

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/28/2016
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2560 GERMAN CHURCH RD INDIANAPOLIS, IN 46229
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W 0000 Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>This visit was included the investigation of complaint #IN00178551.</p> <p>Complaint #IN00178551: Substantiated. Federal and state deficiencies related to the allegation(s) are cited at W104, W210 and W331.</p> <p>Dates of Survey: March 17, 18, 23 and 28, 2016.</p> <p>Facility number: 000836 Provider number: 15G318 AIM number: 100243940</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed 4/05/16 by #09182.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based upon observation and interview,</p>	W 0104	1. All the window blinds that	04/27/2016

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>the facility failed for 4 of 4 sampled clients (clients A, B, C and D), and for 4 additional clients (clients E, F, G and H), to maintain the home in good condition and failed to maintain an accounting system for clients' personal belongings.</p> <p>Findings included:</p> <p>1. Observations were completed at the group home on 3/17/16 from 4:55 PM until 6:17 PM, on 3/18/16 from 6:59 AM until 7:54 AM and on 3/23/16 from 6:46 AM until 7:55 AM in the group home in which clients A, B, C, D, E, F, G and H resided. On 3/17/16 the carpet on the steps leading to the upstairs bedrooms and bathroom was soiled and dusty. On 3/18/16, there were three broken slats on the window blinds in clients B and F's room. In clients G and H's rooms there was a torn screen and 4 broken window slats on the window blind. There was chipped paint on the wall along client H's bed. A plumber's snake tool to clear toilet clogs was sitting in front of the toilet in the upstairs bathroom in a rust spot on the floor. Client D's room had chipped paint on all walls and there was a missing window blind on the window facing the street. Client D's window was unable to be latched. On 3/23/16 there was a burned out light bulb in client E's room.</p>		<p>were broken or missing have been replaced or repaired. In addition, any damaged screens have also been replaced. The plumber's snake tool has been removed from the bathroom floor and put away. The light bulb in Client E's room has been replaced. Indiana Mentor is in process of moving the consumers to a new group home. As a result, repainting chip marks in the paint on the walls has not been a priority. It is anticipated that the move will take place in the next 2-3 months.</p> <p>Program Coordinator will receive retraining to include completing weekly walkthroughs of the home to note any items that are in need of repair or replacement. If any items are noted the Program Coordinator will notify the Maintenance staff and/or QIDP as needed. If requests for repairs have not been completed or scheduled to be completed within a week, the Program Coordinator will follow up with the maintenance staff and/or QIDP to determine the status of the repair. If the QIDP has not received any information regarding the status of the repair, the QIDP will speak with the Maintenance supervisor to determine the status of the repair. If the requested repairs have not been completed within 3 weeks of the request the QIDP will notify the Area Director so that further follow up can be completed as needed.</p>	

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	<p>The group home manager was interviewed on 3/18/16 at 7:30 AM and when asked about the missing window blind in client D's rooms, stated, "I think it just happened." She indicated the scrapes on client D's wall were from client D moving his furniture around. When asked about the missing and broken window blind slats, she stated, "They're getting ready to move and don't want to put money into it (current group home). She indicated the plumbing snake was left near the toilet to make it easy to access when a clog occurred, and stated the plumber had been called "2 or 3 times last week."</p> <p>Client #G was interviewed on 3/18/16 at 7:20 AM and indicated client H would place items in the toilet which would clog it.</p> <p>Staff #3 was interviewed on 3/18/16 at 7:48 AM and indicated client H would place items in the toilet causing it to clog.</p> <p>The Area Director was interviewed on 3/18/16 at 12:36 PM and indicated the clients were going to be moving soon to a new group home and the painting and other maintenance issues not related to health and safety were not prioritized.</p> <p>2. Observations were completed at the</p>		<p>Ongoing the Program Coordinator will complete walkthroughs of the home a minimum of weekly. Ongoing, the QIDP will complete an environmental review at least once monthly and the Area Director will complete an environmental assessment of the home at least quarterly. Any needed repairs or replacements will be reported and follow up on a minimum of weekly. If repairs are not completed within a timely manner the matter should be reported to the next level of the chain of command for follow up.</p> <p>2. All direct care staff will receive retraining on client dignity including ensuring that all consumers are wearing weather appropriate clothing and clothing that fits appropriately.</p> <p>Program Coordinator and/or QIDP will complete observations a minimum of twice weekly for 4 weeks to ensure that all consumers are wearing weather appropriate clothing and clothing that fits appropriately. Ongoing, after the 4 weeks the Program Coordinator and/or QIDP will complete observations a minimum of weekly to ensure that all consumers are wearing weather appropriate clothing and clothing that fits appropriately</p>	

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	<p>group home on 3/23/16 from 6:46 AM until 7:55 AM. Client G wore a winter jacket despite the forecast for temperatures ranging between 54 degrees to 62 degrees.</p> <p>Staff #2 was interviewed on 3/23/16 at 7:50 AM and indicated client G did not have a spring jacket. Staff #2 indicated the house manager was responsible to ensure clients had an adequate supply of clothing and indicated the group home staff would write down clothing needs and provide the list to the house manager. Staff #2 indicated there was not a system or form used to inventory clothing.</p> <p>The Area Director (AD) was interviewed on 3/23/16 at 1:15 PM and indicated there was not a formal system to inventory or monitor client's belongings, and house managers were in the process of updating clients' clothing to ensure there was an adequate supply for the season.</p> <p>The guardian for client D was interviewed on 3/28/16 at 10:13 AM and indicated client D had previously brought home clothing that was too small and at Christmas time a music device purchased as a gift for client D came up missing.</p> <p>This federal tag relates to complaint</p>		Responsible Staff: Maintenance Staff, Program Coordinator, QIDP, Area Director	

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W 0136 Bldg. 00	<p>#IN00178551.</p> <p>9-3-1(a)</p> <p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based upon observation and interview, the facility failed for 4 of 4 sampled clients (clients A, B, C and D) and for 3 additional clients (clients E, G and H) to encourage community integration by utilizing staff to cut clients' hair in the group home.</p> <p>Findings include:</p> <p>During observations on 3/17/16 from 4:55 PM until 6:17 PM, on 3/18/16 from 6:59 AM until 7:54 AM and on 3/23/16 from 6:46 AM until 7:55 AM, Clients B, D, E, G and H all had their hair cut in a similar short style. Client A had a bushy haircut 1 and 1/2 inches in length.</p> <p>Staff #2 was interviewed on 3/23/16 at</p>	W 0136	<p>Program Coordinator and Program Director will receive retraining to include ensuring that all clients are offered an option of getting haircuts in a community setting as opposed to staff cutting their hair if they desire. Program Coordinator and/or Program Director will ask clients their preference and work with consumers Interdisciplinary teams to determine what setting is more appropriate for consumers to receive haircuts based on their preferences.</p> <p>Ongoing, Program Coordinator and/or Program Director will ensure that consumers are offered an option of getting haircuts in a community setting as opposed to staff cutting their hair if they desire. Documentation of client preferences and team recommendations will be</p>	04/27/2016

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W 0210 Bldg. 00	<p>7:45 AM and indicated staff would cut clients A, B, C, D, E, G and H hair every two weeks. She indicated client F's mother preferred for client F to have his hair cut at a barbershop.</p> <p>Clients B and G were interviewed on 3/23/16 at 7:46 AM and indicated they would prefer to get their hair cut at a barbershop.</p> <p>The Area Director (AD) was interviewed on 3/23/16 at 1:15 PM and when asked about financial records for client haircuts, indicated there were none as staff cut the clients' hair.</p> <p>9-3-2(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based upon observation, record review and interview, the facility failed for 1 of 4 sampled clients (client B), to ensure an updated assessment of his needs to address tremors while eating was completed.</p>	W 0210	<p>completed. Receipts for consumer haircuts will be provided for review as needed.</p> <p>Responsible Party: Program Coordinator, Program Director</p> <p>An occupational therapy assessment will be scheduled for Client B to assess his current abilities and the continued need for weighted wrist cuffs and also to address Client B's tremors as observed when he eats his meals. Once an evaluation is completed, an IDT meeting will be</p>	04/27/2016	

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	<p>Findings included:</p> <p>Observations were completed at the group home on 3/17/16 from 4:55 PM until 6:17 PM. Client B ate his meal with the aid of weighted wrist cuffs and a plate guard with built up utensils. Client B's hands shook as he ate his beef stew causing some food to spill from his utensils.</p> <p>Client B's record was reviewed on 3/18/16 at 1:00 PM. Client B's most recent occupational therapy assessment was dated 12/14/06 and indicated a recommendation to use weighted cuffs. There was no evidence of an updated assessment in client B's record to address client B's tremors as observed during the observation while he ate his meal.</p> <p>The Area Director was interviewed on 3/23/16 at 1:15 PM and indicated she would look for an updated occupational evaluation for client B.</p> <p>No additional evaluation was provided for client B's tremors during dining.</p> <p>This federal tag relates to complaint #IN00178551.</p> <p>9-3-4(a)</p>		<p>held to review recommendations and make any necessary changes and/or modifications based on Client B needs.</p> <p>Program Nurse, QIDP and Program Coordinator will receive retraining that includes the need to ensure that all consumers receive appropriate assessments to evaluate the need for any adaptive equipment and/or modifications as needed.</p> <p>The Area Director will review the next 3 ISPs submitted by this QIDP to ensure that all necessary assessments have been completed and/or scheduled to evaluate each client's abilities as needed.</p> <p>Ongoing, the QIDP will ensure that all consumers receive appropriate assessments to evaluate the need for any adaptive equipment and/or modifications as needed</p> <p>Responsible Party: Program Nurse, QIDP, Program Coordinator</p>	

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W 0268 Bldg. 00	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based upon observation and interview, the facility failed to ensure for 1 of 4 sampled clients (client B), and for 2 additional clients (clients E and G), to ensure they were clean shaven.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/23/16 from 6:46 AM until 7:55 AM. Clients B, E and G had a stubble of beard growth on their faces as they prepared to go to day services.</p> <p>Staff #2 was interviewed on 3/23/16 at 7:45 AM and indicated clients were shaved twice weekly.</p> <p>The Area Director was interviewed on 3/23/16 at 1:15 PM and indicated clients should be shaven as needed and should not have stubble on their faces when they left for day services.</p>	W 0268	<p>All Direct Care staff, Program Coordinator and QIDP will receive retraining on client dignity including ensuring that all consumers have clothing that fit, are well shaven and groomed and hair and nails are trimmed and adaptive equipment fits properly.</p> <p>Program Coordinator and QIDP will complete observations in the home a minimum of 3 times per week for the first 4 weeks to ensure that all clients dignity is maintained by ensuring they are wearing clothing that fits, are well shaven and groomed. After the first 4 weeks and ongoing Program Coordinator and QIDP will complete observations in the home a minimum of weekly to ensure that all clients dignity is maintained by ensuring they are wearing clothing that fits, are well shaven and groomed, etc.</p> <p>Responsible Party: Program</p>	04/27/2016

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W 0331 Bldg. 00	<p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based upon record review and interview, the facility's nursing services failed for 1 of 4 sampled clients (client A), to ensure the protocol to prevent constipation was documented/implemented, and failed to ensure a protocol was developed to ensure group home staff were to notify nursing staff to address his weight loss.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the BDDS (Bureau of Developmental Disabilities Services) were reviewed on 3/17/16 at 3:50 PM and indicated the following:</p> <p>A report dated 1/30/16 indicated client A was taken to the ER (emergency room) at the hospital after vomiting and was diagnosed with constipation.</p>	W 0331	<p>Coordinator, QIDP</p> <p>All direct care staff will receive retraining regarding ensuring that Client A is being weighed and weights are recorded a minimum of three times weekly as directed in his Medication Administration Record. Staff will also receive retraining on recording Client A's daily Bowel Movements as directed on his Medication Administration record.</p> <p>Program Nurse will develop a protocol to address Client A weight loss that includes established parameters to notify the Program Nurse or Program Coordinator if significant weight loss occurs or if Client A does not have a Bowel Movement for more than 3 days.</p> <p>Program Nurse will receive retraining to include ensuring that all protocols are specified to the</p>	04/27/2016

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	<p>A report dated 1/25/16 indicated client A was taken to the ER and diagnosed with constipation. Client A required immediate extraction of the contents of his bowel.</p> <p>Reports dated 1/21/16 and 1/22/16 indicated client A's gastronomy tube (G tube) had come out and required replacement in the ER.</p> <p>Client A's records were reviewed on 3/23/16 at 2:00 PM. Client A's weight records indicated he had a desired weight range from 139-169 pounds. The record indicated client A's weight was 139.4 in 3/15, 132.9 in 4/15, 134.5 in 5/15, 129.4 in 6/15, 130 in 7/15, 139.2 in 8/15 and 138.8 in 9/15. Client A's weight in 2/16 was 151.2.</p> <p>Nutritional Assessments by the dietitian dated 7/15 indicated a ? (for unknown) for 7/15 weight. Notes dated 4/15 indicated "undesirable weight loss past 3 and 6 months. wt (sic) (weight) increase 7# (pounds) from April 1 to April 18, 2015. He is 2 # below IBWR (Ideal Body Weight Range). He tolerates his feedings well. He is receiving protein per day (sic). He receives adequate nutrition and hydration. Want to see weight back in the 140's by next review. Continue POC</p>		<p>consumers' needs, include parameters for appropriate readings and specify what staff are to do and when to report to the program nurse if readings are elevated.</p> <p>Ongoing, the Program Nurse will monitor results of staff completing the protocol and make adjustments to the protocol as needed. Ongoing the Program Nurse will ensure that client specific protocols are developed for each client as needed to address their specific medical needs.</p> <p>For 4 weeks, the Program Coordinator, QIDP and/or Program Nurse will review Medication Administration records a minimum of 3 times weekly to ensure that staff are documenting Client A Bowel Movements and recording his weights as frequently as directed by the Medication Administration Record. If documentation is not being completed, Program Coordinator will address with staff immediately.</p> <p>Ongoing, the Program Coordinator, QIDP and/or Program Nurse will review Medication Administration records a minimum of 2 times weekly to ensure that staff are documenting Client A Bowel Movements and recording his weights as frequently as directed by the Medication Administration</p>	

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	<p>(plan of care). No s/s (signs and symptoms) noted for aspiration or dehydration." A note dated 7/21/15 indicated "CBW (body weight) continued loss past quarter, BMI (Body Mass Index) 19.9.. 4.5% loss x (times/for) 90 d (days), 14.9% x 1 year. Recommend to add one can at night feeding, ... order Ensure Plus 2 cans (480 ml (milliliters) QID (four times daily)= 2800 calories, 104 gm (grams) protein, 1920 mg fluids...continue 325 mg QID following feedings. Goal to prevent wt loss and gradual gain towards 140's." A note dated 10/13/15 indicated client A's weight was 138.8 and client A's weight fluctuated from 138-146 pounds within the last month. "Will cont (continue) with current T (tube) feeding order and flushes and monitor."</p> <p>Client A's 3/16 MAR (medication administration record) and physician's orders dated 3/16 indicated client A's weight was to be recorded 3 times weekly and ranged from 153.4 to 160 pounds. Client A's MAR indicated his bowel movements (BM) were to be recorded with a + (plus) or - (minus) and the nurse notified if he did not have a BM every 3 days. Client A's MAR failed to indicate data on the PM shift from 3/5/16 -3/10/16 using a plus or minus. Client A's record did not contain a protocol for staff to</p>		<p>Record. If documentation is not being completed, Program Coordinator will address with staff immediately.</p> <p>Responsible Party: Program Nurse, Program Coordinator, QIDP</p>	

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	<p>follow to monitor client A's weight including when to notify medical staff when he exhibited weight loss.</p> <p>Staff #1 was interviewed on 3/23/16 at 7:25 AM and indicated client A was to be weighed three times weekly. Staff #2 indicated client A's weight fluctuated. When asked who was to be notified when client A lost weight, she indicated the nurse or house manager was to be notified. When asked if there was a certain amount of weight loss that was to be reported, she indicated there was no parameter established to notify the nurse or house manager of client A's weight loss. She indicated client A had issues in the past with his G tube clogging, but it had been addressed by the doctor.</p> <p>The Program Director (PD) was interviewed on 3/18/16 at 4:15 PM and when asked about client A's weight loss and G tube indicated client A had gained weight recently and he had been taken to the gastroenterologist physician or the ER for any issues with his G tube.</p> <p>The Area Director was interviewed on 3/23/16 at 4:31 PM and indicated staff should be documenting client A's BMs in the record.</p> <p>This federal tag relates to complaint</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/28/2016
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2560 GERMAN CHURCH RD INDIANAPOLIS, IN 46229
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W 0454 Bldg. 00	<p>#IN00178551.</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based upon observation and interview for 1 of 4 sampled clients (client B), and 2 additional clients (clients E and F), the facility failed to ensure their grooming supply containers were maintained in clean condition.</p> <p>Findings include:</p> <p>Observations were completed on 3/23/16 from 6:46 AM until 7:55 AM. Clients B, E and F's see through plastic grooming containers used by the clients had white substance spots on the interior.</p> <p>The Area Director director was interviewed on 3/23/16 at 4:28 PM and indicated the grooming containers should</p>	W 0454	<p>All staff and Program Coordinator will receive retraining on infection control including ensuring that all consumers grooming supply containers are kept clean and free from debris. Training for staff will include notifying the Program Coordinator if the grooming supply containers need to be replaced for any reason.</p> <p>Ongoing, the Program Coordinator and/or QIDP will complete a weekly visual check of all consumers grooming supply containers to ensure they are being kept clean and free from debris. If containers need to be cleaned or replaced, Program Coordinator will address as soon as possible.</p>	04/27/2016

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W 0460 Bldg. 00	<p>be clean.</p> <p>9-3-7(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based upon observation, record review and interview, the facility failed for 1 of 4 sampled clients (client C) to ensure her food was prepared to prescribed consistency (pureed).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 3/17/16 from 4:55 PM until 6:15 PM. Client C was served beef stew ground up with pieces of corn kernels in the mixture.</p> <p>The group home manager was interviewed on 3/17/16 at 5:15 PM. When asked about the consistency of client C's food, she indicated it was to be pureed. When asked about the corn pieces, she stated, "As long as it's pureed, I don't think there is a problem with it."</p>	W 0460	<p>Responsible Party: DSPs, Program Coordinator, QIDP</p> <p>All direct care staff will receive retraining on Client C diet orders and how to appropriately prepare the diet. Training will include ensuring that all consumers' diet orders are prepared as directed by the physician and/or dietician. Program nurse will receive retraining to include ensuring all staff are trained to accurately prepare food and drink according to the specified orders.</p> <p>For 4 weeks the Program Coordinator and/or QIDP will complete mealtime observations a minimum of twice weekly to ensure that direct care staff are preparing all consumers food and beverages as directed by their Physician and/or dietician.</p> <p>Ongoing after the 4 weeks the Program Coordinator and/or QIDP will complete mealtime observations</p>	04/27/2016

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	<p>During observations at the day services on 3/18/16 from 10:46 AM until 11:30 AM, client C was served a mixture of food with corn pieces in the food.</p> <p>Day services staff #1 was interviewed on 3/18/16 at 10:53 AM and when asked about client C's dietary texture, stated, "It should be pureed...hers (food) is not smooth all the way." Day services staff #1 indicated the food was sent from the group home.</p> <p>Client C's record was reviewed on 3/23/16 at 3:00 PM. A Quarterly Nutrition Assessment dated 1/15/16 indicated client C was to receive a pureed diet. Client C's record included a guide Pureeing Foods: A General Description Indiana MENTOR dated 2/12/2016 and indicated foods should be "pudding like."</p> <p>The Program Director was interviewed on 3/23/16 at 4:40 PM and stated, "All pureeds (sic) should be smooth."</p> <p>9-3-8(a)</p>		<p>a minimum of weekly to ensure that direct care staff are preparing all consumers food and beverages as directed by their Physician and/or dietician.</p> <p>Responsible party: QIDP, Program Coordinator, Program Nurse</p>	