

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G399	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/06/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4313 E 46TH ST INDIANAPOLIS, IN 46226
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W000000	<p>This visit was for a full annual recertification and state licensure survey completed with the investigation of complaint #IN00156720.</p> <p>Complaint #IN00156720: Substantiated. Federal and state deficiencies related to the allegations are cited at W148 and W153.</p> <p>Dates of Survey: January 26, 27, 28, 29, 30, February 2, 3, 4, 5 and 6, 2015.</p> <p>Surveyors: Kathy Wanner, QIDP/TC. Susan Eakright, QIDP, 1/29/15.</p> <p>Facility number: 000913 Provider number: 15G399 AIM number: 100249300</p> <p>The following federal deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality review completed February 13, 2015 by Dotty Walton, QIDP.</p>	W000000		
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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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W000148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview, the facility failed to promptly notify the parents, guardians or health care representatives of 4 of 4 sampled clients (clients A, B, C and D), and 4 of 4 additional clients (clients E, F, G and H), about an infestation of bed bugs in the home where the clients lived.</p> <p>Findings include:</p> <p>Facility records were reviewed on 1/26/15 at 2:28 P.M., including the facility's incident reports. The reports indicated the following:</p> <p>-An incident report dated 9/3/14 at 8:00 A.M. indicated "Bed bugs were found present in the home this morning when staff was changing bedding on the beds.</p>	W000148	<p>Area Director will retrain Program Director and Home Manager on guardian notification when a client related BDDS reportable incident occurs in the home; in particular, bed bug infestation. Ongoing, Home Manager and/or Program Director will notify guardians regarding client related incidents immediately following the incident. Program Director will complete an Internal Incident Report record that is submitted to the Area Director and Quality Assurance Specialist. This report will verify that the clients' guardian has been notified and indicate the date it was reported. Responsible Parties: Area Director, Program Director, Home Manager and Quality Assurance Specialist</p>	03/06/2015

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	<p>After, further inspection they were found in the home of consumers bedrooms (sic). A company was called to treat the home immediately while the clients were at day program. The consumers did not have to evacuate the home and they were able to continue day to day activities of daily living." The report indicated clients A, B, C, D, E, F, G and H were living in the home at the time. There was no indication of when or if the clients' parents, guardians or health care representatives were notified about the bed bug infestation.</p> <p>Client A's record was reviewed on 2/4/15 at 1:45 P.M. Client A's record indicated she had a guardian to assist her.</p> <p>Client B's record was reviewed on 2/4/15 at 2:40 P.M. Client B's record indicated his mother was his guardian and assisted him.</p> <p>Client C's record was reviewed on 2/4/15 at 3:12 P.M. Client C's record indicated she had a health care representative to assist her.</p> <p>Client D's record was reviewed on 2/4/15 at 3:35 P.M. Client D's record indicated his sister was his guardian and assisted him.</p>			

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W000153	<p>The Program Director (PD) was interviewed on 2/5/15 at 10:50 A.M. When asked if clients' parents and guardians should have been notified promptly about there being a bed bug infestation in the group home, the PD stated, "Yes. They were notified, just not immediately. I would estimate within 48 hours."</p> <p>This federal tag relates to complaint #IN00156720.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview,</p>	W000153	Area Director will retrain Program	03/06/2015			

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	<p>the facility failed to report an infestation of bed bugs in the home where 4 of 4 sampled clients (clients A, B, C and D), and 4 of 4 additional clients (clients E, F, G and H), lived to the Bureau of Developmental Disabilities Services (BDDS).</p> <p>Findings include:</p> <p>Facility records were reviewed on 1/26/15 at 2:28 P.M., including BDDS reports and the facility's incident reports. The reports indicated the following:</p> <p>-An incident report dated 9/3/14 at 8:00 A.M. indicated "Bed bugs were found present in the home this morning when staff was changing bedding on the beds. After, further inspection they were found in the home of consumers bedrooms (sic). A company was called to treat the home immediately while the clients were at day program. The consumers did not have to evacuate the home and they were able to continue day to day activities of daily living." The report indicated clients A, B, C, D, E, F, G and H were living in the home at the time. There were no corresponding BDDS reports for the bed bug infestation.</p> <p>Facility invoices were reviewed on 1/27/15 at 11:25 A.M. The invoices</p>		<p>Director on reporting requirements for the Bureau of Developmental Disabilities; including, reporting bed bug infestation. Program Directors are required to verbally report and bed bug infestation or incidents where the clients' home is inhabitable. The Area Director will instruct the Program Director to complete BDDS report for these incidents. Program Director will continue to submit copy of submitted BDDS reports to Area Director and Quality Assurance Specialist for ongoing monitoring and ensuring reportable incidents are filed. Responsible Party: Area Director, Program Director, Quality Assurance Specialist</p>	

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	<p>indicated the home was treated for bed bugs on 9/3/14; including the four bedrooms, living room, and two family rooms. The family room furniture was discarded. The home was again treated on 9/12/14, including the four bedrooms, living room and two family rooms.</p> <p>The Home Manager (HM) was interviewed on 2/5/15 at 11:05 A.M. The HM stated. "[Pest Control Company] returned to the home on 1/28/15 and the home is clear of bed bugs. I am continuing to do my own daily checks of the clients' rooms and beds." The HM stated, "As far as we know, none of the clients were bitten. One client (C) did go to the doctor for an area on her neck, but it was diagnosed as an allergic reaction to her new body spray."</p> <p>The Program Director (PD) was interviewed on 1/27/15 at 10:49 A.M. and stated, "No, it (bed bug infestation of the group home) was not reported to BDDS. I thought it only had to be reported if the clients had to be evacuated, and they didn't evacuate."</p> <p>The facility's policy Quality and Risk Management dated 4/2011 was reviewed on 1/29/15 at 10:05 A.M. and indicated "Indiana Mentor (REM) promotes a high quality of service and seeks to protect</p>			

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	<p>individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed. Indiana Mentor follows the BDDS incident reporting policy as outlined in the provider standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS...A service delivery site that compromises the health and safety of an individual while the individual is receiving services from the following causes. b. environmental or structural problems associated with a habitable site that compromises the health and safety of an individual, including: (3). Rodent or insect infestation."</p> <p>This federal tag relates to complaint #IN00156720.</p> <p>9-3-2(a)</p>						

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W000210	<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> <p>Based on record review and interview, the facility failed for 1 of 1 new admission to the group home (client A), to obtain a speech evaluation within 30 days after admission.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 2/4/15 at 1:45 P.M. Client A's record indicated she was admitted to the group home on 8/13/14. Client A's record indicated she was 19 years old. Client A's IEP (individualized education plan) dated for the school year 2013-2014 indicated she had been receiving speech therapy services through the school system prior to her emergency placement with the facility. Client A's record indicated she had a Behavior Support Plan (BSP) dated 9/12/14 which included, but was not limited to the following targeted behavior, auditory self-stimulation. Client A's BSP indicated under communication methods, "Because [client A] has limited communication,</p>	W000210	<p>Home Manager has been able to obtain appropriate documentation to obtain client A's birth certificate. The birth certificate was needed to obtain I.D. in order to make appropriate medical appointments with new physicians. Home Manager will make client A's speech evaluation appointment immediately following obtaining her I.D. Ongoing, in emergency client placement situations; Area Director and Social Worker will seek assistance from BDDS to obtain all needed documentation from previous placement so that the facility can meet mandated requirements to perform needed assessments within 30 days of admission. Responsible Party: Home Manager, Area Director, Social Worker</p>	03/06/2015

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W000351	<p>staff should use their (sic) and Encourage [client A] to communicate appropriately (e.g. words when (sic)." Client A's record indicated she had not had a speech evaluation since her admission to the group home.</p> <p>Interviews were conducted with the Home Manager (HM) and Program Director (PD) on 2/5/15 at 10:50 A.M. The PD stated, "We have not been able to get a speech evaluation for [client A] because she does not have a state identification card (ID), and many doctors and therapists will not see a new client unless they have an ID."</p> <p>9-3-4(a)</p> <p>483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission). Based on record review and interview, the facility failed for 1 of 1 new admission to the group home (client A),</p>	W000351	Marissa currently has a dental appointment scheduled from June 17th from the only Dentist that would accept her without an	03/06/2015	

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	<p>to obtain dental services including a complete extraoral and intraoral examination within 30 days after admission.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 2/4/15 at 1:45 P.M. Client A's record indicated she was admitted to the group home on 8/13/14. Client A's record indicated she had not had a dental exam since her admission to the group home.</p> <p>An interview was conducted with the Program Director (PD) on 2/5/15 at 10:50 A.M. The PD stated, "[Client A] was an emergency placement, and needs anesthesia for her dental appointments, we have her scheduled to see [name of Doctor] but she has not been able to have the sedation dental procedure yet."</p> <p>9-3-6(a)</p>		<p>I.D. Home Manager has been able to obtain appropriatedocumentation to obtain client A's birth certificate. The birth certificate wasneeded to obtain I.D. in order to make appropriate medical appointments withnew physicians. Home Manager will change client A's dental appointment withfirst available dentist immediately following obtaining her I.D. Ongoing, in emergency client placement situations; Area Directorand Social Worker will seek assistance from BDDS to obtain all neededdocumentation from previous placement so that the facility can meet mandatedrequirements to perform needed assessments within 30 days of admission. Responsible Party: Home Manager, Area Director, SocialWorker</p>		