

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G471	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/29/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3031 E KESSLER INDIANAPOLIS, IN 46220
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 17, 18, 19, 23 and 29, 2014.</p> <p>Facility number: 000985 Provider number: 15G471 AIM number: 100244650</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/8/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based upon record review and interview, the facility failed for 1 of 3 sampled</p>	W000148	Home Manager and Program Director will receive retraining to address ensuring that all	01/28/2015

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>clients (client #2) to ensure his guardian was notified of illness requiring medical intervention.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 12/17/14 at 3:15 PM. A BDDS report dated 10/12/14 indicated client #2 was taken to the emergency room due to a swollen lip and released with a diagnosis of a spider bite. The report was marked "N/A" (not applicable) in the section to indicate the guardian had been notified of the incident.</p> <p>Client #2's record was reviewed on 12/18/14 at 12:34 PM. Client #2's record indicated he had a guardian.</p> <p>The Area Director and QIDP (Qualified Intellectual Disabilities Professional) were interviewed on 12/23/14 at 11:28 AM and indicated clients' guardians should be informed of significant events.</p> <p>Client #2's guardian was interviewed on 12/29/14 at 12:35 PM and indicated she had been unaware of client #2's infection until she visited the home in November, 2014 and was told client #2's lesion may be a staph infection. She indicated she</p>		<p>consumers' guardians are informed of all significant incidents or changes in consumers' condition, including incidents when consumers require medical intervention.</p> <p>Ongoing, Home Manager and Program Director will ensure that all consumers' guardians are informed of all significant incidents or changes in consumers' condition, including incidents when consumers require medical intervention. Area Director will review all BDDS reports to ensure that documentation of guardian notification is present for all significant incidents or changes in consumers condition, including incidents when consumers require medical intervention. If documentation is not present, Area Director will work with Home Manager and/or Program Director to ensure guardians are notified. Responsible Party: Home Manager, Program Director, Area Director</p>		

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W000149	<p>would have liked to have been informed of his medical condition.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based upon record review and interview, for 3 of 3 sampled clients (clients #1, #2 and #3) and for 1 additional client (client #5), the facility failed to implement policy and procedures to protect clients from abuse and neglect by failing to complete an investigation into 2 of 2 incidents of missing medications involving clients #2 and #5, and failed to complete a thorough investigation into 5 of 5 incidents of elopement involving client #1. The facility failed to implement their policy to develop and implement effective corrective action to address the elopement behavior of client #1 after a history of elopement had been established.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on</p>	W000149	<p>1. The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.</p> <p>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed.</p>	01/28/2015	

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	<p>12/17/14 at 3:15 PM and indicated the following:</p> <p>1. A BDDS report dated 10/29/14 for client #5 indicated "A med (medication) error occurred when a control (sic) substance medication (Valium) was missing. One pill was missing in the control (sic) substance packet when the staff member was about to administer the medication. Staff notified the home manager and the home manager reported the incident to the program director. Corrective action indicated an attempt would be made to find out the location of the missing pill. The pharmacy was called to replace client #5's pill. A follow up description indicated "We are not sure how the med (medication) ending up missing. A packet of 15 pills were (sic) in the package and one of the pills was missing when [staff #7] reported it missing before administering the med." There was no evidence of an investigation into the incident of the missing medication.</p> <p>A BDDS report dated 9/2/14 indicated "staff were unable to pass [client #1's] whole dose of Clonazepam on the morning of 9/2/14. His total prescription calls for 1.5 mg (milligrams) of Clonazepam, but staff were unable to find the bubble pack that contains the 1</p>		<p>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 investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>The Area Director will take corrective action if needed when investigation requirements have not been met. 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 investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>2. Client #1 Behavior Support Plans has been updated to include addressing elopement behaviors,</p>	

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	<p>mg. He was given the .5 mg on time." The report indicated the group home nurse and the pharmacy were notified of the missing medication. Corrective action indicated the Program Director will complete an internal investigation into the missing medication. There was no evidence of an investigation into the incident of the missing medication.</p> <p>2. A BDDS report dated 10/27/14 indicated client #1 "eloped from the group home and ran across the street. [Client #1] proceeded to go into somebodies (sic) house. At this point staff caught up with [client #1] and brought him back into the group home. Staff did a full body check and found no bruises, scratches, or other marks on his body. After the incident was over, he went about his day with no further issues or incidents." Corrective action indicated an IDT meeting was going to be scheduled for discuss "behavioral tools we can use to help [client #1] become both healthy and safe."</p> <p>A BDDS report dated 10/29/14 indicated client #1 "eloped from the group home and ran to the stop sign in front of the group home yard. [Client #1] was out of sight from a staff member for about 30 seconds. When staff noticed he left the group home, they went outside, walk</p>		<p>line of sight supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home.</p> <p>All Direct Care staff will receive retraining to include a review of Client #1 ISP, RMAP and also updated Behavior Support Plans which include addressing elopement behaviors, line of sight supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home.</p> <p>Program Director will receive retraining to include ensuring that all Direct Care staff are trained on all consumers initial and updated Behavior Support Plans once complete so they are aware of which steps to use to monitor and prevent targeted consumer behaviors and which interventions to use if targeted behaviors occur.</p> <p>Ongoing the Program Director will ensure that all staff are trained on any initial and updated Behavior Support Plans once complete so they are aware of which steps to use to monitor and prevent targeted consumer behaviors and which interventions to use if targeted behaviors occur. The Program Director will provide the Area Director will copies of the staff training once complete to ensure all staff are trained on</p>	

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	<p>(sic) next to [client #1] and directed him back to the group home. No further issues occurred for the rest of the night. An IDT mtg (meeting) is schedule (sic) for [client #1] and the team to discuss topics on Monday." A follow up report dated 12/4/14 indicated "following the meeting the IDT agreed to place [client #1] at [mental health facility]." The mental health facility "stressed his autism had a lot to do with his behavior."</p> <p>A BDDS report dated 11/7/14 indicated client #1 "Ran out of the house, across the street into a neighbor's house. He was greeted by a family member who lives in the home. Staff was out looking for [client #1] when staff realized what house [client #1] went into. Incident last (sic) a couple of minutes. Program Director is in the process of Guardian and HRC (Human Rights Committee) approval for Door alarms for each exiting door." A follow up report dated 12/4/14 indicated alarms for both doors and windows were installed at the group home.</p> <p>A BDDS report dated 11/8/14 indicated client #1 ran across the street to the neighbor's yard. Client #1 was not out of sight of the staff, but was out of the house for a couple of minutes before he was brought back inside. Corrective action</p>		<p>BSP updates.</p> <p>Responsible Party: Home Manager, Program Director, Regional Quality Assurance Specialist, Area Director.</p>		

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	<p>indicated approval was being sought for alarms for each exiting door.</p> <p>A BDDS report dated 11/27/14 indicated client #1 "vacated his home despite the fact there were alarms on the door to alert staff of the elopement. Staff was in close pursuit but was unable to keep up with the client. The client ended up breaking into a neighbors (sic) home and was found inside the home Butt Naked lying in the neighbors (sic) bathroom tub. The neighbors called 911 and the police came and escorted the client back to the [group home]." Corrective action indicated an investigation would be completed into the incident and staff were to complete 15 minute checks of client #1 throughout the weekend and follow client #1's BSP. An attached investigation dated 12/4/14 indicated a conclusion "Evidence supports staff quickly acted in order to locate [client #1]." There was no information in the conclusion as to how client #1 eloped from the group home. Recommendations resulting from the investigation indicated an IDT meeting would be convened to discuss client #1's supervision needs, a monitoring system for client #1 to be considered, "supply the staff with business cards for Indiana MENTOR management to provide neighbors within the event that [client #1] involves them in his elopement,</p>				

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	<p>retrain staff on documenting behavioral incidents and consider contacting the neighbor that kept [client #1] safe to apologize for his actions and thank her."</p> <p>The Program Director (PD)/Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 12/18/14 at 12:23 PM. He indicated the corrective action for client #1's eloping behavior included installing alarms on the door and retraining staff on client #1's plan.</p> <p>The PD/QIDP was interviewed again on 12/19/14 at 11:21 AM and indicated there was no further evidence of investigations into the incidents of missing medications or client #1's elopement.</p> <p>The facility's Quality and Risk Management operating practices revised 4/11 was reviewed on 12/29/14 at 4:40 PM and indicated it was agency policy to report to BDDS "alleged, suspected, or actual abuse, neglect or exploitation of an individual....The Program Director, who serves as the QMRP (Qualified Mental Retardation Professional), shall submit a follow-up report concerning the incident on the BDDS's follow-up incident report form at the following times: (a) Within seven (7) days of the date of the initial report; (b) Every seven (7) days thereafter</p>			

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	<p>until the incident is resolved; ...Indiana Mentor is committed to ensuring the individuals we serve are provided with a safe and quality living environment. In order to ensure the highest standard of service delivery specific staff will be assigned to the monitoring and review of Quality Assurance. These staff will assist in providing Individual Support Teams with corporate supports, recommendations and resources for incident management and will review the effectiveness of the recommendations...The Area Director will review each incident and Quality Assurance recommendations monthly. This review will be completed with the Program Director and other appropriate staff to assess the effectiveness of each recommendation made per incident...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 served...Investigation findings will be submitted to the Area Director for review and development of further recommendations as needed within 5 days of the incident...."</p> <p>9-3-2(a)</p>			

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based upon record review and interview, for 2 of 3 sampled clients (clients #1 and #2) and for 1 additional client (client #5), the facility failed to complete an investigation into 2 of 2 incidents of missing medications involving clients #2 and #5, and failed to complete a thorough investigation into 5 of 5 incidents of elopement involving client #1.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 12/17/14 at 3:15 PM and indicated the following:</p>	W000154	<p>The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.</p> <p>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties</p>	01/28/2015

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	<p>1. A BDDS report dated 10/29/14 for client #5 indicated "A med (medication) error occurred when a control (sic) substance medication (Valium) was missing. One pill was missing in the control (sic) substance packet when the staff member was about to administer the medication. Staff notified the home manager and the home manager reported the incident to the program director." Corrective action indicated an attempt would be made to find out the location of the missing pill. The pharmacy was called to replace client #5's pill. A follow up description indicated "We are not sure how the med ending up missing. A packet of 15 pills were (sic) in the package and one of the pills was missing when [staff #7] reported it missing before administering the med." There was no evidence of an investigation into the incident of the missing medication.</p> <p>A BDDS report dated 9/2/14 indicated "staff were unable to pass [client #1's] whole dose of Clonazepam on the morning of 9/2/14. His total prescription calls for 1.5 mg (milligrams) of Clonazepam, but staff were unable to find the bubble pack that contains the 1 mg. He was given the .5 mg on time." The report indicated the group home nurse and the pharmacy were notified of the missing medication. Corrective action</p>		<p>related to the incident are interviewed so that a thorough investigation can be completed.</p> <p>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 investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>The Area Director will take corrective action if needed when investigation requirements have not been met. 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 investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>Responsible Staff: Program</p>	

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	<p>indicated the Program Director will complete an internal investigation into the missing medication. There was no evidence of an investigation into the incident of the missing medication.</p> <p>2. A BDDS report dated 10/27/14 indicated client #1 "eloped from the group home and ran across the street. [Client #1] proceeded to go into somebodies (sic) house. At this point staff caught up with [client #1] and brought him back into the group home. Staff did a full body check and found no bruises, scratches, or other marks on his body. After the incident was over, he went about his day with no further issues or incidents." Corrective action indicated an IDT meeting was going to be scheduled for discuss "behavioral tools we can use to help [client #1] become both healthy and safe." There was no evidence of an investigation into the incident of client #1's elopement.</p> <p>A BDDS report dated 10/29/14 indicated client #1 "eloped from the group home and ran to the stop sign in front of the group home yard. [Client #1] was out of sight from a staff member for about 30 seconds. When staff noticed he left the group home, they went outside, walk (sic) next to [client #1] and directed him back to the group home. No further issues</p>		Director, Area Director, Quality Assurance Specialist		

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	<p>occurred for the rest of the night. An IDT mtg (meeting) is schedule (sic) for [client #1] and the team to discuss topics on Monday." A follow up report dated 12/4/14 indicated "following the meeting the IDT agreed to place [client #1] at [mental health facility]." The mental health facility "stressed his autism had a lot to do with his behavior." There was no evidence of an investigation into the incident of client #1's elopement.</p> <p>A BDDS report dated 11/7/14 indicated client #1 "Ran out of the house, across the street into a neighbor's house. He was greeted by a family member who lives in the home. Staff was out looking for [client #1] when staff realized what house [client #1] went into. Incident last (sic) a couple of minutes. Program Director is in the process of Guardian and HRC (Human Rights Committee) approval for Door alarms for each exiting door." A follow up report dated 12/4/14 indicated alarms for both doors and windows were installed at the group home. There was no evidence of an investigation into the incident of client #1's elopement.</p> <p>A BDDS report dated 11/8/14 indicated client #1 ran across the street to the neighbor's yard. Client #1 was not out of sight of the staff, but was out of the house</p>			

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	<p>for a couple of minutes before he was brought back inside. Corrective action indicated approval was being sought for alarms for each exiting door. There was no evidence of an investigation into the incident of client #1's elopement.</p> <p>A BDDS report dated 11/27/14 indicated client #1 "vacated his home despite the fact there were alarms on the door to alert staff of the elopement. Staff was in close pursuit but was unable to keep up with the client. The client ended up breaking into a neighbors (sic) home and was found inside the home Butt Naked lying in the neighbors (sic) bathroom tub. The neighbors called 911 and the police came and escorted the client back to the [group home]." Corrective action indicated an investigation would be completed into the incident and staff were to complete 15 minute checks of client #1 throughout the weekend and follow client #1's BSP. An attached investigation dated 12/4/14 indicated a conclusion "Evidence supports staff quickly acted in order to locate [client #1]." There was no information in the conclusion as to how client #1 eloped from the group home. Recommendations resulting from the investigation indicated an IDT meeting would be convened to discuss client #1's supervision needs, a monitoring system for client #1 to be considered, "supply the</p>				

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W000157	<p>staff with business cards for Indiana MENTOR management to provide neighbors within the event that [client #1] involves them in his elopement, retrain staff on documenting behavioral incidents and consider contacting the neighbor that kept [client #1] safe to apologize for his actions and thank her."</p> <p>The Program Director/Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 12/19/14 at 11:21 AM and indicated there was no further evidence of investigations into the incidents of missing medications or client #1's elopement.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based upon record review and interview for 1 of 3 sampled clients (client #1), the facility failed to develop and implement effective corrective action to address the elopement behavior of client #1 after a history of elopement had been established.</p> <p>Findings include:</p>	W000157	<p>1.Client #1Behavior Support Plans has been updated to include addressing elopement behaviors, line of sight supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home.</p>	01/28/2015

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	<p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 12/17/14 at 3:15 PM and indicated the following:</p> <p>A BDDS report dated 10/27/14 indicated client #1 "eloped from the group home and ran across the street. [Client #1] proceeded to go into somebodies (sic) house. At this point staff caught up with [client #1] and brought him back into the group home. Staff did a full body check and found no bruises, scratches, or other marks on his body. After the incident was over, he went about his day with no further issues or incidents." Corrective action indicated an IDT meeting was going to be scheduled for discuss "behavioral tools we can use to help [client #1] become both healthy and safe."</p> <p>A BDDS report dated 10/29/14 indicated client #1 "eloped from the group home and ran to the stop sign in front of the group home yard. [Client #1] was out of sight from a staff member for about 30 seconds. When staff noticed he left the group home, they went outside, walk (sic) next to [client #1] and directed him back to the group home. No further issues occurred for the rest of the night. An IDT</p>		<p>All Direct Care staff will receive retraining to include a review of Client #1 ISP, RMAP and also updated Behavior Support Plans which include addressing elopement behaviors, line of sight supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home.</p> <p>Program Director will receive retraining to include ensuring that all Direct Care staff are trained on all consumers initial and updated Behavior Support Plans once complete so they are aware of which steps to use to monitor and prevent targeted consumer behaviors and which interventions to use if targeted behaviors occur.</p> <p>Ongoing the Program Director will ensure that all staff are trained on any initial and updated Behavior Support Plans once complete so they are aware of which steps to use to monitor and prevent targeted consumer behaviors and which interventions to use if targeted behaviors occur. The Program Director will provide the Area Director will copies of the staff training once complete to ensure all staff are trained on BSP updates.</p> <p>1. The Program Director will receive retraining to include ensuring that when targeted behavior such as elopement</p>				

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	<p>mtg (meeting) is schedule (sic) for [client #1] and the team to discuss topics on Monday." A follow up report dated 12/4/14 indicated "following the meeting the IDT agreed to place [client #1] at [mental health facility]." The mental health facility "stressed his autism had a lot to do with his behavior."</p> <p>A BDDS report dated 11/7/14 indicated client #1 "Ran out of the house, across the street into a neighbor's house. He was greeted by a family member who lives in the home. Staff was out looking for [client #1] when staff realized what house [client #1] went into. Incident last (sic) a couple of minutes. Program Director is in the process of Guardian and HRC (Human Rights Committee) approval for Door alarms for each exiting door." A follow up report dated 12/4/14 indicated alarms for both doors and windows were installed at the group home.</p> <p>A BDDS report dated 11/8/14 indicated client #1 ran across the street to the neighbor's yard. Client #1 was not out of sight of the staff, but was out of the house for a couple of minutes before he was brought back inside. Corrective action indicated approval was being sought for alarms for each exiting door.</p>		<p>occur an investigation is completed to assess if staff followed consumers Behavior Support Plan interventions as directed. Based on the results of the investigation the Program Director will develop recommendation as needed regarding prevention of future targeted behaviors.</p> <p>The Program Director will receive retraining on the need to ensure Interdisciplinary Team meetings are held as needed for consumers once incidents of targeted behaviors, such as elopements, occur to determine if staff followed consumers Behavior Support Plans as directed and determine if other protective measures need to be put into place or if any changes need to be made to consumers Behavior Support Plans.</p> <p>Ongoing, the Program Director will ensure that Interdisciplinary Team meetings are held as needed for consumers once incidents of targeted behaviors, such as elopements, occur to determine if staff followed consumers Behavior Support Plans as directed and determine if other protective measures need to be put into place or if any changes need to be made to consumers Behavior Support Plans. Responsible Party: Home Manager, Program Director,</p>		

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	A BDDS report dated 11/27/14 indicated client #1 "vacated his home despite the fact there were alarms on the door to alert staff of the elopement. Staff was in close pursuit but was unable to keep up with the client. The client ended up breaking into a neighbors (sic) home and was found inside the home Butt Naked lying in the neighbors (sic) bathroom tub. The neighbors called 911 and the police came and escorted the client back to the [group home]." Corrective action indicated an investigation would be completed into the incident and staff were to complete 15 minute checks of client #1 throughout the weekend and follow client #1's BSP. An attached investigation dated 12/4/14 indicated a conclusion "Evidence supports staff quickly acted in order to locate [client #1]." There was no information in the conclusion as to how client #1 eloped from the group home. Recommendations resulting from the investigation indicated an IDT meeting would be convened to discuss client #1's supervision needs, a monitoring system, supply the staff with business cards for Indiana MENTOR management to provide neighbors within the event that [client #1] involves them in his elopement, retrain staff on documenting behavioral incidents and consider contacting the neighbor that kept [client #1] safe to apologize for his actions and		Behavior Specialist, Area Director				

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W000210	<p>thank her."</p> <p>Client #1's record was reviewed on 12/18/14 at 1:25 PM. Client #1's BSP (Behavior Support Plan) dated 1/15/14 indicated target behaviors of invading space, aggressive outburst, hyperactivity, shredding items, runs/wanders away, incontinence, and steals food. There was no evidence of a revision to client #1's plan to address his elopement behavior.</p> <p>The Program Director (PD)/Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 12/18/14 at 12:23 PM. He indicated the corrective action for client #1's eloping behavior included installing alarms on the door and retraining staff on client #1's plan.</p> <p>9-3-2(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p>	W000210	Comprehensive Functional	01/28/2015

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	<p>Based on interview and record review for 2 of 3 sampled clients (clients #2 and #3), the facility failed to ensure comprehensive functional assessments were completed within 30 days of admission.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 12/18/14 at 12:34 PM. Client #2 was admitted to the group home on 7/23/14. There was no evidence in the record that client #2's needs in the area of communication, sensorimotor and mobility skills were assessed within 30 days of admission.</p> <p>Client #3's record was reviewed on 12/18/14 at 1:25 PM. Client #3 was admitted to the group home on 7/25/14. There was no evidence in the record that client #3's needs in the area of communication, sensorimotor and mobility skills were assessed within 30 days of admission.</p> <p>The Program Director/QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 12/23/14 on 11:28 AM and indicated the clients had been assessed at the school, but not by the group home for their needs in communication, sensorimotor and</p>		<p>Assessments, including the areas of communication, sensorimotor and mobility skills were completed for Client #2 and #3.</p> <p>The Program Director and Home Manager will be retrained on completing CFAs for all clients. This training will include the importance of these CFA's, the reason for them, how to complete them, and when to complete them. Program Director will receive retraining on ensuring that all assessments, including a Comprehensive Functional assessment are completed for each consumer within 30 days of admission and reviewed and updated a minimum of annually on an ongoing basis.</p> <p>Ongoing, the Program Director will ensure that Comprehensive Functional assessments are completed for each consumer within 30 days of admission and a minimum of annually on an ongoing basis. The Area Director will communicate with the Program Director at the 30 day post-admission time to ensure that all assessments and goals have been completed as needed.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p>		

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W000249	<p>mobility skills.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon record review and interview for 3 of 3 sampled clients (clients #1, #2 and #3), the facility failed to implement their ISPs (Individual Support Plans) at informal and formal opportunities.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 12/17/14 from 5:15 PM until 6:15 PM. Client #2 sat in a wheelchair at the table while staff prepared dinner. Client #1 set the table,</p>	W000249	<p>All Direct Care staff will receive retraining on all consumers, including Client #1, 2 and 3, program goals and the need to complete formal and informal training goals as indicated, especially at Medication administration, mealtimes and any other opportune times that arise.</p> <p>For the next four weeks, the Home Manager and/or Program Director will complete Active Treatment observations a minimum of twice weekly to ensure that all staff are</p>	01/28/2015

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	<p>and walked through the house. Client #3 ran around the house and climbed into the laps of staff.</p> <p>Observations were completed at the group home on 12/18/14 from 6:22 AM until 8:05 AM. Client #2 took his medications of Loratadine 10 mg (milligrams) (allergies) and Miralax powder poured into 8 oz (ounces) of water and was not prompted to mix his medication. Client #3 took his medication of Onfi (seizures), Banzel (seizures) , and levetiracetam (seizures) without being prompted to take his medication from the cabinet and pop his medication from the bubble pack container. Client #1 took his medication fluoxetine (anti-depressant), haloperidone (anti-psychotic), omeprazole (antacid), and clindamycin (anti-biotic) without being prompted to get his medication from the cabinet and pop the medication from the bubble pack container.</p> <p>Client #1's record was reviewed on 12/18/14 at 1:25 PM. Client #1's ISP dated 1/15/14 indicated objectives to take medication from the cabinet and help pop medication, brush teeth twice daily, set the table in the morning and the evening, put clothes in wash and count to 10.</p> <p>Client #2's record was reviewed on</p>		<p>completing all consumers' formal Program goals as written to provide training towards independence.</p> <p>Ongoing, the Home Manager and/or Program Director will Active Treatment observations a minimum of once weekly to ensure that all staff are completing all consumers formal Program goals as written to provide training towards independence.</p> <p>Responsible Staff: Home Manager, Program Director</p>	

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W000262	<p>12/18/14 at 12:34 PM. Client #2's ISP dated 7/22/14 indicated objectives to count to 5, wash body, mix crushed medication and prepare dinner.</p> <p>Client #3's record was reviewed on 12/18/14 at 1:25 PM. Client #3's ISP dated 7/22/14 indicated objectives to take medication from cabinet and help pop medication, brush teeth twice daily, put clothes in the wash and count to 10.</p> <p>The Program Director/QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 12/23/14 on 11:28 AM and indicated the clients' objectives should have been implemented.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other</p>			

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	<p>programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview, for 3 of 3 sampled clients (clients #1, #2 and #3), the facility failed to ensure the facility's Human Rights Committee (HRC) reviewed and approved their plans that included the use of medication and physical interventions to address their behavior.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 12/18/14 at 1:25 PM. Client #1's BSP (Behavior Support Plan) dated 1/15/14 indicated target behaviors of invading space, aggressive outburst, hyperactivity, shredding items, runs/wanders away, incontinence, and steals food. Client #1's plan included the use of ariprazole (anti-psychotic), and naltrexone (sensory blocking). There was no evidence of the facility's human rights committee's (HRC) review and approval of client #1's plan.</p> <p>Client #2's record was reviewed on 12/18/14 at 12:34 PM. Client #2's BSP dated 7/22/14 indicated target behaviors of inappropriate nudity and physical aggression. Client #2's plan included the use of Prozac (anti-depressant) and</p>	W000262	<p>Human Rights Committee Approval will be obtained for Client #1, #2 and #3 psychotropic medications and any restrictions in the Behavior Support Plan.</p> <p>The Home Manager and Program Director will receive retraining to include ensuring that all psychotropic medications and restrictions have Human Rights Committee approval before use of any psychotropic medications or restrictions are implemented. Training will include ensuring that documentation is available for review of Human Rights Committee approvals of any additions or increases to psychotropic medications and restrictive measures.</p> <p>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 or restrictions 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 or restrictions a minimum of</p>	01/28/2015

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	<p>Klonopin (anxiety/seizures). Client #2's plan included the use of unspecified PIA (physical techniques) to address physically aggressive behavior. There was no evidence of the facility's human rights committee's (HRC) review and approval of client #2's plan.</p> <p>Client #3's record was reviewed on 12/18/14 at 1:25 PM. Client #3's BSP dated 7/22/14 indicated a target behavior of aggressive outburst. Client #3's plan included the use of Abilify (mood stabilizer), melatonin (sleep aid), Banzel (seizures), Clonidine (seizures), Kepra (seizures), and Onfi (seizures). Client #3's plan included the use of unspecified PIA to address aggressive outbursts. There was no evidence of the facility's human rights committee's (HRC) review and approval of client #3's plan.</p> <p>The PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) was interviewed on 12/23/14 at 11:28 AM and indicated he would attempt to locate the HRC's review and approval of the clients' plans. No additional evidence was provided of the HRC's review and approval of the clients' plans.</p> <p>9-3-4(a)</p>		<p>quarterly to ensure that these requirements continue to be met.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p>		

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W000289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on interview and record review for 2 of 3 sampled clients (clients #2 and #3), the facility failed to ensure specific intervention strategies were written in the behavioral intervention plan.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 12/18/14 at 12:34 PM. Client #2's BSP (Behavior Support Plan) dated 7/22/14 indicated target behaviors of inappropriate nudity and physical aggression. Client #2's plan included the use of unspecified PIA (physical techniques) to address physically aggressive behavior.</p> <p>Client #3's record was reviewed on 12/18/14 at 1:25 PM. Client #3's BSP dated 7/22/14 indicated a target behavior</p>	W000289	<p>The hierarchy of specific intervention strategies to address adverse physical behavior has been added to Client #2 and # 3 Behavior Support Plans. Specifics have been individualized for each client to include specific interventions appropriate and the hierarchy of their used and have been included in the Behavior Support Plans.</p> <p>Program Director received retraining on understanding the necessity of ensuring that proper protocols are included in any new or updated BSPs including PIA and Medication titration plans. Training also included ensuring that the Program Director consults with the Area Director or Behavior Specialist to assist with obtaining clarifications on how to address specific topics if needed.</p> <p>Ongoing, the Area Director will</p>	01/28/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3031 E KESSLER INDIANAPOLIS, IN 46220
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W000331	<p>of aggressive outburst. Client #3's plan included the use of unspecified PIA to address aggressive outbursts.</p> <p>The PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) and the Area Director were interviewed on 12/23/14 at 11:28 AM and indicated the plans should include specific interventions and a hierarchy for their use.</p> <p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility's nursing services failed for 1 of 3 sampled clients (client #1) to ensure the medication label matched the medication administration record (MAR) and failed to ensure medication administration was documented accurately for an antibiotic.</p> <p>Findings include:</p>	W000331	<p>complete random quarterly audits to ensure that all of the proper approvals are in place from the IDTs as well as clarification as to the hierarchy of physical intervention alternatives is outlined in each person's individual plan.</p> <p>Responsible Party: Program Director and Area Director</p> <p>All direct care staff, Home Manager, Program Director and Program Nurse will receive retraining on Medication administration including ensuring that medication labels match the consumers' Medication Administration Records. Retraining will include procedures for staff to notify the Program Nurse if medication labels do not match consumers Medication Administration Records so that orders can be clarified and fixed</p>	01/28/2015

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	<p>Medication administration was observed at the group home on 12/18/14 at 6:35 AM. Staff #1 gave client #1 clindamycin (antibiotic) mg (milligrams). The medication label dated 12/15/14 indicated the medication was to be taken every 6 hours and was marked 12:00 PM, 6:00 PM, 12:00 AM, 6:00 AM, 12:00 PM, 6:00 PM and 12 AM.</p> <p>Client #1's December, 2014 MAR was reviewed on 12/18/14 at 7:14 AM. The MAR indicated client #1's clindamycin was to be taken at 7:00 AM, 1:00 PM and 7:00 PM. The MAR indicated documentation the medication was given on 12/17/14 at 7:00 AM and at 1:00 PM, but not at 7:00 PM. The medication was documented as being given on 12/18/14 at 7:00 AM.</p> <p>Staff #1 was interviewed on 12/18/14 at 7:25 AM and indicated the medication label should match the MAR, and based upon the count of the medications in the bubble pack, client #1's clindamycin had been given, but not documented. She indicated the administration of medications should be documented when administered.</p> <p>9-3-6(a)</p>		<p>so that staff have correct information to administer consumers medications.</p> <p>All direct care staff will receive retraining on Medication Administration to include ensuring that all medications given are documented on consumers Medication Administration Record.</p> <p>For the next 4 weeks, HM, PD and/or Program Nurse will complete medication administration observations a minimum of 3 times weekly to ensure that staff are documenting medications given accurately.</p> <p>Ongoing after the 4 weeks, HM, PD and/or Program Nurse will complete medication administration observations a minimum of 2 times weekly to ensure that staff are documenting medications given accurately.</p> <p>Responsible Party: Home Manager, Program Director, Program Nurse</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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