but did not finalize or comment on the training objectives.</p> <p>3) Please refer to W210. For 1 of 3 clients in the sample (#1), the QIDP failed to ensure assessments were performed within 30 days of admission.</p> <p>4) Please refer to W252. For 3 of 3 clients in the sample (#1, #2 and #3), the QIDP failed to ensure the staff documented the implementation of program plan training objectives for clients #2 and #3 from November 2020 to May 2021 and October 2021 for client #1.</p> <p>5) Please refer to W440. For 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the QIDP failed to ensure staff conducted quarterly evacuation drills for each shift of personnel.</p> <p>9-3-3(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview for 1 of 3 clients in the sample (#1), the facility failed to ensure assessments were performed within 30 days of admission.</p> <p>Findings include: On 11/30/21 at 9:47 AM, a review of client #1's</p>	W 0210	<p>The Program Director (QIDP) and Program Supervisor will be retrained in regards to ensuring that the Comprehensive Functional Assessment is completed for each individual within 30 days of admission and yearly thereafter. Responsible parties: Program</p>	01/02/2022

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W 0252 Bldg. 00	<p>record was conducted. Client #1 was admitted to the group home on 8/16/21. Client #1's CFA (Comprehensive Functional Assessment) was not completed until 10/13/21.</p> <p>On 12/1/21 at 9:48 AM, the Program Director (PD) stated the CFA was to be completed "Within 30 days of admission and then annually." The PD indicated the CFA was not completed until later due to schedule shifts and the client not being available.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview for 3 of 3 clients in the sample (#1, #2 and #3), the facility failed to ensure the staff documented the implementation of program plan training objectives for clients #2 and #3 from November 2020 to May 2021 and October 2021 for client #1. Findings include: 1) On 11/30/21 at 9:47 AM, a review of client #1's record was conducted. Client #1 moved into the group home on 8/16/21. The Individual Support Plan (ISP) dated 10/13/21 had the following training objectives: - "[Client #1] will socialize with peers and/or staff for 15 minutes with no for that (sic) 3 vps (verbal prompts) at a 25% (percent) success rate for three consecutive months. -[Client #1] will shower daily with no more than 5 vps at a 25% success rate for three consecutive</p>	W 0252	<p>Supervisor, Program Director (QIDP), Area Director</p> <p>All staff in the home will be retrained on documenting on individuals goals at the end of each shift completed. The new Program Supervisor will be trained to check three times a week to ensure staff are documenting goals as required. The Program Director (QIDP) will be retrained on ensuring staff are documenting on individual goals so that Action Plan Summaries can determine if progress in goals has been achieved. Responsible parties: Program Supervisor, Program Director (QIDP), Area Director</p>	01/02/2022

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	<p>months.</p> <p>-[Client #1] will wear clean clothes daily with no more than 5 vps at a 25% success rate for three consecutive months.</p> <p>-[Client #1] will complete his nightly chore after dinner with no more than 5 vps at a 25% success rate for three consecutive months."</p> <p>A review of client #1's monthly Action Plan Summary (APS) was completed.</p> <p>-The APS dated 10/1/21 to 10/31/21 did not contain documentation of the training objectives being implemented.</p> <p>2) On 11/30/21 at 10:45 AM, a review of client #2's record was conducted. The ISP dated 5/12/21 had the following training objectives:</p> <p>-"[Client #2] will change her bedding and clean her room.</p> <p>-[Client #2] will complete her laundry by washing, drying, folding and putting it away.</p> <p>-[Client #2] will review and balance her budget using a calculator to determine how much money she has left for the week.</p> <p>-[Client #2] will ask the person she's talking to if the space between them is acceptable.</p> <p>-[Client #2] will state her address and phone number.</p> <p>-During morning medication administration [client #2] will identify the correct number of pills she takes."</p> <p>A review of client #2's monthly APS was completed and indicated the following:</p> <p>- The APS dated 10/1/21 to 10/31/21 did not contain documentation of the training objectives being implemented.</p> <p>-The APS dated 4/1/21 to 4/30/21 did not contain documentation of the training objectives being implemented.</p>			

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	<p>-The APS dated 3/1/21 to 3/31/21 did not contain documentation of the training objectives being implemented.</p> <p>- The APS dated 2/1/21 to 2/28/21 did not contain documentation of the training objectives being implemented.</p> <p>- The APS dated 1/1/21 to 1/31/21 did not contain documentation of the training objectives being implemented.</p> <p>3) On 11/30/21 at 11:28 AM, a review of client #3's record was conducted. The ISP dated 5/12/21 had the following training objectives:</p> <ul style="list-style-type: none"> -"[Client #3] will weekly complete her laundry and fold and hang her clothes up promptly. -[Client #3] will respect the personal boundaries of her peers daily. -[Client #3] will state a positive effect of her Oxcarbazepine (seizures) daily. -[Client #3] will stay with the staff when shopping. -Weekly [client #3] will clean her room and change her bedding. -[Client #3] will shower safely without stomping or yelling. -[Client #3] will work on taking belongings from her peers daily." <p>A review of client #3's monthly APS was completed and indicated the following:</p> <p>- The APS dated 11/1/20 to 4/30/21 did not contain documentation of the training objectives being implemented.</p> <p>On 12/1/21 at 9:52 AM, the Area Director (AD) and the Program Director (PD) were interviewed. The PD stated, "The staff have not been following through with running the training objectives. I am working with staff to improve in this area."</p> <p>9-3-4(a)</p>			

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W 0440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel. Based on record review and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to ensure staff conducted quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>On 11/30/21 at 9:30 AM, a review of the facility's evacuation drills was conducted and indicated the following issues:</p> <p>1) There was no documentation drills had been completed during the day shift hours (6:00 AM to 2:00 PM) since 10/3/20.</p> <p>2) On 7/12/21, an evening shift (2:00 PM - 10:00 PM) drill was conducted at 6:45 PM.</p> <p>-There was no documentation present drills had been completed from 11/8/20 to 7/12/21 during the evening shift.</p> <p>-There was no documentation present drills had been completed since 7/12/21 during the evening shift.</p> <p>3) On 6/7/21, a night shift (10:00 PM - 6:00 AM) drill was conducted at 2:30 AM.</p> <p>-There was no documentation present drills had been completed from 9/8/20 to 6/7/21 during the night shift.</p> <p>-There was no documentation drills had been completed since 6/7/21.</p>	W 0440	<p>Management will retrain all staff on completing evacuation drills according to the monthly schedule in order for all shifts to have an evacuation drill completed each quarter.</p> <p>The new Program Supervisor will be trained to review evacuation drills and follow up to ensure another drill is completed if there are issues found during the reviewed drill. The new Program Supervisor will submit all evacuation drills to the Program Director (QIDP) and Office Coordinator when completed to ensure compliance with the regulations.</p> <p>Responsible parties: Program Supervisor, Program Director (QIDP), Area Director</p>	01/02/2022

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W 0455 Bldg. 00	<p>This affected clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 12/1/21 at 8:59 AM, the Area Director (AD) and Program Director (PD) were interviewed. The PD stated, "Fire drills should be completed every month and rotate quarterly for each shift." The AD stated, "Yes, we have failed to complete the drills."</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview for 3 of 3 clients in the group home (#2, #3 and #4), the facility failed to ensure staff working in the home implemented proactive/preventative infectious control measures during the Covid-19 pandemic.</p> <p>Findings include:</p> <p>On 11/30/21 from 6:44 AM to 8:26 AM, an observation was conducted in the group home. At 6:59 AM, staff #2 administered medications to client #3. Staff #2 did not prompt client #3 to wash or sanitize her hands before taking her medications. At 7:18 AM, staff #2 administered medications to client #4. Staff #2 did not prompt client #4 to wash or sanitize her hands before taking her medications. At 7:38 AM, staff #2 administered medications to client #2. Staff #2 did not prompt client #2 to wash or sanitize her hands before taking her medications. This affected clients #2, #3 and #4.</p> <p>On 12/1/21 at 9:28 AM, the Area Supervisor (AS) and Program Director (PD) were interviewed. The</p>	W 0455	<p>The Program Director will retrain the Program Supervisor and all Direct Support Professionals (DSP's) regarding the infectious control procedures which includes handwashing of staff and individuals at Medication Administration times.</p> <p>Management staff will complete random weekly checks to ensure staff are following the infectious control procedures.</p> <p>Responsible parties: Program Supervisor, Program Director (QIDP), Registered Nurse/Program Nurse, Area Director</p>	01/02/2022

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	PD stated, "Yes, absolutely, especially right now with Covid in the home" when asked if clients should be encouraged to wash or sanitize their hands before medication pass. The AS agreed to the PD's statement. 9-3-7(a)			