

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G506	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 7085 ALLISONVILLE RD INDIANAPOLIS, IN46220
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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 #IN00097226.</p> <p>Complaint #IN00097226 - Substantiated, Federal and state deficiency related to the allegation is cited at W157.</p> <p>Survey Dates: October 3, 4, 5, 6 and 13, 2011</p> <p>Facility Number: 001020 Provider Number: 15G506 Aim Number: 100244980</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 11/10/11 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 correction action to ensure the client did not have pictures taken without his permission.</p>	W0157	The Program Director and Home Manager will be retrained regarding the regimen for to all Direct Care Staff to receive client specific training on the clients left in their supervision. This includes even those clients that the direct care staffs are only temporarily responsible for.	11/25/2011

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>Findings include:</p> <p>Review of the Bureau of Developmental Disability Services (BDDS) incident reports was conducted on 10/3/11 at 4:15 PM. The BDDS report dated 9/19/11 indicated "During the course of an investigation to a previously submitted BDDS report, it was determined that (client from supported living) took pictures of [client A's] private area on his cell phone. It was unclear exactly when the pictures were taken. [Client A] is not able to provide informed consent for pictures to be taken of him of this nature." The facility conducted an investigation dated 9/20/11. The investigation indicated a supervisor at the work shop, staff #5, had seen (client from supported living) looking at a closed cell phone while trying to keep others from seeing. Staff #5, supervisor, asked to see the cell phone and (client from supported living) handed the phone to her. The investigation indicated when she looked at the phone and pulled up the pictures she noted a picture of another worker without any clothes on fondling his penis. The supervisor indicated she took the phone to another male worker, staff #6, and gave to phone to him. The investigation indicated staff #6, did not look at all the pictures before he deleted them. Staff #5 and Staff #6 did not indicate client A was included</p>		<p>Biweekly and ongoing, the Area Director will review the Client Specific Spreadsheet to ensure that all staff working with each particular client are client specifically trained on them. The Area Director will report any discrepancies to the Program Director for correction. The Program Director will be retrained on implementing client specific goals for each client at the review of the teams. The Program Director will review with the team to work to initiate a goal for client A to learn to shut the door when utilizing the bathroom. Ongoing the Program Director will continue to monitor and report to the team on a monthly basis how client A is doing at achieving the goal of shutting the bathroom door. Completion Date: November 25, 2011 Responsible Party: Home Manager, Program Director, and Area Director.</p>		

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	<p>in the pictures. The investigation indicated (client from supported living) had indicated he had taken 2 pictures of client A while he was sitting on the toilet. (Client from supported living indicated he had opened the door to take the picture.</p> <p>Interview with client A on 10/6/11 at 5:45 PM indicated he did not remember having his picture taken.</p> <p>Interview with staff #3 on 10/6/11 at 5:50 PM indicated (client from supported living) came to the home in the mornings and rode with the clients in the group home to the work shop. Staff #3 indicated the supported living client did not have staff with him while he was waiting for them to get ready to leave for the work shop.</p> <p>Interview with staff #1, Home Manager (HM), on 10/6/11 at 6:10 PM indicated they were not sure client A had pictures taken. Staff #1, HM, indicated there had not been a program put in place to ensure the client from supported living did not take pictures of the clients in the group home with his cell phone.</p> <p>This federal tag relates to complaint #IN00097226.</p> <p>9-3-2(a)</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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