

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G443	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/20/2013
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7310 E 55TH ST INDIANAPOLIS, IN 46226		
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W000000	<p>This visit was for the PCR (Post Certification Revisit) for the full recertification and state licensure survey completed on 11/12/13. This visit included the PCR to the investigation of complaint #IN00137777 completed on 11/12/13.</p> <p>Complaint #IN00137777: Not Corrected.</p> <p>Dates of Survey: 12/17/13, 12/18/13, 12/19/13 and 12/20/13.</p> <p>Facility Number: 000957 Provider Number: 15G443 AIMS Number: 100244630</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 30, 2013 by Dotty Walton, QIDP.</p>	W000000			

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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W000125	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.	W000125	The Program Director will work with the Home Manager and Quality Assurance Specialist to obtain guardians or Health Care Representatives for Clients C and D to assist them in making informed decisions regarding their healthcare needs. The Program Director will receive retraining to include ensuring all consumers that are not able to fully make informed decisions on their own regarding healthcare needs and finances have a legal representative that can assist with making decisions on their behalf. Ongoing, the Program Director will ensure that upon admission and ongoing as circumstances change, all consumers that are not able to fully make informed decisions on their own have a legal representative that can assist in making decisions on their behalf. When reviewing consumers Individual Support Plans, the Area Director will review if all consumers that are not able to fully make decisions on their own regarding healthcare or finances have legal representation and if not will follow up with the Program	01/19/2014	

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	<p>Based on record review and interview for 2 of 4 sampled clients (A and B), the facility failed to secure a surrogate to assist clients A and B with making informed choices and decisions.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 12/18/13 at 11:40 AM. Client A's ISP (Individual Support Plan) dated 12/14/12 indicated he did not have a guardian or HCR (Health Care</p>		<p>Director to ensure the process is started to obtain legal representation. Addendum: All of the paperwork has been submitted to the Indiana Mentor Attorney for Healthcare representatives or Guardians to be put into place. The Attorney is in the process of completing their paperwork and court dates have been scheduled. The Program Director will receive retraining to ensure that they are following up with the status and progress for ensuring all paperwork is completed in a timely manner when a consumer is in need of a Guardian or a Health Care Representative. Ongoing, the Area Director will work with Program Directors to review which consumers need Guardians or Healthcare Representatives Responsible Parties: Program Director, Area Director</p>		

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	<p>Representative). Client A's diagnoses included: Mental Retardation, Seizures, Nocturnal Enuresis, Attention Deficit Disorder, Depression and High Lipids. Client A's CFA (Comprehensive Functional Assessment) dated 8/4/13 indicated client A required 24 hour supervision and was not able to independently manage his own finances. The CFA indicated client A required assistance with maintaining personal skills of daily living, making health care decisions and needed physical assistance to identify money values, to have awareness of the value of money and to make small purchases. The CFA indicated client A was unable to manage his financial needs independently.</p> <p>2. Client C's record was reviewed on 12/18/13 at 2:15 PM. Client C's ISP dated 12/13/12 indicated he did not have a guardian or a HCR. Client C's diagnosis included: Mental Retardation, Congenital Blindness, Bipolar Disorder, Constipation and High Blood Pressure. Client C's CFA dated 8/25/13 indicated client C required 24 hour supervision and was not able to independently manage his own finances. The CFA indicated client C required assistance with maintaining personal skills of daily living, making health care decisions and needed physical assistance to identify</p>			

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W000159	<p>money values, to have awareness of the value of money and to make small purchases. The CFA indicated client C was unable to manage his financial needs independently.</p> <p>AD (Area Director) #1 was interviewed on 12/18/13 at 9:48 AM. AD #1 indicated clients A and C did not have guardians or HCRs. AD #1 stated, "We are still in the process of getting the doctor to give the diagnosis and the court set up." AD #1 indicated the facility had begun the process to obtain guardians or HCRs for clients A and C. AD #1 indicated court dates had not been scheduled.</p> <p>This deficiency was cited on 11/12/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p>	W000159	<p>1. The Program Director will work with the Home Manager and Quality Assurance Specialist to obtain guardians or Health Care</p>	01/19/2014			

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			<p>Representatives for Clients C and D to assist them in making informed decisions regarding their healthcare needs. The Program Director will receive retraining to include ensuring all consumers that are not able to fully make informed decisions on their own regarding healthcare needs and finances have a legal representative that can assist with making decisions on their behalf. Ongoing, the Program Director will ensure that upon admission and ongoing as circumstances change, all consumers that are not able to fully make informed decisions on their own have a legal representative that can assist in making decisions on their behalf. When reviewing consumers Individual Support Plans, the Area Director will review if all consumers that are not able to fully make decisions on their own regarding healthcare or finances have legal representation and if not will follow up with the Program Director to ensure the process is started to obtain legal representation. Addendum: All of the paperwork has been submitted to the Indiana Mentor Attorney for Healthcare representatives or Guardians to be put into place. The Attorney is in the process of completing their paperwork and court dates have been scheduled The Program Director will receive retraining to ensure that they are following up</p>		

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			<p>with the status and progress for ensuring all paperwork is completed in a timely manner when a consumer is in need of a Guardian or a Health Care Representative. Ongoing, the Area Director will work with Program Directors to review which consumers need Guardians or Healthcare Representatives 2. An audit will be completed on all clients Individual Service Plans and Program Goals/Objectives to ensure that the clients' most current program objectives are being implemented by staff and match what is written in the ISP. Updated goal tracking sheets will be provided to staff as needed and staff will be retrained on implementing any new program goals. Program Director will be retrained on QMRP responsibilities including up to date and accurate goal tracking sheets being provided to the staff monthly and ensuring that updated program plan objectives are make available to staff as soon as possible after the ISP is completed/updated. Home Manager and Program Director will review all consumers' program books to ensure all goals are being documented and tracked as written in the ISP. Addendum: All staff, including the Home Manager and Program Director have been trained on Program Implementation and the</p>		

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			importance of monitoring consumers goal progress to ensure quality services are provided to lead the consumers to more independence. For 4 weeks the Home Manager and/or Program Director will review the consumers' goal tracking sheets a minimum of 4 times weekly to ensure that all staff are documenting goals as directed. If there is no documentation regarding consumers' goal progress then the Home Manager will address with the scheduled staff immediately to ensure accurate documentation is completed. For the next 4 weeks the Home Manager and/or Program Director will review the consumers' goal tracking sheets a minimum of 3 times weekly to ensure that all staff are documenting goals as directed. If there is no documentation regarding consumers' goal progress then the Home Manager will address with the scheduled staff immediately to ensure accurate documentation is completed. Ongoing, the Home Manager will review the consumers' goal tracking sheets a minimum of 2 times weekly to ensure that all staff are documenting goals as directed. If there is no documentation regarding consumers' goal progress then the Home Manager will address with the scheduled staff immediately to ensure accurate documentation is		

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			completed. At the end of the month, the Home Manager will collect all of the previous month's goal sheets and forward them the Program Director so that monthly goal progress reports can be completed. Responsible Party: Home Manager, Program Director, Area Director. 3. The QIDP will convene the IDT for client A, B, C and D. The IDT will assess the behaviors for which clients A, B, C, and D are prescribed medication and develop appropriate titration plans. The Behavior Consultant will be retrained on the requirement to include an appropriate plan to address medication withdrawal based on behaviors. The Behavior Consultant will revise the Behavior Plans to include the titration plan developed by the IDT. The QIDP will obtain required approvals as soon as the plans are available. The QIDP will also ensure the staff is trained on the implementation of the plans. The QIDP will review each client's files to ensure each client that receives medication to manage behavior has an appropriate titration plan. Addendum: Behavior plans have been reviewed and updated for Clients A, B, C and D to include appropriate titration plans. The QIDP will receive retraining on working together with the Behavior Consultant to ensure that titration plans are included in		

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	<p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), the QIDP (Qualified Intellectual Disabilities Professional)/PD (Program Director) failed to monitor, coordinate and integrate each client's active treatment program by failing to secure a surrogate to assist clients A and B with making informed choices/decisions, to ensure clients B, C and D's programs were monitored in regard to data collection and to ensure clients A, B and C's BSPs (Behavior Support Plans) included specific/clear criteria for how psychotropic drug usage would change in relation to progress or regression of behavior management objectives.</p> <p>Findings include:</p> <p>1. The QIDP/PD failed to monitor, coordinate and integrate each client's active treatment program by failing to</p>		<p>all consumers Behavior Support Plans and will follow up with the Behavior Consultant as needed until the Behavior Support Plans are updated. Ongoing, the Area Director will review any new or updated Behavior Support Plans as they are completed to ensure appropriate titration plans are included. Responsible Staff: Home Manager Program Director, Area Director, Behavior Consultant,</p>		

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W000252	<p>secure a surrogate to assist clients A and B with making informed choices/decisions. Please see W125.</p> <p>2. The QIDP/PD failed to monitor, coordinate and integrate each client's active treatment program by failing to ensure clients B, C and D's programs were monitored in regard to data collection. Please see W252.</p> <p>3. The QIDP/PD failed to monitor, coordinate and integrate each client's active treatment program by failing to ensure clients A, B and C's BSPs included specific/clear criteria for how psychotropic drug usage would change in relation to progress or regression of behavior management objectives. Please see W312.</p> <p>This deficiency was cited on 11/12/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p>						

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		W000252	An audit will be completed on all clients Individual Service Plans and Program Goals/Objectives to ensure that the clients' most current program objectives are being implemented by staff and match what is written in the ISP. Updated goal tracking sheets will be provided to staff as needed and staff will be retrained on implementing any new program goals. Program Director will be retrained on QMRP responsibilities including up to date and accurate goal tracking sheets being provided to the staff monthly and ensuring that updated program plan objectives are make available to staff as soon as possible after the ISP is completed/updated. Home Manager and Program Director will review all consumers' program books to ensure all goals are being documented and tracked as written in the ISP. Addendum: All staff, including the Home Manager and Program Director have been trained on Program Implementation and the importance of monitoring consumers goal progress to ensure quality services are provided to lead the consumers to more independence. For 4 weeks the Home Manager and/or Program Director will review the consumers' goal tracking sheets a minimum of 4 times weekly to ensure that all staff are documenting goals as directed. If	01/19/2014	

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	Based on record review and interview for 3 of 4 sampled clients (B, C and D),		there is no documentation regarding consumers' goal progress then the Home Manager will address with the scheduled staff immediately to ensure accurate documentation is completed. For the next 4 weeks the Home Manager and/or Program Director will review the consumers' goal tracking sheets a minimum of 3 times weekly to ensure that all staff are documenting goals as directed. If there is no documentation regarding consumers' goal progress then the Home Manager will address with the scheduled staff immediately to ensure accurate documentation is completed. Ongoing, the Home Manager will review the consumers' goal tracking sheets a minimum of 2 times weekly to ensure that all staff are documenting goals as directed. If there is no documentation regarding consumers' goal progress then the Home Manager will address with the scheduled staff immediately to ensure accurate documentation is completed. At the end of the month, the Home Manager will collect all of the previous month's goal sheets and forward them the Program Director so that monthly goal progress reports can be completed. Responsible Party: Home Manager, Program Director, Area Director.	

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	<p>the facility failed to monitor clients' programs in regard to data collection.</p> <p>Findings include:</p> <p>1. Client B's record was reviewed on 12/18/13 at 12:57 PM. Client B's ISP (Individual Support Plan) dated 6/25/13 indicated client had the following formal training objectives:</p> <p>-"[Client B] will keep up good hygiene on a daily basis. This will be done in three or few (sic) VP (Verbal Prompts)...." Client B's goal tracking sheet for the month of December 2013 regarding client B's hygiene goal did not indicate documentation of data collection for the following days in December 2013: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 16.</p> <p>-"[Client B] will mention something new that she never talks about. This will be done in 3 or less VPs...." Client B's goal tracking sheet for the month of December 2013 regarding client B's communication goal did not indicate documentation of data collection for the following days in December 2013: 1, 2, 3, 5, 7, 9, 10, 11, 14, 15 and 16.</p> <p>-"[Client B] will list and figure out the pricing of two items that she wants."</p>				

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	<p>Client B's goal tracking sheet for the month of December 2013 regarding client B's budgeting/money goal did not indicate documentation of data collection for the following days in December 2013: 2, 4, 5, 6, 9, 10, 11, 12, 13, 14, 15 and 16.</p> <p>-"[Client B] will name her behavior medications and the way in which they help her." Client B's goal tracking sheet for the month of December 2013 regarding client B's medication goal did not indicate documentation of data collection for the following days in December 2013: 3, 5, 6, 8, 9, 11, 12, 14, 15 and 16.</p> <p>2. Client C's record was reviewed on 12/18/13 at 2:15 PM. Client C's ISP dated 12/13/12 indicated the following formal training objectives:</p> <p>-"[Client C] will practice interacting with others and remaining calm." Client C's goal tracking sheet for the month of December 2013 regarding client C's social skills goal did not indicate documentation of data collection for the following days in December 2013: 6, 7, 8, 9, 11, 12, 13, 14 and 16.</p> <p>-"[Client C] will learn to take pride in his hygiene, including his hair." Client</p>				

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	<p>C's goal tracking sheet for the month of December 2013 regarding client C's personal hygiene goal did not indicate documentation of data collection for the following days in December 2013: 3, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15 and 16.</p> <p>-"[Client C] states how his behavior medications have helped him on his job on today (sic)." Client C's goal tracking sheet for the month of December 2013 regarding client C's medication goal did not indicate documentation of data collection for the following days in December 2013: 2, 5, 7, 9, 10, 11, 13, 14 and 16.</p> <p>3. Client D's record was reviewed on 12/18/13 at 2:52 PM. Client D's ISP dated 6/25/13 indicated client D had the following formal training objectives:</p> <p>-"[Client D] will practice good hygiene skills on a daily basis." Client D's goal tracking sheet for the month of December 2013 regarding client D's hygiene goal did not indicate documentation of data collection for the following days in December 2013: 6, 7, 9, 11, 12 and 16.</p> <p>-"[Client D] will practice socializing with others." Client D's goal tracking sheet for the month of December 2013</p>			

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	<p>regarding client D's socialization goal did not indicate documentation of data collection for the following days in December 2013: 5, 6, 9, 10, 11 and 16.</p> <p>-"[Client D] will work on his communication by telling staff what medications he takes." Client D's goal tracking sheet for the month of December 2013 regarding client D's medication goal did not indicate documentation of data collection for the following days in December 2013: 5, 6, 7, 8, 10, 11, 12, 14, 15 and 16.</p> <p>AD (Area Director) #1 was interviewed on 12/18/13 at 12:59 PM. AD #1 indicated staff should document data collection of goals on the goal tracking sheet. AD #1 indicated staff should implement goals daily unless otherwise specified in the goal.</p> <p>This deficiency was cited on 11/12/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						

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W000312	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.	W000312	The QIDP will convene the IDT for client A, B, C and D. The IDT will assess the behaviors for which clients A, B, C, and D are prescribed medication and develop appropriate titration plans. The Behavior Consultant will be retrained on the requirement to include an appropriate plan to address medication withdrawal based on behaviors. The Behavior Consultant will revise the Behavior Plans to include the titration plan developed by the IDT. The QIDP will obtain required approvals as soon as the plans are available. The QIDP will also ensure the staff is trained on the implementation of the plans. The QIDP will review each client's files to ensure each client that receives medication to manage behavior has an appropriate titration plan. Addendum: Behavior plans have been reviewed and updated for Clients A, B, C and D to include appropriate titration plans. The QIDP will receive retraining on working together with the Behavior Consultant to ensure that titration plans are included in all consumers Behavior Support	01/19/2014	

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	<p>Based on record review and interview for 3 of 3 sampled clients (A, B and C) who were on medications related to behaviors, the facility failed to ensure the clients' BSP (Behavior Support Plans) included specific/clear criteria for how psychotropic drug usage would change in relation to progress or regression of behavior management objectives.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 12/18/13 at 11:40 AM. Client A's BSP dated 1/17/13 with a revision date of 5/30/13 indicated client A's behaviors included VA (Verbal Aggression), PD (Property Destruction), Stealing, PA (Physical Aggression) and Inappropriate Space, FA (False Allegations), MB (Manipulative Behavior) and SM (Sexual Misconduct). The BSP indicated client A was on the following medications for the reduction of his</p>		<p>Plans and will follow up with the Behavior Consultant as needed until the Behavior Support Plans are updated. Ongoing, the Area Director will review any new or updated Behavior Support Plans as they are completed to ensure appropriate titration plans are included. Responsible Staff: Program Director, Area Director, Behavior Consultant</p>		

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	<p>targeted behaviors: Divalproex (mood), Fluoxetine (depression), Seroquel (aggression), Guanfacine (aggression) and Desmopressin (enuresis/bed wetting).</p> <p>The BSP's Description of Criteria for medication reduction indicated, "Recommendations of medication review will be based upon data collection through program data forms. Recommendations will be based on data indicating significant, sustained reduction in behavior (e.g. (example): at least 75% improvement in rate, duration or intensity of behaviors to increase lasting no less than 6 consecutive months."</p> <p>The BSP did not indicate how the psychotropic drug usage would change in relation to the progress or regression of client A's targeted behaviors.</p> <p>2. Client B's record was reviewed on 12/18/13 at 12:59 PM. Client B's BSP dated 6/25/13 indicated client B's behaviors included: AO (Aggressive Outbursts), Crying and SM. The BSP indicated client B was on the following medications for the reduction of her targeted behaviors: Escitalopram (depression), Olanzapine (anti-psychotic) and Bupropion</p>						

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	<p>(anxiety).</p> <p>The BSP's Description of Criteria for medication reduction indicated, "Recommendations of medication review will be based upon data collection through program data forms. Recommendations will be based on data indicating significant, sustained reduction in behavior (e.g. at least 75% improvement in rate, duration or intensity of behaviors to increase lasting no less than 6 consecutive months, unless otherwise indicated by prescribing physician), that effect (sic) health, safety and ability to cope. In the event of no significant changes in behavior (e.g. increase or decrease of 10% or less) 12 months following prescription change, medication review will also be recommended."</p> <p>The BSP did not indicate how the psychotropic drug usage would change in relation to the progress or regression of client B's targeted behaviors.</p> <p>3. Client C's record was reviewed on 12/18/13 at 2:15 PM. Client C's BSP dated 2/13/13 indicated client C's behaviors included: Irritability, PA, VA, Resistance and Delusional Talk. The BSP indicated client C was on the following medications for the reduction</p>						

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	<p>of his targeted behaviors: Ziprasidone (anti-psychotic), Haloperidol (anti-psychotic), Divalproex (mood) and Clonazepam (anti-psychotic).</p> <p>The BSP's Description of Criteria for medication reduction indicated, "Recommendations of medication review will be based upon data collection through program data forms. Recommendations will be based on data indicating significant, sustained reduction in behavior (e.g. at least 75% improvement in rate, duration or intensity of behaviors to increase lasting no less than 6 consecutive months, unless otherwise indicated by prescribing physician), that effect (sic) health, safety and ability to cope. In the event of no significant changes in behavior (e.g. increase or decrease of 10% or less) 12 months following prescription change, medication review will also be recommended."</p> <p>The BSP did not indicate how the psychotropic drug usage would change in relation to the progress or regression of client C's targeted behaviors.</p> <p>Interview with AD #1 (Area Director) was conducted on 12/19/13 at 1:15 PM. AD #1 indicated the titration plans for clients A, B and C did not include</p>						

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W000331	<p>specific criteria to describe how psychotropic drug usage would change in relation to the progress or regression of the clients' targeted behaviors.</p> <p>This deficiency was cited on 11/12/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p>	W000331	<p>Addendum: A follow up dental appointment for Client B was completed. Home Manager and Program Nurse will receive retraining to include ensuring that all recommendations obtained from medical and dental appointments are completed and followed up as needed. Home Manager and Program Nurse will receive retraining to include ensuring that all medical appointment forms are reviewed as soon as possible after the appointment to ensure that any changes or follow ups are noted so that follow up appointments can be scheduled as directed by the physician or dentist. The Program Nurse will implement the Weekly/Monthly Nursing Progress</p>	01/19/2014	

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			<p>Report. This report was designed to assist nursing staff with ensuring that all weekly, bi-weekly, and monthly duties are completed and on time. For the first 4weeks, the Area Director and/or Clinical Supervisor will meet with the Program Nurse once a week during a scheduled meeting to review the 'Weekly/Monthly Nursing Progress Report' that is in progress. This will be a designated meeting to discuss what the nurse has accomplished, what is still left to do, and to assist in creating a work plan to get all left over items accomplished. After the first initial 4 weeks, the Area Director and/or clinical supervisor will meet with the Program Nurse once every 2 weeks to continue to review the 'Weekly/Monthly Nursing Progress Report' that is in progress at the time. This will continue for 4 additional weeks. Following the follow up 4 weeks, the Area Director and/or Clinical Supervisor will continue to meet with the Program Nurse no less than once a month. This meeting will consist of continuing to review the ongoing 'Weekly/Monthly Nursing Progress Report' that is in progress at the time. Ongoing, the Program Nurse will continue to utilize the 'Weekly/Monthly Nursing Progress Report', and turn it in at the beginning of the following month to be reviewed by the Area Director and/or Clinical</p>		

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	<p>Based on record review and interview for 1 of 4 sampled clients (B), the facility's nursing services failed to ensure client B received recommended follow up dental services.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 12/18/13 at 12:59 PM. Client B's Dental visit form dated 6/27/13 indicated the recommendation for follow up dental services on 7/31/13. The review did not indicate documentation of additional dental services.</p> <p>AD (Area Director) #1 was interviewed on 12/18/13 at 2:09 PM. AD #1 indicated there was no additional documentation of dental services regarding client B. AD #1 indicated dental recommendations should be followed.</p> <p>Nurse #1 was interviewed on 12/18/13 at 2:24 PM. Nurse #1 indicated dental recommendations should be followed.</p>		<p>Supervisor for any further follow up that may need to be completed or discussed. Responsible Party: Home Manager, Program Director, Program Nurse, Area Director</p>	

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W000340	<p>This federal tag relates to complaint #IN00137777.</p> <p>This deficiency was cited on 11/12/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p> <p>483.460(c)(5)(i) NURSING SERVICES 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 clients and staff as needed in appropriate health and hygiene methods.</p>	W000340	<p>The Home Manager and all Direct Support Staff will receive retraining on proper medication administration techniques including sanitizing the area that medications will be dispensed as well as not giving pills to consumers that have been dropped onto the floor or work area. The Home Manager, Program Nurse and/or Program Director will complete medication administration observations at least twice weekly for 4 weeks to ensure that proper health and hygiene methods are being used during the Medication Administration process. Ongoing</p>	01/19/2014			

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			<p>after the 4 weeks the Home Manager, Program Nurse and/or Program Director will complete medication administration observations at least once weekly to ensure that proper health and hygiene methods are being used during the Medication Administration process. Addendum: The Home Manager and Direct Care staff received additional retraining on medication administration that included if pills are dropped that they need to be secured in an envelope away from other medications until it could be destroyed. Training also included ensuring that the Program Nurse was notified of any loose or unidentified pills. For 4 weeks the Program Director, Area Director and/or Program Nurse will complete medication administration observations a minimum of 4 times weekly to ensure that the Home Manager and Direct care staff are handling medications appropriately. For the next 4 weeks the Program Director, Area Director and/or Program Nurse will complete medication administration observations a minimum of 3 times weekly to ensure that the Home Manager and Direct care staff are handling medications appropriately. For the next 4 weeks the Program Director, Area Director and/or Program Nurse will complete medication administration observations a</p>	

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	<p>Based on observation and interview for 3 of 4 sampled clients (A, B and D) plus 1 additional client (G), the facility's nurse failed to ensure staff followed training in health care in medication administration during the 7:00 AM medication administration for clients A, B, D and G.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/18/13 from 6:15 AM through 7:30 AM. At 6:15 AM, HM (Home Manager) #1 administered client B's morning medication in the medication administration area. At 6:26 AM, at the conclusion of administering client B's medications, HM #1 handed the pharmacy packages of medication to the surveyor. Surveyor noted a loose white elongated pill in between two of</p>		<p>minimum of 2 times weekly to ensure that the Home Manager and Direct care staff are handling medications appropriately. Ongoing, the Program Director and/or Program Nurse will complete medication administration observations a minimum of 2 times weekly to ensure that the Home Manager and Direct care staff are handling medications appropriately. Responsible Party: Home Manager, Program Director, Program Nurse</p>		

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	<p>client B's pharmacy packages of medications. At 6:26 AM, surveyor showed the loose pill to HM #1, who then, placed the pill on the table and stated, "I'm not sure where that came from. I know she, [client B] got hers." HM #1 did not place the loose pill in an envelope or otherwise store/secure the loose pill. The loose pill remained on the table, where HM #1 prepared the remaining clients' medications, throughout the remainder of the medication administration period (6:45 AM). Throughout the observation, the loose pill slid around the table top, under other pharmacy packages on the table and under the MAR (Medication Administration Record). HM #1 prepared and administered clients A, D and G's morning medications. At 6:45 AM, HM #1 indicated he was putting client B's loose pill into an envelope and would notify the facility nurse of the unidentified loose pill.</p> <p>HM #1 was interviewed on 12/18/13 at 6:45 AM. When asked if client B's loose pill was unsecured on the table top during the medication administration for clients A, D and G, HM #1 stated, "Well, I'm putting it in an envelope. I was waiting to get through the medications." When asked how he would differentiate between the loose</p>						

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	<p>pill on the table and other medications that potentially fell to the table, HM #1 stated, "I probably should have put it away first." When asked what the medication administration procedure was for a loose pill, HM #1 stated, "I should have put it in an envelope and then notify (sic) the nurse."</p> <p>Nurse #1 was interviewed on 12/18/13 at 2:24 PM. Nurse #1 indicated loose pills should be placed in an envelope or secured prior to continuing the medication administration of other clients. Nurse #1 stated, "I just did a medication administration re-training with [HM #1]. Yes, the pill should be secured." When asked if she had been notified of client B's loose pill, Nurse #1 stated, "No."</p> <p>This deficiency was cited on 11/12/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>				

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W000382	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 4 of 4 sampled clients (A, B, C and D) plus 4 additional clients (E, F, G and H), the facility failed to maintain the clients' medication in a secure location.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/18/13 from 6:15 AM through 7:30 AM. At 6:15 AM, HM (Home Manager) #1 administered clients A, B, D and G's 7:00 AM medications. At 7:10 AM HM #1 indicated he was finished with the morning medication administration. HM #1 opened the medication storage cabinet, which contained clients A, B, C, D, E, F, G and H's medications. At 7:15 AM HM #1 exited the medication administration room and walked to the group home's living room area without locking or closing the medication storage cabinet doors. At 7:17 AM, client H entered the medication administration area alone while the medication administration cabinet was unlocked; the doors in the open position.</p> <p>AD (Area Director) #1 was interviewed</p>	W000382	All staff will receive retraining on ensuring that the medication cabinet is locked during medication administration when exiting the medication area for any reason. Home Manager and/or Program Director will complete medication administration observations at least twice per week for four weeks to ensure that all staff are locking the medication cabinet during medication administration when staff are out of the area for any reason. Ongoing, the Home Manager and/or Program Director will complete medication administration observations at least once per week to ensure that all staff are locking the medication cabinet during medication administration when staff are out of the area for any reason. Responsible Party: Home Manager, Program Director	01/19/2014			

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	<p>on 12/18/13 at 2:09 PM. AD #1 indicated the group home medication storage cabinet should be locked when not administering medications.</p> <p>Nurse #1 was interviewed on 12/18/13 at 2:24 PM. Nurse #1 indicated the group home medication storage cabinet should be locked when not administering medications.</p> <p>9-3-6(a)</p>			