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| 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 10/13/2011 |
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| NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC | STREET ADDRESS, CITY, STATE, ZIP CODE 3606 HIGHWOODS DR N INDIANAPOLIS, IN46222 |
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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 |
|--------------------|---|---------------|--|----------------------|
| W0000 | <p>This visit was for investigation of complaint #IN00097224.</p> <p>Complaint #IN00097224 - Substantiated, Federal and state deficiency related to the allegation(s) was cited at W157.</p> <p>Survey Dates: October 3, 4, 5, 6 and 13, 2011</p> <p>Facility Number: 000946 Provider Number: 15G432 Aim Number: 100244570</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 11/9/11 by Ruth Shackelford, Medical Surveyor III.</p> | W0000 | | |
| W0157 | <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client A), the facility failed to provide appropriate corrective action after client A's picture was taken without his approval.</p> <p>Findings include:</p> | W0157 | <p>The pictures in questions were deleted from the Supported Living client's cell phone. The Supported Living Client's IDT met and agreed that he could only have a cell phone that did not have a camera on it so future pictures could not be taken. The</p> | 11/21/2011 |

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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| | <p>Record review of the Bureau of Developmental Disabilities Services (BDDS) incident reports was conducted on 10/3/11 at 2:38 PM. The BDDS report dated 9/19/11 indicated the following: "During the course of an investigation to a previously submitted BDDS report it was determined that [client in supported living] took pictures of [client A] on his cell phone while at workshop. [Client A] repeatedly told [client in supported living] 'no' and was very upset that the picture had been taken without his permission." The investigation of the incident was reviewed on 10/3/11 at 3:00 PM and indicated "[client in supported living] indicated he took a picture of [client A], but he said he did not want his picture taken." Client A indicated he had told [client in supported living] he did not want any more pictures taken of him.</p> <p>Interview with client A on 10/4/11 at 5:45 PM indicated he had told (client in supported living) he did not want his picture taken. Client A indicated he knew pictures were taken with a cell phone. Client A indicated he did not know if his picture had been taken.</p> <p>Interview with staff #3, Program Director (PD), on 10/4/11 at 1:30 PM indicated no corrective action had been taken to</p> | | Supported Living client is not currently attending Client A's day placement, so contact with each other will be minimal. The Quality Assurance Specialist will be retrained on the need to ensure development of appropriate recommendations for all consumers involved in an investigation based on the results of the investigation. (see Attachment) All investigations and recommendations developed by the Quality Assurance Specialist will be reviewed by either the Area Director or the Quality Assurance Director to ensure they are accurate, thorough and include recommendations for all consumers involved in the incident as needed. Responsible Party: Program Director, Area Director, Regional Quality Assurance Specialist, Quality Assurance Director | | |

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| | <p>address the issue of client A getting his picture taken.</p> <p>Interview with staff #2, Quality Assurance, on 10/4/11 at 1:45 PM indicated they were not sure client A's picture was on the cell phone. The day program staff had deleted the pictures and had not been able to identify everyone. Staff #2, Quality Assurance, indicated (client in supported living) stated he had taken client A's picture and they had done the investigation including (client A). Staff #2, Quality Assurance, indicated the investigation did not include recommendations to address the supported living client taking unwanted pictures of client A.</p> <p>This federal tag relates to complaint #IN00097224.</p> <p>9-3-2(a)</p> | | | | |