

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G438	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/17/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7555 GRANDVIEW DR INDIANAPOLIS, IN 46260
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W000000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 12/2, 12/3, 12/5, 12/6 and 12/17/13</p> <p>Facility Number: 000952 Provider Number: 15G438 AIMS Number: 100244640</p> <p>Surveyor: Paula Chika, QIDP-TC</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/20/13 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on interview and record review for 1 of 3 sampled clients (#2), the facility's governing body failed to exercise general policy and operating direction over the facility to develop a policy and procedure on contacting the administrator immediately, and to specifically indicate when an internal incident report, of any type, would be filled out.</p>	W000104	<p>Indiana MENTOR's Quality Assurance team is reviewing the current policy and procedure and will create an update in which to specifically include the direct support professional role when reporting an incident. All Direct Support Professionals at the group home will be retrained on incident reporting. This retraining will include the updated policy and procedure and the BDDS reporting requirements. Indiana</p>	01/16/2014

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>Findings include:</p> <p>Client #2's day program record was reviewed on 12/3/13 at 10:42 AM. Client #2's 12/19/12 Monthly Progress Note indicated "[Client #2] came into the center this am and the center Director noted a bruise on his right ear and the tip of his nose. The nurse assessed the areas, no open, no signs of soreness (sic). Nurse spoke with [name of group home staff] from [client #2's] GH (group home) who stated they weren't aware of the areas but he was rubbing his ear this morning before he came to the center. Bruise on the tip of nose & (and) ear not there yesterday 12/18/12."</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 12/2/13 at 2:50 PM. The facility's reportable incident reports and/or investigations did not indicate an internal incident report was filled out in regard to the above mentioned injury of unknown origin as no internal incident reports were provided to review.</p> <p>Interview with administrative staff #1 on 12/2/13 at 3:29 PM indicated the facility did not have any internal incident reports. Administrative staff #1 "All</p>		<p>MENTOR's Basic Orientation training class that all staff must attend upon hire specifically trains all Direct Support Professionals on incident reporting at length. All current staff are required to attend Annual Recertification each year to review the standard guidelines, which specifically include incident reporting. Ongoing, Indiana MENTOR will continue to train all staff on incident reporting. This training will occur at the hire date, ongoing annually for the duration of the employment, and then more as needed throughout the year. Addendum: Ongoing the HM will complete a thorough review of consumers records including Day placement reports, Daily Support records, behavior tracking and narrative notes a minimum of 3 times per week for 2 months to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the program director within the designated timeframes. After the 2 month period, the HM will complete a thorough review of consumers' records including Day Placement reports, Daily Support records, behavior tracking and narrative notes a minimum of 1 time per week to ensure all incidents are reported the Program Director within the designated timeframes. For 2 months, the Program Director will complete a thorough review of consumers records including Day</p>		

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	<p>(incidents) reported to BDDS (Bureau of Developmental Disabilities Services). No internal incident reports."</p> <p>Interview with administrative staff #2 on 12/5/13 at 12:40 PM indicated she was not aware of the 12/19/12 injury of unknown origin as no reportable incident report was located.</p> <p>The facility's policy and procedures were reviewed on 12/2/13 at 3:40 PM. The facility's April 2011 policy 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. 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable...." The facility's policy also indicated "...1. All incidents that require a report to the Bureau of Developmental Disabilities Services, or internal incident reports will be entered into a database maintained by The Mentor Network...." The facility's April 2011 policy indicated the facility failed to develop a specific policy and procedure which indicated injuries of unknown source</p>		<p>placement reports, Daily Support records, behavior tracking and narrative notes a minimum of 2 times per week to ensure all incidents have been reported within the designated timeframes.</p> <p>Ongoing, after the 2 month timeframe the Program Director will complete a thorough review of consumers records including Day placement reports, Daily Support records, behavior tracking and narrative notes a minimum of 1 time per week to ensure all incidents have been reported within the designated timeframes.</p> <p>The Program Director will receive retraining on ensuring that any incidents that fall within BDDS reportable incident guidelines are reported to the Bureau of Developmental Disability Services and the Area Director within the designated reporting guidelines. Ongoing, the Area Director will review all BDDS reports to ensure that they are being submitted within the designated reporting guidelines.</p> <p>Responsible Party: Quality Assurance Team, Home Manager and/or Program Director</p>		

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W000120	<p>would be immediately reported to the administrator, and/or indicated when the facility would fill out an internal incident report versus a BDDS report.</p> <p>9-3-1-(a)</p> <p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on observation, interview and record review for 1 of 3 sampled clients (#2), the facility's outside service failed to ensure the client was involved in meaningful activities and/or training at the day program.</p> <p>Findings include:</p> <p>During the 12/3/13 observation period between 10:30 AM and 11:25 AM, at the day program, client #2 sat in his wheelchair at table away from others. At 10:30 AM, day service staff #1 set a toy item in front of the client without redirection to manipulate and/or use the item. Client #2 sat looking around, chewed on his shirt and his fingers without redirection and/or training. Client #2 chewed/mouthed his fingers and then placed them into his left eye. Client #2 pushed the saliva filled finger into his eye and poked/rubbed his eye</p>	W000120	<p>A meeting will be scheduled with Client #2 day services staff to discuss ensuring that tactile stimulation activities as well as exercise activities are provided to Client #2 as directed by his Day Program Care plan. The HM, PD, Quality Assurance Specialist and/or AD will complete active treatment observations a minimum of weekly to ensure Client #2 is provided with tactile stimulation activities as well as exercise activities as directed by his Day Program Care plan. After the initial 4 weeks, observations will be completed at least twice per month for the next 4 weeks to ensure that Client #2 is provided with tactile stimulation activities as well as exercise activities as directed by his Day Program Care plan. Ongoing the HM and/or PD will complete active treatment observations a minimum of quarterly to ensure Client #2 is provided with tactile stimulation activities as well as exercise activities as directed by his Day</p>	01/16/2014

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W000130	<p>without redirection to participate in an alternate activity.</p> <p>Client #2's day program record was reviewed on 12/3/13 at 10:42 AM. Client #2's 7/30/12 (most current in record) Care Plan indicated client #2 was to participate in "tactile stimulation activities" and to participate in exercises which facility staff did not implement and/or encourage.</p> <p>Interview with day program staff #1 on 12/3/13 at 10:35 AM indicated client #2 would refuse to participate in activities/training.</p> <p>Interview with day program LPN #1 on 12/3/13 at 11:30 AM stated she thought client #2 had "eye allergies." LPN #1 stated "He has always done that" (put his finger in his eye/rub). LPN #1 indicated day program staff should encourage client #2 to remove his fingers from his eyes and have the client wash his hands.</p> <p>9-3-1(a) 483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation and interview for</p>	W000130	<p>Program Care plan. Responsible Party: Home Manager, Program Director, Area Director, Day Services staff</p> <p>All Direct Care staff will receive retraining on client dignity</p>	01/16/2014			

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W000153	<p>1 additional client (#6), the facility failed to ensure a client's privacy when toileting.</p> <p>Findings include:</p> <p>During the 12/3/13 observation period between 5:30 AM and 8:45 AM, at the group home, staff #4 assisted client #6 to go the bathroom after the client ate her breakfast. Staff #4 assisted the client to sit on the toilet and then stood outside the doorway in the hallway with the bathroom door open. Staff #4 did not encourage client #4 to close the door and/or close the bathroom door to protect the client's privacy.</p> <p>Interview with administrative staff #2 on 12/5/13 at 12:40 PM indicated facility staff should close the bathroom door when client #6 was being toileted.</p> <p>9-3-2(a)</p> <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 interview and record review for 1 of 5 allegations of abuse, neglect and/or injuries of unknown source</p>	W000153	<p>including prompting consumers to close the door when toileting or assist them in closing the door if they are not able to do it themselves. For 4 weeks the HM and/or PD will complete active treatment observations at least twice per week to ensure all staff are prompting consumers to close the door when toileting or assist them in closing the door if they are not able to do it themselves. Ongoing, after the 4 weeks the HM and/or PD will complete active treatment observations at least weekly to ensure all staff are prompting consumers to close the door when toileting or assist them in closing the door if they are not able to do it themselves. Responsible Party: Home Manager, Program Director</p> <p>All Direct care staff will be receive retraining on incident reporting requirements including what</p>	01/16/2014	

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	<p>reviewed, the facility failed to immediately inform the administrator of an injury of unknown source involving client #2.</p> <p>Findings include:</p> <p>Client #2's day program record was reviewed on 12/3/13 at 10:42 AM. Client #2's 12/19/12 Monthly Progress Note indicated "[Client #2] came into the center this am and the center Director noted a bruise on his right ear and the tip of his nose. The nurse assessed the areas, no open, no signs of soreness (sic). Nurse spoke with [name of group home staff] from [client #2's] GH (group home) who stated they weren't aware of the areas but he was rubbing his ear this morning before he came to the center. Bruise on the tip of nose & (and) ear not there yesterday 12/18/12."</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 12/2/13 at 2:50 PM. The facility's reportable incident reports and/or investigations did not indicate the 12/19/12 injury of unknown source had been reported to the administrator.</p> <p>Interview with administrative staff #2 on 12/5/13 at 12:40 PM indicated she was</p>		<p>incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents. The Home Manager will receive retraining on documentation review including reviewing all consumer Day Service Progress notes, Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed. Ongoing the HM will complete a thorough review of consumers records including Daily Support records, behavior tracking and narrative notes a minimum of 3 times per week for 2 months to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the program director within the designated timeframes. After the 2 month period, the HM will complete a thorough review of consumers records including Daily Support records, behavior tracking and narrative notes a minimum of 1 time per week to ensure all incidents are reported the Program Director within the designated timeframes. For 2 months, the Program Director will complete a thorough review of consumers records including</p>		

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W000210	<p>not aware of the 12/19/12 injury of unknown origin as no reportable incident report was located.</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 on observation, interview and record review for 1 of 3 sampled clients (#3), the client's interdisciplinary team (IDT), failed to obtain a re-assessment of the client's communication needs/skills.</p> <p>Findings include:</p> <p>During the 12/2/13 observation period between 4:30 PM and 6:30 PM and the</p>	W000210	<p>Daily Support records, behavior tracking and narrative notes a minimum of 1 time per week to ensure all incidents have been reported within the designated timeframes. The Program Director will receive retraining on ensuring that any incidents that fall within BDDS reportable incident guidelines are reported to the Bureau of Developmental Disability Services and the Area Director within the designated reporting guidelines. Ongoing, the Area Director will review all BDDS reports to ensure that they are being submitted within the designated reporting guidelines. Responsible Party: Home Manager, Program Director, Area Director</p> <p>A speech assessment will be scheduled for client #3. Once the evaluation is completed the PD will convene Client #3 IDT to discuss the results of the assessment and recommendations for how staff can assist Client #3 with communicating wants and needs. Goals and objectives will be completed based in the IDT recommendations for how to assist Client #3 with communication. Program</p>	01/16/2014	

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	<p>12/3/13 observation period between 5:30 AM and 8:45 AM, at the group home, client #3 was non-verbal in communication in that the client did not speak. Facility staff did not provide any communication training with the client. Interview with staff #3 on 12/3/13 on 8:10 AM indicated client #3 was not able to communicate his basic wants and needs.</p> <p>Client #3's record was reviewed on 12/5/13 at 8:15 AM. Client #3's record indicated the client's last speech evaluation was completed on 9/29/08. The 9/29/08 assessment indicated client #3 did not require any formal speech therapy at that time. The 9/29/08 assessment did not indicate any recommendations in regard to teaching the client how to communicate his basic wants and needs to others.</p> <p>Interview with staff #4 on 12/3/13 at 8:00 AM indicated client #3 was not able to communicate his wants and needs. Staff #4 indicated she did not know if client #3's ISP (Individual Support Plan) addressed the client's communication needs.</p> <p>Interview with administrative staff #2 on 12/5/13 at 12:40 PM indicated the group home did not have a Qualified</p>		<p>Director and Program Nurse will receive retraining to include ensuring that all necessary assessments are completed for all consumers as needed and/or recommended by the consumers' physicians to evaluate the level that they can communicate their wants and needs with staff. Program Director and Program Nurse will review all consumers' medical files to determine if any other assessments need to be scheduled for Client #3 or any other consumers. Ongoing, the Program Nurse will review each consumer's medical charts a minimum of monthly to determine if any further evaluations or assessments need to be completed. The Program Nurse will work with the Program Director to complete goals and objectives based on evaluation recommendations. Responsible Party: Program Director, Program Nurse.</p>		

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W000227	<p>Intellectual Disabilities Professional. Administrative staff #2 indicated she did not know if client #3's communication/speech had been re-assessed since 9/29/08.</p> <p>9-3-4(a)</p> <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, interview and record review for 1 of 3 sampled clients (#1), the client's Individual Support Plan (ISP) failed to address the client's identified behavioral need.</p> <p>Findings include:</p> <p>During the 12/3/13 observation period between 5:30 AM and 8:45 AM, at the group home, client #1 had 4 red areas/sores on his right arm and 3 red sores on his left arm.</p> <p>Client #1's record was reviewed on 12/5/13 at 10:12 AM. Client #1's 12/4/13 Quarterly Nursing Assessment indicated "Picks some at arms. Need to watch for any sores...."</p>	W000227	The Program Director will consult with client #1's IDT in order to develop an appropriate goal and objective to address the skin picking. The Program Director will also work with the Behavior consultant to add in specifics regarding skin picking into the targeted behaviors of Self-Injurious Behavior in the Behavior Support Plan. The Program Director will also ensure the IDT reviews the Comprehensive Functional Assessment to determine if any other specific objectives need to be included in the ISP. The Program Director will be retrained on the development of specific objectives needed in the ISP to meet a client's needs as identified in the Comprehensive Functional Assessment. The Area Director will review the next 3 ISPs completed by this Program	01/16/2014

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W000240	<p>Client #1's May 2013 Behavioral Support Plan (BSP) indicated demonstrated SIB (self-injurious Behavior) defined as "Purposely inflicts a blow or bite to self that causes noticeable marking to the body." Client #1's SIB did not include and/or address client #1's identified behavioral need of skin picking.</p> <p>Interview with administrative staff #2 on 12/5/13 at 12:40 PM indicated client had a BSP for skin picking.</p> <p>Interview with RN #1 on 12/6/13 at 9:07 AM, by phone, indicated client #1 would pick sores on his body. RN #1 stated facility staff called her about the areas and she instructed staff to "keep it clean." RN #1 indicated client #1's skin picking behavior was part of the client's PICA (ingesting inedible objects) behavior."</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, interview and record review for 1 of 3 sampled clients (#3), the client's Individual Support Plan (ISP) failed to indicate how facility staff</p>	W000240	<p>Director to ensure this requirements is met. The Area Director will provide further guidance as needed after the 3 reviews. Responsible Staff: Program Director, Area Director</p> <p>1,2 IDT will convene for client #3 to discuss how to best administer Client #3 eardrops due to history of resistance to getting ear drops and how to best assist Client #3</p>	01/16/2014			

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	<p>were to administer the client's ear drops, and failed to indicate how facility staff were to specifically ambulate with the blind client.</p> <p>Findings include:</p> <p>1. During the 12/3/13 observation period between 5:30 AM and 8:45 AM, at the group home, staff #3 administered client #3's morning medications. Staff #3 attempted to place Hydrogen Peroxide 4 drops into client #3's ears. Staff #3 was holding client #3's head and trying to get the drops in. Client #3 struggled and shook his head and pushed staff #3's hand away multiple times. At one point, staff #3 attempted to squirt the medication from a syringe into client #3's ear, client #3 shook his head and fought staff causing the medication to run down the side of client #3's face. Interview with staff #3 on 12/3/13 at 8:10 AM indicated client #3 would get upset when staff tried to put drops in the client's left ear.</p> <p>Client #3's record was reviewed on 12/5/13 at 8:15 AM. Client #3's 11/6/13 ISP and/or October 2013 Behavioral Support Plan (BSP) indicated client #3 had a targeted behavior of "Resistance to Instruction." Client #3's BSP defined the resistance as "refusal of reasonable</p>		<p>with ambulation. The IDT will determine if any additional assessments need to be completed so that recommendations can be incorporated into the ISP and BSP. Once the IDT recommendations are complete, the Program Director will amend the ISP to include specifics on how staff are to administer Client #3 ear drops and how to assist Client #3 with ambulation. Program Director will discuss with Behavior Specialist if there is a need to amend Client #3 BSP to address resistance to staff administering ear drops and how to assist Client #3 with ambulation. If it is determined that the BSP be amended, Program Director and Home Manager will train staff on changes to BSP. Program Director will receive retraining to include ensuring that all consumers' risk plans are reviewed and updated as needed if a pattern of issues/behaviors, (eg. Chronic eye irritation) to determine if any changes need to be made to prevent further incidents. Retraining will also include ensuring that the Behavior Specialist is notified of any major incidents or patterns of behavior that may need to be reviewed and determined if a new target behavior needs to be added to the Behavior Support Plan. Program Director will also receive retraining to include ensuring that IDT meetings are</p>				

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	<p>request to complete a task that will enhance quality of life, skills attainment, or independence." Client #3's ISP and/or BSP did not indicate and/or include how facility staff were to administer client #3's prescribed ear drops/treatment.</p> <p>Interview with staff #3 on 12/3/13 at 8:10 AM indicated client #3 would get upset when staff tried to administer the Hydrogen Peroxide to the client's ear. Staff #3 stated "He does not like the left side." Staff #3 indicated client #3's ISP and/or BSP did not indicate how they were to assist client #3 to get the drops in his ears.</p> <p>Interview with RN #1 on 12/6/13 at 9:07 AM, by phone, indicated client #3 was not able to communicate his basic wants and needs.</p> <p>2. During the 12/2/13 observation period between 4:30 PM and 6:30 PM and the 12/3/13 observation period between 5:30 AM to 8:45 AM, at the group home, client #3 was led around the group home by holding onto staffs' waist and/or staff held onto client #3's waist when ambulating. Facility staff would also walk backwards while holding client #3's hands to assist the client to ambulate around the group</p>		<p>held after a major incident or patterns of incidents to discuss the incident (s) and determine if further changes or additional protective measures need to be put into place. In addition the PD will be reminded that documentation of IDT meetings needs to be present for review as needed. Ongoing, the Area Director will follow up with the Program Director a minimum of weekly to check on the progress of recommendations from investigations and IDT meetings to ensure they are being addressed. The Program Director will provide copies to the Area Director of any IDT meetings held following a major incident or pattern of incidents to determine if any additional protective measures need to be put into place. Responsible Party: Home Manager, Program Director, Area Director</p>				

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	<p>home. At times during the above mentioned observation periods, client #3 would independently feel his way from the dining room table to a chair in the living room.</p> <p>Client #3's record was reviewed on 12/5/13 at 8:15 AM. Client #3's 11/6/13 ISP indicated client #3's diagnosis included, but was not limited to, Blindness. Client #3's 11/6/13 ISP did not indicate how facility staff were to assist and/or to encourage the blind client to ambulate.</p> <p>Interview with RN #1 on 12/6/13 at 9:07 AM, by phone, indicated client #3 did not have any eyes and was blind. When asked how facility staff were to assist the client to ambulate, RN #1 stated "Hold onto his arm." RN #1 indicated facility staff assisted client #3 to stand and ambulate as the client will not stand and ambulate on his own.</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 2 of 3 sampled clients (#2 and #3), the clients' Individual Support Plans (ISPs) failed to address the clients' identified basic training needs.</p> <p>Findings include:</p> <p>1. During the 12/2/13 observation period between 4:30 PM and 6:30 PM and the 12/3/13 observation period between 5:30 AM and 8:45 AM, at the group home, client #3 was non-verbal in communication in that the client did not speak. Facility staff did not provide any communication training with the client. Interview with staff #3 on 12/3/13 on 8:10 AM indicated client #3 was not independent in bathing and was not able to communicate his wants and needs.</p> <p>Client #3's record was reviewed on 12/5/13 at 8:15 AM. Client #3's 11/6/13</p>	W000242	<p>A communication goal and bathing goal will be developed for Client #3. A toileting goal will be developed for Client #2. All Direct Support staff will receive retraining on Client #3 communication and bathing goals and Client #2 toileting goal and how to implement and document them. The Program Director will receive retraining to include the need to ensure that all consumers have goals developed and implemented based on their individual abilities, including medication administration, dining, bathing, communication, toileting, etc. Ongoing, the Program Director will ensure that all consumers have goals developed and implemented based on their individual abilities in all areas that they need to work on to reach independence. The Area Director will review the next 3 ISPs submitted by this Program Director to ensure that all consumers have goals developed and implemented based on their individual abilities, including</p>	01/16/2014

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	<p>ISP indicated client #3 did not have a communication training objective in place. Client #3's 11/6/13 ISP did not indicate client #3 had a training objective to address the client's basic training need in regard to bathing.</p> <p>Interview with staff #4 on 12/3/13 at 8:00 AM indicated client #3 was not able to communicate his wants and needs. Staff #4 indicated she did not know if client #3's ISP addressed the client's communication needs.</p> <p>Interview with administrative staff #2 on 12/5/13 at 12:40 PM indicated the group home did not have a Qualified Intellectual Disabilities Professional. Administrative staff #2 indicated client #3's basic training needs would need to be addressed.</p> <p>2. Interview with staff #3 on 12/3/13 at 8:10 AM indicated client #2 wore an adult diaper and was not independent in toileting. Staff #3 indicated client #2 was toileted every 2 hours.</p> <p>Client #2's record was reviewed on 12/5/13 at 11:32 AM. Client #2's 7/1/13 ISP indicated client #2 did not have an objective which addressed the client's identified basic training need.</p>		<p>medication administration, dining, bathing, communication, toileting, etc. Responsible Staff: Program Director, Area Director</p>				

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W000249	<p>Interview with administrative staff #2 on 12/5/13 at 12:40 PM indicated the group home did not have a Qualified Intellectual Disabilities Professional. Administrative staff #2 indicated client #2's basic training need in regard to toileting would need to be addressed.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, interview and record review for 2 of 3 sampled clients (#1 and #2), the facility failed to implement the clients' Individual Support Plan (ISPs) objectives and/or Behavioral Support Plans (BSPs) when formal and/or informal opportunities for training existed.</p> <p>Findings include:</p> <p>1. During the 12/2/13 observation period between 4:30 PM and 6:30 PM and the 12/3/13 observation period between 5:30 AM and 8:45 AM, at the group home, client #1 walked around the</p>	W000249	<p>1,2 All Direct Care staff will receive retraining on all consumers, including Client #1 and #2, program goals and the need to complete formal and informal training goals as indicated, especially at Medication administration, mealtimes and any other opportune times that arise. For the next four weeks, the Home Manager and/or Program Director will complete Active Treatment observations a minimum of twice weekly to ensure that all staff are completing all consumers formal Program goals as written to provide training towards independence. Ongoing, the Home Manager and/or Program</p>	01/16/2014			

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	<p>group home without an activity, stood in the living room, went to his bedroom and laid on the bed and/or sat without redirection to participate in a more meaningful activity except to wipe the table off during the 12/2/13 observation and to retrieve his medication box from the cabinet during the 12/3/13 observation period. During both observation periods, client #1 was non-verbal in communication in that the client did not speak. No communication training was provided and/or encouraged.</p> <p>During the 12/3/13 observation period between 5:30 AM and 8:45 AM, at the group home, 2 pennies laid on top of the microwave in the kitchen. Client #1 walked through the kitchen area and around the group home without staff being near and/or around.</p> <p>Client #1's record was reviewed on 12/5/13 at 10:12 AM. Client #1's 10/15/13 ISP indicated client #1 had an objective to select a drink of choice with his meals and an objective to pick out an activity of choice from 2 items which facility staff did not implement when formal and/or informal training opportunities existed.</p> <p>Client #1's May 2013 BSP indicated</p>		Director will Active Treatment observations a minimum of once weekly to ensure that all staff are completing all consumers formal Program goals as written to provide training towards independence. Responsible Staff: Home Manager, Program Director				

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	<p>client #1 demonstrated PICA defined as "...Mouthing, licking, or consuming non-food objects including but not limited to: paper clips, thumb tacks, hair, skin, scabs, buttons, soap, plastics, metal etc." Client #1's BSP indicated "...Staff working with [client #1] should monitor environment for non-food items that he may ingest...Small objects should be picked up and disposed of or put out of [client #1's] reach. Staff should teach [client #1] ways to communicate his needs by modeling, use of sign or pictures should be utilized..." Client #1's BSP indicated [client #1] should be kept busy with meaningful, structured activities...A variety of sensory activities are available. A variety of appropriate communication options are practiced and available (e.g., gestures, photographs, 'Cheap talker' or other assistive technology). Caregivers should complete environmental checks of all areas's (sic) in the home and day program to ensure all small items are out of reach. Paperclips, thumb tacks, key rings and all small shiny objects should be placed out of reach..."</p> <p>Interview with administrative staff #2 on 12/5/13 at 12:40 PM indicated the facility staff should implement client #1's ISP objectives at times throughout the day. Administrative staff #2</p>						

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	<p>indicated facility staff should have removed the pennies on the microwave as client #1 has a history of putting small items in his mouth.</p> <p>2. During the 12/2/13 observation period between 4:30 PM and 6:30 PM, at the group home, client #2 sat on the couch pulling his shirt up over his head and/or laid on the couch without an activity/training from 5:36 PM until 6:30 PM. Staff # 2 fed client #2 during the dinner meal. Staff #2 wiped client #2's mouth once the client was finished eating. Facility staff did not encourage client #2 to wipe his hands and mouth.</p> <p>During the 12/2/13 observation period between 4:30 PM and 6:30 PM and the 12/3/13 observation period between 5:30 AM and 8:45 AM, at the group home, client #2 was non-verbal in communication in that the client did not speak. Facility staff did not implement and/or provide any communication training with the client.</p> <p>Client #2's record was reviewed on 12/5/13 at 11:32 AM. Client #2's 7/1/13 ISP indicated client #2 had objectives to wipe his hands with a paper towel and an objective to make the American Sign Language for "Yes" when asked if he wants his yellow truck which facility</p>			

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W000263	<p>staff did not implement when formal and/or informal opportunities for training existed.</p> <p>Interview with administrative staff #2 on 12/5/13 at 12:40 PM indicated the facility staff should implement client #2's ISP objectives at times throughout the day.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on interview and record review for 1 of 3 sampled clients with restrictive programs (#1), client #1 and/or his Health Care Representative had not given written informed consent in regard to the client's restrictive program.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 12/5/13 at 8:15 AM. Client #1's May 2013 Behavioral Support Plan (BSP) indicated client #1 received Zyprexa and Metadate for behaviors. Client #1's May 2013 BSP indicated PIA (Physical</p>	W000263	<p>The Program Director will receive retraining on ensuring that any updates or changes to consumers' Behavior Support Plans or psychotropic medications are reviewed and written consent is obtained by the consumers Guardian or Health Care Representative or the consumer if they are emancipated prior to getting HRC approval. Ongoing the Program Director will ensure any updates or changes to consumers' Behavior Support Plans or psychotropic medications are reviewed and written consent is obtained by the consumers Guardian or Health Care Representative or the consumer if</p>	01/16/2014			

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	<p>Intervention Alternatives) techniques could be used when the client demonstrated food stealing behavior to get the food from the client. Client #1's BSP indicated facility staff could use PIA to stop client #1 when he continued to demonstrate Self-injurious behavior which was a threat to the client's safety.</p> <p>Client #1's 10/15/13 Individual Support Plan (ISP) indicated client #1 was his own guardian and the client's mother was the client's healthcare representative (HCR).</p> <p>Client #1's May 2013 BSP indicated the behavior specialist was the only signature present on the signature page as client #1 and/or his HCR had not given written informed consent for the client's restrictive BSP.</p> <p>Interview with administrative staff #2 on 12/5/13 at 12:40 PM indicated the home was without a Qualified Intellectual Disabilities Professional.</p> <p>Administrative staff #2 indicated client #1 and/or his mother should have given written informed consent in regard to the restrictive program.</p> <p>9-3-4(a)</p>		<p>they are emancipated prior to getting HRC approval. Program Director will ensure that documentation of guardian or client approval is available for review. Prior to any future Human Rights Committee meetings, the HRC will be reminded that they should not approve any changes to Behavior Support Plans or psychotropic medications without ensuring that guardian or client, if emancipated, approvals have been obtained. Responsible Party: Program Director, Human Rights Committee</p>		

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and record review for 3 of 3 sampled clients (#1, #2 and #3), the facility's nursing services failed to clarify a physician's documentation on an annual physical examination, develop a risk plan and to follow-up a recommendation made by a dietician.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 12/5/13 at 10:12 AM. Client #1's 10/17/13 Nutritional Assessment indicated "...d/c discontinue whole milk, provide skim milk when milk is on the menu...." The Nutritional Assessment also recommended client #1's Boost (dietary supplement) be discontinued.</p> <p>Client #1's 12/1/13 physician's orders indicated "Diet Re (regular) w/ (with) xtra portions limit Hi (high) fat. Offer whole milk when milk is offered...."</p> <p>Client #1's 12/13 physician's orders indicated client #1 received Boost 1 can two times a day at breakfast and at dinner.</p> <p>Interview with RN #1 on 12/6/13 at 9:07 AM indicated she did not know if client</p>	W000331	<p>1. Program Nurse will receive clarification from Client #1 Primary Care Physician on if they are in agreement with Client #1 dietician recommendations from 10/17/13 to "discontinue whole milk and provide skim milk instead and discontinue Boost dietary supplement." Once clarification is obtained from Client #1 Primary Care Physician the Program Nurse will ensure that Client #1 Physician Orders are changed to reflect the PCP recommendations. Program Nurse will receive retraining to include ensuring that all dietician recommendations for changes are presented to all consumers Primary Care Physicians a minimum of quarterly when the dieticians' reports are completed. Ongoing, the Home Manager will ensure that the Program Nurse is notified of whenever the dietician makes any recommendations for change to a consumers diet orders so that they can be presented to the consumers' Primary Care Physician for approval. Program Nurse will ensure that any changes are presented to consumers' Primary Care Physicians as soon as possible after the report is received and changes approved by the physician are made on the</p>	01/16/2014			

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	<p>#1's recommendations by the dietician had been forwarded to the doctor. RN #1 stated "I will have to check that one."</p> <p>2. During the 12/3/13 observation period between 10:30 AM and 11:25 AM, at the day program, client #2 chewed/mouthed his fingers and then placed them into his left eye. Client #2 pushed the saliva filled finger into his eye and poked/rubbed his eye until it was red.</p> <p>Interview with day program LPN #1 on 12/3/13 at 11:30 AM stated she thought client #2 had "eye allergies." LPN #1 stated "He has always done that" (put his finger in his eye/rub). LPN #1 stated client #2 had a problem with "pink eye" in the past.</p> <p>Client #2's record was reviewed on 12/5/13 at 11:32 AM. Client #2's 9/26/13 Medical Appointment Form indicated client #2 was seen by the doctor due to the client's right eye was red. The 9/26/13 form indicated "Erythromycin (antibiotic) eye ointment BID (two times a day)- Chronic conjunctivitis."</p> <p>Client #2's 7/1/13 Individual Support Plan (ISP) indicated client #2 did not have a risk plan in place for the chronic</p>		<p>consumers MAR as soon as possible so that recommendations can be followed in a timely manner. 2. Chronic conjunctivitis will be added to Client #2 risk plan. Procedures for how to treat the conjunctivitis as well as how to address the behavior of rubbing his eyes will be specified. Program Director will work with Behavior specialist to determine if the behavior of Client #2 rubbing his eyes needs to be formally addressed in the Behavior Support Plan. Program Director will receive retraining to include ensuring all medical needs that require ongoing treatment are reflected in the consumers Risk Plans. Specifics on how to treat/address the medical needs will be specified. 3. Clarification will be received from Client #3 physician on how often hearing and vision assessments need to be completed due to his blindness. Hearing and vision evaluations will be scheduled for #3 as recommended by the Primary Care Physician. Home Manager and Program Nurse will receive retraining to include ensuring that all consumers have medical exams such as vision, hearing and annual physicals completed as recommended by the Primary Care physician but a minimum of annually for the physical examination and a minimum of every two years for the vision and hearing</p>	

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7555 GRANDVIEW DR INDIANAPOLIS, IN 46260		
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	<p>conjunctivitis. Client #2's October 2013 Behavioral Support Plan did not indicate client #2's conjunctivitis was addressed.</p> <p>Interview with RN #1 on 12/6/13 at 9:07 AM, by phone, indicated client #2 has had problems with rubbing his eyes and conjunctivitis in the past. RN #1 indicated client #2 was recently placed on the Erythromycin for the conjunctivitis. When asked if client #2 had a risk plan for the conjunctivitis, RN #1 indicated client #2 did not have a risk plan for conjunctivitis as she thought the behavior of rubbing his eyes was addressed in the client's behavior plan.</p> <p>3. Client #3's record was reviewed on 12/5/13 at 8:15 AM. Client #3's 9/26/13 physical examination form indicated the client's doctor placed a check mark next to "Further evaluation needed" for client #3 in regard to his vision and hearing.</p> <p>Client #3's Medical Appointment Forms for 9/13 to the present indicated no further documentation, clarification and/or evaluation of client #3's vision and/or hearing.</p> <p>Interview with RN #1 on 12/6/13 at 9:07 AM, by phone, indicated client #3 was blind and the client had last gone to an audiologist in 2009 with no problems</p>		<p>examinations. Ongoing the Program Nurse will track all consumers hearing and vision examinations and notify the Home Manager when they are due to be scheduled again so that appointments can be scheduled in a timely manner to ensure consumers are being seen as recommended by the physician. The Program Nurse will implement the Weekly/Monthly Nursing Progress Report. This report was designed to assist nursing staff with ensuring that all weekly, bi-weekly, and monthly duties are completed and on time. For the first 4weeks, the Area Director and/or Clinical Supervisor will meet with the Program Nurse once a week during a scheduled meeting to review the 'Weekly/Monthly Nursing Progress Report' that is in progress. This will be a designated meeting to discuss what the nurse has accomplished, what is still left to do, and to assist in creating a work plan to get all left over items accomplished. After the first initial 4 weeks, the Area Director and/or clinical supervisor will meet with the Program Nurse once every 2 weeks to continue to review the 'Weekly/Monthly Nursing Progress Report' that is in progress at the time. This will continue for 4 additional weeks. Following the follow up 4 weeks, the Area Director and/or Clinical Supervisor will continue to meet</p>		

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W000454	<p>noted. RN #1 stated she thought client #3's doctor "made a mistake." RN #1 indicated she did not seek clarification on the recommendations. RN #1 stated " I probably looked at it (the form) wrong."</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. Based on observation and interview for 2 of 3 sampled clients (#1 and #3) and for 3 additional clients (#4, #5 and #6), the facility failed to use gloves in a manner which would not possibly spread germs/and/or contaminate others.</p> <p>Findings include: During the 12/2/13 observation period between 4:30 PM and 6:30 PM, at the group home, at 5:15 PM, staff #2 had disposable gloves on as she worked with clients at the group home. Staff #2 helped client #5 sanitize her hands with</p>	W000454	<p>with the Program Nurse no less than once a month. This meeting will consist of continuing to review the ongoing 'Weekly/Monthly Nursing Progress Report' that is in progress at the time. Ongoing, the Program Nurse will continue to utilize the 'Weekly/Monthly Nursing Progress Report', and turn it in at the beginning of the following month to be reviewed by the Area Director and/or Clinical Supervisor for any further follow up that may need to be completed or discussed. Responsible Party: Home Manager, Program Director, Program Nurse, Area Director</p> <p>Program Director and Program Nurse will provide training to all Direct Care staff regarding the proper use of gloves. Training will include when gloves are to be worn, how often they are to be changed and how they are to be removed to prevent contamination. Home Manager and/or Program Director will compete Active Treatment Observations a minimum of 3 times per week for 4 weeks to ensure that staff are using gloves properly when assisting clients with dining, medication administration, bathing, etc. Ongoing, after the initial 4 weeks</p>	01/16/2014	

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	<p>hand sanitizer at the dining room table. Staff #2 placed the hand sanitizer on client #6's hands and physically rubbed the hand sanitizer on client #6's hands. Staff #2, with the same gloves on, went to client #3 and physically client #3 to rub hand sanitizer on his hands. Staff #2 then went to client #4 and physically assisted the client to rub hand sanitizer on his hands without changing gloves. Staff #2 then sat down at the dining room table. Staff #2 removed a Kleenex from her pocket and proceeded to blow her nose with the gloves on. Once staff #2 was finished blowing her nose she did not remove the contaminated gloves. Staff #2 hand over hand assisted client #1 to serve himself food. Staff #2 then fed client #5 her dinner meal with the same gloves on.</p> <p>During the 12/3/13 observation period between 5:30 AM and 8:45 AM, at the group home, staff #3 wore gloves while placing items into the washer/dryer, getting water for the medication pass and cleaning the counter where staff #3 was going to pass medications. Staff #3 then removed her gloves, used alcohol gel and started to administer clients' medications. At 7:03 AM, staff #3 administered client #3's morning medications. Staff #3 attempted to place Hydrogen Peroxide 4 drops into client</p>		<p>the Home Manager and/or Program Director will compete Active Treatment Observations a minimum of 2 times per week to ensure that staff are using gloves properly when assisting clients with dining, medication administration, bathing, etc. Responsible Party: Home Manager, Program Director</p>				

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	<p>#3's ears. Staff #3 was holding client #3's head and trying to get the drops in. Staff #3 did not sanitize her hands after the attempts to get the drops into client #3's ears. Staff #3 then placed lubricant (lacrilube) eye ointment on her bare finger/hand and pressed into client #3's bottom eyelids. Staff #3 proceeded to place more ointment on her bare finger/hand and placed her finger in/on the bottom eyelid of the client #3's other eye. Staff #3 did not sanitize her hands prior to and/or after she administered client #3's eye ointment.</p> <p>Interview with staff #1 on 12/3/13 at 8:44 AM stated facility staff wore gloves at the group home "because some drool." When asked when facility staff should change gloves, staff #1 stated staff should change gloves "When go to a different client."</p> <p>Interview with administrative staff #2 on 12/5/13 at 12:40 PM indicated the facility did not have a policy and procedure in regard to how gloves were to be used. Administrative staff #1 indicated facility staff should change gloves between clients.</p> <p>Interview with RN #1, by phone on 12/6/13 at 9:07 AM indicated facility staff should wash their hands prior to</p>			

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	and after applying lubricant ointment to client #3's eyes. RN #1 stated staff should "always wear gloves when putting the lubricant on." RN #1 indicated facility staff were trained to wear gloves when applying ointments and creams. 9-3-7(a)			