STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G538	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	1221 E CR 75 N LOGANSPORT, IN 46947

(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 the investigation of complaint #IN00147229. Complaint #IN00147229: SUBSTANTIATED, Federal and State deficiencies related to the allegation are cited at W136, W137, W227, and W268. Dates of Survey: 4/22, 4/23, 4/24, 5/1, and 5/2/2014. Provider Number: 15G538 Facility Number: 001052 AIM Number: 100239830 Surveyor: Susan Eakright, QIDP These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/12/14 by Ruth Shackelford, QIDP.	W000000		
W000136	483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities. Based on observation, record review, and	W000136	Indiana Mentor has policies and	05/30/2014

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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	interview, for 1 of 3 sampled clients (client C), the facility failed to provide opportunities for client C to get haircuts in the community. Findings include: On 4/22/14 from 2:00pm until 3:10pm, client C was observed at the workshop. Client C was non verbal and had a shaved head. On 4/22/14 from 3:10pm until 5:20pm, client C was observed at the group home. Client C was non verbal and had a shaved head. At 4:20pm, Group Home Staff (GHS) #1 stated the staff shaved client C's head at the group home and it was client C's "summer cut." On 4/22/14 at 5:00pm, a review of the facility's 4/2014, 3/2014, and 2/2014 Community Outing records did not indicate client C was taken out into the community to a barber and/or a hair dresser for his hair care needs. On 4/23/14 at 2:30pm, client C's record was reviewed. Client C's 1/25/14 ISP (Individual Support Plan) and record did not indicate client C's head was to be shaved by the facility staff at the group home. Client C's records indicated he was non verbal and had a guardian.		procedures in place for clients rights and community access. These are trained upon hire in basic orientation for all staff and management and trained on annually thereafter. Community access and being part of the community is also stressed in the orientation. Management and staff have been retrained in client rights and community access for client C including the haircuts. Management has also had in servive on scheduling community events for the staff to follow. On going staff are documenting the community activities on the daily support record which is checked by the management on a biweekly basis. Community events such as haircuts where transactions are being made are having receipts turned in as verification of occurance. Program director will check these monthly to ensure these items have occurred.Responsible Party: Program DirectorCompletion Date: 5/30/2014	

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	Client C's 1/25/14 ISP indicated client C did not recognize danger and did not verbally express his likes/dislikes. Client C's record did not indicate he was offered the opportunity to have his hair care needs met in the community. Confidential Interview (CI) #1 stated she visited the group home "occasionally," had not seen client C with a shaved head, and indicated the guardian was not called before client C's head was shaved. CI #1 stated "it would not necessarily be a problem with (the) shaving of [client C's] head." CI #1 stated it would "be a problem if [client C] resisted (his) head (being) shaved. If they (the staff) had to hold [client C] down." CI #1 stated "it would have been nice if they (the staff) would have called the guardians first (before the shaving of [client C's] head)." On 4/22/14 at 4:30pm, an interview with the Residential Manager (RM) and the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) was conducted. The RM and the PD/QIDP indicated client C's head was shaved by the facility staff at the group home. At 4:30pm, the RM stated the staff holds client C "steady" to shave his head at the group home. Both professional staff indicated client C's ISP and record did not indicate client C's head was shaved			

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	and his haircut maintained by the facility staff. This federal tag relates to complaint #IN00147229. 9-3-2(a)			
W000137	483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Based on observation and interview for 1 of 6 clients (client D) who lived in the group home, the facility failed to ensure clothing was in good repair for client D. Findings include: On 4/22/14 from 2:00pm until 3:10pm, client D was observed at the workshop. From 2:00pm until 3:10pm, client D wore jeans and his backside of his jeans was in good repair. On 4/22/14 from 3:10pm until 5:20pm, client D was observed at the group home. Client D was non verbal and scooted himself on the floor on the buttocks of his jeans. Client D's jeans were fastened at the waist and the jeans had a hole in	W000137	Indiana mentor has policies and procedures in place in regards to clients diginity and respect. All staff are trained on these upon hire and annually thereafter. Staff are instructed and what is acceptable clothing options and what should be thrown out or prohibited.Staff are being retrained on client diginity and specificially on clothing attire. Management went through client D wardrobe to ensure an inappropriate clothing had been removed from possession. Management went through the other 5 clients wardrobe to ensure no inappropriate clothing was in possession. Management are reviewing all clients wardrobe at least quarterly to ensure all clothing is appropriate and in good condition. Responsible	05/30/2014

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	the backside buttocks area which exposed client D's entire boxer brief from just below the waist band of the boxer brief to just above the leg holes of the boxer brief worn under client D's jeans. At 4:35pm, the Residential Manager (RM) stated "Yes, [Client D's] jeans had a hole" which exposed client D's entire backside of his boxer briefs worn under his jeans. The RM stated the group home staff had changed client D's clothing after workshop to put client D's "at home pants on." Client D scooted seated on his buttocks with the torn jeans on the floor of the kitchen, living room, and hallway of the group home. On 4/22/14 at 4:30pm, the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) indicated men and women lived and worked at the group home. The PD/QIDP indicated client D's should have worn jeans in good repair. This federal tag relates to complaint #IN00147229. 9-3-2(a)		Party: Program DirectorCompletion Date: 5/30/2014	
W000227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the			

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	client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review, and interview, for 1 of 3 sample clients (client B) who had a behavior plan, the facility failed to include client B's tapping of his hands and knuckles on the floor and/or ground behavior in client B's BSP (Behavior Support Plan). Findings include: On 4/22/14 from 2:00pm until 3:10pm, client B was observed at the workshop and four of four knuckles on client B's right hand were red and scabbed. On 4/22/14 from 3:10pm until 5:20pm, client B was observed at the group home. From 3:10pm until 5:20pm, client B lay on the wooden front porch and inside the group home on the living room, dining room, and hallway floors. From 3:10pm until 4:35pm, client B tapped his right and left hands/knuckles on the hard wood floors and the front porch floor in excess of forty (40) times and a succession of three to four (3-4) taps in succession was heard and/or observed each time. From 3:10pm until 5:20pm, client B's knuckles his right hand were red and scabbed. At 3:40pm, client B sat and lay on the floor of the front porch outside the group home	W000227	The individuals IDT along with the behavioralist meet to address each individuals behavioral needs. The teams ensure that targeted behaviors are identified, a plan is put in place to address the behavior with both proactive and reactive strategies. These plans are individualized to help identify the specific behavior needs for each individual. The behavior plan for client B was revised to inlcude the tapping motions obseved by client B and staff are being retrained on the new behavioral additions for client B. The program director and the behavioralist reviewed the other clients behavior plans to ensure they were detailed of each targted behavior and concise for the staff. The program director is doing monthly progress reports for the clients including behavior summaries and reviewing the plans on a quaterky basis to ensure the plans meet the individuals behaviorResponsible Party: Program Director Complete Date: 5/30/2014	05/30/2014

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	and a tapping noise could be heard inside the group home during which client B tapped his hands and knuckles on the wooden front porch floor without redirection. At 3:40pm, the Residential Manager (RM) indicated client B laughed when redirected by the facility staff to not tap his hands and knuckles. At 3:40pm, the RM redirected client B not to tap his hands and knuckles on the floor and client B was observed to laugh. The RM stated client B's right hand was red and "scabbed" with injuries on his knuckles caused by client B "tapping" his hands and knuckles on the floor and ground. The RM stated client B's "tapping" behavior was not recorded because client B's SIB (Self Injurious Behaviors) were defined as "mouthing and biting" his hands until client B's "hands bled." When asked if client B's injuries had been reported, the RM replied "yes," the injuries had been reported to the administrator. On 4/22/14 at 4:00pm, and on 4/23/14 at 9:00am, the facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 1/1/2014 through 4/22/14 did not indicate an injury to client B's knuckles. On 4/22/14 at 4:10pm, and on 4/23/14 at 10:30am, client B's record was reviewed.			

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	Client B's 8/30/13 ISP (Individual Support Plan) and 9/2013 BSP indicated client B had behaviors of SIB (Self Injurious Behavior) "biting own hand and causing it to bleed and split open, Spitting, Licking objects and people, and Aggression such as pinching." Client B's BSP did not include the behavior of "tapping" his hands and knuckles on the floor or ground and did not describe strategies to reduce client B's tapping of his hands and knuckles. Client B's 4/2014, 3/2014, and 2/2014 "Behavior Tracking" data records did not indicate a record of client B's tapping his hands and knuckles on the floor or ground and did not indicate client B had caused injury to his knuckles. Client B's record did not document how/when his hands and knuckles had been injured causing the red scabbed areas on each of his four knuckles on his right hand. On 4/22/14 at 4:00pm, an interview with the PD/QMRP (Program Director/Qualified Mental Retardation Professional) was conducted. The PD/QMRP indicated client B's BSP did not include client B's behavior of tapping his hands and knuckles on the floor and/or ground. The PD/QMRP indicated client B tapped his hands and knuckles on the floor and/or ground and had caused injuries to his hands/knuckles			

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	from the behavior. This federal tag relates to complaint #IN00147229. 9-3-4(a)			
W000268	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation, record review, and interview, for 2 of 6 clients (D and E), the facility failed to promote clients D and E's dignity in regards to ensuring client D's clothing was in good repair and client E's clothing was appropriately fastened. Findings include: On 4/22/14 from 2:00pm until 3:10pm, clients D and E were observed at the workshop. Client E sat in a wheel chair inside a classroom with male clients/staff and female clients/staff present. From 2:00pm until 3:10pm, client E was non verbal and wore a pair of black slacks open in the front exposing her brief and the lower edge of her midriff. At 2:35pm, Workshop Staff (WS) #1 stated she (WS #1) had client E's "pants unfastened" since "just after" lunch. WS	W000268	Indiana mentor has policies and procedures in place in regards to clients diginity and respect. All staff are trained on these upon hire and annually thereafter. Staff are instructed and what is acceptable clothing options and what should be thrown out or prohibited. Staff are being retrained on client diginity and specificially on clothing attire. Management went through client D wardrobe to ensure an inappropriate clothing had been removed from possession. Part of training also included ensuring clients looked appropriate in home, and in community as in case of client E. Management went through the other 5 clients wardrobe to ensure no inappropriate clothing was in possession. Management are reviewing all clients wardrobe at least quarterly to ensure all clothing is appropriate and in good condition. Responsible Party: Program Director	05/30/2014

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	#1 stated she was going to take client E "to the bathroom." At 3:05pm, client E was assisted to the bathroom by WS #1. From 2:00pm until 3:10pm, client D wore jeans and the backside of his jeans was in good repair. On 4/22/14 from 3:10pm until 5:20pm, client D was observed at the group home. Client D was non verbal and scooted himself on the floor on the buttocks of his jeans. Client D's jeans were fastened at the waist and the jeans had a hole in the backside buttocks area which exposed client D's entire boxer brief from just below the waist band of the boxer brief to just above the leg holes of the boxer brief worn under client D's jeans. At 4:35pm, the Residential Manager (RM) stated "Yes, [Client D's] jeans had a hole" which exposed client D's entire backside of his boxer briefs worn under his jeans. The RM stated the group home staff had changed client D's clothing after workshop to put client D's "at home pants on." Client D scooted seated on his buttocks with the torn jeans on the floor of the kitchen, living room, and hallway of the group home. On 4/22/14 at 4:30pm, the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) indicated men and women lived and worked at the		Completion Date: 5/30/2014	

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	group home. The PD/QIDP indicated client E's pants should have been fastened when worn by client E. The PD/QIDP indicated client D's should have worn jeans in good repair. On 4/23/14 at 11:00am, client D's 11/25/13 ISP (Individual Support Plan) indicated a goal/objective to change his clothes no more than two times per day when he goes into the restroom after toileting; unless he has soiled himself then clothes will be changed. This federal tag relates to complaint #IN00147229. 9-3-5(a)			