STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G282	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	2715 ROCKFORD LN KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	This visit was for a fundamental recertification and state licensure survey. This visit was in conjunction with the post-certification revisit (PCR) to the investigation of complaint #IN00098996. Dates of survey: April 16, 17, 18, 19, and 20, 2012 Surveyor: Kathy Craig, Medical Surveyor III Facility Number: 000802 Provider Number: 15G282 AIMS Number: 100243610 These deficiencies also reflect state findings under 460 IAC 9. Quality Review completed 4/30/12 by Ruth Shackelford, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G282	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	2715 ROCKFORD LN KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
W0149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed for 1 of 1 allegation of sexual misconduct incidents at workshop reviewed, regarding 1 additional client (client #5) by not implementing their abuse/neglect policy on conducting investigations. Findings include: Review on 4/16/12 at 2:20 PM of the facility's BDDS (Bureau of Developmental Disabilities Services) incident reports indicated the following report: An incident on 8/19/11 at workshop indicated client #5 reported to the production supervisor that a male client from another group home asked her to unzip her pants and show him her underwear. Client #5 stated she unzipped her pants and showed him her underwear. Client #5 further stated that she and the other client had been touching each other's feet under the table throughout the day. When the other client was asked about the interaction, he stated he did not ask her to unzip her pants. He stated she	W0149	**W149:** The facility has a policy and procedure in place that prohibits mistreatment, neglect or abuse of the client. The Program Director will be trained in the policy on abuse and neglect which includes investigating any incident out of the ordinary which jeopardizes the health and safety of the individual. The training also will include what incidents will require an investigation. The Program Director will also be trained that when the incident occurs with an outside provider that it will also require an investigation by the residential facility to ensure that the client is safe. The Area Director and Quality Assurance Specialist will review all incidents and investigations to ensure they are completed thoroughly. Responsible Person: Area DirectorCompletion Date: 5/20/12	05/20/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G282	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/20/2012
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2715 ROCKFORD LN KOKOMO, IN 46902	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	did that without him asking her to. The other client reported he did see client #5's underwear and reported the color as white. He further stated nothing else was seen. The author phoned client #5's group home to inquire about the color of the underwear she was wearing. This author was informed she was wearing white underwear. Client #5 and the other client were separated at the workshop in their work area. There was no investigation with this BDDS report. Review on 4/16/12 at 2:10 PM of the facility's abuse/neglect policy dated July, 2006, indicated "Indiana MENTOR is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee. 1. Investigations will be conducted for the following incidents: . . . b. sexual abuse . . .c. sexual misconduct . . . ." Interview on 4/19/12 at 9:30 AM with the PD (Program Director) was conducted. The PD indicated the workshop (outside services) did an investigation on the above incident but they did not provide Indiana Mentor with a copy of the investigation. The PD indicated Indiana Mentor did not conduct their own investigation for this incident.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G282	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	2715 ROCKFORD LN KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	9-3-2(a)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G282	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	2715 ROCKFORD LN KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
W0154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview, the facility failed for 1 of 1 allegation of sexual misconduct incidents at workshop reviewed, regarding 1 additional client (client #5) by not conducting an investigation. Findings include: Review on 4/16/12 at 2:20 PM of the facility's BDDS (Bureau of Developmental Disabilities Services) incident reports indicated the following report: An incident on 8/19/11 at workshop indicated client #5 reported to the production supervisor that a male client from another group home asked her to unzip her pants and show him her underwear. Client #5 stated she unzipped her pants and showed him her underwear. Client #5 further stated that she and the other client had been touching each other's feet under the table throughout the day. When the other client was asked about the interaction, he stated he did not ask her to unzip her pants. He stated she did that without him asking her to. The other client reported he did see client #5's	W0154	**W154:** The facility has a policy and procedure in place that all alleged violations are thoroughly investigated and documented. The Program Director will be trained in the policy on abuse and neglect which includes investigating any incident out of the ordinary which jeopardizes the health and safety of the individual. The training also will include what incidents will require an investigation.The Program Director will also be trained that when the incident occurs with an outside provider that it will also require an investigation by the residential facility to ensure that the client is safe. The Area Director and Quality Assurance Specialist will review all incidents and investigations to ensure they are completed thoroughly. Responsible Person: Area DirectorCompletion Date: 5/20/12	05/20/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G282	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/20/2012
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2715 ROCKFORD LN KOKOMO, IN 46902	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	underwear and reported the color as white. He further stated nothing else was seen. The author phoned client #5's group home to inquire about the color of the underwear she was wearing. This author was informed she was wearing white underwear. Client #5 and the other client were separated at the workshop in their work area. There was no investigation with this BDDS report. Interview on 4/19/12 at 9:30 AM with the PD (Program Director) was conducted. The PD indicated the workshop (outside services) did an investigation on the above incident but they did not provide Indiana Mentor with a copy of the investigation. The PD indicated Indiana Mentor did not conduct their own investigation for this incident. 9-3-2(a)			