

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

PRINTED: 11/28/2022

FORM APPROVED

OMB NO. 0938-039

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 10/07/2022	
NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL SERVICES SUB LLC				STREET ADDRESS, CITY, STATE, ZIP COD 110 W PIKE ST MARTINSVILLE, IN 46151			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00391340.</p> <p>Complaint #IN00391340 - Substantiated, Federal/state deficiencies related to the allegation(s) are cited at W104 and W9999.</p> <p>This visit was in conjunction to the Post Certification Revisit (PCR) to the investigation of complaint #IN00384168 completed on 8/11/22.</p> <p>Survey dates: October 4, 5, 6 and 7, 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 10/24/22.</p>			W 0000			
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 8 of 8 clients living in the group home (A, B, C, D, E, F, G and H), the facility's governing body failed to exercise operating direction over the facility by failing to ensure there were policies and procedures in place to ensure the group home staff's driver licenses remained valid.</p> <p>Findings include:</p>			W 0104	<p>There are three existing policies that address obtaining and maintaining valid driver's license for employees. The policies will be uploaded for review.</p> <p>A new Office Coordinator was hired and trained on what information must be received from the Recruitment and Employee screening department to be</p>		11/07/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Karen Galbraith

Regional Director

11/11/2022

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 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 10/4/22 at 1:01 PM, a review of the employees' files was conducted and indicated there was no documentation the facility conducted bureau of motor vehicle checks for staff #1, #7 and #11. There were two additional staff (staff #4 and staff #12) with expired licenses in their employee files. The facility did not ensure the staff renewed their licenses when they expired. This affected clients A, B, C, D, E, F, G and H.</p> <p>On 10/5/22 at 9:09 AM, the Regional Director (RD) stated "sounds like things have dropped. Not aware of the issues. A motor vehicle check is conducted upon hire to verify the staffs' license is current and not suspended or expired." The RD indicated the Office Coordinator was responsible for conducting the checks. The RD indicated there was a period of time with no Office Coordinator. The RD indicated she thought the facility conducted annual checks of the staffs' driver licenses to ensure they were valid.</p> <p>On 10/4/22 at 12:51 PM, the Qualified Intellectual Disabilities Professional indicated the staff should not be driving the group home van due to not having a motor vehicle check ensuring they have a current license.</p> <p>On 10/5/22 at 12:45 PM, a review of the facility's April 2011 Staff Screening and Qualifications policy indicated, "For staff positions involving the transportation of individuals, a valid driver's license check and verification of insurance is obtained and documentation is maintained in each personnel file."</p> <p>There was no policy/procedure indicating how the facility was going to ensure the staffs' driver licenses remained valid throughout their employment with the facility.</p>				<p>maintained in the employee file. The Office Coordinator will also be trained on the existing practice on how to conduct the annual BMV checks to ensure all employees maintain their ability to drive. The Regional Director (in absence of an Area Director) will review and sign off on all new employee files to verify the file is complete. Responsible Party: Regional Director</p>		

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W 9999  Bldg. 00	<p>On 10/4/22 at 12:05 PM, the Program Director indicated the staffs' driving records should be checked upon hire. The PD indicated it was the responsibility of the staff for reporting issues with their licenses after that such as being expired or suspended. The PD indicated the facility did not conduct motor vehicle checks after staff was hired.</p> <p>This federal tag relates to complaint #IN00391340.</p> <p>9-3-1(a)</p> <p>State Findings</p> <p>460 IAC 9-3-2(c)(3) Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, Section 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview for 3 of 12 employee files reviewed (staff #1, #7 and #11), the facility failed to conduct a bureau of motor</p>		W 9999	<p>A new Office Coordinator was hired and trained on what information must be received from the Recruitment and Employee screening department to be maintained in the employee file. The Office Coordinator will also be trained on the existing policy on how to conduct the annual BMV checks to ensure all employees maintain their ability to drive. Responsible Party: Regional Director</p>		11/07/2022	

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	<p>vehicles record check prior to the staff working in the group home.</p> <p>Findings include:</p> <p>On 10/4/22 at 1:01 PM, a review of the employees' files was conducted and indicated there was no documentation the facility conducted bureau of motor vehicle checks for staff #1, #7 and #11.</p> <p>On 10/5/22 at 9:09 AM, the Regional Director (RD) stated "sounds like things have dropped. Not aware of the issues. A motor vehicle check is conducted upon hire to verify the staffs' license is current and not suspended or expired." The RD indicated the Office Coordinator was responsible for conducting the checks. The RD indicated there was a period of time with no Office Coordinator.</p> <p>On 10/4/22 at 12:05 PM, the Program Director indicated the staffs' driving records should be checked upon hire. The PD indicated it was the responsibility of the staff for reporting issues with their licenses after that such as being expired or suspended. The PD indicated the facility did not conduct motor vehicle checks after staff was hired.</p> <p>On 10/4/22 at 12:51 PM, the Qualified Intellectual Disabilities Professional indicated the staff should not be driving the group home van due to not having a motor vehicle check ensuring they have a current license.</p> <p>This state rule relates to complaint #IN00391340.</p> <p>9-3-2(c)(3)</p>						