

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G719	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/10/2011
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1406 W TARKINGTON DR GREENSBURG, IN47240
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey. This visit included an investigation of Complaint #IN00097909.</p> <p>Complaint #IN00097909: Substantiated, No deficiencies related to the allegation are cited.</p> <p>Dates of survey: 11/2, 11/3 and 11/10/11</p> <p>Facility Number: 004375 AIM Number: 200510170 Provider Number: 15G719</p> <p>Surveyor: Paula Chika, Medical Surveyor III-Team Leader</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/28/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000	All deficiencies will be corrected by 12/11/11.	
W0130	<p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 1 additional client (#4), the facility failed to</p>	W0130	Program Director will retrain all staff on client rights and privacy for all clients including client	12/11/2011

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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W0153	<p>ensure the client's privacy when being changed/toileted.</p> <p>Findings include:</p> <p>During the 11/2/11 observation period between 5:55 AM and 7:10 AM, at the group home at 6:29 AM, staff #2 was at the back of the house changing/putting an adult diaper on client #4. The door was open. Once staff #3 told staff #2 she had the wrong diaper on client #4, staff #2 removed the white adult diaper and placed a purple adult diaper on client #4 with the bedroom door open.</p> <p>Interview with the Program Director on 11/3/11 at 12:20 PM indicated staff should close clients' bedroom doors when the clients are being changed/toileted.</p> <p>9-3-2(a)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on interview and record review for 1 of 8 allegations of abuse, neglect and/or injuries of unknown origin reviewed, the facility failed to report an injury of</p>	W0153	<p>#4. Program Director will do observations 1x week for 4 weeks and then 1x monthly ongoing to ensure staff are following privacy guidelines for all clients. Responsible Party: Amber Robinson, PD</p> <p>Program Director will retrain all staff on incident reporting. Home Manager will review documentation weekly to ensure that all reportable incidents were</p>	12/11/2011			

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W0189	<p>unknown origin immediately to the administrator for client #1.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 11/3/11 at 10:07 AM. Client #1's 10/15/11 nurse note indicated client #1 had a "4 x (by) 2" (inch) bruise on medial aspect of RT (right) arm, 2 scabs on top of Lt (left) foot..." The 10/15/11 nurse note did not indicate how client #1 received the injury.</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 11/2/11 at 9:27 AM. Client #1's 10/15/11 injury of unknown origin had not been reported to the administrator.</p> <p>Interview with the Program Director on 11/3/11 at 12:20 PM indicated she was not aware of client #1's injury of unknown origin until now. The Program Director indicated it should have been reported to the administrator.</p> <p>9-3-2(a)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, interview and</p>	W0189	<p>reported. Program Director will review all documentation monthly to ensure that all reportable incidents were reported. Responsible Party: Jessica Roblero, HM; Amber Robinson, PD</p> <p>Program Director will retrain Home Manager on client specific</p>	12/11/2011	

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	<p>record review for 1 of 2 sampled clients (#2) and for 1 additional client (#4), the facility failed to ensure all staff were trained in regard to clients' programs and care prior to working with the clients.</p> <p>Findings include:</p> <p>During the 11/2/11 observation period between 5:55 AM and 7:10 AM, at the group home, staff #2 prepared to pass medications to client #2. Staff #2 called for staff #3 who was located at the back of the house assisting to get client #3 up and dressed for the day. Staff #2 asked staff #3 how she was to do/pass client #2's morning medications. Staff #3 told staff #2 she needed to add thickener to the client's liquids and to crush the client's medications. Interview with staff #2 on 11/2/11 at 6:05 AM stated "I'm just filling in." Staff #2 indicated this was her first day working in the group home. Staff #2 proceeded to take client #2 and her crushed medications to the kitchen. Staff #2 retrieved a packet of thickener and poured half of the thickener package into a container which contained the client's liquid Docusate Sodium (stool softener) and started to mix. The staff looked at the mixture and poured more thickener into the mixture to get a nectar thick consistency. Staff #2 then poured the crushed meds into the pudding to</p>		<p>training responsibilities to ensure that all new staff are trained prior to working in home. Program Director will review schedule with Home Manager weekly for 4 weeks to confirm that all staff are trained. Nurse will retrain all staff on medication administration Home Manager will do med pass observation 1x week for 4 weeks to ensure medication is being administered properly. Responsible Party: Amber Robinson, PD; Janette Metzler, RN; Jessica Roblero, HM</p>		

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	<p>administer to the client. Staff #2 fed client #2 her medications and breakfast at the same time. The staff started out feeding/giving client #2 her medications and then started feeding the client her breakfast. Staff #2 would switch back and forth from her medications to feeding her the client her pureed breakfast food. Staff #2 did not provide any training with the client in regard to her medications and/or the meal. At 6:29 AM, staff #2 was at the back of the house changing/putting an adult diaper on client #4. The door was open. Staff #3 told staff #2 she had the wrong diaper on client #4. Staff #3 stated "She (client #4) wears the purple diapers. She will pee right through those." Staff #2 waited for staff #3 to administer client #4's medications and then staff #2 proceeded to remove and change client #4's adult diaper with the door open.</p> <p>Interview with staff #2 on 11/2/11 at 6:55 AM when asked if she administered client #2's Polyethylene Glycol Powder (constipation), staff #2 did not answer. When asked if staff #2 administered a powdered medication in a liquid to client #2, staff #2 stated "No." Staff #2 then turned and asked staff #3 what the Polyethylene Powder was. Staff #3 explained it was for constipation and it was in a large container which had to be measured, mixed with water and thickener</p>				

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	<p>added to it. Staff #2 indicated she would need to be shown how to do that.</p> <p>Client #2's record was reviewed on 11/3/11 at 11:54 AM. Client #2's 10/27/11 Individual Support Plan indicated the client had an objective to hold her adaptive spoon at meal time.</p> <p>The facility's inservice training records were reviewed on 11/3/11 at 10:45 AM. The facility's client specific training records, of all staff in the home, indicated staff #2 had not received training in regard to each client's specific needs and/or programs prior to 11/3/11.</p> <p>Interview with staff #3 on 11/2/11 at 7:05 AM indicated staff #2 was her first day in working a morning shift. Staff #3 stated staff #2 "normally works the PM (evening) shift at a supportive living site." Staff #3 indicated staff #2 was working in the medically fragile group home as the group home was short of staff.</p> <p>Interview with the Program Director (PD) on 11/3/11 at 11:09 AM indicated she thought staff #2 was trained and knew what to do. When asked when staff #2 received the client's specific training for the clients living at the group home, the PD stated she reviewed the client specific training with staff #2 on 11/3/11.</p>				

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W0242	<p>9-3-3(a)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on observation, interview and record review for 1 of 2 sampled clients (#2), the client's Individual Support Plan (ISP) failed to address the client's identified basic training needs in regard to communication and bathing.</p> <p>Findings include:</p> <p>During the 11/2/11 observation periods between 5:55 AM to 7:10 AM and 3:30 PM and 5:30 PM, at the group home, client #2 was non-verbal in communication in that the client could not speak.</p> <p>Client #2's record was reviewed on 11/3/11 at 11:54 AM. Client #2's 3/30/11 speech evaluation indicated client #2 was non-verbal in communication and was not able to make her wants and needs known.</p> <p>Client #2's 10/27/11 ISP indicated client</p>	W0242	<p>Program Director in conjunction with IDT will review ISP's for all clients including client #2 to ensure that the goals meet clients needs for personal skills essential for privacy and independence. Program Director in conjunction with IDT will develop communication and bathing goals for client #2. Program Director will review goals quarterly to ensure they meet clients needs for personal skills essential for privacy and independence. Responsible Party: Amber Robinson, PD</p>	12/11/2011

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W0342	<p>#2 was not able to make her wants and needs known. Client #2's ISP also indicated client #2 was dependent on staff for bathing. Client #2's 10/11 ISP indicated the client did not have an objective in place which addressed the client's basic needs/skills of communication and/or dressing.</p> <p>Interview with the Program Director (PD) on 11/3/11 at 12:20 PM indicated she was not aware client #2 needed to have formal training in place for communication. The PD indicated client #2 was not able to dress herself and required physical assistance. The PD indicated client #2's 10/11 ISP did not include training objectives which addressed client #2's basic needs in regard to bathing and/or communication.</p> <p>9-3-4(a)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p> <p>Based on observation, interview and record review for 1 additional client (#4), the facility's nursing services failed to</p>	W0342	Home Manager will ensure that the facility nurse is available to complete all initial trainings with staff in regard to medication	12/11/2011			

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	<p>make sure facility staff were adequately trained in regard to administering medications in a G-tube.</p> <p>Findings include:</p> <p>During the 11/2/11 observation period between 5:55 AM and 7:10 AM, at the group home, staff #3 administered client #4's morning medications, Staff #3 mixed client #4's prune juice and cranberry juice with client #4's protein powder mix. Staff #3 then crushed and/or opened capsules of client #4's Fluoxetine (depression), Metoclopramide (gastrointestinal problems), Baclofen (spasticity), Tizanidine (spasticity) and Certagen (vitamin). Staff #3 then mixed the medications in with the protein powder and juices. Staff #3 carried water in a measuring cup with client #4's medications into the client's bedroom. Staff #3 placed the end of the syringe barrel into the G-tube (gastronomy feeding tube) and clamped off the tube. Staff #3 then poured and filled the syringe barrel to the top and opened up the clamp (wide open) as the liquid ran immediately through the barrel and G-tube until it was gone. The staff then clamped the tube, poured more of the protein powder/juice mixture with medications in to the syringe while holding the bolus tube up and then unclamped the tube. The liquid flowed</p>		<p>administration and G-Tubes. Program Director will review all client specific training monthly to ensure the initial medication administration and G-Tube training was completed by facility nurse. Responsible Party: Jessica Roblero, HM;Janette Metzler, RN;Amber Robinson, PD</p>		

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	<p>through the tube without difficulty. Once the mixture was half-way through the tube, staff #3 retrieved the plunger and placed it in the syringe tube and pushed the remaining liquids through the tube. Client #4's G-tube was not draining slowly. The staff then poured the last of the mixture in the tube and plunged the mixture down through the G-tube into client #4's stomach. Staff #3 then flushed the tube with 240 cc of water, each time pushing the water through with the plunger. Interview with staff #3 on 11/2/11 at 6:29 AM indicated client #4 would vomit/throw up if she was given fluids in smaller doses over a longer period of time. Staff #3 indicated it was better to do it all at once.</p> <p>Client #4's record was reviewed on 11/3/11 at 11:39 AM. Client #4's 11/18/10 Gastronomy Feeding Protocol indicated client #4 was a bolus (gravity) feed. The protocol indicated the client's crushed medications were to be mixed with 10 to 20 cc (cubic centimeters) of water. The 11/10 protocol indicated "...4. Prime tube with water keeping at least 10 cc of water in the syringe before adding medications. 5. Add medications (crushed, mixed, or liquid) and then add 10cc more water. 6. Attach feeding tube to button; open clamp so that medications go in at a rate of less than 5 minutes. 7.</p>				

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	<p>Add the remaining water to clear tubing...."</p> <p>Staff #3's Competency Evaluation Tool for Gastronomy (G) Or Jejunostomy (J) Tube Water Flushes were reviewed on 11/3/11 at 11 AM. Staff #3's competency evaluation indicated the staff was trained checked off by the Program Director in regard to competency based training for passing medications and doing G-tube feeds on 10/22/10. Staff #3 had not received competency based training/check off by a licensed nurse.</p> <p>Interview with the Program Director on 11/2/11 at 3:52 PM indicated facility staff should only use the plunger when staff have trouble getting the medications to go down through the G-tube. The Program Director indicated all staff had been trained on how to do G-tube medication administration.</p> <p>Interview with the RN on 11/3/11 at 10:54 AM indicated facility staff did not follow the medication administration protocol for G-tubes. RN #1 indicated the plunger should not be used to push the client's fluids and medications through if it is not clogged. RN #1 stated the plunger should be used to give "gentle" pushes if tube was clogged. RN #1 indicated she completed the initial competency based</p>				

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W0369	<p>training/check off with staff in the past. RN #1 indicated the Home Manager and the Program Director now checked off staff's competency based training which indicated the staff were trained to administer medications through a G-tube.</p> <p>9-3-6(a)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, interview and record review for 1 of 18 medications administered, the facility failed to ensure client #2's medications were administered without error.</p> <p>Findings include:</p> <p>During the 11/3/11 observation period between 5:55 AM and 7:10 AM, during the medication pass, staff #2 did not administer all of client #2's ordered morning medications as the client received Docusate Sodium (stool softener), Multivitamin (supplement), Oyster Shell (calcium replacement), Phenytoin (seizures) and Ranitidine (acid reflux). Client #2's 11/11 Medication Administration Record (MAR) was reviewed on 11/2/11 at 6:55 AM. The 11/11 MAR indicated staff #2 initialed</p>	W0369	<p>Facility Nurse will retrain all staff on medication administration. Home Manager will do med pass observation 1x week for 4 weeks to ensure that medication is being administered properly. Responsible Party: Janette Metzler, RN; Jessica Roblero, HM</p>	12/11/2011

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	<p>she administered the Polyethylene Powder at the 6:00 AM medication pass. Client #2 did not receive the medication.</p> <p>Interview with staff #2 on 11/2/11 at 6:55 AM when asked if she administered client #2's Polyethylene Glycol Powder (constipation), staff #2 did not answer. When asked if staff #2 administered a powdered medication in a liquid to client #2, staff #2 stated "No." Staff #2 then turned and asked staff #3 what the Polyethylene Powder was. Staff #3 explained it was for constipation and it was in a large container which had to be measured, mixed with water and thickener added to it. Staff #3 then told staff #2 they would need to administer client #2's Polyethylene Powder. Staff #2 and #3 did not administer the ordered medication as the client was loaded in the van and taken to the workshop right afterwards.</p> <p>Client #2's record was reviewed on 11/3/11 at 11:54 AM. Client #2's 10/25/11 physician's orders indicated Polyethylene Glycol mix 17 grams into 6 ounces of water everyday and drink for constipation.</p> <p>Interview with RN #1 and the Program Director (PD) on 11/3/11 at 10:54 AM indicated they were not aware client #2 did not receive the Polyethylene on</p>				

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W0449	<p>11/2/11. RN #1 and the PD indicated the staff should have administered the medication once it was brought to their attention it was not administered.</p> <p>9-3-6(a)</p> <p>The facility must investigate all problems with evacuation drills and take corrective action. Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2) and for 2 additional clients (#3 and #4), the facility failed to review the evacuation drills for problems to take/put in place corrective measures in regard to night drills.</p> <p>Findings include:</p> <p>The facility's fire drills were reviewed on 11/2/11 at 3:04 PM. The facility's fire drill reports indicated the following:</p> <p>-9/7/11 "It is hard to get all non ambulatory clients out when only staff w. (working) is one person." The fire drill report indicated the drill went from 2:45 AM to 3:00 AM. In a section entitled Supervisory Review indicated "It takes longer to get [client #4] up and out." No additional information and/or corrective actions/measures were documented.</p> <p>-6/8/11 "It is hard for one person to get</p>	W0449	<p>Program Director in conjunction with Area Director will develop new evacuation plan for group home to help them evacuate clients safely yet quickly when single staffed. Program Director will retrain all staff on new evacuation plan. Home Manager will observe single staff evacuation plan 1x a month for 3 months to ensure new plan is being implemented and is effective. Responsible Party: Lisa Myers, AD; Amber Robinson, PD; Jessica Roblero, HM</p>	12/11/2011	

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	<p>all clients out of house alone when it is a 2 person lift." The fire drill report indicated the fire drill went from 2:30 AM to 2:35 AM. Nothing was documented in the Supervisory Review section.</p> <p>-12/8/10 "It's hard to get [client #4's] bed out door." Nothing was documented in in the Supervisory Review section.</p> <p>During the 11/2/11 observation periods between 5:55 AM to 7:10 AM and 3:30 PM and 5:30 PM, at the group home, the group home had sprinkler valves on the ceilings of the group home.</p> <p>Client #1's record was reviewed on 11/3/11 at 10:07 AM. Client #1's 10/27/11 Individual Support Plan (ISP) indicated client #1 required the use of a wheelchair for ambulation and had a hospital bed due to the client's physical deformities.</p> <p>Client #2's record was reviewed on 11/3/11 at 11:54 AM. Client #2's 10/27/11 ISP indicated the client utilized a wheelchair for ambulation. Client #2's ISP indicated client #2's diagnoses included, but were not limited to, Diplegia, severe osteoporosis, and mildly spastic. Client #2's ISP indicated the client required total assistance in transfers.</p>			

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	<p>Client #4's record was reviewed on 11/3/11 at 11:39 AM. Client #4's 10/5/11 ISP indicated client #4's diagnoses included, but were not limited to, Cerebral palsy, Scoliosis, and a Harrington Rod. Client #4's ISP indicated the client was a 2 person lift and/or a mechanical lift.</p> <p>Interview with the Program Director (PD) on 11/3/11 at 12:20 PM indicated one staff worked in the group home during the night/sleep shift with clients #1, #2, #3 and #4. The PD indicated clients #1, #2 and #4 required physical assistance to evacuate due to their medical/physical conditions. The PD indicated client #4 required more assistance as it took longer to get her out of the bed. The PD indicated the night shift staff are to use a Hoyer Lift with the clients to assist them to get out of bed. The PD indicated client #4 could take 5 minutes just trying to get her out of the bed as she was a total assist. When asked how the facility was addressing the concerns which were being documented, the PD stated "I review fire drills. I was going to ask my boss." The PD indicated no administrative staff other than herself had been made aware of the problems during night time fire drills.</p> <p>9-3-7(a)</p>				

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W0455	<p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, interview and record review for 1 of 2 sampled clients (#1) and for 1 additional client (#4), the facility failed to ensure staff did not use the same hair brush to brush different clients' hair.</p> <p>Findings include:</p> <p>During the 11/2/11 observation period between 5:55 AM and 7:10 AM, at the group home, staff #2 retrieved a purple brush from a table in the hallway, and brushed client #2's hair with it. Staff #2 then placed the purple hair brush back into the plastic container on the table. Staff #3 wheeled client #4 to the back hall area to comb her hair. Staff #3 proceeded to pick up the purple brush and brushed client #4's hair. The purple brush along with a blue brush did not have any names and/or initials on them.</p> <p>Interview with the Program Director (PD) on 11/3/11 at 12:20 PM indicated staff should not be using the same hair brush on each client. The PD indicated each client should have their own hygiene supplies/hair brushes in their bedrooms.</p> <p>9-3-7(a)</p>	W0455	<p>Facility Nurse will retrain all staff on infection control. Program Director will do observations 1x week for 4 weeks to ensure that proper infection control procedures are being followed. Responsible Party: Janette Metzler, RN; Amber Robinson, PD</p>	12/11/2011

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