STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G599	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	860 W 65TH LN MERRILLVILLE, IN 46410

(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
W000000	This visit was for an annual recertification and state licensure survey. Dates of survey: February 22 and 26 and March 4, 5, 6, 7, 8 and 15, 2013. Facility Number: 001113 AIM Number: 100245610 Provider Number: 15G599 Surveyor: Christine Colon, Medical Surveyor III/QMRP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed April 1, 2013 by Dotty Walton, Medical Surveyor III.	W000000	The governing body is comitted to maintaining the health and safety of all the clients we serve. The facility currently has policies and procedures in place to make sure the indivduals rights are being adhere to and that all needs are being met under the state regulations while living in the facility.	

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.

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W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the governing body failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) living at the group home, to exercise general operating direction in a manner to ensure routine maintenance was completed and supplies were available. Findings include: An evening observation was conducted on 2/22/13 from 4:45 P.M. until 6:00 P.M.. At 5:30 P.M., the main bathroom located in the hallway of clients #1, #2, #3, #4, #5, #6, #7 and #8's home was observed with no toilet paper holder, no toilet paper and no paper towels/cloth towels for the clients use. An interview with the Program Director (PD) was conducted on 3/8/13 at 1:30 P.M. The PD indicated there should be a toilet paper holder, toilet paper and paper towels/cloth towels available at all times for clients #1, #2, #3, #4, #5, #6, #7 and #8's use. 9-3-1(a)	W000104	The current policy for the facility is to maintain the health and safety of the clients at all times. The facility is responsible and will provide toliet paper and paper towels for all the clients who live in the facility. The HM will retrain the staff to make sure that all supplies are restocked in all the bathrooms at all times.The HM will check the house on a weekly basis to make sure supplies are in the home. If for any reason they are not the Hm is responsible for replacing all missing items immediately. The PD will be responsible for doing a monthly check of the home to make sure that all supplies are present for the clients and staff use.	04/13/2013

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W000225	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on record review and interview, the facility failed to assess the vocational needs of 4 of 4 sampled clients requiring vocational assessments (clients #1, #2, #3 and #4). Finding include: Client #1's record was reviewed on 3/4/13 at 11:03 A.M. A review of the client's record failed to indicate client #1's vocational needs and abilities had been assessed. Client #2's record was reviewed on 3/4/13 at 1:09 P.M. A review of the client's record failed to indicate client #2's vocational needs and abilities had been assessed. Client #3's record was reviewed on 3/4/13 at 1:40 P.M. A review of the client's record failed to indicate the client's vocational needs and abilities had been assessed. Client #4's record was reviewed on 3/4/13 at 2:30 P.M. A review of the client's record failed to indicate the client's vocational needs and abilities had been assessed.	W000225	The facility currently does a series of assessments to include the needs and ability of the clients. The Program Director is trained that an assessement is done upon admission and annually of the client to determine the clients skills, progress and areas of improvement. The Program Director will be retrained on the assessment process by the Area Director. An assessment will be done on all the clients to determine the clients skills, progress and areas of improvement. A copy of the assessment will be maintained in the home and given to other outside agencies such as Day Program to use as a tool to support the client while at work. Periodically assessments can be amended based on the needs of the clients ability or the need for the client to have additional supports this will be monitored by the Program Director and Home Manager on a monthly basis. The Program Director will retrain the Day Program Manager on the assessment and how to use it in order to develop goals and activities for the clients.	04/13/2013

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	The Day Program Home Manager (DPHM) was interviewed on 3/8/13 at 12:15 P.M. The DPHM indicated client #1, #2, #3, and #4's vocational needs and abilities had not been assessed. 9-3-4(a)			

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W000249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review and interview, the facility failed to implement written objectives during times of opportunity for 4 of 4 sampled clients (clients #1, #2, #3 and #4). Findings include: A morning observation was conducted at the group home on 2/22/13 from 6:20 A.M. until 8:00 AM. During the observation period clients #2, #3 and #4 were sitting in the living room with no activity. Client #1 lay asleep on the living room couch the entire observation. DSP #2 administered medications and cooked and DSP #1 assisted other clients in their bedrooms while clients #1, #2, #3 and #4 sat with no activity. There was no choice of activities offered and no implementation of clients' goals during this observation period. A facility owned day rogram observation was conducted on 2/26/13 from 8:30A.M. until 9:30 A.M. During the entire	W000249	The facility currently trains staff upon hire and annually on the importance of active treatment. Staff are also trained on how to implement goals while interacting with the clients formally and informally. Thye Program Director will retrain staff on active treatment and appropriate times to implement the goals of the client. The Home Manger will check daily that the goals are being implemented and documented appropriately. The Program Director will check monthly that the goals are being implemented and documented appropriately. If for any reason goals are not successful or do not meet the clients needs the team will meet along with the client to determine appropriate goal choices. The facility Program Director will train the Day service Manager and day service staff on implementing the goals for the clients and active treatment. In order to moniotr progress of goals and active treatment The Program Director and Home Manager will do observations at the home and day program for at	04/13/2013

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	observation period client #1 lay asleep on the couch with no activity. There was no choice of activities offered and no implementation of clients' goals during this observation period. A facility owned day program observation was conducted on 3/8/13 from 10:00 A.M. until 1:00 P.M. During the entire observation client #1 lay on the couch sleeping with no activity. There was no choice of activities offered and no implementation of clients' goals during this observation period. A review of client #1's record was conducted on 3/4/13 at 11:03 A.M. The Individual Support Plan (ISP) dated 5/12/12 indicated: "Will exercise...will make lunch...will sort petty cash coins by denomination...Will punch out her medications." A review of client #2's record was conducted on 3/4/13 at 1:09 P.M. A review of client #2's ISP dated 10/2/12 indicated: "Will complete some form of exercise...will write his phone number and address...will count pennies...will identify his medication." A review of client #3's record was conducted on 3/4/13 at 1:40 P.M. The ISP dated 11/1/12 indicated: "Will sort out		least one month.	

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	his petty cash...will punch out one of his medications." A review of client #4's record was conducted on 3/4/13 at 2:30 P.M. The ISP dated 2/13/13 indicated: "Will state her medications...Will learn her home address...Will do physical activity daily...Will participate in household chores." The Program Director (PD) was interviewed on 3/8/13 at 1:30 P.M. The PD indicated active treatment should be ongoing and training should be both formal and informal. She further indicated staff should engage clients and carry out the training objectives. 9-3-4(a)			

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W000323	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview, the facility failed for 3 of 4 sampled clients (clients #1, #3 and #4) to have vision and hearing exams/screenings as recommended by the physicians. Findings include: A review of client #1's record was conducted on 2/22/13 at 11:30 A.M.. Client #1's record indicated a most current vision evaluation dated 1/7/11 which indicated: "Follow up in 2 years." Client #1's record did not contain evidence she had a follow up in two years. A review of client #3's record was conducted on 2/22/13 at 1:40 P.M.. Client #3's record indicated a most current hearing evaluation dated 7/23/09 which indicated: "Return in two years." Client #2's record did not contain evidence he had a follow up hearing evaluation as recommended in two years as recommended. A review of client #4's record was conducted on 3/4/13 at 2:30 P.M. Client #4's record indicated a most current	W000323	The facility is committed to maintaining the health and safety of the clients. The facility is responsible for making sure the clients medical appointments are made and kept in a timely manner. The Home Manager, Program Director and Facility Nurse will be retrained by the Area Director on maintaining the clients health by making and keeping medical appointments.The Home Manager, Program Director, and Facility Nurse will also be retrained on following the phycians orders and recommendation as prescribed on the medical appoinment form. If for any reason appointments are canceled the Home Manager will reschedule the appointment immediately so the client is receiving the appropriate care while in the facility. In addition to the nurse will develop a schedule for the client appointments and share this schedule with the Program Director and Home Manager. The Home Manager will monitor the appointment schedule on a weekly basis and the Program Director will monitor the schedule on a monthly basis.	04/13/2013

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	annual physical dated 12/13/11. Client #4's record did not contain evidence she had her hearing screened. The Registered Nurse (RN) was interviewed on 3/8/13 at 1:45 P.M. The RN indicated clients #1 and #3 did not return to the physicians as recommended. The RN further indicated client #4 did not have a hearing evaluation completed. 9-3-6(a)			

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W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview 1 of 4 sampled clients (client #4), the facility's nursing services failed to reconcile medication labels, Physician Orders (PO) and Medication Administration Records (MARs.) Findings include: A morning observation was conducted at the group home on 2/22/13 from 6:20 A.M. until 8:00 A.M. At 7:30 A.M., Direct Support Professional (DSP) #1 administered client #3's "Simvastatin (treatment for high cholesterol) 40 mg (milligram) tablet...1 tablet by mouth daily in the evening." The medication packet had written in black marker "7 A.M." A review of the Medication Administration Record (MAR) dated 2/1/13 to 2/28/13 was conducted at 6:35 A.M. on 2/22/13 and indicated "Simvastatin 40 mg tablet...1 tablet daily in the evening." The MAR also had 7 A.M. typed where staff were to initial after administration. A review of the Physician Orders (PO) dated 2/2013 indicated "Simvastatin 40 mg tablet...1 tablet daily in the evening." The PO also indicated the medication to be	W000331	The Facility Nurse will be retrained by the Area Director that all medication should be packaged and labeled appropriately prior to coming from the pharmacy. If for any reason the medication is not labled or labeled inappropriately the nurse will contact the pharmacy and have this corrected immediately. The Nurse will also be retrained the label must match the medication sheet prior to staff administering medication. Staff will be retrained by the Facility Nurse to compare the medication with the medication sheet during each medication pass. If for any reason there is a discrepancy with the label and the medication sheet. Staff should contact the on call supervisor immediately for instruction.	04/13/2013

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	administered at 7 A.M. An interview with the facility's Registered Nurse (RN) was conducted on 3/8/13 at 1:45 P.M. When asked who checked the MAR, PO and medication packages to ensure the directives for administration matched, the RN stated, "I do and the pharmacy. It got over looked and I will call the pharmacy." 9-3-6(a)			

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W000388	483.460(m)(1)(i) DRUG LABELING Labeling for drugs and biologicals must be based on currently accepted professional principles and practices. Based on observation, record review, and interview, the facility failed for 1 of 3 clients observed during morning medication administration (client #6), to have the medication labeled according to professional practices. Findings include: A morning observation was conducted at the group home on 2/22/13 from 6:20 A.M. until 8:00 A.M. Client #6's medications were administered by Direct Support Professional (DSP) #1 at 7:20 A.M. A bottle was taken from client #6's medication bin. The bottle did not contain client #6's name or instructions for administration. The bottle did not contain a label. A review of the Medication Administration Record dated February 1, 2013 to February 28, 2013 was conducted at 7:25 A.M. on 2/22/13. The MAR indicated: "Mineral Oil...give daily." An interview with the Registered Nurse (RN) was conducted on 3/08/13 at 1:45 P.M. The RN indicated all medications should have a pharmacy label on them.	W000388	The Facilty Nurse will be retrained by the Area Director that all medication should be packaged and labeled appropriately prior to coming from the pharmacy. If for any reason any medication is not labled or labled inappropriately the nurse will contact the pharmacy and have this corrected immediately. The Facility Nurse will also be retrained that the labels must match the medication sheet prior to the staff administering medication. Staff will be retrained to compare the medication sheet to the medication during each medication pass. If for any reason there is a discrepancy with the label and the medication sheet staff should contact the on call supervisor for instructions.	04/13/2013

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W000436	483.470(g)(2) SPACE AND EQUIPMENT 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. Based on observation, record review and interview, for 2 of 4 sampled clients who wore eyeglasses (clients #2 and #3), the facility failed to encourage and teach clients to wear their eye glasses. Findings include: A morning observation was conducted at the group home on 2/22/13 from 6:20 A.M. until 8:00 A.M. During the entire observation period clients #2 and #3 did not wear their prescribed eyeglasses. Clients #2 and #3 were not prompted by staff to wear their eyeglasses. An evening observation was conducted at the group home on 2/22/13 from 4:45 P.M. until 6:00 P.M. During the entire observation period client #2 did not wear his prescribed eyeglasses. Client #2 was not prompted by staff to wear his prescribed eyeglasses. A facility owned day rogram observation was conducted on 2/26/13 from 8:30A.M. until 9:30 A.M. Client #2 was observed	W000436	The facility is committed to making sure the health and safety of the clients are maintained at all times. The Program Director and Home Manager will be retrained by the Area Director on providing and maintaining the clients glasses, dentures and any other adaptive equipment they may need while in the facility. The Program Director will do an assessment on the client to determine what level of support the client may need to maintain their glasses, dentures and any other adaptive equipment. After the assessment is complete the Program Director will put a formal and informal goal in placer to make sure the equipment is being used by the client and the staff is providing what ever type of support that is identified in the assessment. Staff will be retrained by the Program Director on how to encourage the clients to maintain and use adaptive equipment. The Home Manager will monitor the progress of the client and staff on a weekly by reviewing the goal documentation. The Program	04/13/2013

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	during the entire observation period not wearing eye glasses. Client #2 was not prompted by staff to wear his prescribed eyeglasses. A facility owned day program observation was conducted on 3/8/13 from 10:00 A.M. until 1:00 P.M. Client #2 was observed during the entire observation period not wearing eye glasses. Client #2 was not prompted by staff to wear his prescribed eyeglasses. A review of client #2's record was conducted on 2/22/13 at 11:30 A.M. Review of client #2's most current vision exam dated 2/22/13 indicated he wore eyeglasses. A review of client #3's record was conducted on 2/22/13 at 11:30 A.M. Review of client #3's most current vision exam dated 9/29/12 indicated he wore eyeglasses. An interview with the nurse was conducted at the facility's administrative office on 3/8/13 at 1:40 P.M. The nurse indicated clients #2 and #3 wore eyeglasses. When asked if staff should encourage and teach clients to wear their prescribed eyeglasses, the nurse stated, "Yes."		Director will monitor progress on a monthly basis by reviewing all documentaion monthly. The Program Director will make sure that the Day Program Manager and day services staff are provided with all adaptive equipment needed. The Program Direct will also retrain the Day service Manager and staff on the formal and informal programming of the use of all adaptive equipment. In addition to all goals for adaptive equipment will be implemented by the day program.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G599	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	9-3-7(a)			