

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  05/28/2013	
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 fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: May 14, 15, 16, 17, 20, 21, 22, 23, 24, and 28, 2013.</p> <p>Provider Number: 15G282 AIM Number: 100243610 Facility Number: 000802</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/5/13 by Ruth Shackelford, QIDP.</p>	W000000					

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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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, for 1 of 4 sample clients (client #2) who attended the outside contracted workshop, the QIDP (Qualified Intellectual Disabilities Professional) failed to ensure a communication system was available and in place with the outside service for client #2.</p> <p>Findings include:</p> <p>On 5/14/13 from 2:40pm until 5:40pm, observation and interview were completed at the group home. At 3:20pm, clients #2, #3, #4, #5, #6, #7, and #8 arrived home from the contracted workshop. At 3:20pm, clients #3, #4, #5, #6, #7, and #8 had their communication books reviewed by the facility staff and client #2 did not have a communication book. At 3:55pm, client #2 complained of pain and indicated to DCS (Direct Care Staff) #1 she needed a PRN (as needed medication) for pain. DCS #1 asked client #2 if she had taken any pain medication at the workshop. Client #2 responded she believed she had been given something for pain/discomfort at the workshop. After a few minutes client</p>	W000159	Indiana Mentor has ensured communication with outside agencies is kept up by having communication books between agencies which are started upon admission. Additionally Indiana Mentor and the outside agencies have monthly meetings, and the QMRP maintains constant email communication with the day service agencies. A new communication book between day services and residential staff for client #2 was put in place on 5/15/2013. The Program Director verified and ensured by observation completed on 5/15/2013 that the appropriate communication books for all clients available to be utilized. A formal staff training regarding the use of the communication books will be completed by 6/25/2013. Ongoing the Home Manager will review the communication books as per of her weekly checks and the Program Director will review the communication books on her monthly checklist to ensure proper communication is being maintained. The Program Director will do observations at least 2x a month at the day service agency in addition to a monthly meeting with the day service providerResonsible Party:	06/25/2013			

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	<p>#2 then told DCS #1 that she had not been given pain medication at workshop. At 3:55pm, DCS #1 indicated client #2 did not have a communication book for communication use with the workshop. DCS #1 indicated the workshop was closed at this time and asked client #2 to wait a few hours for pain medication.</p> <p>On 5/15/13 at 9:30am, observation and interviews were conducted at the contracted workshop with workshop supervisor (WKS) #1. At 9:30am, WKS #1 indicated client #2 did not have a communication book to communicate back and forth with the group home for client #2. WKS #1 indicated client #2 had not had pain medication given at the contracted workshop on 5/14/13 but does use as needed pain medication. WKS #1 indicated she thought client #2 needed a communication book to ensure information was shared between the workshop and the group home.</p> <p>Client #2's record was reviewed 5/16/13 at 1:30pm. Client #2's 10/17/12 ISP (Individual Support Plan) indicated client #2 was verbal and could communicate her wants/needs. Client #2's ISP did not indicate how the facility communicated with the contracted workshop. Client #2's 4/23/13 "Physician's Order" indicated the prescribed use of PRN (as needed) pain</p>		Program Director				

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	<p>medication. Client #2's 5/2013 MAR (Medication Administration Record) indicated "5/14/13 at 4:40pm, Tylenol 325mg (milligrams) x 2 (two tablets) for upper back pain (and) 5:40pm, pain improved" signed by DCS #1.</p> <p>On 5/24/13 at 11:30am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated the contracted workshop and the facility communicated through verbal interaction when the clients from the group home were picked up daily from the workshop. The QIDP indicated client #2 did not have a communication book and clients #1, #3, #4, #5, #6, #7, and #8 did have communication books. The QIDP indicated it would be important to know if client #2 had received as needed pain medication at the contracted workshop.</p> <p>9-3-3(a)</p>			

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review, and interview, for 1 of 4 sample clients (client #2), the facility failed to develop an Individual Support Plan (ISP) goal/objective to address client #2's choking risk during medication administration.</p> <p>Findings include:</p> <p>On 5/14/13 at 3:55pm, client #2 had her medications administered by GHS (Group Home Staff) #1 at the group home and the medication was placed into client #2's mouth whole. The medication was not crushed and no applesauce was provided.</p> <p>On 5/16/13 at 1:30pm, client #2's record was reviewed. Client #2's 10/17/12 ISP (Individual Support Plan) indicated a dining goal/objective to drink between every 3 to 5 bites of food because of a choking risk. Client #2's 10/31/12 Speech Therapy evaluation indicated client #2 was to be prompted to take small bites of food and to have her pills crushed in applesauce before medication administration was completed. Client</p>	W000227	<p>Indiana Mentor has established medication administration procedures which staff are trained in prior to passing medications. All staff take and must pass Core A and B and have an observed on medication pass. All appointments and recommendations are reviewed and monitored by a licensed nurse. Risk plans and ISP's are developed with input from the individuals entire support team including nurses, QMRPs' and BDDS. On 5/28/2013 the physician sent an order to the group home dictating that medications are not to be crushed for the individual. The staff were trained on this order from the physician and it has been noted in medication book. On-going the staff will not crush medications for client #2 per doctor orders. The manager of the house will complete at least 2 medication observations per month for 2 months on various staff to ensure proper medication procedures are being followed. The Area Director will also review the ISP's for the program to ensure proper risk and goal implantation by 6/25/2013. Responsible Party: Program Director and Area Director</p>	06/25/2013			

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	<p>#2's 10/29/12 "Swallow Study" indicated a recommendation to "crush pills in applesauce." Client #2's 11/15/12 "Choking Protocol" completed by the agency RN (Registered Nurse) did not include the speech therapy or the swallow study recommendation to "crush pills in applesauce" before administering medications.</p> <p>On 5/24/13 at 11:30am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client #2's recommendation to have her pills crushed in applesauce before administration was not implemented. The QIDP indicated client #2 was a high choking risk and the recommendation should have been implemented.</p> <p>9-3-4(a)</p>				

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W000242	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on observation, interview, and record review, for 1 of 4 sampled clients (client #4), the facility failed to initiate programming in client #4's Individual Support Plan (ISP) to address her toileting skills.</p> <p>Findings include:</p> <p>On 5/15/13 from 6:15am until 8:10am, observations and interviews were completed at the group home, and client #4's bed was observed to be wet. At 6:30am, client #4 was up, walking through the group home, and dressed. At 6:30am, client #4's bedroom was observed with GHS (Group Home Staff) #4. At 6:30am, GHS #4 indicated client #4's bed was wet with urine from during the night and GHS #4 took client #4's sheets to the laundry room. GHS #4 indicated the staff got client #4 up during the night but client #4 was still incontinent of urine during the night.</p>	W000242	<p>Indiana Mentor works with individuals teams including behavioralists, nurses, QMRP's, and BDDS to develop and implement goals and objectives to address individual deficiencies. The QMRP sends out a monthly review of all the current goals for the teams to review and team meets on a quarterly basis for further review. On 6/1/2013 a new toileting goal and schedule was put in place by the QMRP for client #4 to address the incontinence for the individual. In addition the QMRP reviewed the charts of the other individuals in the house which was completed on 6/10/2013 to ensure deficits had been properly addressed through formal goals. The Home Manager reviews the goals sheets weekly to ensure proper implementation of the goal and schedule is followed. The QMRP will do a formal monthly review of all goals and make any necessary adjustments as needed. The Area Director did training with the Program Director on 6/13/2013</p>	06/25/2013			

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	<p>Client #4's record was reviewed on 5/16/13 at 2pm. Client #4's 4/2/13 ISP (Individual Support Plan) did not include a toileting goal/objective.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 5/24/13 at 11:30am. At 11:30am, the QIDP indicated client #4 did not have a toileting goal. The QIDP indicated client #4 was incontinent of urine during the overnight period and was continent of urine during the day and toileted independently.</p> <p>9-3-4(a)</p>		<p>regarding ISP planning and identifying deficits. The staff will also have training on goals and tracking done by 6/25/2013. Responsible Party: Program Director</p>		

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W000369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview for 1 of 9 doses (client #1) administered at the 4pm medication administration, the facility failed to administer medications without error.</p> <p>Findings include:</p> <p>On 5/14/13 at 3:40pm, DCS (Direct Care Staff) #1 requested client #1 to come to the medication room. DCS #1 selected client #1's medications which included "OysCal w/vit D (with vitamin D) 500mg (milligrams) give 1 tab (tablet) 3 times a day with a snack for nutritional supplement." At 3:40pm, client #1 took the prepared medication, left the room, and no snack was provided. At 3:42pm, client #1's 5/2013 MAR (Medication Administration Record) indicated "OysCal w/vit D 500mg (milligrams) give 1 tab (tablet) 3 times a day with a snack for nutritional supplement." At 4:58pm, client #1 consumed her first bite of food at supper. At 4:58pm, client #1 and DCS #2 indicated this was client #1's first bite of food since lunch.</p> <p>On 5/16/13 at 12:25pm, client #1 record</p>	W000369	<p>Indiana Mentor has established medication administration procedures which staff are trained in prior to passing medications. All staff take and must pass Core A and B and have an observed on medication pass. The staff involved for the medication pass for client #1 received a corrective action on 5/15/2013 for the improper medication pass. The staff was also retrained on 5/15/2013 on the proper medication procedures. The manager of the house will complete at least 4 medication observations per month for the next three months on various staff to ensure proper medication procedures are being followed and another member of management will do at least 2 observations per month. Responsible Party: Home Manager and Program Director</p>	06/25/2013			

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	<p>was reviewed. Client #1's 4/23/13 "Physician's Order" indicated "OysCal 500mg w/vit D (milligrams) give 1 tab (tablet) 3 times a day with a snack for nutritional supplement."</p> <p>An interview was completed on 5/24/13 at 11:30am, with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client #1 should have had a snack or meal with her medication. The QIDP indicated the staff should have followed the physician's order when no snack or food was provided. The QIDP indicated when food or a snack was to have been provided client #1 should have eaten within thirty (30) minutes.</p> <p>9-3-6(a)</p>			

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 4 sampled clients (client #4), the facility failed to teach and encourage client #4 to wear her prescribed eye glasses and furnish a roller walker with a seat.</p> <p>Findings include:</p> <p>1. On 5/14/13 from 3:20pm until 5:20pm, and on 5/15/13 from 6:15am until 8:10am, observation and interview were conducted at the group home with client #4. Client #4 used a walker and walked throughout the group home, watched television, completed medication administration, and did not wear her prescribed eye glasses. Client #4 was not prompted or encouraged to wear her prescription eye glasses.</p> <p>On 5/15/13 from 8:41am until 10:30am, observation was completed at the contracted workshop. Client #4 sat at a table waiting for parts to assemble, and client #4 did not wear her prescribed eye glasses.</p>	W000436	<p>The facility will furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces and other devices identified by the interdisciplinary team as needed by the client.</p> <p>A new eye glass prompting chart for client #4 was put in on 6/1/2013 which the staff will use to track the times the individual has been prompted to wear the glasses and the result of the prompts. In addition the correct walker for client #4 was purchased on 6/7/2013 and the individual began to immediately use it.</p> <p>A review of adaptive equipment ordered has been completed to ensure all orders have been accurately filled, and this will be completed by 6/20/2013. The managers will continue to consult with the nurses following appointments to ensure a quick exchange of information and medical needs are met. The glass schedule will be reviewed on a weekly basis by the Home Manager to ensure the data has been</p>	06/25/2013			

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	<p>On 5/16/13 at 2pm, client #4's record was reviewed. Client #4's 4/2/13 ISP (Individual Support Plan) and 8/11/11 vision assessment indicated client #4 wore prescribed eye glasses. Client #4's ISP did not indicate a goal to wear her prescribed eye glasses. Client #4's 5/2013 MAR (Medication Administration Record) indicated a schedule for client #4 to be prompted every morning to wear her prescribed eye glasses.</p> <p>On 5/24/13 at 11:30am, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client #4 had a recommendation to wear her prescribed eye glasses during awake hours during formal and informal opportunities. The QIDP indicated client #4 should have worn her glasses.</p> <p>2. On 5/14/13 from 3:20pm until 5:20pm, and on 5/15/13 from 6:15am until 8:10am, observation and interview were conducted at the group home with client #4. Client #4 used a two wheeled walker with tennis balls on the two stationary walker tips and walked throughout the group home. Throughout both observation periods client #4 picked up her walker and carried the walker from room to room.</p>		<p>accurately recorded. In addition the Home Manager will continue to complete y observations once weekly for 4 weeks. The Area Director has trained the Program Director on 6/13/2013 on the subject matter of medical appointments procedures/follow up and communication. Responsible Party: Program Director and Nurse</p>				

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	<p>On 5/16/13 at 2pm, client #4's record was reviewed. Client #4's 4/2/13 ISP (Individual Support Plan) indicated she used a walker but did not indicate the type of walker used. Client #4's 9/13/12 Physical Therapy (PT) evaluation indicated "PT recommends...pt. (patient) has been attempting to ambulate with the standard walker but cannot functionally ambulate c (with) it because she cannot lift it independently. She needs a 4 wheeled roller or walker with a seat and hand brakes. She has demonstrated the safe use of it" signed by the Physical Therapist.</p> <p>On 5/24/13 at 11:30am, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client #4 had a recommendation to use a 4 wheeled walker with hand brakes and a seat and indicated client #4 did not have that style of walker available for use.</p> <p>9-3-7(a)</p>				