

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G593	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/12/2016
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3142 62ND PL E HOBART, IN 46342
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Survey Dates: 4/4, 4/5, 4/6, 4/7 and 4/12/16.</p> <p>Facility Number: 001107 Provider Number: 15G593 AIM Number: 100245570</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/15/16.</p>	W 0000		
W 0111 Bldg. 00	<p>483.410(c)(1) CLIENT RECORDS</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the clients' monthly summaries in regard to the clients' Individual Support Plan (ISP) objectives were part of the clients' records/charts.</p> <p>Findings include:</p>	W 0111	<p>Indiana Mentor has policies and procedures in place in regards to client documentation. The QMRP is certified and trained in program implementation including clients monthlies. The QMRP has been retrained on client documentation and filing and filed the summaries in the charts. The Area Director will be conducting random audit on client files at least 2x month over the next 6 months. The QMRP will turn in a program</p>	05/06/2016

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>1. Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 12/11/15 ISP indicated client #2 had the following objectives:</p> <ul style="list-style-type: none"> -Client #2 will set dinnerware at the table for himself with 3 verbal prompts or less 70% (percent) of the time for 3 consecutive months. -Client #2 will allow staff to assist the client in "picking up his room" with 2 verbal prompts or less for 80% of the time for 3 consecutive months. -Client #2 will punch out his medications into a medication cup with 3 verbal prompts or less 70% of the time for 3 consecutive months. -Client #2 will sort out his petty cash change into denominations 2 times a week. -Client #2 will choose an exercise of his choice with 3 verbal prompts or less for 70% of the time for 3 consecutive months. -Client #2 will fold his clothes or hang them up with staff assistance with 3 verbal prompts or less for 70% of the time for 3 consecutive months,. Client #2's record indicated no monthly summaries were present in the client's record/chart since December 2014. <p>2. Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 4/7/15</p>		<p>checklist verifying documentation has been completed monthly. Responsible Party: QMRP, Area Director Complete Date: 5/6/2016</p>	

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	<p>ISP indicated client #4 had the following training objectives:</p> <ul style="list-style-type: none"> -Client #4 will exercise for 30 minutes with 1 verbal prompt or less for 90% of the time for 3 consecutive months. -Client #4 will punch out one of his medications with 3 verbal prompts or less 70% of the time for 3 consecutive months. -Client #4 will sort his money in his petty cash into the different denominations/values 2 times a week. -Client #4 will serve himself at dinner with staff assistance with 1 verbal prompt or less 90% of the time for 3 consecutive months. -Client #4 will set the table for dinner with 3 verbal prompts or less 70% of the time for 3 consecutive months. -Client #4 will sort his laundry and put his clothes away in the washer and dryer 2 days a week for 3 consecutive months. Client #4's record indicated no monthly summaries were present in the client's record/chart since December 2014. <p>3. Client #3's record was reviewed on 4/6/16 at 11:29 AM. Client #3's 4/7/15 ISP indicated client #3 had the following training objectives:</p> <ul style="list-style-type: none"> -Client #3 will assist staff in making the main entree for dinner with 1 verbal 			

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	<p>prompt 90% of the time for 3 consecutive months,</p> <p>-Client #3 will buy a newspaper or magazine of her choice with 1 verbal prompt or less 90% of the time for 3 consecutive months.</p> <p>-Client #3 will punch out her medications with 1 verbal prompt or less 90% of the time for 3 consecutive months at her 7 AM medication pass.</p> <p>-Client #3 will choose an exercise of her choice with 2 verbal prompts or less 80% of the time for 3 consecutive months.</p> <p>-Client #3 will discuss the evacuation procedure with staff with 1 verbal prompt 90% of the time for 3 consecutive months.</p> <p>-Client #3 will respond in a complete sentence when staff her how her day has been with 1 verbal prompt 90% of the time for 3 consecutive months. Client #3's record indicated no monthly summaries were present in the client's record/chart since December 2014.</p> <p>4. Client #1's record was reviewed on 4/6/16 at 12:05 PM. Client #1's 4/8/15 ISP indicated the client had the following training objectives:</p> <p>-Client #1 will complete an exercise of his choice with 2 verbal prompts or less 90% of the time for 3 consecutive months.</p>			

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	<p>-Client #1 will identify and punch out his medication with 3 verbal prompts or less 80% of the time for 3 consecutive months.</p> <p>-Client #1 will brush and floss his teeth with 2 verbal prompts or less 90% of the time for 3 consecutive months.</p> <p>-Client #1 will wear his eyeglasses during awake hours with 3 verbal prompts or less for 90% of the time for 3 consecutive months.</p> <p>-Client #1 will get in the van to attend the workshop with 1 verbal prompt or less 90% of the time for 3 consecutive months.</p> <p>-Client #1 will sort out his petty cash into different denominations with 2 verbal prompts or less 90% of the time for 3 consecutive months.</p> <p>Client #1 will apply powder or lotion to his body with 5 verbal prompts 80% of the time for 3 consecutive months.</p> <p>Client #1's record indicated no monthly summaries were present in the client's record/chart since client #1 was transferred from another group home to his present home on 8/18/15.</p> <p>Interview with Program Director (PD) #1 on 4/6/16 at 1:10 PM indicated she had client #1, #2, #3 and #4's monthly summaries on her computer and they had not been printed off and placed into the clients' records.</p>			

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W 0125 Bldg. 00	<p>9-3-1(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS 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 observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure the clients' rights/due process in regard to locking of knives/sharps, and in regard to allowing the clients to answer the phone in their home.</p> <p>Findings include:</p> <p>1. During the 4/4/16 observation period between 3:20 PM and 7:15 PM at the group home, staff #5 answered the phone when the phone rang at the group home. At 6:00 PM, client #1 asked facility staff to use the phone. Client #1 picked up the cordless phone and made his phone call. At 6:16 PM, client #1 was holding the phone and it rang. Client #1 handed the phone to staff #5 to answer.</p>	W 0125	<p>Indiana Mentor has policies and procedures in place in regards to client rights and process for restrictions. Staff are trained on these processes upon hire and annually thereafter. QMRP has sent off for consent for client 1-8 in locking of sharps and sent off for HRC approval for the sharps. Staff have been retrained on clients rights and management is being retrained on consent and HRC approvals. QMRP is reviewing restrictions in place for clients 1-8 to ensure all consents and approvals are up to date. On-going all restrictions will be sent to guardian for consent and have HRC, Area Director will conduct random audits to ensure process is followed and all approvals will be sent to Area Director for review. Responsible Party: Area Director, QMRPCOMplete Date: 5/6/2016</p>	05/06/2016

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	<p>Interview with client #1 on 4/5/16 at 6:38 AM indicated clients (#1, #2, #3, #4, #5, #6, #7 and #8) were not allowed to answer the phone. Client #1 indicated he could pick up the phone but he would have to give the phone to staff to answer.</p> <p>Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 12/11/15 Individual Support Plan (ISP) did not indicate client #2 should not be allowed to answer the phone.</p> <p>Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 4/7/15 ISP did not indicate client #4 should not be allowed to answer the phone.</p> <p>Client #3's record was reviewed on 4/6/16 at 11:29 AM. Client #3's 4/7/15 ISP did not indicate client #3 should not be allowed to answer the phone.</p> <p>Client #1's record was reviewed on 4/6/16 at 12:05 PM. Client #1's 4/8/15 ISP did not indicate client #1 should not be allowed to answer the phone.</p> <p>Interview with Program Director (PD) #1 and staff #1 on 4/6/16 at 1:10 PM indicated they had been present at the group home when clients answered the phone before. PD #1 and staff #1 indicated clients #1, #2, #3, #4, #5, #6,</p>			

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	<p>#7 and #8 should be allowed to answer the phone in their home.</p> <p>2. Client #1's record was reviewed on 4/6/16 at 12:05 PM. Client #1's 3/14/16 Behavioral Support Plan (BSP) indicated "All sharps in both group home and day service should be locked due to incidents of intense physical aggression, threats of aggression, and frequent suicidal threats/gestures. Additional justification for restriction is the following: [Client #1] has a history of looking for or using weapons when he is upset or begins to engage in inappropriate behaviors...."</p> <p>Client #1's 4/8/15 Individual Support Plan (ISP) indicated client #1 was his own guardian. Client #1's 4/8/15 ISP and/or 3/14/16 BSP indicated the facility did not obtain written informed consent from client #1 in regard to locking of the knives. Client #1's 4/8/15 ISP and/or 3/14/16 BSP also indicated the facility did not have its Human Rights Committee (HRC) review and/or approve its restrictive practice of locking sharps/knives.</p> <p>Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 12/11/15 ISP did not indicate client #2 had a need for sharps/knives to be locked. Client #2's ISP indicated the client's uncle was</p>			

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	<p>the client's guardian. Client #2's ISP indicated the facility did not obtain written informed consent from the client's guardian to lock the sharps in the group home. Client #2's ISP and/or record indicated the facility did not have its HRC review and/or approve the practice of locking the knives/sharps.</p> <p>Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 4/7/15 ISP did not indicate client #4 had a need for sharps/knives to be locked. Client #4's ISP indicated the client's sister was the client's guardian. Client #4's ISP indicated the facility did not obtain written informed consent from the client's guardian to lock the sharps in the group home. Client #4's ISP and/or record indicated the facility did not have its HRC review and/or approve the practice of locking the knives/sharps.</p> <p>Client #3's record was reviewed on 4/6/16 at 11:29 AM. Client #3's 4/7/15 ISP did not indicate client #3 had a need for sharps/knives to be locked. Client #3's ISP indicated the client had a guardian. Client #3's ISP indicated the facility did not obtain written informed consent from the client's guardian to lock the sharps in the group home. Client #3's ISP and/or record indicated the facility did not have its HRC review and/or</p>			

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W 0136 Bldg. 00	<p>approve the practice of locking the knives/sharps.</p> <p>Interview with PD #1 and staff #1 on 4/6/16 at 1:10 PM indicated the facility locked sharps/knives due to client #1's behavior. PD #1 indicated the clients' (#1, #2, #3, #4, #5, #6, #7 and #8) guardians and/or the clients did not give written informed consent in regard to locking the sharps/knives. PD #1 indicated the facility's HRC had not reviewed the restriction of locking the sharps/knives.</p> <p>9-3-2(a)</p> <p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities. Based on observation, interview and record review for 2 of 4 sampled clients (#2 and #4) and for 1 additional client (#6), the facility failed to ensure the clients participated in community activities for haircuts, activities, and/or ensured facility staff documented community activities/outings the clients participated in.</p> <p>Findings include:</p>	W 0136	Indiana Mentor has policies and procedures in place in regards to community access and community activities for individuals in service. Staff are trained on these policies upon hire and annually thereafter. QMRP has retrained staff on community engagement and active treatment. QMRP has revised an active treatment and community schedule for the house and implemented it.	05/06/2016			

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	<p>1. During the 4/4/16 observation period between 3:20 PM and 7:15 PM at the group home, staff #3 verbally prompted client #6 to come to the dining room so staff #3 could cut the client's hair. Staff #3 cut client #6's hair in the dining room away from the dining room table. Staff #3 cut client #6's hair off until the client was bald.</p> <p>Interview with staff #4 on 4/5/16 at 9:25 AM indicated client #6 went out into the community to get his hair cut.</p> <p>Interview with Program Director (PD) #1, staff #1 and the Area Director (AD) on 4/6/16 at 1:10 PM indicated facility staff should not be cutting client #6's hair. PD #1 and staff #1 indicated client #6 went out into the community to get his haircut.</p> <p>2. Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 2/16, 3/16 and 4/16 Daily Support Records (DSRs) indicated client #2 had not participated in community activities/outings other than to go on home visits with his family in the past 3 months.</p> <p>Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 2/16, 3/16 and 4/16 DSR indicated client #4</p>		<p>Management will be do weekly reviews to ensure community involvement has been maintained and QMRP will include a brief summary of activities on her monthly summaries. Complete Date: 5/6/2016 Responsible Party: QMRP</p>		

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W 0137 Bldg. 00	<p>had not participated in any community activities/outings in the past 3 months.</p> <p>Interview with staff #2 on 4/5/16 at 7:15 AM stated client #4 would go out into the community but "He is a little jumpy." Staff #2 could not indicate when client #4 last went out into the community. Staff #2 indicated client #2 did not go out into the community as the client did not like to be around others. Staff #2 indicated client #2 would go home with his family and they would take him out into the community.</p> <p>Interview with PD #1, staff #1 and the AD on 4/6/16 at 1:10 PM indicated clients #2 and #4 normally went into the community on the weekends. PD #1 and staff #1 indicated facility staff should document the clients' participation in activities/outing on the DSRs.</p> <p>9-3-2(a)</p> <p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Based on observation, interview and record review for 1 of 4 sampled clients (#3), the facility failed to encourage the</p>	W 0137	Indiana mentor has policies and procedures in place in regards to clients rights including having the	05/06/2016			

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	<p>client to maintain her personal property in a safe manner.</p> <p>Findings include:</p> <p>During the 4/4/16 observation period between 3:20 PM and 7:15 PM at the group home, client #3 used a personal lap top computer to play games with at the dining room table. At 6:16 PM, client #3 was verbally prompted to put her personal lap top up. Client #3 placed the lap top into her computer bag and laid the computer bag on the counter/desk in the medication area of the group home. Staff #5 went to retrieve the lap top case from the counter. Staff #5 unlocked a closet in the medication room and placed client #3's lap top computer in the closet and locked the closet door back.</p> <p>Client #3's record was reviewed on 4/6/16 at 11:29 AM. Client #3's 4/7/15 Individual Support plan (ISP) and/or 4/22/15 Behavior Support Plan (BSP) did not indicate client #3's personal computer should be locked. Client #3's 4/7/15 ISP indicated client #3 had a guardian. The ISP did not indicate the client's guardian gave consent to lock the client's personal computer. Client #3's ISP and/or BSP also indicated the facility's Human Rights Committee (HRC) had not reviewed and/or approved the locking of the</p>		<p>right to maintain personal property in a safe manner. Staff are trained on this upon hire and annually thereafter. Client #3 was given a key to the locked cabinet and a formal goal is being implemented to assist client 3 in working on independently opening cabinet with key. QMRP did assessment of remaining clients to ensure remaining clients had access to their property. Staff have been retrained on clients rights. QMRP will review clients rights at next 3 staff meetings and annually thereafter. Any restrictions will get consent and HRC approval prior to implementation. Responsible Party: QMRP Complete Date: 5/6/2016</p>				

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	<p>client's personal computer. Client #3's 4/7/15 ISP did not indicate client #3 was encouraged/allowed to maintain and/or safeguard her own personal computer.</p> <p>Interview with staff #2 on 4/5/16 at 7:15 AM stated client #3's computer was kept locked in the medication closet as someone had "stolen" the client's computer about 3 years ago. Staff #2 indicated facility staff had been told to keep the client's personal computer locked in the medication closet when it was not being used.</p> <p>Interview with staff #1, Program Director (PD) #1 and the Area Director (AD) on 4/6/16 at 1:10 PM indicated client #3 had a personal computer. Staff #1 and the AD indicated client #3's computer had been stolen in the past. Staff #1, PD #1 and the AD indicated locking of the client's personal computer was not part of the client's ISP/BSP and the facility's HRC had not reviewed the restrictive practice of locking the client's personal computer. Staff #1 and PD #1 indicated client #3's ISP did not teach/encourage client #3 how to maintain and safeguard her own personal laptop.</p> <p>9-3-2(a)</p>			

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W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 1 of 5 allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to conduct a thorough investigation in regard to an allegation of staff to client verbal abuse involving client #1.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 4/4/16 at 12:52 PM. The facility's 8/21/15 reportable incident report indicated client #1 reported to a day program staff on 8/20/15, he had asked staff #8 if he could call his mother. The reportable incident report indicated "... [Client #1] states that [staff #8] became angry and [staff #8] began to yell at him, [client #1] states that [staff #8's] reply was 'no,' [client #1] says to [staff #8] that [Program Director-PD #2] said that I could make a call as long as it was a reasonable time, [client #1] reports that [staff #8] said to him that 'I don't care what [PD #2] said, she has her job to do and I have mine.' [Client #1] goes on to say that [staff #8] told him '[PD #2] aint (sic) my boss, I'm my own boss,' [client</p>	W 0154	<p>Indiana Mentor has policies and procedures in place in regards to abuse/neglect/exploitation of clients and for investigation procedures for such incidents. Additionally Mentor has policies and procedures in place for incidents outside of A/N/E that require investigations. Agency has assigned investigators that go through training to ensure investigations are thorough and meet the quality standards.</p> <p>Area investigators have been retraining completing thorough and complete investigations in regards to abuse and neglect and other incidents needing an investigation. ANE investigations will be sent to QA, operations, and HR for review. Any recommendations for staff will be sent to QA once completed to ensure follow up is being done. Non ANE investigations are reviewed and tracked by Area Director and recommendations will be sent to them and staff</p> <p>Complete Date: 5/6/2016 Responsible Party: QI, Area Director, QMRP</p>	05/06/2016

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	<p>#1] expressed to [staff #8] that she was over reacting with the yelling. [Staff #8] then called her son and started telling her son that 'you better come get me because this client about to make me lose my job.' [Client #1] states that [staff #8] left the house on the phone, and returned on the phone, continuing to talk to her son about him (client #1). The allegation of verbal abuse is being internally investigation (sic), staff has been removed from the schedule pending allegations."</p> <p>The facility's 8/25/15 Summary of Internal Investigation Report indicated PD #2, clients #1, #2, #3, #4, #5, #6, #7 and #8 were interviewed along with staff #8. The facility's investigation indicated the clients did not remember hearing staff #8 yell at anyone. The facility's investigation indicated staff #8 indicated client #1 was upset with staff #8 as she had reminded client #1 of the shower schedule as the client had refused to shower. The facility's investigation indicated client #8 wanted to use the phone later in the evening and client #8 was reminded another client was "assigned calls that night." The investigation indicated "...[Staff #8] stated she has a deep voice (interviewer confirmed) and sometimes can be mistaken as loud but she never yelled or raised her voice with him. [Staff #8]</p>						

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W 0227 Bldg. 00	<p>stated it was her birthday on 8/20/2015 and she did call her son as the PC (Program Coordinator) had given her permission to leave early prior to shift ending (PC confirmed). Conclusion: Evidence could not be found to support the allegation of verbal abuse." The facility's 8/25/15 investigation did not interview any additional staff other than staff #8 and PD #2 in regard to the allegation of staff to client abuse. The facility's investigation indicated the PC's interview/statement was not included.</p> <p>Interview with PD #1 on 4/6/16 at 1:10 PM indicated PD #1 did not see where any additional staff were interviewed in regard to client #1's allegation of verbal abuse.</p> <p>9-3-2(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview and record review for 2 of 4 sampled clients (#2 and #4), the clients' Individual Support Plans failed to address the clients' identified training needs in regard to leisure skills and a behavioral need for</p>	W 0227	Indiana Mentor has policies and procedures in place in regards to client programming. Each program is developed and reviewed by a certified QIDP. QIDP is trained in agency requirements including monthly documentation, goal	05/06/2016

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	<p>a client.</p> <p>Findings include:</p> <p>1. During the 4/5/16 observation period between 6:05 AM and 8:15 AM at the group home, client #4's bedroom smelled of urine.</p> <p>Interview with client #1 on 4/6/16 at 7:39 AM indicated client #4 was his roommate. Client #1 stated their bedroom smelled due to client #4 "pees in clothes basket and on floor." Client #1 indicated he had informed facility staff on 4/6/16 about client #4 urinating in the clothes basket again. Client #1 indicated he would tell facility staff each time client #4 urinated on the floor and/or in his clothes basket.</p> <p>Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 4/7/15 ISP and/or 3/14/16 Behavior Support plan (BSP) did not address client #4's urinating in other places besides the bathroom.</p> <p>Interview with staff #7 on 4/5/16 at 8:00 AM indicated client #4 would urinate in his clothes basket in his bedroom. Staff #7 stated "It will clear up and then he will start at it again." Staff #7 stated client #4 would use the bathroom frequently as</p>		<p>review, progress and implementation. Mentor works with behavioral companies to ensure known behaviors are known and the IDT and HRC review plans to ensure they are accurate and meets client's needs.</p> <p>Client 2 and 4 plans have been amended to include the identified needs. Training for staff will be completed by 5/06/2016. The QIDP and the behavioralist will complete a review of all individuals behavior plans to ensure all targeted behaviors have been identified in plans.</p> <p>The behavior support specialist and the QIDP are to meet at least monthly to review plans and ensure no new targeted behaviors need to be included and the active ones are still relevant. Any recommended changes will be addressed with the IDT and HRC approval</p> <p>Complete Date: 5/6/2016 Responsible Party: QIDP</p>				

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	<p>client #4 took a "water pill."</p> <p>Interview with Program Director (PD) #1 and staff #1 on 4/6/16 at 1:10 PM indicated client #4 would often use the bathroom. Staff #1 indicated he was aware client #4 urinated in his bedroom in the clothes basket and/or on the floor. Staff #1 stated "We try to redirect and staff clean it up." Staff #1 and PD #1 indicated client #4's BSP did not address the client's identified need in regard to urinating in his clothes basket and/or on the floor in his bedroom.</p> <p>2. During the 4/4/16 observation period between 3:20 PM and 7:15 PM at the group home, client #2 stayed in his bedroom, with the door closed, except to start his laundry. Facility staff #3, #5 and #6 did not redirect/offer the client an alternate activity/training to participate in.</p> <p>During the 4/5/16 observation period between 6:05 AM and 8:15 AM at the group home, client #2 stayed in his bedroom except to get his morning medications and to eat. After which, client #2 returned to his bedroom and closed the bedroom door. Client #2 remained in his bedroom until 7:39 AM, when the client came out ready to leave for the day program. Client #2 sat on the</p>			

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	<p>couch and watched the TV in the living room.</p> <p>Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 1/4/15 Recreation/Leisure Inventory (current one in chart) indicated client #2 did not have any preferred leisure and/or activity interests/skills.</p> <p>Client #2's 12/11/15 ISP indicated client #2 had an objective to participate in exercises for 30 minutes, but the client's ISP did not have a specific objective to assist the client to increase his leisure skills/activities.</p> <p>Interview with staff #4 on 4/5/16 at 7:25 AM indicated client #2 did not like to come out of his bedroom to participate in activities and/or training.</p> <p>Interview with PD #1 and staff #1 on 4/6/16 at 1:10 PM indicated client #2 liked to stay in his bedroom and did not like to interact with others. PD #1 and staff #1 indicated client #2's ISP did not address the client's identified need in regard to increasing his leisure skills.</p> <p>3. During the 4/4/16 observation period between 3:20 PM and 7:15 PM at the group home, client #4 stayed in his bedroom except to shower and eat.</p>				

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W 0249 Bldg. 00	<p>Facility staff #3, #5 and #6 did not redirect/offer the client an alternate activity/training to participate in.</p> <p>Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 1/5/15 Recreation/Leisure Inventory (current one in record) indicated client #4 liked to dance. Client #4's leisure assessment indicated client #4 did not have any additional preferred leisure and/or activity interests/skills.</p> <p>Client #4's 4/7/15 ISP indicated client #4 had an objective to exercise for 30 minutes, but did not have a specific objective to assist the client to increase his leisure skills/activities.</p> <p>Interview with PD #1 and the AD on 4/6/16 at 1:10 PM indicated client #4 liked to stay in his bedroom. PD #1 and staff #1 indicated client #4's ISP did not address the client's identified training need in regard to leisure.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient</p>						

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	<p>number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the clients' Individual Support Plan (ISP) objectives were implemented when formal and/or informal training opportunities existed.</p> <p>Findings include:</p> <p>1. During the 4/4/16 observation period between 3:20 PM and 7:15 PM at the group home, client #2 stayed in his bedroom, with the door closed, except to start his laundry. Facility staff #3, #5 and #6 did not redirect/offer the client an alternate activity/training to participate in.</p> <p>During the 4/5/16 observation period between 6:05 AM and 8:15 AM at the group home, client #2 stayed in his bedroom except to get his morning medications and to eat. After which, client #2 returned to his bedroom and closed the bedroom door. Client #2 remained in his bedroom until 7:39 AM, when the client came out ready to leave for the day program. Client #2 sat on the couch and watched the TV in the living room. At the breakfast meal, client #2's</p>	W 0249	<p>Indiana Mentor has policies and procedures in place to active treatment. All staff are trained on active treatment and client specific goals prior to working in the programs. Management is retraining staff on active treatment both formal and informal. This will be completed by 5/6/2016.</p> <p>Management is doing 10 observations per month for the first 3 months and will include variety of shifts then at least 5 x months afterwards to ensure active treatment has been maintained. Active treatment will be covered in the next 3 staff meetings then quarterly thereafter for next year.</p> <p>Complete Date: 5/6/2016 Responsible Party: QIDP</p>	05/06/2016			

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	<p>buttered toast was cut into 4 pieces/squares. Client #2's toast was not cut in to bite size pieces.</p> <p>Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 12/11/15 Individual Support Plan (ISP) indicated facility staff were to assist the client to engage in "casual conversation." Client #2's ISP indicated client #2 had the following objectives which were not implemented when formal and/or informal training opportunities existed:</p> <ul style="list-style-type: none"> -Client #2 will set his place at the dinner table. -Client #2 will assist in cleaning up his bedroom. -Client #2 will sort out his petty cash into the correct denominations. -Client #2 will choose an exercise of his choice. Client #2's ISP also indicated client #2's food was to be cut into bite size pieces. <p>Client #2's 5/11/15 Behavior Support Plan (BSP) indicated client #2 was to be offered choices throughout the day which was not implemented.</p> <p>Interview with staff #4 on 4/5/16 at 7:25 AM indicated client #2 did not like to come out of his bedroom to participate in activities and/or training.</p>			

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	<p>Interview with Program Director (PD) #1 and the Area Director (AD) on 4/6/16 at 1:10 PM indicated facility staff were to implement client #2's objectives when training opportunities existed. PD #1 indicated facility staff should have provided training with client #2 in his room if the client did not want to come out of his room.</p> <p>2. During the 4/4/16 observation period between 3:20 PM and 7:15 PM at the group home, client #4 stayed in his bedroom except to shower and eat. Facility staff #3, #5 and #6 did not redirect/offer the client an alternate activity/training to participate in.</p> <p>Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 4/7/15 ISP indicated facility staff were to engage the client in casual conversation through out the day. Client #4's ISP also indicated client #4 had the following objectives which were not implemented when formal and/or informal training opportunities existed:</p> <ul style="list-style-type: none"> -Client #4 will sort the money in his petty cash into different denominations. -Client #4 will set the table for dinner. -Client #4 will exercise for 30 minutes. 			

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	<p>Client #4's 3/14/16 Behavior Support Plan (BSP) indicated facility staff were to encourage client #4 to make choices throughout the day which was not implemented.</p> <p>Interview with PD #1 and the AD on 4/6/16 at 1:10 PM indicated facility staff were to implement client #4's objectives when training opportunities existed. PD #1 indicated facility staff should have provided training with client #4 in his room if the client did not want to come out of his room.</p> <p>3. During the 4/5/16 observation period between 6:05 AM and 8:15 AM at the group home, staff #2 custodially set the dining room table for breakfast of placing the bowls, saucers and cups on the table for clients #1, #2, #3 and #4. Staff #2 custodially prepared toast and buttered it, carried the toast to the table, poured cereal into each clients' bowl, poured milk into each client's cup, and had client #1 pour juice in to each client's cup. Staff #2 did not involve and/or encourage clients #1, #2, #3 and #4 to prepare their own breakfast as they got up.</p> <p>Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 12/11/15 Individual Support Plan (ISP) indicated client #2 had an objective to set the table</p>			

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W 0262 Bldg. 00	<p>for himself which facility staff did not implement.</p> <p>Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 4/7/15 ISP indicated client #4 had an objective to serve himself which facility staff did not implement.</p> <p>Client #3's record was reviewed on 4/6/16 at 11:29 AM. Client #3's 4/7/15 ISP indicated the client had an objective to assist in preparing the "main entree for dinner" which facility staff did not informally implement.</p> <p>Interview with Program Director (PD) #1, staff #1 and the Area Director (AD) on 4/6/16 at 1:10 PM indicated clients #1, #2, #3 and #4 were capable of making toast, pouring cereal into a bowl and/or milk. PD #1 and staff #1 indicated the clients were also capable of setting the table.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p>			

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	<p>Based on interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure its Human Rights Committee (HRC) reviewed and/or approved locking of knives due to a client behavior.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 4/6/16 at 12:05 PM. Client #1's 3/14/16 Behavioral Support Plan (BSP) indicated "All sharps in both group home and day service should be locked due to incidents of intense physical aggression, threats of aggression, and frequent suicidal threats/gestures. Additional justification for restriction is the following: [Client #1] has a history of looking for or using weapons when he is upset or begins to engage in inappropriate behaviors...."</p> <p>Client #1's 4/8/15 Individual Support Plan (ISP) and/or 3/14/16 BSP indicated the facility did not have its HRC review and/or approve its restrictive practice of locking sharps/knives due to client #1's behavior.</p> <p>Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 12/11/15 ISP and/or record indicated the facility did not have its HRC review and/or approve the practice of locking the</p>	W 0262	<p>Indiana Mentor has policies and procedures in place in regards to restrictions of client's rights and the use of a Human Rights Committee. Mentor will send for a Human Rights Committee approval sharps. for to review all clients programming and medication. Area Director will train QIDP on HRC approval process by 5/06/2016.</p> <p>Mentor has scheduled on going HRC meetings on a quarterly basis and has established a system for approvals for events prior to the quarterly reviews.</p> <p>Complete Date: 5/6/2016 Responsible Party: QIDP, HRC</p>	05/06/2016			

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W 0263 Bldg. 00	<p>knives/sharps due to client #1's behavior.</p> <p>Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 4/7/15 ISP and/or record indicated the facility did not have its HRC review and/or approve the practice of locking the knives/sharps due to client #1's behavior.</p> <p>Client #3's record was reviewed on 4/6/16 at 11:29 AM. Client #3's 4/7/15 ISP and/or record indicated the facility did not have its HRC review and/or approve the practice of locking the knives/sharps due to client #1's behavior.</p> <p>Interview with PD #1 and staff #1 on 4/6/16 at 1:10 PM indicated the facility locked sharps/knives due to client #1's behavior. PD #1 indicated the facility's HRC had not reviewed the restriction of locking the sharps/knives.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to obtain written</p>	W 0263	Indiana Mentor has policies and procedures in place in regards to restrictions of client's rights and the	05/06/2016			

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	<p>informed consent from the clients and/or their legal representatives for locking knives and/or restrictive Behavior Support Plans.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 4/6/16 at 12:05 PM. Client #1's 3/14/16 Behavioral Support Plan (BSP) indicated "All sharps in both group home and day service should be locked due to incidents of intense physical aggression, threats of aggression, and frequent suicidal threats/gestures. Additional justification for restriction is the following: [Client #1] has a history of looking for or using weapons when he is upset or begins to engage in inappropriate behaviors...."</p> <p>Client #1's 4/8/15 Individual Support Plan (ISP) indicated client #1 was his own guardian. Client #1's 4/8/15 ISP and/or 3/14/16 BSP indicated the facility did not obtain written informed consent from client #1 in regard to locking of the knives.</p> <p>Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 12/11/15 ISP did not indicate client #2 had a need for sharps/knives to be locked. Client #2's ISP indicated the client's uncle was the client's guardian. Client #2's ISP</p>		<p>use of a Human Rights Committee and guardian approval.</p> <p>Mentor had a Human Rights Committee meeting on 3/24/2016 to review all clients programming and medication. HRC members signed off on current programs and reviewed BSP plans to ensure they met clients needs. The QIDP is also contacting guardians to update approvals by 5/6/2016. Area Director will train QIDP on HRC and guardian approval process by 5/06/2016.</p> <p>Mentor has scheduled on going HRC meetings on a quarterly basis and has established a system for guardian and HRC approvals for events prior to the quarterly reviews. The Area Director will review restrictions to ensure approval has been granted prior to implementation.</p> <p>Complete Date: 5/6/2016 Responsible Party: QIDP, Area Director</p>		

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	<p>indicated the facility did not obtain written informed consent from the client's guardian to lock the sharps in the group home.</p> <p>Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 4/7/15 ISP did not indicate client #4 had a need for sharps/knives to be locked. Client #4's ISP indicated the client's sister was the client's guardian. Client #4's ISP indicated the facility did not obtain written informed consent from the client's guardian to lock the sharps in the group home.</p> <p>Client #3's record was reviewed on 4/6/16 at 11:29 AM. Client #3's 4/7/15 ISP did not indicate client #3 had a need for sharps/knives to be locked. Client #3's ISP indicated the client had a guardian. Client #3's ISP indicated the facility did not obtain written informed consent from the client's guardian to lock the sharps in the group home.</p> <p>Interview with PD #1 and staff #1 on 4/6/16 at 1:10 PM indicated the facility locked sharps/knives due to client #1's behavior. PD #1 indicated the clients' (#1, #2, #3 and #4) guardians and/or the clients did not give written informed consent in regard to locking the sharps/knives.</p>			

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	<p>2. Client #1's record was reviewed on 4/6/16 at 12:05 PM. Client #1's 3/30/16 physician's order and client #1's 12/7/15 Annual Healthcare Assessment indicated client #1 received Trazodone 150 milligrams 1/2 (one half) tablet at night for Depression, Prazosin 5 milligrams at bedtime for Post Traumatic Stress Disorder, Divalproex ER (extended release) 500 milligrams 3 tablets at bedtime for behaviors, Oxcarbazepine 600 milligrams two times a day Intermittent Explosive Disorder, Invega Sustenna 117 milligrams every month for anti-psychotic, Adderall XR 10 milligrams daily and Intuniv ER 2 milligrams at bedtime for Attention Deficit Hyperactivity Disorder and Melatonin 3 milligrams at bed time for sleep.</p> <p>Client #1's 3/14/16 BSP indicated client #1 demonstrated "Moderate/Severe Physical aggression," verbal aggression, suicide threats/gestures, "perseveration/intense inappropriate questioning" and false reporting. Client #1's BSP indicated facility staff could use "planned ignoring" when the client demonstrated verbal aggression, and the facility staff could use PIA (Physical Intervention Alternatives-physical restraint techniques-2 person hold) when</p>			

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	<p>the client demonstrated physical aggression toward others.</p> <p>Client #1's 4/8/15 ISP and/or 3/14/16 BSP indicated client #1 was his own guardian. Client #1's BSP and/or ISP did not indicate client #1 gave written informed consent for the client's restrictive program.</p> <p>Interview with PD #1 on 4/6/16 at 1:10 PM indicated client #1 was his own guardian and the facility did not obtain written informed consent from the client.</p> <p>3. Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 3/30/16 physician's order and/or 2/1/16 Annual Healthcare assessment indicated client #2 received Lorazepam 1 milligram at bedtime and Lorazepam 0.5 milligrams in the morning for anxiety. Client #2's physician's order and/or health care assessment indicated client #2 received Citalopram 40 milligrams every night at bedtime for Depression, Seroquel XR (extended release) 200 milligrams at bedtime for anti-psychotic and Buspirone 10 milligrams for anxiety.</p> <p>Client #2's 5/1/15 BSP indicated client #2 demonstrated the behaviors of "Resistance to Instructions," and "Aggressive Outbursts." Client #2's</p>			

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	<p>5/1/15 BSP indicated when client #2 demonstrated aggression toward others, facility staff were able to utilize PIA techniques with the client until he calmed down. Client #2's BSP also indicated a "Response Cost" was utilized with the client when he demonstrated aggression toward others. Client #2's BSP indicated "...Staff should remove all reinforcing items (radio, bean bag chair, etc.) away from [client #2] during and immediately following occurrences of inappropriate behavior...."</p> <p>Client #2's 12/11/15 ISP indicated client #2's uncle was the client's legal guardian. Client #2's ISP and/or BSP indicated the facility had not obtained written informed consent from client #2's guardian for the client's restrictive 5/1/15 behavior plan.</p> <p>Interview with PD #1 on 4/6/16 at 1:10 PM indicated client #2's uncle was the client's guardian. PD #1 indicated the facility did not obtain written informed consent for the client's restrictive program.</p> <p>3. Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 3/30/16 physician's orders indicated client #4 received Olanzapine 20 milligrams at bedtime for the client's Mood Disorder.</p>				

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	<p>Client #4's 3/14/16 BSP indicated client #4 demonstrated the behaviors of physical aggression "low intensity," outbursts and "inappropriate touch."</p> <p>Client #4's 4/7/15 ISP indicated client #4's sister was the client's guardian. Client #4's 4/7/15 ISP and/or 3/14/16 BSP indicated the client's guardian did not give written informed consent for the client's restrictive program.</p> <p>Interview with PD #1 on 4/6/16 at 1:10 PM indicated client #4's sister was the client's guardian. PD #1 indicate the facility had not obtained written informed consent from client #4's guardian for the client's restrictive program.</p> <p>4. Client #3's record was reviewed on 4/6/16 at 11:29 AM. Client #3's 3/30/16 physician's orders indicated client #3 received Lexapro 20 milligrams for Post Traumatic Stress Disorder.</p> <p>Client #3's 4/22/15 BSP indicated client #3 demonstrated "Mild Aggressive Outbursts" and had a history of making false allegations.</p> <p>Client #3's 12/11/15 ISP indicated client #3 had a legal guardian. Client #3's 12/11/15 ISP and/or 4/22/15 BSP indicated client #3's guardian did not give</p>			

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W 0295 Bldg. 00	<p>written informed consent for the client's restrictive behavior plan.</p> <p>Interview with PD #1 on 4/6/16 at 1:10 PM indicated client #3 had a guardian. PD #1 indicated the facility had not obtained written informed consent from the client's guardian for client #3's restrictive program.</p> <p>9-3-4(a)</p> <p>483.450(d)(1)(i) PHYSICAL RESTRAINTS</p> <p>The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied.</p> <p>Based on interview and record review for 1 of 2 sampled clients (#2) with physical restraints in their behavior plans, the facility to specify the type of restraint which could be utilized when the client demonstrated physical aggression toward others.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 5/1/15 Behavior Support Plan (BSP) indicated client #2 demonstrated "Aggressive Outbursts." Client #2's BSP indicated</p>	W 0295	Indiana Mentor has contracted with behavior management agencies to consult and provide behavior management. Behavior plans are reviewed and submitted for approval through HRCThe plan for client #2 has been updated and the behavioralist and QIDP are meeting to review remaining clients plans to ensure restraints are outlined correctly. QIDP and behavioralist are doing monthly review of plans, and any new plans will continue to go through HRC for reviewComplete Date: 5.6.2016Responsible Party: QIDP, Behavioralist	05/06/2016	

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	<p>"...If aggressive outburst increases to intense physical aggression toward staff or peers, or if [client #2] engages in severe SIB (self-injurious behavior), staff should follow agency approved procedures and implement guidelines as outlined by Physical Interventions Alternatives (PIA). [Client #2's] physical hold should last no longer than 1 to 2 minutes. [Client #2] should be released after 1 to 2 minutes even when he is not fully calmed. If the SIB and PA (physical aggression) increases in intensity, staff should resume the hold for another 1 to 2 minutes then release...Record all incidents of aggressive outburst and indicate whether or not physical restraint was used and which type...." Client #2's BSP did not specify the type of restraint facility staff could utilize with the client.</p> <p>Interview with staff #4 on 4/5/16 at 7:25 AM indicated client #2 would demonstrate physical aggression toward others. Staff #4 indicated client #2 would require PIA restraints when he demonstrated physical aggression toward others. Staff #4 indicated the staff would have to utilize a 2 person PIA restraint.</p> <p>Interview with Program Director #1 and staff #1 on 4/6/16 at 1:10 PM indicated facility staff could utilize PIA techniques with client #2 when he demonstrated</p>			

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W 0312 Bldg. 00	<p>physical aggression toward others. PD #1 and staff #1 indicated client #2's BSP did not specify the types of PIA restraints which could be utilized with the client.</p> <p>9-3-5(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on interview and record review for 2 of 4 sampled clients (#1 and #2) on behavior controlling medications, the facility failed to ensure each restrictive/behavior medication was incorporated into each client's Behavior Support Plan (BSP), to ensure each medication included an active treatment program for which the medication was prescribed, and/or failed to ensure a behavior medication had a plan of reduction in place to reduce the medication based on the client's behavior.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 3/30/16 physician's order and/or 2/1/16 Annual Healthcare assessment indicated client #2</p>	W 0312	<p>Indiana Mentor works with behavioral agencies to ensure targeted behaviors and drugs for these behaviors are listed in the individual's treatment plan. The IDT and HRC reviews these plans upon implementation and approves amendments to these plans</p> <p>The behavior medications have been added to the plans for clients 1 and 2 and additionally all clients' plans were reviewed to ensure the medications matched the plans and approvals had been sought through HRC.</p> <p>On going the behavioralist is meeting with the QIDP at least monthly to review plans and update as needed. HRC has been set up and QIDP has been trained on approval process.</p> <p>Complete Date: 5/6/2016 Responsible Party: QIDP,</p>	05/06/2016

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	<p>received Lorazepam 1 milligram at bedtime and Lorazepam 0.5 milligrams in the morning for anxiety. Client #2's physician's order and/or health care assessment indicated client #2 received Citalopram 40 milligrams every night at bedtime for Depression.</p> <p>Client #2's 5/1/15 BSP indicated client #2's Lorazepam was not included as one of client #2's psychotropic medications he received. The medication was not part of the client's BSP. Client #2's 5/1/15 BSP also indicated client #2 demonstrated the behaviors of "Resistance to Instruction" and "Aggressive Outbursts." Client #2's BSP did not define and/or address client #2's Depression for which the client received the Citalopram, and/or include a plan of reduction based on the behaviors for which the client received the medication.</p> <p>Interview with Program Director (PD) #1 and staff #1 on 4/6/16 at 1:10 PM indicated client #2's Lorazepam would need to be added to the client's behavior plan. Staff #1 stated client #2's Depression was demonstrated by the client staying in his bedroom, not communicating with others and by "not being responsive." PD #1 indicated client #2's BSP did not define and/or address the client's Depression for which</p>		behavioralist	

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	<p>the client received the Citalopram.</p> <p>2. Client #1's record was reviewed on 4/6/16 at 12:05 PM. Client #1's 3/30/16 physician's order and client #1's 12/7/15 Annual Healthcare Assessment indicated client #1 received Trazodone 150 milligrams 1/2 (one half) tablet at night for Depression, Prazosin 5 milligrams at bedtime for Post Traumatic Stress Disorder, Divalproex ER (extended release) 500 milligrams 3 tablets at bedtime for behaviors, Oxcarbazepine 600 milligrams two times a day Intermittent Explosive Disorder and Melatonin 3 milligrams at bed time for sleep.</p> <p>Client #1's 3/14/16 BSP indicated client #1's Trazodone, Prazosin, Divalproex and Oxcarbazepine were not part of the client's restrictive behavior plan. Client #1's Melatonin was incorporated into the client's BSP, but the client did not have an active treatment program for sleeplessness and/or a plan of reduction based on the behavior (sleeplessness) for which the medication was prescribed. Client #1's BSP and/or record indicated the facility was not tracking/monitoring the client's sleep patterns.</p> <p>Interview with PD #1 and staff #1 on 4/6/16 at 1:10 PM indicated client #1</p>			

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W 0362 Bldg. 00	<p>received Melatonin for sleep. Staff #1 and PD #1 indicated the facility was not monitoring/tracking the client's sleep. Staff #1 and PD #1 indicated client #1 did not have an active treatment program and/or a plan of reduction for the use of the Melatonin. PD #1 indicated client #1's Oxcarbazepine, Trazodone, Divalproex and Prazosin would need to be added to the client's restrictive behavior plan.</p> <p>9-3-5(a)</p> <p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to conduct quarterly pharmacy reviews.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 3/30/16 physician's orders indicated client #2 received routine medications for his health and behavior.</p> <p>Client #2's record indicated the facility's last pharmacy review of client #2's</p>	W 0362	Indiana Mentor has policies and procedures in regards to medication and medical systems for individuals in care. Mentor contracts with pharmacies for medications and reviews. Agency has recently switched pharmacies and current pharmacies are continuing the quarterly reviews as scheduled. Nurse to obtain copies of review after completed and will send a copy to QIDP once obtained every quarter. Responsible Party: QIDP, nurse Complete Date: 5/6/2016	05/06/2016

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	<p>medications was conducted on 3/13/16. Client #2's record indicated the facility did not conduct any additional quarterly pharmacy reviews.</p> <p>2. Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 3/30/16 physician's orders indicated client #4 received routine medications for his health and behavior.</p> <p>Client #4's record indicated the facility's last pharmacy review of client #4's medications was conducted on 3/13/16. Client #4's record indicated the facility did not conduct any additional quarterly pharmacy reviews.</p> <p>3. Client #3's record was reviewed on 4/6/16 at 11:29 AM. Client #3's 3/30/16 physician's orders indicated client #3 received routine medications for his health and behavior.</p> <p>Client #3's record indicated the facility's last pharmacy review of client #3's medications was conducted on 3/13/16. Client #3's record indicated the facility did not conduct any additional quarterly pharmacy reviews.</p> <p>4. Client #1's record was reviewed on 4/6/16 at 12:05 PM. Client #1's 3/30/16 physician's orders indicated client #1</p>			

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W 0426 Bldg. 00	<p>received routine medications for his health and behavior.</p> <p>Client #1's record indicated the facility's last pharmacy review of client #1's medications was conducted on 3/13/16. Client #1's record indicated the facility did not conduct any additional quarterly pharmacy reviews.</p> <p>Interview with Program Director (PD) #1 and the Area Director (AD) on 4/6/16 at 1:10 PM indicated they would email the facility's quarterly pharmacy reviews as the facility's nurse had the quarterly reviews and was off sick. PD #1 and the AD did not send additional quarterly pharmacy reviews for the past year (4/15 to 4/16).</p> <p>9-3-6(a)</p> <p>483.470(d)(3) CLIENT BATHROOMS</p> <p>The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.</p> <p>Based on observation, interview and record review for 2 of 4 sampled clients (#2 and #4), the facility to maintain its water temperature at 110 degrees Fahrenheit when clients were not able to</p>	W 0426	Indiana mentor has policies and procedures in place in regards to the safety and well being of individuals in service. Staff are trained on these policies and procedures upon hire and annually thereafter.	05/06/2016			

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	<p>mix/regulate their own water temperatures safely.</p> <p>Findings include:</p> <p>During the 4/5/16 observation period between at 6:05 AM and 8:15 AM at the group home, the facility's water temperature measured 120 degrees Fahrenheit in the bathroom in the hallway at 7:04 AM and 120 degrees Fahrenheit at the kitchen sink at 7:15 AM.</p> <p>Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 12/11/15 Individual Support Plan (ISP) indicated client #2 "Relies on staff" to mix water safely.</p> <p>Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 4/7/15 ISP indicated client #4 "Relies on staff" to mix water safely.</p> <p>Interview with staff #4 on 4/5/16 at 6:38 AM indicated he thought clients #1, #2, #3, #4, #5, #6, #7 and #8 were able to mix/regulate their own water temperatures in the group home.</p> <p>Interview with Program Director (PD) #1 and staff #1 on 4/6/16 at 1:10 PM indicated they thought all the clients were able to mix/regulate their own water</p>		<p>Mentor contacted the maintenance to adjust the water temperature back below the 110 mark. Mentor also purchased new testing thermometers to test the water. Mentor staff will be trained in water regulation testing by 5/06/2016 and procedures on what to do if temperature exceeds 110. Agency will update assessments on hot water for clients 1-8</p> <p>Mentor will do weekly water tests that will be turned into the program coordinator, who will turn it into the QIDP. Management will do independent water tests as well at least twice a month as well to verify the temps while doing checks.</p> <p>Responsible Party: QIDP CComplete Date: 5/6/2016</p>	

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W 0455 Bldg. 00	<p>temperatures. PD #1 indicated the water temperature would need to be kept at 110 degrees Fahrenheit if all clients were not able to regulate/mix their own water.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>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 4 of 4 sampled clients (#1, #2, #3 and #4) and for 4 additional clients (#5, #6, #7 and #8), the facility failed to encourage the clients to wash their hands prior to eating/meals to prevent the spread of germs.</p> <p>Findings include:</p> <p>During the 4/5/16 observation period between 6:05 AM and 8:15 AM at the group home, at 6:55 AM, clients #1, #2, #3, #4, #5, #6, #7 and #8 were prompted to come to the dining room table to eat breakfast. Staff #2, #4 and #7 did not prompt and/or encourage the clients to wash their hands prior to eating their breakfast.</p> <p>Interview with Program Director (PD) #1 and the Area Director (AD) on 4/6/16 at</p>	W 0455	<p>Indiana Mentor has policies and procedures in place in regards to the safety and health of the individuals in service. Staff are trained on these policies upon hire and annually thereafter. Staff have been retrained on hygiene including specifically washing hands and importance of preventing the spread of germs. Management will be do at least 6 observations a months for the next 6 months to ensure procedures are being followed and then at least 4x a month thereafter</p> <p>Responsible Party: QIDP, Program Coordinator Complete Date: 5/6/2016</p>	05/06/2016

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W 0488 Bldg. 00	<p>1:10 PM indicated facility staff should encourage and remind clients to wash their hands prior to eating meals.</p> <p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure the clients participated in all aspects of the meal/food preparation to the best of their ability.</p> <p>Findings include:</p> <p>During the 4/5/16 observation period between 6:05 AM and 8:15 AM at the group home, staff #2 custodially set the dining room table for breakfast of placing the bowls, saucers and cups on the table for clients #1, #2, #3, #4, #5, #6, #7 and #8. After which, staff #2 had client #7 place spoons on the table for the breakfast meal. Staff #2 custodially prepared toast and buttered it, carried the toast to the table, poured cereal into each clients' bowl, poured milk into each client's cup, and had client #1 pour juice</p>	W 0488	<p>Indiana Mentor has policies and procedures in place in regards to active treatment and programs. Individuals are trained on these upon hire and annually thereafter. Staff were trained on meal prep and involving the clients. Management will be conducting at least 6 observations a month for 6 months and at least 4x a month thereafter to ensure procedures are being implemented Complete Date: 5/6/2016 Responsible Party: QIDP</p>	05/06/2016
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	<p>in to each client's cup. Staff #2 did not involve and/or encourage clients #1, #2, #3, #4, #5, #6, #7 and #8 to prepare their own breakfast as they got up. Once client #4 came to the table and started to eat, client #4 took large spoonfuls of cereal and placed it into his mouth without redirection to slow down and/or to take smaller bites.</p> <p>Client #2's record was reviewed on 4/6/16 at 9:30 AM. Client #2's 12/11/15 Individual Support Plan (ISP) indicated client #2 had an objective to set the table for himself.</p> <p>Client #4's record was reviewed on 4/6/16 at 10:30 AM. Client #4's 4/7/15 ISP indicated client #4 had an objective to serve himself.</p> <p>Client #3's record was reviewed on 4/6/16 at 11:29 AM. Client #3's 4/7/15 ISP indicated the client had an objective to assist in preparing the "main entree for dinner."</p> <p>Interview with Program Director (PD) #1, staff #1 and the Area Director (AD) on 4/6/16 at 1:10 PM indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 were capable of making toast, pouring cereal into a bowl and/or milk. PD #1 and staff #1 indicated the clients were also capable</p>			

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	of setting the table. 9-3-8(a)				