

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G265	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/22/2011
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 926 S TENTH ST LAFAYETTE, IN47905
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W0000	<p>This visit was for the investigation of complaint #IN000101317.</p> <p>COMPLAINT #IN000101317: SUBSTANTIATED, Federal and state deficiencies related to the allegations are cited at W149, W249, and W295.</p> <p>Dates of Survey: December 20, 21, 22, 2011</p> <p>Facility number: 000785 Provider number: 15G265 AIM number: 100249010</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed on 12-30-11 by C. Neary, Program Coordinator.</p>	W0000		
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed for 4 of 8 clients (clients A, C, F, and H) who lived in the home, to ensure they were free from abuse per the facility's Abuse/Neglect policy.</p>	W0149	<p>The facility has developed and implemented written polices and procedures that prohibit mistreatment, neglect and abuse of the client. The behavior support plan for client B has been revised to include the following</p>	01/21/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings include:</p> <p>On 12-21-11 at 11:30 a.m. a review of the facility's Bureau of Developmental Disability Services (BDDS) from 10-1-11 through 12-20-11 was conducted. The review indicated the following:</p> <p>-A BDDS report dated 10-27-11 indicated client B had hit his housemates (A and H). Client H had a red mark on his arm.</p> <p>-A BDDS report dated 11-17-11 indicated client B hit client C. Client C had small scratch marks on her face.</p> <p>-A BDDS report dated 12-13-11 indicated client A was heard yelling from his room. When staff went to the room they found client B hitting client A. Client A had scratches on his ear and nose. Client A called the police and was taken to the Emergency Room to ensure his injuries were taken care of.</p> <p>-A BDDS report dated 12-15-11 indicated client B was following client F around. Client B then hit client F "with force" in the back, which caused client F to fall down and hit his head on concrete.</p> <p>On 12-21-11 at 11:00 a.m. a review of the facility's Abuse/Neglect policy dated 6-07 indicated all individuals would be free from abuse/neglect. Abuse was defined as intentional, non-therapeutic infliction of pain or injury. The abuse may be client</p>		<p>interventions: 1) a specific hierarchy for implementation of physical intervention alternatives has been specifically stated in the behavior plan. 2) The implementation of a monitoring device, to be placed in the bedroom to assist in providing support during sleeping hours and 3) strategies on how to identify and react to signs of potential agitation that may lead to assault by client B, towards others. The facility will implement a monitoring device in the form of a "baby monitor". This will include a permanent base unit that stays in the bedroom of Client B. The staff on duty will carry with them the portable receiver device, which will indicate to them if there is any noise in the bedroom during sleeping hours. The staff will respond immediately to the bedroom to ensure that both inhabitants of that bedroom are safe. The staff will document in the behavior record and in the DSR if there was any need for intervention of behaviors during the overnight hours. In order to protect the privacy of the roommate of client B and client B, The Program Director will review the reasons for the monitoring device with both individuals. Both individuals will sign that they consent to the use of the monitoring device. The consent will include a statement which indicates that consent can be</p>		

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W0249	<p>to client or staff to client.</p> <p>On 12-21-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional indicated the abuse/neglect policy should be implemented and client B should not hit his housemates.</p> <p>This federal tag relates to complaint #IN00101317.</p> <p>9-3-2(a) 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 on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client B) to ensure his Behavior Management Plan was implemented as written.</p> <p>Findings include:</p> <p>On 12-20-11 at 4:20 p.m. an observation of client B's bedroom did not have a posted schedule to determine what his daily routine would be. On 12-20-11 at 4:55 p.m. a review of client B's Behavior Management Book dated 12-11 did not have an index card with a list of activities</p>	W0249	<p>retracted at any time. In addition, the Program Director will seek approval for this intervention, for Client B, and his roommate, by the HRC. Staff and the Home Manager will be retrained, by the Program Director, on Indiana Mentor policies and procedures regarding endangered adults, abuse and neglect, and the all components of client B's behavior support plan. This training will occur on 1/19/2012. Responsible Persons: Program Director Date of Completion: 1/21/2012</p> <p>Each client receives continuous active treatment, as determined by the interdisciplinary team, and written into the individual program plan. Each client receives continuous active treatment consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. The Program Director will retrain the Home Manager and the direct support staff, on 1/19/2012. This training will include all specific strategies and interventions, as written and approved, in the behavior support plan for client</p>	01/21/2012	

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W0295	<p>to help him relax.</p> <p>On 12-21-11 at 11:30 a.m. a review of client B's BMP dated 8-11 with an addendum for property destruction and agitation in loud environments was added on 10-12-11, indicated client B should have a daily routine posted in his room and it should be reviewed with him at least weekly. The BMP also indicated client B's Mood Stability Training (MST) should include a list of four activities to help him relax. These descriptions should be written on an index card and placed in the behavior section of his program book, labeled "How to Relax."</p> <p>On 12-21-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional indicated the daily schedule and the MST activities should be implemented per client B's BMP.</p> <p>This federal tag relates to complaint #IN00101317</p> <p>9-3-4(a) The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied. Based on interview and record review for 1 of 4 sampled clients (B) the facility failed to indicate the specific type of</p>	W0295	<p>B. The Home Manager will verify that the daily routine is posted in the bedroom of client B, as outlined in the behavior support plan. In addition, there will be an index card available which will have a list of activities that assist client B to relax when needed. This will be documented on the Weekly Home Manager checklist. This checklist is turned into the Program Director monthly, for review and oversight. Responsible Persons: Program Director, Home Manager Completion Date: 1/21/2012</p> <p>The facility employs physical restraint only as an integral part of the individual program plan,</p>	01/21/2012	

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	<p>restraints staff could utilize in the client's Behavior Management Plan (BMP) for the client's physical aggression toward others.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 12-21-11 at 11:30 a.m. Client B's 08-11 BMP indicated client B had a targeted behavior of physical aggression. Client B's BMP indicated if the client demonstrated physical aggression, staff were to "1. Immediately approach [client B] and direct him to cease the assault." 2. Remove all consumer and staff from the vicinity. 3. "If he pursues and reinitiates physical assault, use the minimum amount of of physical guidance necessary to stop the aggression; (Use the techniques taught by [facility's name] PIA (physical intervention alternatives)." Client B's 08-11 BMP did not specify the type of restraint/behavioral techniques facility staff was to use with the client.</p> <p>On 12-21-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional indicated client B's BMP did not include the specific behavioral technique staff was to use.</p> <p>This federal tag relates to complaint</p>		<p>that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied.The behavior support plan for client B has been revised to include a specific hierarchy of technique and restraint, as allowed in the Physical Intervention Alternatives program.All staff are trained annually on physical intervention alternatives. The Program Director will retrain the Home Manager and the Direct Support Staff on the behavior support plan for client B, which includes the inclusion of the hierarchy of physical intervention allowed, and the specific technique that is used for specific behavioral episodes.The facility will implement a monitoring device in the form of a "baby monitor". This will include a permanent base unit that stays in the bedroom of Client B. The staff on duty will carry with them the portable receiver device, which will indicate to them if there is any noise in the bedroom during sleeping hours. The staff will respond immediately to the bedroom to ensure that both inhabitants of that bedroom are safe. The staff will document in the behavior record and in the DSR if there was any need for intervention of behaviors during the overnight hours.In order to protect the privacy of the roommate of client B and client B, The Program Director will review</p>		

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	#IN00101317 9-3-5(a)		the reasons for the monitoring device with both individuals. Both individuals will sign that they consent to the use of the monitoring device. The consent will include a statement which indicates that consent can be retracted at any time. In addition, the Program Director will seek approval for this intervention, for Client B, and his roommate, by the HRC. Responsible Persons: Program Director Completion Date: 1/21/2012		