

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G432	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/29/2012
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3606 HIGHWOODS DR N INDIANAPOLIS, IN 46222		
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W0000	<p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>This visit was done in conjunction with the PCR (Post Certification Revisit) to the investigation of complaint #IN00097224 completed on 10/13/11.</p> <p>Survey Dates: 3/12/12, 3/13/12, 3/14/12, 3/15/12 and 3/29/12.</p> <p>Facility Number: 000946 Provider Number: 15G432 AIMS Number: 100244570</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/3/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000			

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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W0140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to assure a full and complete accounting of client's expenditures.</p> <p>Findings include:</p> <p>Client #1's financial record was reviewed on 3/13/12 at 11:20 AM. Client #1's monthly petty cash ledger for the months of December 2011, January 2012, February 2012 and March 2012 did not indicate tracking/documentation of client #1's deposits and/or expenditures. Client #1's record did not contain receipts from purchase or indicate the client's funds had been reconciled with the facility based cluster account. Client #1's record did not indicate a community based checking or savings account. Client #1's facility based Account Quick Report form dated 3/15/12 at 12:02 PM indicated the following transactions:</p> <p>-12/8/11 Deposit, SSI (Supplemental Security Income) in the amount of \$449.34</p> <p>-12/28/11 Bill, Social Security</p>	W0140	<p>Indiana MENTOR's Social Worker is working on opening a personal bank account for Client #1 to ensure adequate accounting of his funds. The Program Director and Home Manager will be retrained on Client Finances, including ensuring that the client's ledgers balance at all times. All financial transactions are monitored by the Home Manager, reconciled on a monthly basis by the Program Director, and then reviewed by the Client Finance Specialist at the completion of each month. Ongoing, the Area Director will complete quarterly reviews of a random sample of client finances to ensure that all is completely accurately and correctly. Completion Date: April 1, 2012 Responsible Party: Home Manager, Program Director, Client Finance Specialist, and Area Director.</p>	04/28/2012	

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	<p>Administration return of SSI for incorrect payment in the amount of \$449.34</p> <p>-1/23/12 Deposit, SSI in the amount of \$465.34</p> <p>-2/9/12 Deposit, SSI in the amount of \$465.34</p> <p>-2/9/12 Bill, Social Security Administration return of SSI for incorrect payment in the amount of \$870.68</p> <p>-3/1/12 Deposit, SSI in the amount of \$30.00</p> <p>-3/8/12 Bill, personal spending withdrawal in the amount of \$90.00</p> <p>Interview with HM (Home Manager) #1 on 3/13/12 at 11:40 AM indicated client #1 did not have a community based checking account set up and did not have petty cash funds available. HM #1 indicated client #1 had been receiving petty cash for outings and personal spending from the home's funds and not his. HM #1 indicated client #1 had received SSI payments and was working at a day services program.</p> <p>Interview with AS #1 (Administrative Staff) on 3/15/12 at 12:40 PM indicated client #1's expenditures should be</p>			

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	<p>accounted for. AS #1 indicated there was no record available to review to account for client #1's 3/8/12 personal spending withdrawal of \$90.00.</p> <p>9-3-2(a)</p>				

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W0227	<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.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (#3) plus 1 additional client (#7), the Individual Support Plan (ISP) failed to address the clients' identified behavioral needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/12/12 from 4:25 PM through 6:20 PM. At 4:30 PM client #3 entered the kitchen area and approached staff #1. Client #3 positioned his body and face 12 inches from staff #1's face and body. Client #3 remained within 12 inches of staff #1's body and face and began laughing and stated, "Hi"! Staff #1 attempted to create distance from client #3 by moving away but client #3 shifted his body and remained 12 inches from the staff. Staff #1 attempted to redirect client #3 to increase the distance of his personal space. Client #3 responded to staff #1's redirection with laughter and then walked away and out of the kitchen area. At 5:15 PM client #3 was in the kitchen area watching his peers prepare the evening</p>			W0227	<p>The Program Director will convene the IDT to share the recommendations made from ISDH during the annual survey for clients #3 and 7. Based on the IDT's agreement upon the recommendations, the Behavior Consultant will update the Behavior Support Plans. Upon the updates to Behavior Support Plans, the Program Director will retrain all staff on the changes and updates. Ongoing, the Behavior Consultant will continue to do monthly observations and visits with each client to ensure that the Behavior Support Plans remain accurate according to the client needs. For the first 4 weeks, the Program Director and/or Home Manager will complete 2 weekly Active Treatment Observations to ensure that staff are running the Behavior Support Plans as written. After the 4 weeks, the PD and HM will continue to complete the Active Treatment Observations one time per week, or more if needed. Completion Date: April 28, 2012 Responsible Party: Home Manager and Program Director</p>		04/28/2012

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	<p>meal. Client #3 approached staff #2. Client #3 positioned his body and face 12 inches from staff #2's face and body. Client #3 remained within 12 inches of staff #2's body and face and began laughing. Staff #2 did not respond to client #3 and walked away continuing assisting other clients with meal preparation. At 5:25 PM client #3 approached staff #2. Client #7 then redirected client #3 to,"stop getting into people's space."</p> <p>Observations were conducted at the group home on 3/13/12 from 6:20 AM through 8:20 AM. At 7:11 AM HM #1 (Home Manager) arrived at the group home. Client #3 greeted HM #1 and positioned his body and face 12 inches from HM #1's face and body. Client #3 remained within 12 inches of HM #1's body and face and began reaching for HM #1's hands. HM #1 greeted client #3 and attempted to redirect client #3 to get ready for morning meal. At 7:15 AM staff #3 began prompting client #3 to come to the medication administration area to receive his morning medications. Client #3 remained in his bedroom and refused to comply with staff #3's directions. HM #1 entered client #3's bedroom to direct client #3 to the medication area. Client #3 exited the bedroom and entered the living room area where he sat down and refused</p>				

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	<p>to enter the medication administration area. Client #7 began prompting client #3 to take his medications. HM #1 and/or staff #3 did not redirect client #7 from attempting to redirect client #3's behavior. At 7:30 AM staff #3 began loading the group home van for transport to the day services. Client #3 remained in his bedroom and refused to exit the group home. HM #1 and client #7 remained in the group home with client #3 as the rest of the clients boarded the van. HM #1 and client #7 entered client #3's bedroom. Client #7 directed client #3 to board the van and go to day services. Client #7 then removed client #3's stuffed toy from client #3's room and stated, "If you want it back you have to get on the van. I will give it back if you get on the van." HM #1 did not redirect client #7 out of client #3's bedroom or to return the toy item to client #3.</p> <p>Client #3's record was reviewed on 3/13/12 at 11:05 AM. Client #3's ISP (Individual Support Plan) dated 10/18/11 did not address appropriate social boundaries through formal or informal training objectives. Client #3's BSP (Behavior Support Plan) dated 10/28/11 did not address appropriate social boundaries. Client #3's CFA (Comprehensive Functional Assessment) dated 10/3/11 indicated client #3, "needs</p>						

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	<p>training in maintaining appropriate social distance."</p> <p>Client #7's record was reviewed on 3/14/12 at 1:30 PM. Client #7's BSP dated 3/6/11 did not address attempting to direct other clients or being bossy with peers. Client #7's ISP dated 5/20/11 did not address attempting to direct other clients or being bossy with peers through formal or informal training objectives.</p> <p>Interview with PD (Program Director) #1 on 3/14/12 at 2:10 PM indicated client #3 had boundary issues with staff and peers. PD #1 indicated client #3 does not have a training program or BSP objective to address his boundaries. PD #1 stated, "[Client] can be bossy... [Client #7] likes to junior staff." PD #1 indicated client #7 should not be entering client #3's bedroom and should have been redirected by staff to not interfere in other clients behaviors. PD #1 indicated client #7 did not have being bossy in his current BSP and/or ISP as an objective or targeted behavior.</p> <p>9-3-4(a)</p>				

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W0273	<p>483.450(a)(3) CONDUCT TOWARD CLIENT Clients must not discipline other clients, except as part of an organized system of self-government, as set forth in facility policy.</p> <p>Based on observation and interview 1 additional client (#7), the facility failed to ensure the client did not discipline another client in the group home.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/12/12 from 4:25 PM through 6:20 PM. At 5:25 PM client #3 approached staff #2. Client #7 then redirected client #3 to, "stop getting into people's space."</p> <p>Observations were conducted at the group home on 3/13/12 from 6:20 AM through 8:20 AM. At 7:15 AM staff #3 began prompting client #3 to come to the medication administration area to receive his morning medications. Client #3 remained in his bedroom and refused to comply with staff #3's directions. HM #1 entered client #3's bedroom to direct client #3 to the medication area. Client #3 exited the bedroom and entered the living room area where he sat down and refused to enter the medication administration area. Client #7 began prompting client #3 to take his medications. HM #1 and/or staff #3 did not redirect client #7 from</p>	W0273	<p>The Program Director will convene the IDT to share the recommendations made from ISDH during the annual survey for clients # 7.</p> <p>Based on the IDT's agreement upon the recommendations, the Behavior Consultant will update the Behavior Support Plan to include "junior staffing".</p> <p>Upon the updates to Behavior Support Plan, the Program Director will retrain all staff on the changes and updates.</p> <p>Ongoing, the Behavior Consultant will continue to do monthly observations and visits with each client to ensure that the Behavior Support Plan remain accurate according to the client needs.</p> <p>For the first 4 weeks, the Program Director and/or Home Manager will complete 2 weekly Active Treatment Observations to ensure that staff are running the Behavior Support Plan as written. After the 4 weeks, the PD and HM will continue to complete the Active Treatment Observations one time per week, or more if needed.</p> <p>Completion Date: April 28, 2012 Responsible Party: Home Manager and Program Director</p>	04/28/2012	

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	<p>attempting to redirect client #3's behavior. At 7:30 AM staff #3 began loading the group home van for transport to the day services. Client #3 remained in his bedroom and refused to exit the group home. HM #1 and client #7 remained in the group home with client #3 as the rest of the clients boarded the van. HM #1 and client #7 entered client #3's bedroom. Client #7 directed client #3 to board the van and go to day services. Client #7 then removed client #3's stuffed toy from client #3's room and stated, "If you want it back you have to get on the van. I will give it back if you get on the van." HM #1 did not redirect client #7 out of client #3's bedroom or to return the toy item to client #3.</p> <p>Interview with PD (Program Director) #1 on 3/14/12 at 2:10 PM. PD #1 stated client #7 can be, "bossy... [Client #7] likes to be junior staff." PD #1 indicated client #7 should not be entering client #3's bedroom and should have been redirected by staff to not interfere in other client's behaviors.</p> <p>9-3-5(a)</p>				

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W0327	<p>483.460(a)(3)(iv) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#3), the facility failed to obtain annual TB (Tuberculin) tests and/or provide documentation of an x-ray or symptom screening for a client who tested positive.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 3/13/12 at 11:05 AM. Client #3's Physical Examination form dated 9/30/11 indicated a positive result (10 millimeters). The Physical Examination form indicated client #3 had an x-ray on 10/1/10 with a negative result. The Physical Examination form indicated the physician did not order a chest x-ray but did not indicate a symptom checklist or screening had been completed.</p> <p>Interview with nurse #1 on 3/14/12 at 10:45 AM indicated client #3's physician had noted no x-ray on his annual physical on 9/30/11. Nurse #1 indicated there was no documentation that a screening or</p>	W0327	<p>The Director of Program Nursing implemented a procedure for further evaluation if or when a client has a history of testing positive for TB, or when a chest x-ray can or should not be completed. The Director of Program Nursing will retrain the Program Nurse on this new procedure. Ongoing, the Director of Program Nursing will complete a quarterly review of the nursing documentation at this home to ensure that all TB tests and reviews are administered and followed up on as directed. Ongoing each client will continue to be tested annual for TB as expected by Indiana MENTOR's medical policy and procedures. Completion Date: April 28, 2012 Responsible Party: Program Nurse and Director of Program Nursing</p>	04/28/2012			

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	<p>checklist had been used to determine if client #3 was in need of further evaluation.</p> <p>9-3-6(a)</p>				

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</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, record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure staff administered medication as ordered.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/13/12 from 6:20 AM through 8:20 AM. At 6:49 AM client #4 was prompted by staff #2 to the medication administration area to receive his morning medications. Client #4 received 1 Levothyroxine 50 milligram tablet (hypothyroidism). At 7:00 AM client #4 sat down at the kitchen table and consumed a bowl of cereal.</p> <p>Client #4's pharmacy package of Levothyroxine 50 milligram tablet was reviewed on 3/13/12 at 7:00 AM. The pharmacy package of Levothyroxine 50 milligram tablet indicated the medication should be taken 1/2 hour prior to eating food or 2 hours after eating food.</p> <p>Staff #2 was interviewed on 3/13/12 at 7:30 AM. Staff #2 indicated client #4 should receive his Levothyroxine 50</p>	W0369	<p>The Direct Support Professional who made the medication error will receive corrective action according to the Indiana MENTOR corrective action procedures, and will also be retrained on medication administration. After the retraining occurs, the Home Manager will complete two (2) weekly medication administration observations to ensure that the administration is being completed according to Indiana MENTOR policy and procedures for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed future retrainings will be completed. Ongoing each DSP will complete Medication Administration as expected by Indiana MENTOR's policy and procedures. Completion Date: April 28, 2012 Responsible Party: Home Manager and Program Director</p>	04/28/2012			

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	<p>milligram tablet earlier in the morning prior to breakfast but was not this morning due to staffing. Staff #2 indicated client #2 should wait 1/2 hour after taking his Levothyroxine 50 milligram tablet before eating his breakfast.</p> <p>Nurse #1 was interviewed on 3/13/12 at 2:00 PM. Nurse #1 indicated client #4 should wait 1/2 hour after taking his Levothyroxine 50 milligram medication before eating his breakfast.</p> <p>9-3-6(a)</p>			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on record review and interview for 1 of 6 clients with adaptive equipment (client #1), the facility failed to ensure client #1's CPAP (Continuous Positive Airway Pressure) machine was working properly.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/14/12 at 2:20 PM. Client #1's Quarterly Nursing Assessment dated 2/12 indicated, "continues to refuse CPAP." Client #1's Physicians Order Form dated 2/28/12 included the diagnosis of sleep apnea. Client #1's Daily Support Record dated 3/3/12 and 3/5/12 indicated client #1 refused to use his CPAP. Client #1's ISP (Individual Support Plan) dated 11/28/11 indicated CPAP as prescribed adaptive equipment for treatment of sleep apnea. Client #1's Obstructive Sleep Apnea Protocol form dated 8/31/11 indicated daily use of CPAP to, "provide a form of mechanical breathing assistance while sleeping by wearing a specially designed</p>	W0436	<p>All Direct Care Staff will be retrained on Indiana MENTOR's policy and procedure for ensuring the individuals are using adaptive equipment as prescribed.</p> <p>This retraining includes using the adaptive equipment, prompting the client's to properly use the equipment, and what to do when they refuse.</p> <p>The Program Nurse will check the CPAP machine to ensure that it is in working order since staff documented that it was not in working order.</p> <p>Staff have also documented client #1's refusal to use the CPAP machine. Since staff report this, the Program Nurse will have Client #1 assessed to ensure that the use of the CPAP machine is still needed and recommended from the Primary Care Physician.</p> <p>Ongoing, the Home Manager and/or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going to ensure that all adaptive equipment is used properly.</p>	04/28/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G432	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/29/2012
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	<p>mask worn over the nose or nose and mouth." Client #1's Physicians Order Form dated 1/1/12 indicated the following Comments/Nurse Notes:</p> <p>-1/19/12 at 7:00 AM, "CPAP machine evening night shift said it was not staying on, said it hasn't been in use!"</p> <p>-1/20/12 at 7:00 AM, "1,3,6,9-20 of January 2012 humidifier CPAP machine has not been in use (sic) Staff said machine will not stay on. They were told by nurse to call 1-800 number for machine to be fixed."</p> <p>-1/27/12, "resident refused."</p> <p>-1/28/12, "resident refused."</p> <p>-1/29/12, "resident refused."</p> <p>Client #1's Physicians Order Form dated 2/1/12 indicated the following Comments/Nurse Notes:</p> <p>-2/2/12 through 2/7/12, "CPAP machine not use (sic) Doesn't work (sic) Staff."</p> <p>-2/13/12 through 2/19/12, "not in use."</p> <p>-2/20/12, "not in use. Offered CPAP machine [client #1] continues to refuse to use it."</p>		<p>Ongoing the Home Manager and/or Program Director will complete random documentation reviews three times per week for the first four weeks, and then once a week on going to ensure that all adaptive equipment is used properly. Completion Date: April 28, 2012 Responsible Party: Home Manager and Program Director.</p>		

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	<p>-2/21/12, "not in use. Offered CPAP machine [client #1] continues to refuse to use it."</p> <p>-2/24/12, "[Client #1] refused to use CPAP machine when staff offered it to him."</p> <p>Client #1's ISP did not indicate training for use of the CPAP machine. Client #1's record did not indicate the IDT (Interdisciplinary Team) had met to discuss client #1's refusals to use the CPAP machine. Client #1's record did not indicate the CPAP machine had been serviced.</p> <p>Interview with PD (Program Director) #1 on 3/15/12 at 12:20 PM indicated client #1 should be using his CPAP machine to treat his sleep apnea. PD #1 indicated client #1's refusal to use the CPAP should be assessed to determine if formal or informal training is needed. PD #1 indicated the CPAP machine should be functional and work properly.</p> <p>9-3-7(a)</p>				