

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G663	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/22/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
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W0000	<p>This visit was for the investigation of complaint #IN00122739.</p> <p>Complaint #IN00122739: Substantiated, federal and state deficiencies related to the allegation(s) are cited at: W102, W104, W122, W149, W153 and W186.</p> <p>Dates of Survey: 1/16/13, 1/17/13, 1/18/13, 1/21/13 and 1/22/13.</p> <p>Facility Number: 001216 Provider Number: 15G663 AIMS Number: 100233690</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/29/13 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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W0102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (A, B, C) plus 2 additional clients (D and E). The governing body failed to exercise general policy and operating direction over the facility to ensure there were adequate staff levels in the group home for clients A, B, C, D and E. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding two physical restraints for client D, one incident of elopement for client B and one allegation of verbal abuse for client A. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedure to prevent neglect of clients A and B in regard to providing supervision/support during an incident of elopement.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure there were adequate staff levels in the group home for clients A, B, C, D and E. Please see W104.</p>			W0102	<p>The AD will re-train the staff on reporting requirements to include examples of what is reportable, when reports are to be made, who reports are to be made to, on-call procedures, consequences of not reporting as required, and documenting reporting ie who reported, who reported to, and what date, time it was reported, and what direction was provided by on call supervisor. AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required. PD/AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months and on going the PD/AD will review the</p>		02/10/2013

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	<p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to immediately notify BDDS in accordance with state law regarding two physical restraints for client D, one incident of elopement for client B and one allegation of verbal abuse for client A. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of clients A and B in regard to providing supervision/support during an incident of elopement. Please see W122.</p> <p>This federal tag relates to complaint #IN00122739.</p> <p>9-3-1(a)</p>		<p>staffing levels monthly and make necessary changes based on the occupancy/consumers present in the home.</p> <p>AD will re-train the PD on policy and procedures for the completion of investigations to include what incidents require an investigation, and the timelines for completing all investigations.</p> <p>A BDDS Report will be completed for a client to client incident discovered and an investigation into the client to client incident as well as the PIA hold will be completed.</p> <p>Responsible Party: Regional Director, Area Director, Program Director</p>		

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W0104	<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 on record review and interview for 3 of 3 sampled clients (A, B and C) plus 2 additional clients (D and E), the governing body failed to exercise general policy and operating direction over the facility to ensure there were adequate staff levels in the group home for clients A, B, C, D and E. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedure to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding two physical restraints for client D, one incident of elopement for client B and one allegation of verbal abuse for client A.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedure to prevent neglect of clients A and B in regard to providing supervision/support during an incident of elopement. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility failed to immediately notified BDDS in accordance with state law regarding two physical restraints for client D, one incident of elopement for client B and one allegation of verbal abuse for client A.</p> <p>Findings include:</p>	W0104	<p>PD/AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months and on going the PD/AD will review the staffing levels monthly and make necessary changes based on the occupancy/consumers present in the home.</p> <p>The AD will re-train the staff on reporting requirements to include examples of what is reportable, when reports are to be made, who reports are to be made to, on-call procedures, consequences of not reporting as required, and documenting reporting ie who reported, who reported to, and what date, time it was reported, and what direction was provided by on call supervisor.</p> <p>AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels</p>	02/10/2013	

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	<p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedure to immediately notify BDDS in accordance with state law regarding two physical restraints for client D, one incident of elopement for client B and one allegation of verbal abuse for client A. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedure to prevent neglect of clients A and B in regard to providing supervision/support during an incident of elopement. Please see W149.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility failed to immediately notified BDDS in accordance with state law regarding two physical restraints for client D, one incident of elopement for client B and one allegation of verbal abuse for client A. Please see W153.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure there were adequate staff levels in the group home for clients A, B, C, D and E. Please see W186.</p> <p>This federal tag relates to complaint #IN00122739.</p> <p>9-3-1(a)</p>		<p>are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required. AD will re-train the PD on policy and procedures for the completion of investigations to include what incidents require an investigation, and the timelines for completing all investigations. A BDDS Report will be completed for a client to client incident discovered and an investigation into the client to client incident as well as the PIA hold will be completed. Responsible Party: Regional Director, Area Director, Program Director</p>		

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 2 of 3 sampled clients (A and B) plus 1 additional client (D). The facility failed to implement its policy and procedures to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding two physical restraints for client D, one incident of elopement for client B and one allegation of verbal abuse for client A. The facility failed to implement its policy and procedure to prevent neglect of clients A and B in regard to providing supervision/support during an incident of elopement.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The facility failed to implement its policy and procedures to immediately notify BDDS in accordance with state law regarding two physical restraints for client D, one incident of elopement for client B and one allegation of verbal abuse for client A. The facility failed to implement its policy and procedure to prevent neglect of clients A and B in regard to providing supervision/support during an incident of elopement. Please see W149. The facility failed to immediately notify BDDS in accordance with state law regarding 	W0122	<p>The AD will re-train the staff on reporting requirements to include examples of what is reportable, when reports are to be made, who reports are to be made to, on-call procedures, consequences of not reporting as required, and documenting reporting ie who reported, who reported to, and what date, time it was reported, and what direction was provided by on call supervisor. AD will re-train the PD on policy and procedures for the completion of investigations to include what incidents require an investigation, and the timelines for completing all investigations. AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required. Responsible Party: Regional Director, Area Director, Program Director</p>	02/10/2013	

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	<p>two physical restraints for client D, one incident of elopement for client B and one allegation of verbal abuse for client A. Please see W153.</p> <p>This federal tag relates to complaint #IN00122739.</p> <p>9-3-2(a)</p>			

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS 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 for 2 of 3 sampled clients (A and B) plus 1 additional client (D), the facility failed to implement its policy and procedure to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding two physical restraints for client D, one incident of elopement for client B and one allegation of verbal abuse for client A. The facility failed to implement its policy and procedure to prevent neglect of clients A and B in regard to providing supervision/support during an incident of elopement.</p> <p>Findings include:</p> <p>1. Client D was interviewed on 1/16/13 at 4:21 PM. Client D indicated he was placed in a restraint on Friday 1/11/13. When asked why he was placed in a restraint on 1/11/13, client D stated, "I was talking about [staff #1's] daughter. I said, like, [expletive] her and [staff #1] told me to stop." When asked how he was restrained, client D stated, "They held me down." Client D indicated he was on the floor and staff #2 was on top of him during the restraint. When asked who had restrained him, client D indicated staff #1 and staff #2.</p> <p>AS (Administrative Staff) #1 was interviewed on 1/16/13 at 4:30 PM. AS #1 indicated there were no BDDS reports</p>	W0149	The AD will re-train the staff on reporting requirements to include examples of what is reportable, when reports are to be made, who reports are to be made to, on-call procedures, consequences of not reporting as required, and documenting reporting ie who reported, who reported to, and what date, time it was reported, and what direction was provided by on call supervisor.PD/AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months and on going the PD/AD will review the staffing levels monthly and make necessary changes based on the occupancy/consumers present in the home. AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate	02/10/2013			

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	<p>regarding client D being restrained on 1/11/13.</p> <p>Staff #1 was interviewed on 1/17/13 at 7:10 AM. Staff #1 indicated client D was restrained on 1/11/13. When asked why client D was restrained, staff #1 stated, "[Client D] kept saying stuff about my daughter. [Client D] spit in [staff #2's] face."</p> <p>Client D's record was reviewed on 1/17/13 at 7:15 AM. Client D's DSR (Daily Support Record) narratives indicated the following entries:</p> <p>-1/11/13, 2:00 PM- 9:00 PM shift entry by staff #1 indicated staff utilized PIA (Physical Restraint) to move client D to his bedroom.</p> <p>-1/11/13, 3:00-9:00 PM shift entry by staff #2 indicated staff utilized PIA to move client D to his bedroom.</p> <p>Interview with staff #3 on 1/17/13 at 4:04 PM indicated he had worked on 1/11/13 from 2:00 PM to 9:00 PM. Staff #3 indicated client D was taken by PIA to his bedroom from the group home living room at 5:00 PM. Staff #3 indicated he was working with staff #1 and staff #2 on 1/11/13. Staff #3 indicated staff #1 and staff #2 used PIA to take client D to his room and then shut the door once inside of client D's bedroom. Staff #3 indicated staff #1, staff #2 and client D were in client D's bedroom with the door shut for 10 minutes. Staff #3 indicated staff #1 and staff #2 exited client D's room. Staff #3 indicated client D</p>		<p>staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required. AD will re-train the PD on policy and procedures for the completion of investigations to include what incidents require an investigation, and the timelines for completing all investigations. A BDDS Report will be completed for a client to client incident discovered and an investigation into the client to client incident as well as the PIA hold will be completed.</p> <p>Responsible Party: Regional Director, Area Director, Program Director</p>				

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	<p>remained in his room until 8:00 PM.</p> <p>2. Client B was interviewed on 1/16/13 at 4:15 PM. Client B indicated he and client A vacated the house on 1/13/13.</p> <p>Client A was interviewed on 1/16/13 at 3:56 PM. Client A indicated he and client B vacated the group home together on 1/13/13. Client A indicated he and client B were attempting to walk to another group home in the area to call the police. Client A indicated he and client B returned to the group home at 11:30 PM.</p> <p>AS #2 was interviewed on 1/16/13 at 3:04 PM. AS #2 indicated clients A and B had vacated the group home at 11:00 PM on 1/13/13 and returned to the group home at 11:30 PM on 1/13/13. AS #2 indicated clients A and B walked away from the group home and staff 2 was not able to maintain visual observation of clients A and B from 11:00 PM until 11:30 PM on 1/13/13. AS #2 indicated staff #2 was the only staff on duty at the time of the incident. AS #2 indicated staff #2 contacted the on-call supervisor when clients A and B vacated the home. AS #2 indicated staff #2 was not directed to contact the police and/or initiate search procedures.</p> <p>Client B's record was reviewed on 1/17/13 at 9:48 AM. Client B's Progress Note form dated 1/13/13 indicated client B vacated the group home on 1/13/13 with client A. Client B's BSP (Behavior Support Plan) dated</p>				

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	<p>5/23/12 indicated client B had the following targeted behaviors: negative self talk, wasting food items, property destruction, eating non dietary items, fire setting, vacating, self injurious behavior, inappropriate sexual behavior and verbal abuse. Client B's 5/23/12 BSP indicated, "Vacating: (1) If staff observes [client B] attempting to leave, ask him to remain within the program area: (2) If [client B] does as requested, resume the ongoing activity with no further comment: (3) If [client B] leaves anyway, one staff member must exit with him and stay with him to protect him from danger. Do not chase [client B]; shadow him from behind. Keep [client B] in eyesight: (5) (sic) If necessary, another staff person should bring protective clothing for [client B] and the primary staff person, and then return to the other residents: (6) Approximately once every 5 minutes, ask [client B] if he is ready to return. If he is not remain with him repeating the request on the same interval until he will return to the program area. Do not speak to [client B] at any other time: (7) If [client B] will not returning for more than 30 minutes, call the on-call supervisor for further instructions: (8) If you do not see [client B] leave the area contact the on-call supervisor and initiate search procedures; when [client B] is located, implement steps 5-7: (9) If at any point [client B] is no longer in eyesight, immediately contact the on-call supervisor."</p> <p>Client A's record was reviewed on 1/17/13 at 9:35 AM. Client A's Progress Note form dated 1/13/13 indicated, "Both [client A] and</p>			

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	<p>[client B] sneaked (sic) out of the house through the kitchen door. They came to the front of the house, threw stone (sic) at the front patio window and broke it. Staff asked them if they want (sic) to come inside the house. They refused and walked away. Staff called and informed on call HM (Home Manager). After about 30 minutes they knocked on the door and staff let them inside." Client A's record did not indicate the on-call supervisor initiated or facilitated a facility search for clients A or B and did not direct staff to contact police for outside assistance in ensuring the safety of clients A and/or B. Client A's HRC (Human Rights Committee) notes dated 10/3/12 indicated, "Due to [client A's] lack of community safety skills, this right will be restricted. [Client A] will be accompanied while in the community." Client A's record indicated client A should be supervised while in the community.</p> <p>3. Client A was interviewed on 1/16/13 at 3:56 PM. Client A stated, "[Staff #2] was putting his hands on me and he yanked the cord on my television. It fell over like two times. Client A indicated staff #2 yelled, cursed and threatened him on 1/13/13. When asked if anyone else was in the home when staff #2 was yelling or putting his hands on him, client A stated, "[Staff #3] walked in, stuck his head in the room with [client C] when they got back. [Staff #3] gave [staff #2] the van keys." Client A indicated staff #3 was present in the home during the time staff #2 was yelling and putting his hands on him.</p>			

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	<p>Staff #3 was interviewed on 1/17/13 at 4:04 PM. Staff #3 indicated he had taken client C to the emergency room and returned to the group home with client C at 11:00 PM. Staff #3 indicated staff #2 was the only staff working at 11:00 PM. Staff #3 indicated staff #2 and client A were arguing in client A's bedroom when he returned to the group home with client C. When asked if staff #2 was yelling or cursing at client A, staff #3 indicated staff #2 was yelling/shouting at client A. When asked if staff should yell at clients, staff #3 indicated no.</p> <p>PD #1 (Program Director) was interviewed on 1/16/13 at 4:40 PM. PD #1 indicated he became aware of client A's allegation regarding verbal abuse and physical abuse by staff #2 on 1/14/13 at 4:00 PM. PD #1 indicated client A's guardian reported the allegation of abuse to him via phone.</p> <p>AS #1 was interviewed on 1/16/13 at 4:45 PM. AS #1 indicated she became aware of client A's allegation regarding verbal abuse and physical abuse by staff #2 on 1/14/13 at 4:00 PM. AS #1 indicated client A's guardian reported the allegation of abuse to PD #1 and herself.</p> <p>The facility BDDS reports were reviewed on 1/17/13 at 3:00 PM. The review did not indicate documentation of client D being restrained on 1/11/13. The review did not indicate documentation of client B's 1/13/13 elopement from the group home. The review</p>			

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
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	<p>did not indicate documentation regarding staff #3 reporting verbal abuse regarding the 1/13/13 incident for client A and staff #2.</p> <p>The facility BDDS reports were reviewed on 1/18/13 at 4:19 PM. The review indicated the following:</p> <p>-BDDS report dated 1/17/13 indicated, "While [client D] was being interviewed for another ongoing investigation, he reported that a staff member placed him into a PIA hold because he was cursing and saying inappropriate things about this staff member's daughter. After reviewing [client D's] daily documentation, it was determined that [client D] was placed in a hold due to kicking another client, cursing at other clients and staff and refused to go to his room to calm down." The 1/17/13 BDDS report indicated client D was placed in the PIA hold on 1/11/13 at 9:00 PM. The 1/17/13 BDDS report indicated the facility became aware of the PIA hold on 1/16/13. The 1/17/13 BDDS report did not indicate client D was placed in a PIA hold at 5:00 PM on 1/11/13.</p> <p>Interview with AS #3 on 1/17/13 at 11:45 AM indicated allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin are to be reported immediately to supervisory staff. AS #3 indicated the use of physical restraints and incidents of elopement should be reported to BDDS within 24 hours of the incident. AS #3 indicated on call supervisors should have directed staff #2 to contact the police to</p>			

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	<p>locate clients A and B while they were unsupervised in the community from 11:00 PM to 11:30 PM on 1/13/12.</p> <p>The facility's policy and procedures were reviewed on 1/21/13 at 10:47 PM. The 4/2011 facility's policy entitled Quality and Risk Management indicated, "Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS: B(1)(e) Failure to provide appropriate supervision, care or training. 4.(c) Elopement of an individual that results in evasion of required supervision as described in the ISP (Individual Support Plan) for health and welfare; 4.(n) Use of any physical or manual restraint regardless of: (1) planning; (2) Human Rights Committee approval; (3) Informed consent; 4.(p) Inadequate staff support of an individual, including inadequate supervision, with the potential for: (1) significant harm or injury to an individual; or (2) death of an individual; 5. An initial report regarding an incident shall be submitted within twenty-four (24) hours of: (a) the occurrence of the incident; or (b) the reporter becoming aware of or receiving information about an incident."</p> <p>This federal tag relates to complaint #IN00122739.</p> <p>9-3-2(a)</p>						

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 4 of 7 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding two physical restraints for client D, one incident of elopement for client B and one allegation of verbal abuse for client A.</p> <p>Findings include:</p> <p>1. Client D was interviewed on 1/16/13 at 4:21 PM. Client D indicated he was placed in a restraint on Friday 1/11/13. When asked why he was placed in a restraint on 1/11/13, client D stated, "I was talking about [staff #1's] daughter. I said, like, [expletive] her and [staff #1] told me to stop." When asked how he was restrained/describe the restraint, client D stated, "They held me down." Client D indicated he was on the floor and staff #2 was on top of him during the restraint. When asked who had restrained him, client D indicated staff #1 and staff #2.</p> <p>AS (Administrative Staff) #1 was interviewed on 1/16/13 at 4:30 PM. AS #1 indicated there were no BDDS reports</p>	W0153	<p>The AD will re-train the staff on reporting requirements to include examples of what is reportable, when reports are to be made, who reports are to be made to, on-call procedures, consequences of not reporting as required, and documenting reporting ie who reported, who reported to, and what date, time it was reported, and what direction was provided by on call supervisor. AD will re-train the PD on policy and procedures for the completion of investigations to include what incidents require an investigation, and the timelines for completing all investigations. A BDDS Report will be completed for a client to client incident discovered and an investigation into the client to client incident as well as the PIA hold will be completed. The AD will re-train all the on-call supervisors regarding reportable incidents, and giving instructions regarding clients eloping as well as calling the PD on call to inform and get directions on how to proceed with protective measures which includes contacting the AD. Responsible Party: Area Director,</p>	02/10/2013			

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	<p>regarding client D being restrained on 1/11/13.</p> <p>Staff #1 was interviewed on 1/17/13 at 7:10 AM. Staff #1 indicated client D was restrained on 1/11/13. When asked why client D was restrained, staff #1 stated, "[Client D] kept saying stuff about my daughter. [Client D] spit in [staff #2's] face."</p> <p>Client D's record was reviewed on 1/17/13 at 7:15 AM. Client D's DSR's (Daily Support Record) narratives indicated the following entries:</p> <p>-1/11/13, 2:00 PM- 9:00 PM shift entry by staff #1 indicated staff utilized PIA (Physical Restraint) to move client D to his bedroom.</p> <p>-1/11/13, 3:00-9:00 PM shift entry by staff #2 indicated staff utilized PIA to move client D to his bedroom.</p> <p>Interview with staff #3 on 1/17/13 at 4:04 PM indicated he had worked on 1/11/13 from 2:00 PM to 9:00 PM. Staff #3 indicated client D was taken to his bedroom from the group home living room at 5:00 PM. Staff #3 indicated he was working with staff #1 and staff #2 on 1/11/13. Staff #3 indicated staff #1 and staff #2 used PIA to take client D to his room and then shut the door once inside of client D's bedroom. Staff #3 indicated staff #1, staff #2 and client D were in client D's bedroom with the door shut for 10 minutes. Staff #3 indicated staff #1 and staff #2 exited client D's room. Staff #3 indicated client D</p>		Program Director				

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	<p>remained in his room until 8:00 PM. Staff #3 indicated staff #1 watched television in the group home living room while client D remained in his bedroom.</p> <p>2. Client B was interviewed on 1/16/13 at 4:15 PM. Client B indicated he vacated the house with client A on 1/13/13.</p> <p>Client A was interviewed on 1/16/13 at 3:56 PM. Client A indicated he and client B vacated the group home together on 1/11/13. Client A indicated he and client B were attempting to walk to another group home in the area to call the police. Client A indicated he and client B returned to the group home at 11:30 PM.</p> <p>AS #2 was interviewed on 1/16/13 at 3:04 PM. AS #2 indicated clients A and B had vacated the group home at 11:00 PM on 1/13/13 and returned to the group home at 11:30 PM on 1/13/13. AS #2 indicated clients A and B walked away from the group home and staff 2 was not able to maintain visual observation of clients A and B from 11:00 PM until 11:30 PM on 1/13/13. AS #2 indicated staff #2 was the only staff on duty at the time of the incident.</p> <p>Client B's record was reviewed on 1/17/13 at 9:48 AM. Client B's Progress Note form dated 1/13/13 indicated client B vacated the group home on 1/13/13 with client A.</p> <p>Client A's record was reviewed on 1/17/13 at 9:35 AM. Client A's Progress Note form</p>			

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	<p>dated 1/13/13 indicated, "Both [client A] and [client B] sneaked (sic) out of the house through the kitchen door. They came to the front of the house, threw stone (sic) at the front patio window and broke it. Staff asked them if they want to come inside the house. They refused and walked away. Staff called and informed on call HM (Home Manager). After about 30 minutes they knocked on the door and staff let them inside."</p> <p>3. Client A was interviewed on 1/16/13 at 3:56 PM. Client A stated, "[Staff #2] was putting his hands on me and he yanked the cord on my television. It fell over like two times." Client A indicated staff #2 yelled, cursed and threatened him on 1/13/13. When asked if anyone else was in the home when staff #2 was yelling or putting his hands on him, client A stated, "[Staff #3] walked in, stuck his head in the room with [client C] when they got back. [Staff #3] gave [staff #2] the van keys." Client A indicated staff #3 was present in the home during the time staff #2 was yelling and putting his hands on him.</p> <p>Staff #3 was interviewed on 1/17/13 at 4:04 PM. Staff #3 indicated he had taken client C to the emergency room and returned to the group home with client C at 11:00 PM. Staff #3 indicated staff #2 was the only staff working at 11:00 PM. Staff #3 indicated staff #2 and client A were arguing in client A's bedroom when he returned to the group home with client C. When asked if staff #2 was yelling or cursing at client A, staff #3 indicated staff #2 was yelling/shouting at</p>			

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	<p>client A. When asked if staff staff should yell at clients, staff #3 indicated no.</p> <p>PD #1 (Program Director) was interviewed on 1/16/13 at 4:40 PM. PD #1 indicated he became aware of client A's allegation regarding verbal abuse and physical abuse by staff #2 on 1/14/13 at 4:00 PM. PD #1 indicated client A's guardian reported the allegation of abuse to him via phone.</p> <p>AS #1 was interviewed on 1/16/13 at 4:45 PM. AS #1 indicated she became aware of the client A's allegation regarding verbal abuse and physical abuse by staff #2 on 1/14/13 at 4:00 PM. AS #1 indicated client A's guardian reported the allegation of abuse to PD #1 and herself.</p> <p>The facility BDDS reports were reviewed on 1/17/13 at 3:00 PM. The review did not indicate documentation of client D being restrained on 1/11/13. The review did not indicate documentation of client B's 1/13/13 elopement from the group home. The review did not indicate documentation regarding staff #3 reporting verbal abuse regarding the 1/13/13 incident for client A and staff #2.</p> <p>The facility BDDS reports were reviewed on 1/18/13 at 4:19 PM. The review indicated the following:</p> <p>-BDDS report dated 1/17/13 indicated, "While [client D] was being interviewed for another ongoing investigation, he reported that a staff member placed him into a PIA</p>			

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	<p>hold because he was cursing and saying inappropriate things about this staff members daughter. After reviewing [client D's] daily documentation, it was determined that [client D] was placed in a hold due to kicking another client, cursing at other clients and staff and refused to go to his room to calm down." The 1/17/13 BDDS report indicated client D was placed in the PIA hold on 1/11/13 at 9:00 PM. The 1/17/13 BDDS report indicated the facility became aware of the PIA hold on 1/16/13. The 1/17/13 BDDS report did not indicate client D was placed in a PIA hold at 5:00 PM on 1/11/13.</p> <p>Interview with AS #3 on 1/17/13 at 11:45 AM indicated allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin are to be reported immediately to supervisory staff. AS #3 indicated the use of physical restraints and incidents of elopement should be reported to BDDS within 24 hours of the incident.</p> <p>This federal tag relates to complaint #IN00122739.</p> <p>9-3-1(b)(5) 9-3-2(a)</p>				

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W0186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 2 of 3 sampled clients (A, B and C) plus 2 additional clients (D and E), the facility failed to ensure there were adequate staff levels in the group home for clients A, B, C, D and E.</p> <p>Findings include:</p> <p>Client B was interviewed on 1/16/13 at 4:15 PM. Client B indicated he and client A vacated the house on 1/13/13.</p> <p>Client A was interviewed on 1/16/13 at 3:56 PM. Client A indicated he and client B vacated the group home together on 1/13/13. Client A indicated he and client B were attempting to walk to another group home in the area to call the police. Client A indicated he and client B returned to the group home at 11:30 PM.</p> <p>AS #2 was interviewed on 1/16/13 at 3:04 PM. AS #2 indicated clients A and B had vacated the group home at 11:00 PM on 1/13/13 and returned to the group home at 11:30 PM on 1/13/13. AS #2 indicated clients</p>	W0186	<p>PD/AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months and on going the PD/AD will review the staffing levels monthly and make necessary changes based on the occupancy/consumers present in the home.</p> <p>AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required.</p> <p>The AD will re-train all the on-call supervisors regarding reportable</p>	02/10/2013	

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	<p>A and B walked away from the group home and staff 2 was not able to maintain visual line of sight of clients A and/or B from 11:00 PM until 11:30 PM on 1/13/13. AS #2 indicated staff #2 was the only staff on duty at the time of the incident. AS #2 indicated staff #2 contacted the on-call supervisor when clients A and B vacated the home. AS #2 indicated clients A, B, C, D and E were in the home at the time and staff #2 was not able to follow or implement facility search procedures.</p> <p>Client B's record was reviewed on 1/17/13 at 9:48 AM. Client B's Progress Note form dated 1/13/13 indicated client B vacated the group home on 1/13/13 with client A. Client B's BSP (Behavior Support Plan) dated 5/23/12 indicated client B had the following targeted behaviors: negative self talk, wasting food items, property destruction, eating non dietary items, fire setting, vacating, self injurious behavior, inappropriate sexual behavior and verbal abuse. Client B's 5/23/12 BSP indicated, "Vacating: (1) If staff observes [client B] attempting to leave, ask him to remain within the program area: (2) If [client B] does as requested, resume the ongoing activity with no further comment: (3) If [client B] leaves anyway, one staff member must exit with him and stay with him to protect him from danger. Do not chase [client B]; shadow him from behind. Keep [client B] in eyesight: (5) (sic) If necessary, another staff person should bring protective clothing for [client B] and the primary staff person, and then return to the other residents:</p>		<p>incidents, and giving instructions regarding clients eloping as well as calling the PD on call to inform and get directions on how to proceed with protective measures which includes contacting the AD. Responsible Party: Regional Director, Area Director, Program Director</p>				

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	<p>(6) Approximately once every 5 minutes, ask [client B] if he is ready to return. If he is not remain with him repeating the request on the same interval until he will return to the program area. Do not speak to [client B] at any other time: (7) If [client B] will not return for more than 30 minutes, call the on-call supervisor for further instructions: (8) If you do not see [client B] leave the area contact the on-call supervisor and initiate search procedures; when [client B] is located, implement steps 5-7: (9) If at any point [client B] is no longer in eyesight, immediately contact the on-call supervisor."</p> <p>Client A's record was reviewed on 1/17/13 at 9:35 AM. Client A's Progress Note form dated 1/13/13 indicated, "Both [client A] and [client B] sneaked (sic) out of the house through the kitchen door. They came to the front of the house, threw stone (sic) at the front patio window and broke it. Staff asked them if they want to come inside the house. They refused and walked away. Staff called and informed on call HM (Home Manager). After about 30 minutes they knocked on the door and staff let them inside." Client A's HRC (Human Rights Committee) notes dated 10/3/12 indicated, "Due to [client A's] lack of community safety skills, this right will be restricted. [Client A] will be accompanied while in the community." Client A's record indicated client A should be supervised while in the community. Client A's record did not indicate the on-call supervisor initiated or facilitated a facility search for clients A or B and/or did not direct staff to contact police</p>			

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>for outside assistance to ensure the safety of clients A and/or B.</p> <p>This federal tag relates to complaint #IN00122739.</p> <p>9-3-3(a)</p>				