

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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>This visit was for the investigation of complaint #IN00107974.</p> <p>Complaint #IN00107974-Substantiated, Federal/state deficiencies related to the allegation are cited at W149, W154 and W157.</p> <p>Dates of Survey: 5/23, 5/24 and 6/1/12</p> <p>Facility Number: 001216 Provider Number: 15G663 Aim Number: 100233690</p> <p>Surveyor: Paula Chika, Medical Surveyor III-Team Leader</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/8/12 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			

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.

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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(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			
W0149	<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 on interview and record review for 1 of 4 allegations of abuse, neglect and/or injuries of unknown origin reviewed, the facility failed to implement its policy and procedures to conduct a thorough investigation in regard to an allegation of neglect for clients A and B.</p> <p>Findings include:</p> <p>The facility's policy and procedures were reviewed on 5/24/12 at 3:45 PM. The facility's April 2011 policy and procedure entitled Quality and Risk Management indicated "Indiana MENTOR (parent company) promotes a high quality of service and seeks to protect individuals receiving Indiana MENTOR services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed." The 4/11 policy 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 served or other employee...."</p>	W0149	<p>The Program Director will be retrained on completing a thorough investigation, specifically on ensuring that all parties involved are questioned regarding the related incident.</p> <p>To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations.</p> <p>Ongoing, all investigations will be reviewed by both the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed and that the investigation is completed thoroughly.</p> <p>Completion Date: July 1, 2012 Responsible Party: Home Manager and Program Director</p>	07/01/2012			

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 06/01/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
---	---

(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
	<p>The facility failed to conduct a thorough investigation in regard to an allegation of neglect where a staff person left clients A and B home alone to take another client out into the community. Please see W154.</p> <p>This federal tag relates to complaint #IN00107974.</p> <p>9-3-2(a)</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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 1 of 4 allegations of neglect, abuse and/or injuries of unknown incidents reviewed, the facility failed to conduct a thorough investigation in regards to an allegation of neglect where clients A and B were allegedly left alone.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 5/24/12 at 1:20 PM. The facility's 4/29/12 reportable incident report indicated "[Client A] reported that he and [client B] were left at the group home alone while staff, [staff #2], took another housemate out to get something to eat. An investigation was initiated. Staff, [staff #2] has been suspended pending the results of the investigation. The findings of the investigation will be given in further (sic) follow up...."</p> <p>The facility's 5/2/12 Summary Of Internal Investigation Report indicated the investigation was conducted by the facility's Program Director. The 5/2/12 investigation indicated "...Conclusion: It was found that [client A] nor [client B]</p>	W0154	<p>The Program Director will be retrained on completing a thorough investigation, specifically on ensuring that all parties involved are questioned regarding the related incident. This retraining will also cover factual findings and what to compare them to for accuracy in an investigation. The Program Director will also be retrained on concerns that are brought up during an interview/investigation and ensuring that they are addressed appropriately. Any concerns should and will be brought to the entire team to discuss if any changes are needed or need to be addressed. The Program Director will complete assessments with Client B and then will meet with the IDT for Client B to discuss the usage of the stove, and the supervision levels needed based on the completed assessments. To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all investigations will be reviewed by both the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed and that the investigation is completed</p>	07/01/2012			

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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>were not left with insufficient supervision (sic). It was found that [staff #3] was on shift before [staff #2] and [client C] left."</p> <p>The facility's 5/2/12 investigation indicated the facility interviewed client A on 5/1/12. The investigation indicated client A</p> <p>"Reports that he 'came out of his room on Sunday (4/29) morning and he went into the kitchen to make some eggs' (sic) He reports that he did not see [staff #2] (staff that was currently working) or [staff #3] (who was supposed to be coming into work) (sic)</p> <p>He reports that he 'didn't go into the living room or the dining room' (sic)</p> <p>He reports that he 'thought staff (staff #2) had left him there alone'...</p> <p>He reports that he 'didn't think [client C] was there because [client C] came back into the house with [staff #2]' (sic)</p> <p>He reports that [client C] had went (sic) to [name of fast food restaurant] with [staff #2]...</p> <p>[Client A] reported that [staff #3] was at the group home when [staff #2] and [client C] came back (sic)</p> <p>He reports that when he came out of his room later on that day (he could not remember what time), that [staff #2] and [staff #3] were both there...."</p> <p>The facility's 5/2/12 investigation</p>		thoroughly. Completion Date: July 1, 2012 Responsible Party: Program Director and Area Director and Quality Assurance Specialist.				

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 06/01/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
---	---

(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
	<p>indicated client C was interviewed on 5/1/12. The facility's investigation indicated client C</p> <p>"Reports that he 'and [staff #2] where (sic) getting ready to go to [name of fast food restaurant] but had to wait because [staff #3] (staff) was running late' (sic) He reports that [staff #3] walked in the kitchen door and him and [staff #2] left to go to [name of fast food restaurant] (sic) When asked if he saw [staff #3] leave the house while he and [staff #2] were getting into the van, [client C] reports he doesn't remember...."</p> <p>The facility's 5/2/12 investigation indicated client B was interviewed on 5/1/12. The facility's 5/2/12 investigation indicated client B</p> <p>"Reports that he was in his room playing the Xbox when he heard [staff #2] and [client C] talking in the hallway outside of his room.</p> <p>He reported that he heard [staff #2] say that they were going to [name of fast food restaurant] to get [client C] something to eat.</p> <p>He reports that he heard the door shut, and he came out of his room to go into the kitchen (sic)</p> <p>He reports that he was going to make eggs for [client A] but decided not to (sic)</p> <p>He then reports that [client A] was asleep the entire time he came out of his room</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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>(sic) [Client B] reports that he did not see [staff #2] or [staff #3] (who should have been the next staff coming into work) (sic) He reports that he only went into the kitchen, that he did not look around the house for [staff #3] (or any staff) (sic) He reports that he went back to his room to pause his game that he was playing and when he came back out he saw [staff #3] in the kitchen."</p> <p>The facility's 5/2/12 investigation indicated the facility interviewed staff #3 on 5/2/12. The investigation indicated staff #3 came into work late. The investigation indicated "...He reports that he walked into the group home from the kitchen door and [staff #2] and [client C] were getting ready to leave to go to [name of fast food restaurant] (sic) He reports that he remembered that he left his pop in the car because he was rushing (sic) He reports that he walked out through the garage to the driveway with [staff #2] and [client C] and got his pop out of the car (sic) He reports that he walked back in the house through the kitchen door (sic) He reports that [client B] was in his bedroom because he came out and said hi to him (sic)</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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>He reported that he checked on [client A] and he was asleep."</p> <p>The facility's 5/2/122 investigation indicated staff #2 was interviewed on 5/2/12. The 5/2/12 investigation indicated</p> <p>"He reports that [client C] reported that wanted to go on his outing to [name of fast food restaurant] (sic)</p> <p>He reports that it was [client C's] outing for his behavior plan so he asked [client C] if he could wait until [staff #3] got there so they could go for lunch (sic)</p> <p>He reports [client C] said fine but when noon came, [staff #3] had not came in yet (sic)</p> <p>He reported that [staff #3] texted him saying that he was running behind but was on his way (sic)</p> <p>He reports that he told [client C] that [staff #3] was going to be a little late but to go ahead and get washed up and dressed to go out (sic)</p> <p>He reports that [staff #3] came in around 12:45ish (sic)</p> <p>[Staff #2] reports that [staff #3] walked out with him and [client C] (out of the kitchen door through the garage) to get something from his (staff #3's) car...."</p> <p>The facility's 5/2/12 investigation did not indicate any additional interviews were conducted with staff who worked in the</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 06/01/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	<p>group home and/or who worked on 4/29/12. The facility's investigation indicated staff #1 was not interviewed during the investigation. The facility's 5/2/12 investigation also indicated client A, B and C's DSRs (Daily Support Records) were reviewed during the investigation. The 5/2/12 investigation did not include the documentation, follow up questions and/or explanation for the discrepancy regarding staff #2's interview versus what staff #2 documented. The facility's investigation did not include any follow up questions with client B in regard to why the client was going to make eggs for client A. The facility's 5/2/12 investigation did not include any time frames for events on 4/29/12, checking of time cards and/or follow up questions as to why the clients specifically thought they were left home alone. The facility's 5/2/12 investigative report did not include the questions asked to the clients/staff and/or the actual documentation of the witness statements.</p> <p>Interview with client B on 5/23/12 at 5:50 PM stated "Yeah one time," when asked if the client have been left alone in the group home. Client B stated "I had to baby sit [client A] while he was asleep. [Staff #2] told me he would pay me \$5 and get me [fast food] to watch [client A]." Client B indicated staff #2 had left</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 06/01/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	<p>the group home to go to church and took client C with him. When asked how long staff #2 was gone from the group home, client B stated "Left between 8 and 9 and came back around 2:30 PM." Client B indicated he was to going to fix client A some breakfast, but did not. Client B indicated he (client B) was capable of staying alone and knew what to do in case of an emergency. Client B indicated he was paid the \$5 by staff #2.</p> <p>Interview with client A on 5/23/12 at 6:10 PM indicated he and client B were left alone alone at the group home on a Sunday. Client A stated staff #2 left the group home with client C and was gone for "5 hours." When asked where staff #2 and client C went, client A indicated he thought they went to get something to eat. Client A indicated this had not happened before.</p> <p>Interview with staff #4 on 5/23/12 at 6:55 PM indicated client C refused to speak with the surveyor on 5/23/12.</p> <p>Confidential interview Z indicated they were aware clients A and B had indicated they had been left alone. Confidential interview Z stated "Boys said something about it. Reported by staff who had been told." Confidential interview Z stated "They all have 24 hour supervision. They</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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>have to have staff whether capable or not."</p> <p>Confidential interview Y indicated clients were left alone at the group home April 29, 2012. Confidential interview Y indicated clients had told them they had been left alone at the group home. Confidential interview Y stated client B indicated "He (client B) had to attend to another client (client A) while staff (staff #2) took another client (client C) out for 4 hours." Confidential interview Y indicated the information was reported to a supervisor (staff #1). Confidential interview Y indicated staff #3 came into work and found the clients home alone. Confidential interview Y indicated staff #3 did not report clients A and B being left home alone. When asked where did staff #2 go, Confidential interview Y stated "He (staff #2) went to church with other client (client C)."</p> <p>Client A's record was reviewed on 5/24/12 at 1:15 PM. Client A's 4/29/12 DSR indicated staff #2 indicated he worked (Time in and time out) from 7 AM to 6 PM for a total of 11 hours on 4/29/12. Client A's DSR indicated staff #3 worked from 1:30 PM to 9 PM for a total of 7.5 hours on 4/29/12. Client A's 4/29/12 DSR, written by staff #3, indicated "[Client A] was in the house</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 06/01/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
---	---

(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
	<p>with other client when staff (staff #3) arrived. He ate, went on outing and came back, took his shower, ate, took all his meds and he is now ready for bed." The DSR 4/29/12 hand written note indicated client A went on an outing at 4:00 PM.</p> <p>Client C's record was reviewed on 5/24/12 at 2:34 PM. Client C's 4/29/12 DSR notes indicated staff #2 worked from 7 AM to 6 PM on 4/29/12 and staff #3 worked from 1:30 PM to 9 PM. Client C's 4/29/12 DSR notes indicated the following:</p> <p>-4/29/12 (note by staff #2) "[Client C] was sleeping when staff arrived. Staff took [client C] to get lunch for housemates. [Client C] washed clothes and cleaned his room."</p> <p>-4/29/12 (note by staff #3) "[Client C] was with other staff when staff arrived. He was with other staff most of the time of the shift..."</p> <p>Client B's record was reviewed on 5/24/12 at 2:55 PM. Client B's 4/29/12 DSRs indicated staff #2 worked from 7 AM to 6 PM and staff #3 worked from 1:30 PM to 9 PM on 4/29/12. Client B's 4/29/12 DSR, written by staff #3, indicated "[Client B] was in house with other client when staff arrived. Other</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 06/01/2012
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>staff walked in very shortly after that...."</p> <p>The facility's Time Detail Records were reviewed on 5/24/12 at 3:10 PM. The facility's time records for 4/29/12 indicated staff #2 clocked in at 7:00 AM and worked until 6:00 PM. The 4/29/12 time records also indicated staff #3 clocked in at 1:30 PM to 9:00 PM on 4/29/12. The facility's 4/29/12 Time Detail record indicated the next staff (staff #5) came in at 3:00 PM and worked until 10 PM.</p> <p>Client C's financial records were reviewed on 5/24/12 at 3:00 PM. Client C's 4/12 Check Register Record indicated the client did not make any purchases on and/or near 4/29/12 for any community outings/trips.</p> <p>Interview with administrative staff #2 and the Program Director on 5/24/12 at 3:15 PM indicated the allegation where clients A and B were left home alone was unsubstantiated as staff was present with the clients on 4/29/12. The Program Director (PD) indicated she conducted the investigation into the allegation of neglect. The PD indicated all staff who worked on 4/29/12 and/or with the clients were not interviewed during the investigation. The PD indicated staff #3 came into work late when staff #2 and</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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>client C were getting ready to go out to a fast food restaurant. Administrative staff #2 and the PD indicated staff #3 was due to report for work at 12 noon, but did not arrive until 1:30 PM. The PD could not explain why clients A and B thought they had been left home alone. The PD indicated the clients did not see staff when they came out of their bedrooms, but staff #3 was present in the house. The PD and administrative staff #2 indicated staff #3 was not available to interview as the staff person had quit and moved out of state. The PD and administrative staff #2 indicated staff #2 was not on duty, but they would give the staff the surveyor's phone number to call (Staff did not call as of 6/1/12). The PD and administrative staff #2 indicated they were not aware staff #2 may have been gone for several hours and/or went to church with client C. The PD indicated she was aware of the allegation of client B stating he was paid \$5 to watch client A. The PD indicated client B's mother called her and gave her this information after the PD had closed the investigation in regard to the 4/29/12 allegation of neglect. The PD indicated she received the information by text and/or an e-mail on 5/5 and/or 5/6/12. The PD and administrative staff #2 indicated the facility did not reopen the investigation with the additional information that was provided. The PD</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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>indicated client B's guardian, who reported the information, did not want the facility to re-interview client B. The PD stated "She (client B's guardian) gave new information but would not let us investigate. The PD stated "She got more information than I did (from client B)." She (client B's guardian) did not trust [staff #2]." The PD indicated there was history between staff #2 and client B's guardian. When asked if staff #3 reported anything to the PD and/or administrative staff #2, the PD stated "No." The PD indicated she was aware what was written in client A, B and C's DSRs. The PD indicated the information was not included in the investigation.</p> <p>Administrative staff #2 was not aware of the information in the DSRs until it was brought to her attention during the 5/24/12 interview. The PD indicated she spoke to staff #3 about what he wrote and indicated staff #3 stated the clients were not in the group home alone as staff #2 and client C left the group home when staff #3 arrived. The PD and administrative staff #2 indicated they were not able to locate a receipt for the trip to the local fast food restaurant. The PD and administrative staff #2 indicated the staff did not use client C's money and/or the facility's money as no receipt had been located/turned in. The PD indicated she would attempt to get a hold</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 06/01/2012
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>of staff #2 to see if he had a receipt for the alleged outing which would indicate the time of the transaction. As of 6/1/12, the facility has not provided evidence of the receipt/outings. The PD and administrative staff #2 indicated they were not aware of the alleged time period/frames staff #2 allegedly left the clients alone.</p> <p>Interview with administrative staff #2 on 5/24/12 at 4:25 PM indicated the facility's Quality Assurance department did not investigate the allegation of neglect. Administrative staff #2 indicated the PD had started conducting interviews into the allegation. Administrative staff #2 indicated the facility's Quality Assurance person was conducting other investigations at that time.</p> <p>This federal tag relates to complaint #IN00107974.</p> <p>9-3-2(a)</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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on interview and record review for 1 of 4 allegations of neglect and/or abuse reviewed, the facility failed to recommend a corrective action to retrain staff in regard to supervision of clients after an allegation of neglect was made in regard to clients A and B being left unsupervised in the group home.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 5/24/12 at 1:20 PM. The facility's 4/29/12 reportable incident report indicated "[Client A] reported that he and [client B] were left at the group home alone while staff, [staff #2], took another housemate out to get something to eat. An investigation was initiated. Staff, [staff #2] has been suspended pending the results of the investigation. The findings of the investigation will be given in further (sic) follow up...."</p> <p>The facility's 5/2/12 Summary Of Internal Investigation Report indicated the investigation was conducted by the facility's Program Director. The 5/2/12 investigation indicated "...Conclusion: It</p>	W0157	<p>The Program Director will be retrained on following recommendations that are made as a result of an allegation. All staff will be retrained on client specific supervision levels required in that group home. Ongoing, the Home Manager and/or Program Director will ensure that all clients are with the appropriate supervision level at all times by completing 4 random Active Treatment Observations a week for the first 4 weeks. After the first 4 weeks, the Home Manager and/or Program Director will continue to complete at least 1 random Active Treatment Observation per week to ensure staffing levels are appropriate. Completion Date: July 1, 2012 Responsible Party: Home Manager and Program Director</p>	07/01/2012			

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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>was found that [client A] nor [client B] were not left with insufficient supervision (sic). It was found that [staff #3] was on shift before [staff #2] and [client C] left."</p> <p>The facility's 5/2/12 investigation indicated the facility interviewed client A on 5/1/12. The investigation indicated client A</p> <p>"Reports that he 'came out of his room on Sunday (4/29) morning and he went into the kitchen to make some eggs' (sic) He reports that he did not see [staff #2] (staff that was currently working) or [staff #3] (who was supposed to be coming into work) (sic)</p> <p>He reports that he 'didn't go into the living room or the dining room' (sic)</p> <p>He reports that he 'thought staff (staff #2) had left him there alone'...</p> <p>He reports that he 'didn't think [client C] was there because [client C] came back into the house with [staff #2]' (sic)</p> <p>He reports that [client C] had went (sic) to [name of fast food restaurant] with [staff #2]...</p> <p>[Client A] reported that [staff #3] was at the group home when [staff #2] and [client C] came back (sic)</p> <p>He reports that when he came out of his room later on that day (he could not remember what time), that [staff #2] and [staff #3] were both there...."</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 06/01/2012
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>The facility's 5/2/12 investigation indicated client C was interviewed on 5/1/12. The facility's investigation indicated client C</p> <p>"Reports that he 'and [staff #2] where (sic) getting ready to go to [name of fast food restaurant] but had to wait because [staff #3] (staff) was running late' (sic) He reports that [staff #3] walked in the kitchen door and him and [staff #2] left to go to [name of fast food restaurant] (sic) When asked if he saw [staff #3] leave the house while he and [staff #2] were getting into the van, [client C] reports he doesn't remember...."</p> <p>The facility's 5/2/12 investigation indicated client B was interviewed on 5/1/12. The facility's 5/2/12 investigation indicated client B</p> <p>"Reports that he was in his room playing the Xbox when he heard [staff #2] and [client C] talking in the hallway outside of his room.</p> <p>He reported that he heard [staff #2] say that they were going to [name of fast food restaurant] to get [client C] something to eat.</p> <p>He reports that he heard the door shut, and he came out of his room to go into the kitchen (sic)</p> <p>He reports that he was going to make eggs for [client A] but decided not to (sic) He then reports that [client A] was asleep</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 06/01/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
---	---

(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
	<p>the entire time he came out of his room (sic) [Client B] reports that he did not see [staff #2] or [staff #3] (who should have been the next staff coming into work) (sic) He reports that he only went into the kitchen, that he did not look around the house for [staff #3] (or any staff) (sic) He reports that he went back to his room to pause his game that he was playing and when he came back out he saw [staff #3] in the kitchen."</p> <p>The facility's 5/2/12 investigation indicated the facility interviewed staff #3 on 5/2/12. The investigation indicated staff #3 came into work late. The investigation indicated "...He reports that he walked into the group home from the kitchen door and [staff #2] and [client C] were getting ready to leave to go to [name of fast food restaurant] (sic) He reports that he remembered that he left his pop in the car because he was rushing (sic) He reports that he walked out through the garage to the driveway with [staff #2] and [client C] and got his pop out of the car (sic) He reports that he walked back in the house through the kitchen door (sic) He reports that [client B] was in his bedroom because he came out and said hi</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 06/01/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	<p>to him (sic) He reported that he checked on [client A] and he was asleep."</p> <p>The facility's 5/2/122 investigation indicated staff #2 was interviewed on 5/2/12. The 5/2/12 investigation indicated "He reports that [client C] reported that wanted to go on his outing to [name of fast food restaurant] (sic) He reports that it was [client C's] outing for his behavior plan so he asked [client C] if he could wait until [staff #3] got there so they could go for lunch (sic) He reports [client C] said fine but when noon came, [staff #3] had not came in yet (sic) He reported that [staff #3] texted him saying that he was running behind but was on his way (sic) He reports that he told [client C] that [staff #3] was going to be a little late but to go ahead and get washed up and dressed to go out (sic) He reports that [staff #3] came in around 12:45ish (sic) [Staff #2] reports that [staff #3] walked out with him and [client C] (out of the kitchen door through the garage) to get something from his (staff #3's) car...."</p> <p>Interview with client B on 5/23/12 at 5:50 PM stated "Yeah one time," when asked if</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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>the client have been left alone in the group home. Client B stated "I had to baby sit [client A] while he was asleep. [Staff #2] told me he would pay me \$5 and get me [fast food] to watch [client A]." Client B indicated staff #2 had left the group home to go to church and took client C with him. When asked how long staff #2 was gone from the group home, client B stated "Left between 8 and 9 and came back around 2:30 PM." Client B indicated he was to going to fix client A some breakfast, but did not. Client B indicated he (client B) was capable of staying alone and knew what to do in case of an emergency. Client B indicated he was paid the \$5 by staff #2.</p> <p>Interview with client A on 5/23/12 at 6:10 PM indicated He and client B was left alone alone at the group home on a Sunday. Client A stated staff #2 left the group home with client C and was gone for "5 hours." When asked where staff #2 and client C went, client B indicated he thought they went to get something to eat. Client A indicated this had not happened before.</p> <p>Interview with staff #4 on 5/23/12 at 6:55 PM indicated client C refused to speak with the surveyor on 5/23/12.</p> <p>Confidential interview Z indicated they</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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>were aware clients A and B had indicated they had been left alone. Confidential interview Z stated "Boys said something about it. Reported by staff who had been told." Confidential interview Z stated "They all have 24 hour supervision. They have to have staff whether capable or not."</p> <p>Confidential interview Y indicated clients were left alone at the group home April 29, 2012. Confidential interview Y indicated clients had told them they had been left alone at the group home. Confidential interview Y stated client B indicated "He (client B) had to attend to another client (client A) while staff (staff #2) took another client (client C) out for 4 hours." Confidential interview Y indicated the information was reported to a supervisor (staff #1). Confidential interview Y indicated staff #3 came into work and found the clients home alone. Confidential interview Y indicated staff #3 did not report clients A and B being left home alone. When asked where did staff #2 go, Confidential interview Y stated "He (staff #2) went to church with other client (client C)."</p> <p>Client A's record was reviewed on 5/24/12 at 1:15 PM. Client A's 4/29/12 DSR indicated staff #2 indicated he worked (Time in and time out) from 7</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 06/01/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220			
(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			
	<p>AM to 6 PM for a total of 11 hours on 4/29/12. Client A's DSR indicated staff #3 worked from 1:30 PM to 9 PM for a total of 7.5 hours on 4/29/12. Client A's 4/29/12 DSR, written by staff #3, indicated "[Client A] was in the house with other client when staff (staff #3) arrived. He ate, went on outing and came back, took his shower, ate, took all his meds and he is now ready for bed." The DSR 4/29/12 hand written note indicated client A went on an outing at 4:00 PM.</p> <p>Client C's record was reviewed on 5/24/12 at 2:34 PM. Client C's 4/29/12 DSR notes indicated staff #2 worked from 7 AM to 6 PM on 4/29/12 and staff #3 worked from 1:30 PM to 9 PM. Client C's 4/29/12 DSR notes indicated the following:</p> <p>-4/29/12 (note by staff #2) "[Client C] was sleeping when staff arrived. Staff took [client C] to get lunch for housemates. [Client C] washed clothes and cleaned his room."</p> <p>-4/29/12 (note by staff #3) "[Client C] was with other staff when staff arrived. He was with other staff most of the time of the shift...."</p> <p>Client B's record was reviewed on 5/24/12 at 2:55 PM. Client B's 4/29/12</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 06/01/2012
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>DSRs indicated staff #2 worked from 7 AM to 6 PM and staff #3 worked from 1:30 PM to 9 PM on 4/29/12. Client B's 4/29/12 DSR, written by staff #3, indicated "[Client B] was in house with other client when staff arrived. Other staff walked in very shortly after that...."</p> <p>The facility's Time Detail Records were reviewed on 5/24/12 at 3:10 PM. The facility's time records for 4/29/12 indicated staff #2 clocked in at 7:00 AM and worked until 6:00 PM. The 4/29/12 time records also indicated staff #3 clocked in at 1:30 PM to 9:00 PM on 4/29/12. The facility's 4/29/12 Time Detail record indicated the next staff (staff #5) came in at 3:00 PM and worked until 10 PM.</p> <p>Interview with administrative staff #2 and the Program Director (PD) on 5/24/12 at 3:15 PM indicated the allegation where clients A and B were left home alone was unsubstantiated as staff was present with the clients on 4/29/12. When asked if staff had been retrained in regard to supervising clients, the PD indicated facility staff had not been retrained.</p> <p>This federal tag relates to complaint #IN00107974.</p> <p>9-3-2(a)</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 06/01/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
---	---

(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