

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G443	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/25/2012
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7310 E 55TH ST INDIANAPOLIS, IN 46226		
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W0000	<p>This visit was for the investigation of complaint #IN00101248.</p> <p>Complaint #IN00101248-Substantiated, Federal/state deficiencies related to the allegation(s) are cited at W154 and W331.</p> <p>Dates of Survey: 1/18/12 and 1/25/12</p> <p>Facility Number: 000957 Provider Number: 15G443 Aim Number: 100244630</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 1/30/12 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.

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W0154	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 1 of 1 allegation of abuse/neglect and/or injuries of unknown origin reviewed for client A, the facility failed to conduct a thorough investigation in regard to the client's injury of unknown origin.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 1/18/12 at 9:57 AM. The facility's 12/13/11 reportable incident report indicated "[Client A] complained of having stomach pains once he arrived to work on 12-12-11. Staff called us to pick [client A] up, and HM (home manager) picked him up. HM made him a doctors appointment for 12-13-11. [Name of doctor] looked [client A] over and notice (sic) something with his right arm, [name of doctor] ask (sic) [client A] what happen (sic) [client A] stated that he fell at work. [Name of doctor] said [client A's] arm was fracture (sic). [Client A] was sent to [name of orthopedic doctor] who put [client A] in his sling and gave him medicine for the next two weeks and will return 12-28-11. An internal investigation will be done by the QMA (Quality Assurance Manager)."</p>	W0154	<p>Addendum to previous plan of correction: Please change the plan of correction for W154 to read as:</p> <p>The Program Director and Quality Assurance Specialist have been retrained on the need to ensure that all BDDS reportable incidents are investigated in a timely manner and are thoroughly completed to include interviews with anyone who may have knowledge of the incident.</p> <p>Indiana MENTOR includes documented evidence of interviews as part of the Summary of Investigation. The investigator will be responsible for the retention of "any" personal notes resulting from interviews in order to answer future questions as needed. Ongoing, all investigation summaries developed by the Quality Assurance Specialist will be reviewed by either the Area Director or the Quality Assurance Director to ensure they are accurate, thorough and interviews with anyone who may have knowledge of the incident being investigated are included.</p> <p>Responsible party: Program Director, Quality Assurance Specialist, Area Director</p>	02/24/2012			

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	<p>The facility's 12/19/11 Summary of Internal Investigation Report indicated it was determined client A had an elbow fracture. The 12/19/11 summary indicated "...Evidence supports that [client A] likely hurt himself at work...." The 12/19/11 investigation indicated staff at the client's day program/workshop did not know how client A injured his arm as the client did not have a fall at the day program/workshop. The facility's investigation also indicated the facility staff did not know how client A fractured his arm. The 12/19/11 investigation indicated when client A was questioned by the home manager in regard to the client's fractured arm, the investigation indicated "Was unable to get [client A] to explain when, where, and how it happened...." The 12/19/11 investigation indicated the facility did not interview the clients, who lived with client A, in regard to client A's injury of unknown origin/fracture.</p> <p>Interview with client A on 1/18/12 at 6:50 AM indicated he fell at work when asked how the client fractured his arm. When asked a second time, client A indicated he did not know by shrugging his shoulders.</p> <p>Interview with administrative staff #3 and staff #1 on 1/18/12 at 1:26 PM stated</p>						

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	<p>client A's doctor could not tell how client A was injured as the client could have "bumped against something." Administrative staff #3 and staff #1 indicated client D was interviewed by staff #1 as client A indicated he had told someone with the same name as client D. Staff #1 indicated client D did not know anything about client A's injury as client A did not speak with client D about the injury. Staff #1 and administrative staff #3 indicated they did not know if the other clients were interviewed in regard to the client's injury.</p> <p>Interview with administrative staff #2 on 1/18/12 at 2:07 PM indicated only client D was interviewed. Administrative staff #2 indicated the other clients, in the group home, did not work with client A.</p> <p>This federal tag relates to complaint #IN00101248.</p> <p>9-3-2(a)</p>			

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W0331	<p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (A), the facility's nursing services failed to ensure nursing guidelines/measures/protocols were put in place for client who had a fracture.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 1/18/12 at 9:57 AM. The facility's 12/13/11 reportable incident report indicated "[Client A] complained of having stomach pains once he arrived to work on 12-12-11. Staff called us to pick [client A] up, and HM (home manager) picked him up. HM made him a doctors appointment for 12-13-11. [Name of doctor] looked [client A] over and notice (sic) something with his right arm, [name of doctor] ask (sic) [client A] what happen (sic) [client A] stated that he fell at work. [Name of doctor] said [client A's] arm was fracture (sic). [Client A] was sent to [name of orthopedic doctor] who put [client A] in his sling and gave him medicine for the next two weeks and will return 12-28-11. An internal investigation will be done by the QMA (Quality Assurance Manager)."</p>	W0331	<p>A written protocol was put into place for Client A's restrictions/limitations as directed by the doctor after the client fractured his arm. The Home Manager and Program Director received retraining on ensuring that the Program Nurse is notified of any restrictions/limitations a consumer has as a result of a medical issues so that the Nurse can develop and implement protocols for restrictions. The Program Nurse received retraining on ensuring that guidelines/protocols are put into place for any restrictions a consumer has as a result of a medical issue. (See attachments) Ongoing, the Home Manager and/or Program Director will review all discharge paperwork and medical appointment paperwork after appointments occur so that the nurse can be notified of any protocols/guidelines that must be put into place as a result of any restrictions placed on the consumer by the physician in a timely manner. The Program Nurse will review all discharge paperwork and medical appointment forms a minimum of monthly to ensure that any protocols/guidelines are put into place as directed by the physician for any medical issues that occur. Responsible Party: Home Manager, Program Director,</p>	02/24/2012			

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	<p>The facility's 12/19/11 Summary of Internal Investigation Report indicated it was determined client A had an elbow fracture.</p> <p>During the 1/18/12 observation period between 6:25 AM and 7:55 AM, at the group home, client A did wear a sling. Client A carried folded towels and placed them on the shelf in a closet. Interview with staff #2 on 1/18/12 at 7:42 AM indicated client A had not returned to work due to the client's fracture.</p> <p>Client A's record was reviewed on 1/18/12 at 10:55 AM. Client A's 12/13/11 Medical Appointment Form indicated the client was taken to his doctor due to "swollen right hand from the elbow to the fingers." The form indicated "1) (r) (right) radial head fracture 2) ? (questionable) cellulitis (r) arm 3) refer to ortho...."</p> <p>Client A's 12/13/11 orthopedic dictated note indicated client A was referred to the orthopedic doctor to "Evaluate right elbow injury." The dictated note indicated client A "...apparently fell over the weekend injuring his right arm...Impression: Fall and right radial neck fracture. Plan: At this point I (orthopedic doctor) would put [client A] in an arm sling for comfort. I recommend</p>		Program Nurse				

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	<p>some mild pain medicine, as well as other modalities, such as ice and rest. I would repeat x-rays in about two weeks or so and also to start some physical therapy for range of motion at that point. If he would happen to develop worsening fevers or cellulitis in the meantime they can simply let me know, but at this point I think most of his symptoms are localized to this fracture from the recent fall and trauma to the right arm."</p> <p>Client A's 12/30/11 Medical Appointment Form follow-up orthopedic appointment indicated "Cont (continue) restricted use of (R) arm for 6 weeks following injury...."</p> <p>Client A's 6/24/11 Individual Support Plan (ISP) did not indicate the client had any nursing measures/guidelines in place for the client's fracture and/or indicate what client A's restrictions should be.</p> <p>Interview with administrative staff #3 and staff #1 on 1/18/12 at 1:26 PM indicated client A had not been released to return to work. Staff #1 indicated client A no longer had to wear the sling per the orthopedic doctor at the client's 12/30/11 follow-up appointment. When asked what did "continue restrictions" mean, administrative staff #3 and staff #1 stated client A could not return to work, but it</p>			
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	<p>was "ok for him to do things around the house." When asked if client A had nursing guidelines/protocol/measures in place for his fracture, administrative staff #3 and staff #1 indicated the facility's nurse had not put any guidelines/protocols in place regarding client A's fracture.</p> <p>This federal tag relates to complaint #IN00101248.</p> <p>9-3-6(a)</p>			
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