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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G282 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 07/18/2014 |
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| NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC | STREET ADDRESS, CITY, STATE, ZIP CODE 2715 ROCKFORD LN KOKOMO, IN 46902 |
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| W000000 | <p>This visit was for a PCR (Post Certification Revisit) to the recertification and state licensure survey and to the investigation of complaint #IN00148709 and complaint #IN00149476 completed on 6/6/14.</p> <p>Complaint #IN00148709: Not Corrected.</p> <p>Complaint #IN00149476: Corrected.</p> <p>Dates of Survey: 7/11, 7/14, 7/15, 7/16, 7/17, and 7/18/2014.</p> <p>Provider Number: 15G282 AIM Number: 100243610 Facility Number: 000802</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/28/14 by Ruth Shackelford, QIDP.</p> | W000000 | | |
| W000407 | <p>483.470(a)(1) CLIENT LIVING ENVIRONMENT The facility must not house clients of grossly</p> | | | |

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>different ages, developmental levels, and social needs in close physical or social proximity unless the housing is planned to promote the growth and development of all those housed together.</p> <p>Based on observation, record review, and interview, for 1 of 4 sampled clients (Client #1), the facility failed to ensure the housing environment met Client #1's developmental, social, and behavioral needs.</p> <p>Findings include:</p> <p>On 7/11/14 from 6:00am until 7:58am, Client #1 was observed at the group home. During the observation period GHS (Group Home Staff) #4 and the Residential Manager (RM) had the key secured on their person for the locked sharps container kept on the counter in the kitchen.</p> <p>On 7/11/14 at 7:30am, an interview with Client #1 was conducted. Client #1 stated she "wanted" to live in a different group home or apartment with "a waiver." Client #1 stated "I am too high functioning for this group home. I want to move." Client #1 indicated the plexi glass on her bedroom windows was there because she had broken the windows trying to hurt herself with the glass in past years. Client #1 stated she "had a history of beating up people" and she</p> | W000407 | <p>Indiana Mentor does a comprehensive screening, and visit guidelines in accordance with BDDS when seeking group home placement for individuals. These procedures include house visits and client interviews to ensure the most appropriate placements possible are conducted. Once an individual achieves a level of independence or status change that is not conducive to the current environment Indiana Mentor works with the IDT to seek the most appropriate placement possible. Indiana Mentor was contacted by BDDS on 8/1/2014 that client 1 waiver had been approved. Mentor contacted the IDT to inform them of this and IDT is working with guardian on transition for client 1 to new placement. Agency will continue to work with agency and state guidelines in regards to client placements and ensuring proper placements are sought and maintained for all individuals in services through assessments and client interviews. Responsible Party: Program Director Complete Date: 8/8/2014</p> | 08/08/2014 |

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| | <p>took medications "for behaviors to help" prevent her behaviors. Client #1 stated she was placed in the group home in 2010 after she "attacked" her family, was in the hospital, and "it was here or jail I guess."</p> <p>On 7/16/14 at 9:45am and on 7/18/14 at 11:15am, an interview with the Site Director (SD) and the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) was conducted. Both the SD and the PD/QIDP indicated Client #1 had a history of misusing sharp objects and required sharp objects to be locked. The PD/QIDP indicated Client #1 was admitted in 2010 from the behavioral hospital after a failed suicide attempt. The PD/QIDP indicated Client #1 was a twenty-three year old female living in a group home with other clients whose ages range from fifty-one to seventy-nine years old. The PD/QIDP indicated the facility was evaluating other placement for Client #1 because of her age, behavioral needs, and of the other clients' functional levels. The PD/QIDP stated Client #1 was "smart" and could "possibly" be independent but did not display independent skills for hygiene, medications, dressing, cooking, and appropriate social interaction. The SD and PD/QIDP both indicated Client #1 had been referred to the local BDDS</p> | | | |

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| | <p>office for alternate placement either in a different group home or in a waiver setting. Both indicated Client #1 had not moved out of the group home and continued to reside there.</p> <p>Client #1's record was reviewed on 7/16/14 at 9:45am. Client #1's record indicated she was 23 years old. Client #1's 11/2013 BSP (Behavior Support Plan) and 7/2/13 ISP (Individual Support Plan) indicated Client #1's behaviors included SIB (Self Injurious Behavior), aggressive outburst (physical aggression and verbal aggression), Story Telling/False accusations, Inappropriate Sexual Comments, Inappropriate Sexual Behavior, Refusals to complete daily hygiene and tasks, Vacating (leaving a specific environment, and Suicidal Threats/attempt. Client #1's 7/2/2013 Comprehensive Functional Assessment did not indicate the identified need for locked sharps at the group home. Client #1's plans failed to include an objective/goal to teach her responsible methods to utilize locked sharp objects. Client #1's record indicated she was admitted from the behavioral hospital on 6/17/2010 after a suicide attempt. Client #1's record indicated she had "attacked" her family and supervisors in the past before placement.</p> | | | |

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| | <p>Client #1's record included "Quarterly Review(s)" completed by the PD/QIDP which indicated the following:</p> <p>-4/30/2014 "Quarterly Review" indicated Client #1's "behaviors have increased greatly this past quarter. She had 20 episodes of verbal abuse, 6 runs/wanders away, 14 physical assaults, 12 SIB's...and 4 suicidal threats...."</p> <p>-1/31/2014 "Quarterly Review" indicated Client #1's "behaviors have increased greatly this past quarter. She had 20 episodes of verbal abuse, 4 runs/wanders away, 12 physical assaults, 10 SIB's...and 2 suicidal threats...."</p> <p>-10/31/2013 "Quarterly Review" indicated Client #1's "behaviors have increased this past quarter. She had 15 episodes of verbal abuse, 2 runs/wanders away, 4 physical assaults, 3 SIB's, 1 inappropriate sexual behavior...and 0 suicidal threats...."</p> <p>Client #1's 7/2/13 ISP indicated "a verbal IQ of 65, a performance IQ of 54 and a full scale IQ of 56 suggesting mild" mental retardation. Client #1 "functions between the 2nd and 4th grade in academic functioning The IDT (Interdisciplinary Team) agrees that this assessment remains valid. [Client #1] cannot manage her own financial affairs, give sexual consent or medical consent. [Client #1] has a guardian, [name of</p> | | | |

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| | <p>guardian services] that would make those decisions for her. [Client #1] can follow one and two step directions with no difficulty. She can recognize her own name, write in cursive, spell many words, and read some words. [Client #1] knows how to use the telephone." Client #1's ISP indicated Client #1 "is very smart and can comprehend anything that you say to her or that she overhears."</p> <p>Client #1's ISP included a personal hygiene skills objective with 2 verbal prompts, Client #1 will apply deodorant 100% of the time for 2 consecutive reviews; Grooming skills objective with 2 verbal prompts and 2 physical prompts, Client #1 will assist fixing her hair 100% of the time for 2 consecutive reviews; Housekeeping skills objective with 2 verbal prompts, Client #1 will complete a house chore that is requested of her 100% of the time for 2 consecutive reviews; Money skills objective with 3 verbal prompts, Client #1 will make 50 cents out of a variety of coins 100% of the time for 2 consecutive reviews; Medication Administration objective Client #1 will increase self medication skills from being dependent on staff to being more independent; Objective with 1 verbal prompt when shown a pill card, Client #1 will state the name and why she takes the medication 100% of the time for 2</p> | | | |

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| W009999 | <p>consecutive reviews.</p> <p>This federal tag relates to complaint #IN00148709.</p> <p>This deficiency was cited on 6/6/2014. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-1(b) Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division:</p> <p>6.) A service delivery site with a structural or environmental problem that jeopardizes or compromises the health or welfare of an individual.</p> <p>This state rule is not met as evidenced by:</p> | W009999 | <p>Indiana Mentor has policies and procedures in regards to reporting procedures for BDDS reports. All staff are trained on reporting procedures upon hire and annually thereafter. In addition all supervisors are trained on completing BDDS reports and reporting guidelines and procedures. The QMRP responsible for the program filed the BDDS report for the incident. The QMRP and manager for the house have been retrained on reporting procedures, guidelines, and timeliness for BDDS reports incidents. Future BDDS reportable incidents are being reported to the Area Director who is reviewing all the reports and tracking the incidents. Reporting procedures are being covered in the next two quarters management meetings as well.</p> | 08/08/2014 | | | |

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| | <p>Based on observation, record review, and interview, for 1 of 3 sampled clients (client #1), the facility failed to immediately report an infestation of bed bugs to BDDS (Bureau of Developmental Disabilities Services) in accordance with State Law.</p> <p>Findings include:</p> <p>On 7/11/14 from 6:00am until 7:58am, client #1 was observed to sleep on the sofa in the front living room of the group home. At 6:00am, GHS (Group Home Staff) #4 stated client #1 was "sleeping on the sofa (in the living room) because of bug issues in her bed" which was inside client #1's bedroom at the group home. At 6:00am, GHS #4 indicated client #1 had bed bugs after she returned home after one of her hospitalizations. At 6:15am, client #1 stated she returned to the group home on Sunday 6/30/14 from the hospital and on Monday, 7/1/14 she "noticed bugs" on her after laying down in her bed. Client #1 stated she told the staff and from 7/1/14 until the "bugs are gone" she would be sleeping on the sofa in the front living room. Client #1 indicated she did not see the bugs until after she returned from the hospital and stated she "thinks the hospital" was where the bugs came from. Client #1</p> | | Responsible Party: QMRP/Area Director Complete Date: 8/8/2014 | | |

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| | <p>indicated she had not been anywhere except the hospital for multiple hospitalizations during the past month.</p> <p>On 7/11/14 from 6:00am until 7:58am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were requested. At 7:58am, the Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) indicated no BDDS reports and no reportable incidents were available for review.</p> <p>An interview was conducted on 7/14/14 at 8:00am with the PD/QIDP. The PD/QIDP indicated no BDDS reports and no reportable incidents were available for review.</p> <p>An interview was conducted on 7/16/14 at 9:40am, with the Site Director (SD) and the PD/QIDP. Both staff indicated no BDDS reports and no reportable incidents were available for review. The SD indicated the bed bug incident should have been reported to BDDS and was not reported.</p> <p>On 7/16/14 at 4:00pm, the Site Director emailed one BDDS report for client #1 and indicated the incident was reported late to BDDS in accordance with State</p> | | | |

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| | <p>Law. The 7/16/14 BDDS report for an incident on 7/1/14 at 4:00pm indicated client #1 "told staff she found bugs in her bed." The report indicated the House Manager (HM) called "Pest Control (company) who came out and checked and determined that they were bed bugs...they (the company) was (sic) booked out until 7/16/14 and would not be able to get to the house until today (7/16/14) to do the heat treatment" and check "all beds and furniture." The report indicated the bed bugs were isolated to client #1's "bed only."</p> <p>9-3-1(b)</p> | | | | |