

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G663	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/27/2011
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN46220
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W0000	<p>This visit was for the annual recertification and state licensure survey. This visit included the investigation of complaint #IN00096181.</p> <p>Complaint #IN00096181: Substantiated, federal and state deficiencies related to the allegation are cited at W104, W149, W153, W154, W460 and W9999.</p> <p>Survey dates: 9/12/11, 9/13/11, 9/14/11, 9/15/11, 9/16/11, 9/23/11 and 9/27/11.</p> <p>Facility number: 001216 Provider number: 15G663 AIMS number: 100233690</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/11/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D), the governing body failed to exercise general policy and operating direction over the facility to ensure the group home had sufficient food in stock to ensure quantity of servings was available and menued items were readily available.</p>	W0104	<p>The Home Manager will be retrained on the need to ensure that adequate amounts of food are present in the home at all times so that staff are able to prepare meals as the posted menu states and clients have access to food items as they request. Direct care staff will be retrained on the need to ensure that if they do not feel that there is enough food present in the home</p>	10/27/2011

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>Observations were conducted at the group home on 9/13/11 from 6:15 AM through 8:15 AM. At 6:20 AM the group home's refrigerator and freezer contained 1 gallon of milk, condiment containers and 3 containers of assorted vegetables. The freezer compartment of the refrigerator contained but was not limited to 1/2 bag of ice and 2 bags of frozen peas. The freezer located in the garage contained 1 frozen orange juice, 1 package of lunch meat and 3 packages of assorted vegetables.</p> <p>The group home posted menu dated week 4, 2011 was reviewed on 9/13/11 at 6:40 AM. The menu indicated the following recommendations for the morning meal:</p> <ul style="list-style-type: none"> - 1/4 cup of orange juice -3/4 cup of cold cereal -1 sliced banana -1 cup milk <p>Observations were conducted at the group home on 9/14/11 from 5:00 PM through 6:15 PM. At 5:10 PM the group home's refrigerator in the kitchen area and the freezer located in the group home's garage</p>		<p>they should notify the Home Manager about what is needed. If additional food is not made available within 24 hours, staff should notify the Program Director or on call supervisor. If needed food is not provided at that time, Direct care staff should notify the Area Director. For the next 4 weeks, the Program Director will complete observations at the home 2 times per week to ensure that adequate food is present in the home. Ongoing, the Program Director will complete observations a minimum of weekly to ensure that adequate food is present in the home. Responsible Party: Direct care staff, Home Manager, Program Director</p>	

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	<p>were observed. The refrigerator in the kitchen area was 1/4 full and contained but was not limited to 2 gallons of milk, 1 dozen eggs, 3 heads of lettuce, 1 bell pepper and a bag of apples as well as condiments in the door. The freezer section of the refrigerator contained but was not limited to 1 package of frozen waffles, turkey burgers and 2 packages of lunch meat. The freezer located in the garage contained 1 frozen orange juice, 1 package of lunch meat and 3 packages of assorted vegetables.</p> <p>The group home posted menu dated week 4, 2011 was reviewed on 9/14/11 at 6:40 AM. The menu indicated the following recommendations for the evening meal:</p> <ul style="list-style-type: none"> -3 ounce cheeseburger -1/2 cup of sweet potato fries -1/2 cup of salad -1/2 cup of fruit salad -1 cup milk <p>Interview with family A on 9/12/11 at 3:30 PM stated, "When [client A] calls me, he has told me that he is hungry and there is not enough food in the house. He says there is not enough milk, only like a</p>			

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	<p>gallon and sometimes none." When asked if this had been observed, family A stated, "Yes, I have been to the group home and seen the refrigerator on many occasions with very little food in the house. I know the house is full of teenage boys and they eat a lot of food but there really should be more food in the house."</p> <p>Interview with DSP #1 (Direct Support Professional) on 9/12/11 at 7:30 AM indicated food in the house was low this week. When asked if there is enough to prepare the menued items, DSP #1 stated, "usually but not always." DSP #1 indicated the HM (Home Manager) is responsible for purchasing the groceries.</p> <p>Interview with DSP #2 on 9/12/11 at 7:45 AM indicated the food supply does get low due to the clients eating too much of the food outside of the normal menued meals.</p> <p>Interview with client A on 9/14/11 at 5:39 PM indicated there is not always enough food in the house. Client A indicated the house occasionally runs out of milk.</p> <p>Interview with HM #1 on 9/15/11 at 12:20 PM indicated he is responsible for purchasing the group home groceries. HM #1 indicated he usually makes 1 large grocery purchase bi-weekly and</p>				

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W0149	<p>supplements with smaller purchases throughout the week. HM #1 indicated he attempts to limit the available quantity of food in the home due to clients' food waste related behaviors.</p> <p>This federal tag relates to complaint #IN00096181.</p> <p>9-3-1(a)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, interview and record review for 1 of 4 sampled clients (A), the facility failed to implement its policy and procedures regarding abuse/neglect to report all allegations of abuse/mistreatment/neglect/injuries of unknown origin to the Bureau of Developmental Disabilities Services (BDDS)/Adult Protection Services (APS), and/or to conduct an investigation in regard to an incident of client to client aggression.</p> <p>Findings include:</p> <p>The facility's policy and procedures were reviewed on 9/16/11 at 1:17 PM. The facility's 6/07 policy and procedure entitled Quality Risk Management indicated "Indiana Mentor (parent company) follows the BDDS Incident Reporting policy as outlined in the Providers Standards. An incident described as follows shall be reported to the BDDS on the incident report from prescribed by BDDS: 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to adult protective services...." The 6/07 policy and procedure indicated "Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual</p>	W0149	All direct care staff working at this home will receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents. The Home Manager will complete a thorough review of consumers records including Daily Support records, Medical Administration Records, behavior tracking and narrative notes a minimum of 3 times per week for 2 months to ensure that all incidents that fall under the BDDS reportable guidelines are reported to the Program Director within the designated timeframes. After the	10/27/2011

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	<p>served or other employee."</p> <p>The facility failed to ensure facility staff and/or the facility reported an incident of client to client aggression to the administrator and/or to the Division of Disability, Aging and Rehabilitative Services (DDARS)/BDDS (Bureau of Developmental Disabilities Services) per 460 IAC 9-3-1 (b) (5) and to Adult Protective Services (APS) per IC 12-10-3 for clients A and B. Please see W153.</p> <p>The facility failed to conduct an investigation in regards to the incident of client to client aggression (A and B). Please see W154.</p> <p>This federal tag relates to complaint #IN00096181.</p> <p>9-3-2(a)</p>		<p>2 month period, the HM will complete a thorough review of consumers records including Daily Support records, Medical Administration Records, behavior tracking and narrative notes a minimum of 1 time per week to ensure that all incidents that fall under the BDDS reportable guidelines are reported to the Program Director within the designated timeframes. For 2 months the Program Director will complete a thorough review of consumers records including Daily Support records, Medical Administration Records, behavior tracking and narrative notes a minimum of 1 time per week to ensure that all incidents that fall under the BDDS reportable guidelines are reported to the Program Director within the designated timeframes. The Program Director will receive retraining on QMRP responsibilities including ensuring that documentation of BDDS reportable incidents are reported to the Administrator within designated timeframes and ensuring that results of any needed investigations are being reported to the administrator within 5 business days of the incident. Ongoing the Area Director will review all BDDS reports and investigations to ensure that incidents are being reported to the administrator within designated time frames and that needed investigations</p>	

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W0153	<p>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.</p> <p>Based on record review and interview for 1 of 3 incidents of client to client aggression, the facility failed to report an altercation between clients A and B within 24 hours to the administrator, to the Division of Disability, Aging and Rehabilitative Services (DDARS)/BDDS (Bureau of Developmental Disabilities Services) per 460 IAC 9-3-1 (b) (5) and to Adult Protective Services (APS) per IC 12-10-3.</p> <p>Findings include:</p> <p>The facility's incident reports, reportable incident reports and/or investigations were reviewed on 9/16/11 at 4:20 PM. The review indicated the following:</p> <p>-Client A's behavior log dated 9/7/11 at 9:45 AM indicated client A and client B had an altercation in which client A pushed and/or slapped client B in his face.</p> <p>The review did not indicate a BDDS report for the incident.</p> <p>Interview with AD #1 (Area Director) on 9/15/11 at 2:30 PM indicated there were no additional BDDS reports and or internal investigations to review. AD #1 indicated the incident should have been reported as an incident of client to client aggression.</p> <p>This federal tag relates to complaint #IN00096181.</p>	W0153	<p>are reported to the administrator within 5 business days of the incident. Responsible Party: Home Manager, Program Director, Area Director, Quality Assurance Specialist</p> <p>All direct care staff working at this home will receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents. The Home Manager will complete a thorough review of consumers records including Daily Support records, Medical Administration Records, behavior tracking and narrative notes a minimum of 3 times per week for 2 months to ensure that all incidents that fall under the BDDS reportable guidelines are reported to the Program Director within the designated timeframes. After the 2 month period, the HM will complete a thorough review of consumers records including Daily Support records, Medical Administration Records, behavior tracking and narrative notes a minimum of 1 time per week to ensure that all incidents that fall under the BDDS reportable</p>	10/27/2011	

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W0154	9-3-2(a) The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for	W0154	guidelines are reported to the Program Director within the designated timeframes. For 2 months the Program Director will complete a thorough review of consumers records including Daily Support records, Medical Administration Records, behavior tracking and narrative notes a minimum of 1 time per week to ensure that all incidents that fall under the BDDS reportable guidelines are reported to the Program Director within the designated timeframes. The Program Director will receive retraining on QMRP responsibilities including ensuring that documentation of BDDS reportable incidents are reported to the Administrator within designated timeframes and ensuring that results of any needed investigations are being reported to the administrator within 5 business days of the incident. Ongoing the Area Director will review all BDDS reports and investigations to ensure that incidents are being reported to the administrator within designated time frames and that needed investigations are reported to the administrator within 5 business days of the incident. Responsible Party: Home Manager, Program Director, Area Director, Quality Assurance Specialist The Program Director will receive	10/27/2011	

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W0371	<p>1 of 3 reviewed incidents of client to client aggression, the facility failed to complete a thorough investigation of an altercation between clients A and B.</p> <p>Findings include:</p> <p>The facility's incident reports, reportable incident reports and/or investigations were reviewed on 9/16/11 at 4:20 PM. The review indicated the following:</p> <p>--Client A's behavior log dated 9/7/11 at 9:45 AM indicated client A and client B had an altercation in which client A pushed and/or slapped client B in his face.</p> <p>The review did not indicate an internal investigation into the incident.</p> <p>Interview with AD #1 (Area Director) on 9/15/11 at 2:30 PM indicated there were no internal investigations to review. AD #1 indicated the incident should have been investigated as an incident of client to client aggression.</p> <p>This federal tag relates to complaint #IN00096181.</p> <p>9-3-2(a)</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview for 1 of 4 sampled clients (A), the IDT (interdisciplinary team) failed to ensure the client had medication administration training in the client's ISP (individual support plan).</p> <p>Findings include:</p>	W0371	<p>retraining on ensuring that any incidents that fall within BDDS reportable incident guidelines are reported to the Bureau of Developmental Disability Services and the Area Director within the designated reporting guidelines. In addition, the Program Director will ensure that any reported incidents have a thorough investigation completed to evaluate the incident and also assess what protective measures and corrective action needs to be put in place to prevent further incidents. Ongoing the Area Director will review all BDDS reports and investigations to ensure that thorough investigations of all incidents have been completed and any recommendations that are made during the course of the investigation have been followed up on. Responsible Party: Program Director, Quality Assurance Specialist, Area Director</p> <p>A medication goal has been developed for Client A. Client A's ISP will be updated to reflect the medication goal. All staff will receive retraining on Client A's medication goal. The Program</p>	10/27/2011	

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	<p>Client A's record was reviewed on 9/15/11 at 11:00 AM. Client A's ISP dated 3/30/11 indicated client A was not independent in regards to managing his medical and/or dental appointments and using PRN (as needed) medications. Client A's CFA (Comprehensive Functional Assessment) dated 2/2/11 indicated client A was not independent in regards to managing his medical and/or dental appointments and using PRN (as needed) medications. Client A's ISP did not indicate a formal training objective to train client A in regards to his medical monitoring, administration, and/or scheduling.</p> <p>Client A's physician's order form dated 9/1/11 included but was not limited to the following PRN medications:</p> <ul style="list-style-type: none"> -Mucinex Tab 60-600 milligram tab for seasonal allergies and/or congestion. -Fluticasone Spray 50 milligrams for seasonal allergies and/or congestion. -Polyeth Glyc Powder 3350 NF as a dietary supplement for constipation and bowel regularity. <p>Interview with PD #1 (Program Director) on 9/14/11 at 2:45 PM indicated client A did not have a formal medication and/or medical training objective. PD #1 indicated client A was not able to independently coordinate his medical appointments and/or administer his PRN medications.</p> <p>Interview with AD #2 (Area Director) on 9/14/11 at 2:49 PM indicated all clients should be trained to manage their own medical needs and health as much as possible. AD #2 indicated client A should have a formal training objective in his ISP.</p> <p>9-3-6(a)</p>		<p>Director will receive retraining on the need to ensure that goals/objectives are developed as needed to ensure consumers are working on tasks that will allow them to become more independent. Ongoing the PD will ensure that all consumers have current ISPs, current CFA's and goals and objectives based on the needs assessed in the CFA to assist them in becoming more independent. Ongoing the Area Director will review the next 3 ISPs written by the Program Director to ensure that goals/objectives are developed ensure consumers are working on tasks that will allow them to become more independent. Responsible Party: Program Director, Area Director</p>		

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W0460	<p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D) plus 4 additional clients (E, F, G and H), the facility to ensure the group home had sufficient food in stock to ensure quantity of servings was available and menued items were readily available. The facility failed to follow the clients' dietary recommendations of single portions.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 9/13/11 from 6:15 AM through 8:15 AM. At 6:20 AM the group home's refrigerator and freezer contained 1 gallon of milk, condiment containers and 3 containers of assorted vegetables. The freezer compartment of the refrigerator contained but was not limited to 1/2 bag of ice and 2 bags of frozen peas. The freezer located in the garage contained 1 frozen orange juice, 1 package of lunch meat and 3 packages of assorted vegetables.</p> <p>Observations were conducted at the group home on 9/14/11 from 5:00 PM through 6:15 PM. At 5:10 PM the group homes refrigerator in the kitchen area and the freezer located in the group homes garage were observed. The refrigerator in the kitchen area was 1/4 full and contained but was not limited to 2 gallons of milk, 1 dozen eggs, 3 heads of lettuce, 1 bell pepper and a bag of apples as well as condiments in the door. The freezer</p>	W0460	<p>The Home Manager will be retrained on the need to ensure that adequate amounts of food are present in the home at all times so that staff are able to prepare meals as the posted menu states and clients have access to food items as they request. Direct care staff will be retrained on the need to ensure that if they do not feel that there is enough food present in the home they should notify the Home Manager about what is needed. If additional food is not made available within 24 hours, staff should notify the Program Director or on call supervisor. If needed food is not provided at that time, Direct care staff should notify the Area Director. For the next 4 weeks, the Program Director will complete observations at the home 2 times per week to ensure that adequate food is present in the home. Ongoing, the Program Director will complete observations a minimum of weekly to ensure that adequate food is present in the home. Responsible Party: Direct care staff, Home Manager, Program Director</p>	10/27/2011			

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	<p>section of the refrigerator contained but was not limited to 1 package of frozen waffles, turkey burgers and 2 packages of lunch meat. The freezer located in the garage contained 1 frozen orange juice, 1 package of lunch meat and 3 packages of assorted vegetables.</p> <p>Interview with family A on 9/12/11 at 3:30 PM stated, "When [client A] calls me, he has told me that he is hungry and there is not enough food in the house. [Client A] says there is not enough milk, only like a gallon and sometime none." When asked if this had been observed, family A stated, "Yes, I have been to the group home and seen the refrigerator on many occasions with very little food in the house. I know the house is full of teenage boys and they eat a lot of food but there really should be more food in the house."</p> <p>Interview with DSP #1 (Direct Support Professional) on 9/12/11 at 7:30 AM indicated food in the house was low this week. When asked if there is enough to prepare the menued items, DSP #1 stated, " usually but not always." DSP #1 indicated the HM (Home Manager) is responsible for purchasing the groceries.</p> <p>Interview with DSP #2 on 9/12/11 at 7:45 AM indicated the food supply does get low due to the clients eating too much of the food outside of the normal menued meals.</p> <p>Interview with client A on 9/14/11 at 5:39 PM indicated there is not always enough food in the house. Client A indicated the house occasionally runs out of milk.</p> <p>Interview with HM #1 on 9/15/11 at 12:20 PM indicated he is responsible for purchasing the group home groceries. HM #1 indicated he usually</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G663	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/27/2011
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN46220		
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W9999	<p>makes 1 large grocery purchase bi-weekly and supplements with smaller purchases throughout the week. HM #1 indicated he attempts to limit the available quantity of food in the home due to clients' food waste related behaviors.</p> <p>This federal tag relates to complaint #IN00096181.</p> <p>9-3-8(a)</p> <p>STATE FINDINGS:</p> <p>460 IAC 9-3-5 Resident behavior and facility practices.</p> <p>(c) In the event that one (1) or more resident of a children's facility shall have reached eighteen (18) years of age or older and shall no longer participate in a special education program, if it is determined by the interdisciplinary team that it is in the best interest of the residents to remain living as a family, then the provider shall submit a plan and request approval from the council to convert the program orientation of the facility to an appropriate licensure category for adults in a reasonable period of time. If this approval is given, children and adults may continue to reside together</p>	W9999	<p>Client B's was discharged from this children's group home on 10/3/11 and was admitted to another Indiana Mentor adult group home on 10/3/11. Ongoing the Program Director will ensure that once residents turn 18 and are no longer participating in a special education program, the IDT is convened to determine an alternative plan or placement for the consumer is developed. Once a plan is made, the Program Director will complete regular follow ups to ensure that the plan is followed and the transition happens as soon as possible. Responsible Party: Program Director, Area Director</p>	10/27/2011	

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	<p>in the same facility.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review and interview for 1 of 2 sampled clients (client B), the facility failed to ensure children and adults did not reside in the same home.</p> <p>Findings Include:</p> <p>Client B's record was reviewed on 9/15/11 at 2:31 PM. Client B's physician's order dated 9/1/11 indicated client B's date of birth was 8/31/89. Client B's IDT (Interdisciplinary Team) meeting dated 6/13/11 indicated team discussion regarding client B's aging out of children's services and need for an adult placement. The 6/13/11 IDT indicated a plan to transition client B to another group home. Client B's IDT dated 7/28/11 indicated discussion of the clients continued refusal to get off of the van during visits to the new group home.</p> <p>Interview with AD #1 (Area Director) on 9/16/11 at 3:52 PM indicated client B does not attend school and has been refusing to cooperate with the plan of transition. AD #1 indicated client B does need to be moved to an adult group home and had aged out of the children's home.</p>			
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2011

FORM APPROVED

OMB NO. 0938-0391

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	9-3-5(c)				