STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G438	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/19/2011
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7555 GRANDVIEW DR INDIANAPOLIS, IN46260	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
W0000	This visit was for a fundamental recertification and state licensure survey. Dates of survey: 10/17/11, 10/18/11 and 10/19/11. Provider Number: 15G438 Facility Number: 000952 AIM Number: 100244640 Surveyor: Keith Briner, Medical Surveyor III These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/7/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.	W0000		
W0149	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 3 sampled clients (#2 and #3) plus 2 additional clients (#4 and #6), the facility failed to implement its policy and procedures regarding abuse/neglect to report all allegations of abuse/mistreatment/neglect/injuries of	W0149	All direct care staff working at this home have been retrained 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	11/20/2011

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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	unknown origin to the Bureau of Developmental Disabilities Services (BDDS)/Adult Protection Services (APS), and/or to conduct thorough investigations regarding injuries of unknown origin and client to client aggressions Findings include: The facility's policy and procedures were reviewed on 10/18/11 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...physical violence, emotional/verbal abuse...; Injury to an individual when the origin or cause of the injury is unknown and could be indicative of abuse, neglect, or exploitation..." The facility failed to complete a thorough		call supervisor of reportable incidents. (see attachment) The Home Manager will complete a thorough review of consumers records including Daily Support 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, 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 received retraining on investigations including reporting to the administrator or designee the results within 5 work days. (see Attachment) All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area	

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	investigation for an injury of unknown origin regarding client #3. The facility failed to complete a thorough investigation for an incident of client to client aggression between clients #2 and #4. The facility failed to complete a thorough investigation for an incident of client to client aggression between client #4 and an unnamed client at her day service provider. The facility failed to complete a thorough investigation for an incident of client to client aggression between client #3 and an unnamed housemate. Please see W154. 9-3-2(a)		Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. Responsible Party: Home Manager, Program Director, Regional Quality Assurance Specialist, Area Director. Completion Date: November 20, 2011	
W0154	The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 4 of 8 reviewed incidents of client to client aggression, and/or injuries of unknown origin, the facility failed to complete a thorough investigation for an injury of unknown origin regarding client #3. The facility failed to complete a thorough investigation for an incident of client to client aggression between clients #2 and #4. The facility failed to complete a thorough investigation for an incident of client to client aggression between client	W0154	The Program Director received retraining on investigations including reporting to the administrator or designee the results within 5 work days. (see attachment) All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the	11/20/2011

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	#4 and an unnamed client at her day service provider. The facility failed to complete a thorough investigation for an incident of client to client aggression between client #3 and an unnamed housemate. Findings include: 1. Client #3's record was reviewed on 10/18/11 at 9:30 AM. Client #3's immediate investigation of injury report dated 8/15/11 indicated, "[Client #3] has a scrape like she fell on her right elbow and it is long." The facility's incident reports, reportable incident reports and/or investigations were reviewed on 10/17/11 at 2:45 PM. The review did not indicate an investigation report for the unknown injury. 2. The facility's incident reports, reportable incident reports and/or investigations were reviewed on 10/17/11 at 2:45 PM. The review indicated the following incidents of client to client aggression: -BDDS (Bureau of Developmental Disabilities Services) report dated 3/10/11 indicated, "During breakfast [client #4] became agitated due to breakfast not		investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. Responsible Party: Program Director, Regional Quality Assurance Specialist, Area Director. Completion Date: November 20, 2011	

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	being ready fast enough and put his hands around [client #2's] neck. [Client #4] is blind and at the time of the incident [client #2] was making noises ([client #2] is non verbal). According to staff, these noises increased [client #4's] agitation leading to the aggression." -BDDS report dated 5/20/11 indicated, "[Client #6] was sitting in the program area during movie time when another peer was seen pinching [client #6's] upper right arm. [Client #6] screamed and staff then witnessed the peer scratching [client #6's] arm with her finger nails...Staff checked [client #6] for wounds. Staff noticed that the area was red and the skin was broken and bleeding. There was also swelling where she had been pinched...." -BDDS report dated 2/17/11 indicated , "...[client #4] grabbed [client #3's] face and around her neck. Her neck was red by the collar bone." The review did not indicate investigations regarding these incidents of client to client aggression. Interview with AS (Administrative Staff) #1 on 10/18/11 at 2:20 PM indicated the incident of client to client aggression should have been investigated.			

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