

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G418	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  12/13/2013
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5105 N GUION RD INDIANAPOLIS, IN 46254		
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W000000	<p>This visit was for the Post Certification Revisit (PCR) to the investigation of complaint #IN00138395 completed on 10/28/13.</p> <p>Compliant #IN00138395: Not Corrected.</p> <p>Dates of Survey: 12/12/13 and 12/13/13</p> <p>Facility Number: 000932 Provider Number: 15G418 AIMS Number: 100244560</p> <p>Surveyor: Keith Briner, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/18/13 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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W000262	<p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on record review and interview for 3 of 4 sampled clients (A, C and D), with restrictive programs, the facility's HRC (Human Rights Committee) failed to review, monitor and approve the use of psychotropic medications for clients A, C and D.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 12/12/13 at 4:51 PM. Client A's updated BSP (Behavior Support Plan) dated 10/9/13 indicated client A's targeted behaviors included verbal aggression, physical aggression, irritability, manipulative behavior/lying and inappropriate sexual behavior. The updated 10/9/13 BSP indicated client A received Benzotropine 2 milligrams (aggression) and Carbamazepine 400 milligrams (aggression). The review did not indicate documentation of the facility's HRC review or approval regarding client A's use of psychotropic medication for behavior management.</p>	W000262	<p>Human Rights Committee Approval will be obtained for Client A, C and D psychotropic medication included in their Behavior Support Plans. The Home Manager and Program Director will receive retraining to include ensuring that all psychotropic medications have Human Rights Committee approval before use of any psychotropic medications is implemented. Training will include ensuring that documentation is available for review of Human Rights Committee approvals of any additions or increases to psychotropic medications. For the next 3 months, the Program Director will provide documentation to the Area Director that Human Rights Committee approval has been obtained for any additions or increases to consumers' psychotropic medications prior to their implementation. After the 3 month period, the Area Director will review the documentation that Human Rights Committee has approved any additions or increases to consumers' psychotropic medications a minimum of quarterly to ensure</p>	01/12/2014	

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	<p>2. Client C's record was reviewed on 12/12/13 at 5:11 PM. Client C's BSP dated 11/24/13 indicated client C's targeted behaviors included vacating, delusional talk, extreme irritability, physical assault and verbal abuse. The 11/24/13 BSP indicated client C received Geodon 80 milligrams (schizophrenia), Depakote 750 milligrams (mood disorder), Cogentin 1 milligram (dystonia) and Klonopin 0.75 milligrams (anxiety). Client C's record did not indicate documentation of the facility's HRC review or approval regarding client C's use of psychotropic medication for behavior management.</p> <p>3. Client D's record was reviewed on 12/12/13 at 5:17 PM. Client D's BSP dated 5/20/13 indicated client D's targeted behaviors included inappropriate sexual behavior, anger control, resistance, negative verbalizations, bossing, inappropriate boundaries and stealing. Client D's 5/20/13 BSP indicated client D received Pristiq 50 milligrams (depression). Client D's record did not indicate documentation of the facility's HRC review or approval regarding client D's use of psychotropic medication for behavior management.</p> <p>Area Director (AD) #1 was interviewed</p>		that these requirements continue to be met. Responsible Party: Home Manager, Program Director, Area Director	

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W000263	<p>on 12/12/13 at 1:55 PM. AD #1 indicated clients A, C and D's BSPs should have HRC approval.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p>	W000263	<p>The Program Director will receive retraining on ensuring that any updates or changes to consumers' Behavior Support Plans are reviewed and written consent is obtained by the consumers Guardian or Health Care Representative or the consumer if they are emancipated prior to getting HRC approval. Ongoing the Program Director will ensure any updates or changes to consumers' Behavior Support Plans are reviewed and written consent is obtained by the consumers Guardian or Health Care Representative or the consumer if they are emancipated prior to getting HRC approval. Program Director will ensure that documentation of guardian or client approval is available for review. Prior to any future Human Rights Committee meetings, the HRC will be reminded that they should not approve any changes</p>	01/12/2014	

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			to Behavior Support Plans without ensuring that guardian or client, if emancipated, approvals have been obtained. Addendum: There is currently not a permanent QIDP over this house at this time. Area Director will have interim Program Director and Home Manager to obtain written approvals by either consumers Guardian or Health Care Representative or the consumer if they are emancipated for all current Behavior Support Plans that do not have it. If Human Rights Committee Approval is still needed, Interim Program Director and Area Director will obtain approval once written guardian or consumer approval is obtained. Area Director will communicate with the Behavior Consultant to forward completed copies of current Behavior Plans to the Area Director until a new Program Director is established so that the Area Director can ensure that consumer and/or guardian approvals as well as Human Rights Committee Approvals are obtained prior to Behavior Support Plans being implemented. Area Director will work with Home Manager and covering Program Director to ensure that staff are trained on all updates and changes to all consumers Behavior Support Plans. Responsible Party: Program Director, Human Rights Committee		

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	<p>Based on record review and interview for 3 of 4 sampled clients (A, C and D), with restrictive programs, the facility's HRC (Human Rights Committee) failed to obtain the written informed consent of clients A, C and D's guardians before the use of psychotropic medications for the management of clients A, C and D's behavior.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 12/12/13 at 4:51 PM. Client A's updated BSP (Behavior Support Plan) dated 10/9/13 indicated client A's targeted behaviors included verbal aggression, physical aggression, irritability, manipulative behavior/lying and inappropriate sexual behavior. The updated 10/9/13 BSP indicated client A received Benzotropine 2 milligrams (aggression) and Carbamazepine 400 milligrams (aggression). Client A's ISP (Individual Support Plan) dated 11/7/13 indicated client A had a guardian. The review did not indicate written informed consent was obtained from client A's guardian for the use of psychotropic medication for behavior management.</p> <p>2. Client C's record was reviewed on 12/12/13 at 5:11 PM. Client C's BSP dated 11/24/13 indicated client C's</p>	W000263	The Program Director will receive retraining on ensuring that any updates or changes to consumers' Behavior Support Plans are reviewed and written consent is obtained by the consumers Guardian or Health Care Representative or the consumer if they are emancipated prior to getting HRC approval. Ongoing the Program Director will ensure any updates or changes to consumers' Behavior Support Plans are reviewed and written consent is obtained by the consumers Guardian or Health Care Representative or the consumer if they are emancipated prior to getting HRC approval. Program Director will ensure that documentation of guardian or client approval is available for review. Prior to any future Human Rights Committee meetings, the HRC will be reminded that they should not approve any changes to Behavior Support Plans without ensuring that guardian or client, if emancipated, approvals have been obtained. Addendum: There is currently not a permanent QIDP over this house at this time. Area Director will have interim Program Director and Home Manager to obtain written approvals by either consumers Guardian or Health Care Representative or the consumer if they are emancipated for all current Behavior Support Plans that do	01/12/2014			

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	<p>targeted behaviors included vacating, delusional talk, extreme irritability, physical assault and verbal abuse. The 11/24/13 BSP indicated client C received Geodon 80 milligrams (schizophrenia), Depakote 750 milligrams (mood disorder), Cogentin 1 milligram (dystonia) and Klonopin 0.75 milligrams (anxiety). Client C's ISP 6/13/13 indicated client C had a guardian. Client C's record did not indicate written informed consent was obtained from client C's guardian for the use of psychotropic medication for behavior management.</p> <p>3. Client D's record was reviewed on 12/12/13 at 5:17 PM. Client D's BSP dated 5/20/13 indicated client D's targeted behaviors included inappropriate sexual behavior, anger control, resistance, negative verbalizations, bossing, inappropriate boundaries and stealing. Client D's 5/20/13 BSP indicated client D received Pristiq 50 milligrams (depression). Client D's ISP dated 5/30/13 indicated client D had a guardian. Client D's record did not indicate written informed consent was obtained from client D's guardian for the use of psychotropic medication for behavior management.</p> <p>Area Director (AD) #1 was interviewed</p>		<p>not have it. If Human Rights Committee Approval is still needed, Interim Program Director and Area Director will obtain approval once written guardian or consumer approval is obtained. Area Director will communicate with the Behavior Consultant to forward completed copies of current Behavior Plans to the Area Director until a new Program Director is established so that the Area Director can ensure that consumer and/or guardian approvals as well as Human Rights Committee Approvals are obtained prior to Behavior Support Plans being implemented. Area Director will work with Home Manager and covering Program Director to ensure that staff are trained on all updates and changes to all consumers Behavior Support Plans. Responsible Party: Program Director, Human Rights Committee</p>				

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	<p>on 12/12/13 at 1:55 PM. AD #1 indicated clients A, C and D's BSPs should have written informed consent prior to the use of psychotropic medications.</p> <p>This deficiency was cited on 10/28/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>				