

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

PRINTED: 05/08/2023

FORM APPROVED

OMB NO. 0938-039

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|---|--|---|--|---|--|--|----------------------------|
| 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 03/13/2023 | |
| 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 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 |
| W 0000 Bldg. 00 | <p>This visit was for a Post Certification Revisit (PCR) to the investigation of complaint #IN00391340 completed on 10/7/22.</p> <p>Complaint #IN00391340 - Not corrected.</p> <p>This visit was in conjunction to the pre-determined full recertification and state licensure survey.</p> <p>This visit was in conjunction to the PCR completed 10/7/22 to the investigation of complaint #IN00384168 completed on 8/11/22.</p> <p>Survey dates: February 28, March 1, 2, 3, 6, 7 and 13, 2023.</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 4/6/23.</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</p> | | | W 0104 | <p>- The operation is in the process of hiring an Office Coordinator who is responsible for employee files being current</p> <p>- Area Director and Program Directors will be trained on</p> | | 04/28/2023 |

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

TITLE

(X6) DATE

Bret Beauchamp

Regional Director

04/27/2023

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>staff's driver licenses remained valid.</p> <p>Findings include:</p> <p>On 2/28/23 at 3:00 PM, a review of staff files was conducted and indicated 2 staff had an expired driver's license in their file. Staff #1's file had a copy of a driver's license that expired 6/11/2018 and Staff #3's file had a copy of a driver's license that expired on 4/8/2022. The facility did not ensure the staff had a valid driver's license on file. This affected clients A, B, C, D, E, F, G and H.</p> <p>On 3/7/23 at 10:00 AM, the Area Supervisor (AD) was interviewed. The AD indicated the staffs' driving records should be checked upon hire and then annually to ensure they remain valid. The AD indicated it was the responsibility of the staff for reporting issues with their licenses such as being expired or suspended. The AD indicated the facility did not conduct motor vehicle checks after staff was hired. The AD indicated there has been no office coordinator to assist with employee paperwork. The AD stated, "we haven't had an office coordinator for over 6 months." The AD stated proof of a valid driver's license "should be in employee files," and "there should be a policy stating that."</p> <p>On 3/7/23 at 10:00 AM, the Qualified Intellectual Disabilities Professional (QIDP)/Program Manager (PM) indicated the staff should not be driving the group home van if they do not have a current driver's license. The QIDP/PM stated proof of a valid driver's license "should be maintained in the employees' file."</p> <p>The Regional Director (RD) was interviewed on 3/7/23 at 11:00 AM. The RD indicated the facility had a policy regarding staff Bureau of Motor</p> | | | | <p>ensuring employee files are up to date when an Office Coordinator is not present</p> <ul style="list-style-type: none"> - An audit of employee files will be conducted to ensure that all items are current - Once an Office Coordinator is hired, a tracking sheet will be put into place to track all employees files to monitor any expirations that can be addressed in a timely manner <p>Persons Responsible: Area Director, Program Director, Program Supervisor</p> | | |

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| W 9999 Bldg. 00 | <p>Vehicle checks. The RD stated employees "should have a valid driver's license in their employee file."</p> <p>The facility's policy Operating Practices Supervised Group Living Services dated 4/2011 was reviewed on 3/13/23 at 9:00 AM and indicated, "Staff Screening and Qualifications: Indiana MENTOR strives to hire and retain qualified applicants for available positions on the basis of their skills, knowledge, expertise, abilities and enthusiasm...4. 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...". 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>This deficiency was cited on 10/7/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</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</p> | | | W 9999 | <p>- The operation is in the process of hiring an Office Coordinator who is responsible for employee files being current</p> <p>- Area Director and Program Directors will be trained on ensuring employee files are up to date when an Office Coordinator is not present</p> <p>- An audit of employee files</p> | | 04/28/2023 |

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| | <p>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 2 of 3 sampled staff (staff #1 and #3), the facility failed to ensure staff #1 and #3 had a valid driver's license.</p> <p>Findings include:</p> <p>Employee files were reviewed on 3/2/23 at 3:00 PM. The review indicated staff #1's file had a copy of a driver's license that expired 6/11/2018 and staff #3's file had a copy of a driver's license that expired on 4/8/2022.</p> <p>On 3/7/23 at 10:00 AM, the Area Supervisor (AD) was interviewed. The AD indicated the staffs' driving records should be checked upon hire and then annually to ensure they remain valid. The AD indicated it was the responsibility of the staff for reporting issues with their licenses such as being expired or suspended. The AD indicated the facility did not conduct motor vehicle checks after staff was hired.</p> <p>The Regional Director (RD) was interviewed on 3/7/23 at 11:00 AM. The RD indicated the facility had a policy regarding staff Bureau of Motor Vehicle checks and reference checks.</p> <p>This state rule was cited on 10/7/22. The facility failed to implement a systemic plan of correction</p> | | | | <p>will be conducted to ensure that all items are current</p> <p>- Once an Office Coordinator is hired, a tracking sheet will be put into place to track all employees files to monitor any expirations that can be addressed in a timely manner</p> <p>Persons Responsible: Area Director, Program Director, Program Supervisor</p> | | |

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| | to prevent recurrence. This state rule relates to complaint #IN00391340. 9-3-2(c)(3) | | | | | | |