

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G606	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/08/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3025 GREENHILLS LN S INDIANAPOLIS, IN 46222
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: May 1, 2, 6, 7 and 8, 2013.</p> <p>Facility Number: 001175 Provider Number: 15G606 AIMS Number: 100245640</p> <p>Surveyor: Claudia Ramirez, RN</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/13/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000159	<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.</p> <p>Based on record review and interview, the facility failed to ensure the QIDP (Qualified Intellectual Disabilities Professional) took action to obtain the participation of the Health Care Representative (HCR) in the Interdisciplinary Team process for 4 of 4 sampled clients (clients #1, #2, #3 and #4).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 05/02/13 at 1:02 PM. Client #1's ISP (Individual Support Plan) was dated 01/19/13 and indicated client #1 has a HCR who is his foster mother. Client #1's ISP was not signed by the HCR to indicate her input or agreement with the ISP.</p> <p>Client #2's record was reviewed on 05/02/13 at 2:10 PM. Client #2's ISP was dated 01/19/13 and indicated client #2 has a HCR who is his mother. Client #2's ISP was not signed by the HCR to indicate her input or agreement with the ISP.</p>	W000159	<p>The Program Director will be retrained on obtaining participation of the Health Care Representative in the interdisciplinary team process, by gathering an approval signature on all team documents. The Program Director and House Manager will remain in contact with the Health Care Representative no less than weekly (more as needed, or per their request) in order to continue to keep them completely included in all team decisions. The Program Director will work with the Home Manager to ensure that signatures are obtained for client's 1, 2, 3, and 4. Ongoing, the Area Director will complete random audits to ensure that the Program Director is including the Health Care Representative in all IDT processes and procedures. Completion Date: June 7, 2013 Responsible Party: Home Manager and Program Director</p>	06/07/2013			

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	<p>Client #3's record was reviewed on 05/02/13 at 2:55 PM. Client #3's ISP was dated 08/30/12 and indicated client #3 has a HCR who is his sister. Client #3's ISP was not signed by the HCR to indicate her input or agreement with the ISP.</p> <p>Client #4's record was reviewed on 05/02/13 at 3:30 PM. Client #4's ISP was dated 02/21/13 and indicated client #4 has HCRs who are his aunt and uncle. Client #4's ISP was not signed by the HCRs to indicate their input or agreement with the ISP.</p> <p>On 05/07/13 at 1:30 PM an interview with the Area Director (AD) was conducted. The AD indicated it was difficult getting the ISPs signed and clients #1, #2, #3 and #4's ISP's had not been signed by their HCRs to indicate their input or agreement with the ISP.</p> <p>9-3-4(a)</p>				

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W000220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, record review and interview for 1 of 4 sample clients (client #2), the facility failed to ensure speech assessments were completed for a client with identified communication needs.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 05/01/13 from 5:00 PM until 6:00 PM and on 05/02/13 from 6:35 AM until 8:00 AM. During the observation times client #2 was observed to not speak unless spoken to and when he spoke his response was not understood.</p> <p>Client #2's records were reviewed on 05/02/13 at 2:10 PM. Client #2's Individual Support Plan (ISP) dated 01/19/13 indicated he was difficult to understand. Client #2's record did not contain a speech evaluation.</p> <p>On 05/07/13 at 1:40 PM an interview was conducted with the Area Director (AD). The AD indicated there was not a speech evaluation for client #2 and she did not know when the last evaluation had been conducted. She indicated client #2 needed</p>	W000220	<p>The Program Nurse, with the help of the Program Director, will obtain a speech evaluation on client #2. The Program Director will follow up on all recommendations that are made from the speech evaluation. Ongoing, the Area Director will complete random audits of the medical files to ensure that all evaluations are completed and followed upon. Completion Date: June 7, 2013 Responsible Party: Home Manager and Program Director and Area Director</p>	06/07/2013

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	to have an updated speech evaluation. 9-3-4(a)				

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W000436	<p>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.</p> <p>Based on observation, interview and record review for 2 of 4 sampled clients (clients #1 and #4), who wore glasses, the facility failed to ensure and/or train clients #1 and #4 to use their eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 05/01/13 from 5:00 PM until 6:00 PM and on 05/02/13 from 6:35 AM until 8:00 AM. During both observations client #1 was not wearing his eyeglasses nor were any verbal prompts made to client #1 to put on his eyeglasses. During both observations client #4 was not wearing his eyeglasses nor were any verbal prompts made to client #4 to put on his eyeglasses until 05/02/13 at 7:44 AM when staff #1 brought glasses to client #4 and told him to put them on.</p> <p>Client #1's record was reviewed on 05/02/13 at 1:02 PM. Client #1's vision examination dated 05/31/12 indicated client #1 was prescribed eyeglasses and</p>	W000436	All Direct Care Staff will be retrained on Indiana MENTOR's policy and procedure for ensuring the individuals are using adaptive equipment as prescribed. This retraining will include using the adaptive equipment, prompting the client's to properly use the equipment, and what to do when they refuse. The Program Director will be retrained on including a formal training objective for those individuals who refuse/need desensitization. The Program Director will complete a training objective for clients 1 and 4 for use of their glasses as prescribed. Ongoing, the Home Manager and/or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going to ensure that all adaptive equipment is used properly. Ongoing the Home Manager and/or Program Director will complete random documentation reviews three times per week for the first four weeks, and then once a week on going to ensure that all adaptive equipment is	06/07/2013			

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	<p>was to use them for "constant wear." Client #1's 11/08/12 ISP (Individual Support Plan) did not indicate a formal training objective for wearing the eyeglasses.</p> <p>Client #4's record was reviewed on 05/02/13 at 3:30 PM. Client #4's vision examination dated 04/26/12 indicated client #4 was prescribed eyeglasses. Client #4's 02/21/13 ISP did not indicate a formal training objective for wearing the eyeglasses.</p> <p>On 05/07/13 at 1:40 PM an interview was conducted with the Area Director (AD). The AD indicated clients #1 and #4 should be wearing their glasses. She indicated at times they refused to wear their eyeglasses. She indicated their ISPs did not contain any formal training in this area.</p> <p>9-3-7(a)</p>		used properly. Completion Date: June 7, 2013 Responsible Party: Home Manager and Program Director.		

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6 and #7) who resided in the home, by not ensuring an evacuation drill was conducted at least every quarter on the evening shift from 3:00 PM to 11:00 PM.</p> <p>Findings include:</p> <p>On 05/07/13 at 12:55 PM, record reviews were completed of the facility's evacuation drills for the period of 04/01/12 through 04/30/13. The review of the evacuation drill records included evacuation drills which were conducted for personnel and clients #1, #2, #3, #4, #5, #6 and #7. The first evening shift drill for 2012 was conducted on 05/09/12 at 6:35 PM. The next evening drill was conducted on 11/07/12 at 7:00 PM.</p> <p>On 05/07/13 at 1:30 PM an interview with the Area Director (AD) was conducted. The AD indicated there were no additional evacuation drills for review.</p> <p>9-3-7(a)</p>	W000440	<p>All Direct Support Professionals will receive a retraining every other month to ensure that they understand the importance of completing the monthly fire drills. The retraining will include reviewing a copy of the Fire Drill Schedule. Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met. Ongoing, all completed fire drill reports will be turned into and reviewed by Quality Assurance for accuracy and thoroughness of each drill. Completion Date: June 7, 2013 Responsible Party: Home Manager</p>	06/07/2013			

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