

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G722	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/15/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 645 E BRIDGE ST BROWNSTOWN, IN 47220
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W 000 Bldg. 00	<p>This visit was for a predetermined full annual recertification and state licensure survey.</p> <p>Dates of Survey: April 13, 14 and 15, 2015</p> <p>Facility number: 004445 Provider number: 15G722 AIM number: 200518250</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the governing body failed to exercise operating direction over the facility by failing to ensure: 1) the common area walls in the group home were maintained in good repair and repainted as needed and 2) the outside trim around the doors was repainted.</p>	W 104	<p>Area Director will arrange for common areas of home to be repainted.</p> <p>QIDP and Home Manager will complete monthly checks of hometo ensure that all common areas remain in good condition including paintingthroughout. They will report any issues to Area Director as soon as possible soitems can be repaired.</p>	05/15/2015

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>1) Observations were conducted at the group home on 4/13/15 from 3:29 PM to 5:35 PM and 4/14/15 from 6:11 AM to 8:31 AM. During the observations, the common area walls (entrance, hallways, living room, dining room, kitchen and medication room) were discolored, marked, nicked and scuffed. The trim around the doors (bathrooms and medication room) was nicked, dented, discolored, scuffed and marked. This affected clients #1, #2, #3 and #4.</p> <p>On 4/13/15 at 4:00 PM, the Program Director (PD) stated it had been a "couple of years" since the walls in the group home were repainted. The PD stated the walls needed "touched up."</p> <p>On 4/13/15 at 4:05 PM, staff #3 indicated she had worked at the group home for 4 years. Staff #3 indicated the common area walls had not been painted during the 4 years she had worked at the home. Staff #3 indicated the common area walls needed to be painted.</p> <p>On 4/14/15 at 7:42 AM, staff #2 indicated he had worked at the group home for 4 years. Staff #2 indicated the common area walls had not been painted in the 4 years he had worked at the group</p>				

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W 130 Bldg. 00	<p>home. Staff #2 stated, "it (painting the walls) will really make it look nice." Staff #2 indicated the common area walls needed to be painted.</p> <p>On 4/14/15 at 7:58 AM, the Home Manager (HM) indicated she spoke to the previous HM about the walls. The previous HM told the current HM that the painting of the common areas was contracted out and she was not sure when the walls were last painted. The current HM indicated the walls needed to be painted.</p> <p>2) Observations were conducted at the group home on 4/13/15 from 3:29 PM to 5:35 PM and 4/14/15 from 6:11 AM to 8:31 AM. During the observations, the paint on the trim around the doors in the back of the group home was peeling off and faded in color. This affected clients #1, #2, #3 and #4.</p> <p>On 4/14/15 at 7:32 AM, the HM indicated the trim around the doors needed to repainted.</p> <p>9-3-1(a)</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all</p>			

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	<p>clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 3 of 4 clients living in the group home (#1, #2 and #3), the facility failed to ensure the clients were afforded privacy during their showers (#1 and #2) and while changing clothes (#3).</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 4/14/15 from 6:11 AM to 8:31 AM. On 4/14/15 at 6:11 AM, client #1 was lying on a shower table receiving a shower with assistance from staff #2. The bathroom door was open to the bathroom where client #1 was being assisted. Client #1 was naked and able to be seen from the hallway. The bathroom door was left open for the duration of client #1's shower. On 4/14/15 at 7:16 AM, client #3 was sitting on her bed changing her shirt with assistance from staff #2. Client #3's bedroom door was open. Client #2 was outside of client #3's bedroom while staff #2 assisted client #3 change her shirt. Client #3 used a walker to ambulate from her bedroom to the dining room table. While ambulating to the dining room table, client #3's pants fell down exposing her buttocks as she was ambulating. Staff #2 was unaware</p>	W 130	<p>QIDP in conjunction with Home Manager will retrain staff on client rights including privacy during showers/changing.</p> <p>QIDP and/or Home Manager will complete weekly observations for 3 months to ensure that staff are providing privacy during showers and changing.</p> <p>QIDP and/or Home Manager will complete ongoing observations monthly to ensure staff are providing privacy during showers and changing</p>	05/15/2015

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W 159 Bldg. 00	<p>client #3's pants fell down until staff #7 informed him. On 4/14/15 at 7:34 AM, client #2 was showering with assistance from staff #7. The bathroom door was open about 2 feet. Client #2 was visible from the hallway as she was showering. At 7:39 AM, the Home Manager (HM) went to check on client #2 as she was showering with assistance from staff #7. The HM closed the bathroom door.</p> <p>On 4/14/15 at 9:18 AM, the Program Director (PD) indicated the clients should be given privacy during their care at the group home.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 2 of 2 clients in the sample (#2 and #3), the Qualified Intellectual Disabilities Professional (QIDP) failed to conduct regular reviews of the clients' progress toward meeting their training objectives.</p> <p>Findings include:</p>	W 159	<p>Area Director will retrain QIDP on integrating, coordinating and monitoring clients' program plans and active treatment programs to include client specific training needs as addressed in the ISP and or assessments.</p> <p>The QIDP and Area Director will meet monthly, to review program plans, active treatment plans and health care plans to ensure</p>	05/15/2015

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W 210 Bldg. 00	<p>On 4/14/15 at 9:23 AM, a review of client #2's record was conducted. There was no documentation in client #2's record indicating the QIDP reviewed her progress toward completing her training objectives in February and March 2015.</p> <p>On 4/14/15 at 9:51 AM, a review of client #3's record was conducted. There was no documentation in client #3's record indicating the QIDP reviewed her progress toward completing her training objectives in September, October, November, December 2014, January, February and March 2015.</p> <p>On 4/14/15 at 10:12 AM, the QIDP indicated the clients' progress toward completing their training objectives should be completed monthly. The QIDP indicated the documentation in the clients' records was current and if it was not in the record, she did not complete the monthly reviews.</p> <p>9-3-3(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p>		progressor lack of progress is addressed and changes to plans are made as needed.	

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	<p>Based on observation, interview and record review for 3 of 3 clients (#1, #2 and #3) observed to be transported in the group home van, the facility failed to assess the number of straps needed to secure the clients' wheelchairs in the van during transport.</p> <p>Findings include:</p> <p>An observation was conducted at the facility-operated day program on 4/13/15 from 1:28 PM to 2:17 PM and 3:02 PM to 3:17 PM. At 3:02 PM, two staff from another group home arrived to transport clients #1, #2 and #3 to their group home (client #1, #2 and #3's group home van was being used at the time to transport client #4 to the group home for admission). The two staff secured client #1, #2 and #3's wheelchairs using two straps on each wheelchair (one in front and one in back). On 4/13/15 at 3:10 PM, the two staff indicated two straps on each wheelchair were sufficient to secure the wheelchairs during transport.</p> <p>An observation was conducted at the group home on 4/14/15 from 6:11 AM to 8:31 AM. At 8:20 AM, staff #2 used 4 straps to secure client #1, #2 and #3's wheelchairs in the van.</p> <p>On 4/15/15 at 10:52 AM, client #1's Risk</p>	W 210	<p>QIDP in conjunction with IDT will review transportationsafety requirements for all individuals to ensure they are safe duringtransport.</p> <p>QIDP will develop client specific protocols for each clienton requirements for transportation including the use of tie downs forwheelchairs during transportation.</p> <p>QIDP will train all staff on client specific protocols fortransportation.</p> <p>QIDP and/or Home Manager will complete weekly observationsfor 3 months and then monthly ongoing to ensure that client specific protocolsfor transportation are being implemented.</p>	05/15/2015			

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	<p>Management and Assessment Plan (RMAP) was reviewed. The RMAP, dated 1/21/15, indicated, in part, "Staff are trained on how to safely transport clients in the community. Unable to secure self when in the vehicle. Staff are trained on transporting clients in a wheelchair accessible van. All passengers must utilize a seatbelt in wheelchair and ratchet straps are used in securing the client's wheelchairs. A handicapped van with a lift is available for [client #1's] needs. Staff are trained on the strapping system for the van and wheelchair seat belts remain on during transport." The RMAP did not indicate the number of straps to be used to safely secure client #1's wheelchair during transport.</p> <p>On 4/14/15 at 9:23 AM, client #2's record was reviewed. Client #2's RMAP, dated 4/8/15, indicated, in part, "Staff are trained on how to safely transport clients in the community. [Client #2] utilizes her wheelchair seat belt while in the van. Ratchet straps are used to secure the client's wheelchair in the van. Staff are trained on transporting clients in van. A handicapped wheelchair van with a lift is available for individual needs. Staff are trained on the strapping system and use of seat belts in the van." The RMAP did not indicate the number of straps to be</p>			

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	<p>used to safely secure client #2's wheelchair during transport.</p> <p>On 4/14/15 at 9:51 AM, client #3's record was reviewed. Client #3's record did not contain documentation the facility assessed the number of straps needed to secure her wheelchair during transport in the group home van. The BDDS (Bureau of Developmental Disabilities Services) Risk Plan, dated 6/11/14, indicated, in part, "Continue use of wheelchair as primary means of mobility and for transportation out of home. Wheelchair has a safety belt which should be fastened during transportation times but unfastened while in home or at Day Service to allow her free movement and ability to transfer independently." The BDDS Risk Plan did not address the amount of straps needed to secure her wheelchair during transport. There was no documentation in her comprehensive functional assessment, dated 5/13/14, addressing the number of straps required to safely secure her wheelchair during transport.</p> <p>On 4/14/15 at 7:42 AM, staff #2 indicated clients #1, #2 and #3 were to have four straps on each of their wheelchairs when in the van. Staff #2 indicated their wheelchairs were secured with two straps in the front and two in the</p>			

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	<p>back.</p> <p>On 4/14/15 at 10:21 AM, the nurse stated the number of straps to be used was "three most likely."</p> <p>On 4/14/15 at 10:37 AM, the Program Director (PD) indicated the amount of straps used to secure the clients' wheelchairs depended on the number of clients in the van. The PD indicated when there was one client in the van, four straps were used. The PD indicated when there were four clients in the van, two straps were used. The PD did not indicate why the number of straps changed depending upon the number of clients in the van. The PD did not know if there was a policy or procedure in place indicating the number of straps to use for each clients' wheelchair.</p> <p>On 4/15/15 at 9:18 AM, the Area Director (AD) indicated she was not sure how many straps were to be used to secure the clients' wheelchairs. The AD indicated the number of straps was client specific. The AD indicated she did not know of a policy or procedure addressing the number of straps to use to secure the clients' wheelchairs. The AD indicated the facility needed to assess each client to determine the number of straps to use to secure their wheelchair during transport.</p>			

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W 240 Bldg. 00	<p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, interview and record review for 1 of 2 clients in the sample (#2), the facility failed to ensure client #2's Medication Administration Record (MAR) included documentation of the frequency staff were to trim and file her fingernails to prevent her from causing scratches on her arms.</p> <p>Findings include:</p> <p>On 4/13/15 from 1:28 PM to 2:17 PM, an observation was conducted at the facility-operated day program. At 1:30 PM, client #2's left forearm had several 3-4 inch long scratches along the top of her forearm.</p> <p>On 4/13/15 at 1:30 PM, the day program Home Manager (HM) indicated client #2's MAR had a schedule for staff to cut and file client #2's fingernails on a regular basis. The HM indicated the scratches were from client #2 scratching her own arm with her fingernails. The</p>	W 240	<p>QIDP will work with pharmacy to add trimming of fingernailsto treatment sheet for all clients.</p> <p>QIDP will train staff on the addition of trimming offingernails to treatment sheet.</p> <p>QIDP and/or Home Manager will complete weekly observationsfor 3 months and then monthly ongoing to check that clients nails are beingtrimmed and signed off on treatment sheet as being completed.</p>	05/15/2015

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	<p>HM indicated the staff needed to ensure client #2's nails were cut and filed regularly.</p> <p>On 4/14/15 at 9:23 AM, a review of client #2's record was conducted. Client #2's current MAR, dated April 2015, did not include documentation indicating the frequency staff should cut and file client #2's fingernails. Client #2's Risk Management and Assessment Plan, dated 4/8/15, indicated, in part, "Nails to be trimmed and filed at least weekly but as needed to avoid scratches to herself. Nails tend to be brittle and break easily."</p> <p>On 4/14/15 at 4:14 PM, the nurse indicated client #2 unintentionally scratched her own forearm. The nurse indicated there was a plan in place to cut and file client #2's fingernails regularly. The nurse indicated client #2 had brittle nails which break often. The nurse indicated client #2 scratched her own arm while engaged in self-stimulation.</p> <p>On 4/14/15 at 10:12 AM, the Program Director (PD) indicated there used to be a section on her MAR's Treatment Record for staff to cut and file her nails at least weekly. The PD indicated she was not sure why the section for staff to document cutting and filing her nails was not on the April 2015 MAR. The PD</p>			

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W 249 Bldg. 00	<p>indicated the nails trimmed and filed section needed to be on the MAR.</p> <p>On 4/14/15 at 10:18 AM, the nurse indicated there should be documentation on client #2's MAR for cutting and filing her nails. The nurse indicated she was unable to location the documentation on client #2's April 2015 MAR. The nurse indicated client #2 should receive weekly nail care.</p> <p>9-3-4(a)</p> <p>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.</p> <p>Based on observation, interview and record review for 1 of 2 clients in the sample (#2), the facility failed to ensure staff implemented client #2's plan for transfers.</p> <p>Findings include:</p> <p>On 4/14/15 from 6:11 AM to 8:31 AM, an observation was conducted at the</p>	W 249	<p>QIDP and/or Home Manager will retrain staff client #2 riskplan and transfer protocol.</p> <p>QIDP/Home Manager and or Nurse will do a daily observationfor 2 weeks to ensure that risk plan and protocol are being implemented aswritten.</p> <p>QIDP/Home Manager and or Nurse will do an observation 3x a week for 2 weeks to ensurethat</p>	05/15/2015

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	<p>group home. On 4/14/15 at 6:43 AM, client #2 was transferred from her bed to her wheelchair by staff #7 using a one person transfer. Staff #7 did not ask staff #2 to assist her nor did staff #7 use the mechanical lift to transfer client #2.</p> <p>On 4/14/15 at 7:00 AM, staff #2 indicated the mechanical lift should be used to transfer client #2 from her bed to her wheelchair. Staff #2 stated this was "for protection of clients and staff."</p> <p>On 4/14/15 at 7:02 AM, the Home Manager (HM) indicated the staff was to use the mechanical lifts to do transfers. The HM indicated the staff was not to conduct a transfer without using a lift. The HM indicated she was not sure if there was a plan or not since she was new to the home. The HM stated she was instructed to use a lift with client #2 "every time" during a transfer.</p> <p>On 4/14/15 at 7:13 AM, staff #7 indicated to the HM she picked up client #2 and transferred her from her bed to her wheelchair. Staff #7 indicated to the HM she was used to doing it that way.</p> <p>On 4/14/15 at 9:23 AM, a review of client #2's record was conducted. Client #2's 4/8/15 Risk Management Assessment and Plan (RMAP) indicated,</p>		<p>risk plan and protocol are being implemented as written.</p> <p>And then QIDP and/or Home Manager will complete weekly observations for 2 months and then monthly ongoing to ensure that risk plan and transfer protocol are being followed.</p>		

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	<p>in part, "[Client #2] utilizes an adaptive tilt in space cushioned wheelchair and a cart for repositioning. Staff may use a 2-person lift or a mechanical lift to assist with transfers. Staff are encouraged to use a turn sheet for positioning changes and turning while in her cart and bed. Staff should take precautions and work together when lifting her. Staff will ensure all her limbs are properly secured before transfers and limbs are not twisted or bent during positioning, personal care or rolling/turning." The RMAP indicated, "Follow positioning scheduled per plan with proper use of [mechanical] lift or 2 person lift. Transfers with proper use of [mechanical] lift or 2 person lift. Staff will monitor during transfers, use of lift, rolling during personal care, and positioning for bumping or twisting of limbs/body and protect limbs during a seizure." The RMAP indicated, "Staff may use 2 person lift or [mechanical] lift when moving/re-positioning her. Staff are encourage to use a turn sheet for positioning changes. Staff are encouraged to work together when lifting/moving her and take precautions when propelling her in her wheelchair."</p> <p>On 4/14/15 at 10:23 AM, the nurse indicated client #2's plan for transfers should be implemented as written. The nurse indicated one staff should not</p>			

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W 259 Bldg. 00	<p>transfer client #2 from her bed to her wheelchair.</p> <p>9-3-4(a)</p> <p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 1 of 2 clients in the sample (#2), the facility failed to ensure client #2's Comprehensive Functional Assessment (CFA) was reviewed for relevancy and updated as needed at least annually.</p> <p>Findings include:</p> <p>On 4/14/15 at 9:23 AM, a review of client #2's record was conducted. Client #2's most recent CFA was dated 3/10/14. There was no documentation client #2's CFA was reviewed and updated since 3/10/14.</p> <p>On 4/14/15 at 10:12 AM, the Program Director (PD) indicated client #2's CFA should be reviewed and updated as needed at least annually.</p> <p>9-3-4(a)</p>	W 259	<p>Area Director will retrain QIDP on completing annual assessments for all clients.</p> <p>QIDP will update annual assessments for all clients to determine needs/goals.</p> <p>QIDP in conjunction with IDT will review completed CBC to develop objectives/goals for each client. QIDP will ensure that ISP will be updated to reflect changes any objectives/goals. QIDP will ensure that goal tracking sheets match ISP objectives.</p> <p>The QIDP and Area Director will meet monthly and at these meetings will review that all assessments are completed and/or revised for all clients to ensure needs/goals are being addressed</p>	05/15/2015

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W 488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 1 of 1 client observed to eat breakfast (#3), the facility failed to ensure client #3 assisted in the preparation of her breakfast.</p> <p>Findings include:</p> <p>On 4/14/15 from 6:11 AM to 8:31 AM, an observation was conducted at the group home. At 7:28 AM while client #3 was sitting at the dining room table, the Home Manager (HM) cut a doughnut into bite sized pieces for client #3's breakfast. Staff #2 poured a cup of milk for client #3. Staff #2 got out a box of cereal and poured the cereal into a bowl. At 7:31 AM, staff #2 poured milk onto client #3's cereal. At 7:32 AM, staff #2 poured a glass of orange juice for client #3. Staff #2 took the cups of milk and orange juice, the plate with the doughnut and the bowl of cereal to the table for client #3. Client #3 was not involved in preparing her breakfast.</p> <p>On 4/14/15 at 9:18 AM, the Program Director (PD) indicated client #3 should</p>	W 488	<p>QIDP and/or Home Manager will retrain staff on mealpreparation for all clients at all opportunities.</p> <p>QIDP and or Home Manager will complete a daily observationfor 2 weeks to ensure staff are implementing meal preparation opportunities forall clients.</p> <p>QIDP and or Home Manager will complete an observation 3x aweek for 2 weeks to ensure staff are implementing meal preparation opportunitiesfor all clients.</p> <p>QIDP and/or Home Manager will complete weekly observationsfor 2 months and then monthly ongoing to ensure that mealttime objectives arebeing implemented.</p> <p>QIDP and/or Home Manager will retrain staff on implementingactive treatment and programs at all formal and informal opportunities.</p> <p>QIDP and or Home Manager will complete a daily observationfor 2 weeks to ensure staff are implementing active treatment opportunities forall clients.</p>	05/15/2015

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	<p>be involved with her meal preparation with hand over hand assistance.</p> <p>9-3-8(a)</p>		<p>QIDP and or Home Manager will complete an observation 3x aweek for 2 weeks to ensure staff are implementing active treatment opportunitiesfor all clients.</p> <p>QIDP and/or Home Manager will complete weekly observationsfor 2 months and then monthly ongoing to ensure that active treatment is beingcompleted for all programs during all formal and informal opportunities.</p>	

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

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