

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G319	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/29/2012
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 211 W 3RD ST PERU, IN 46970		
(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	
W0000	<p>This visit was for the post certification revisit (PCR) to the full annual recertification and state licensure survey completed April 30, 2012.</p> <p>Dates of survey: June 27, 28, and 29, 2012.</p> <p>Facility Number: 000837 Provider Number: 15G319 AIMS Number: 100243970</p> <p>Surveyors: Susan Eakright, Medical Surveyor III/QMRP/Team Leader Amber Bloss, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on July 06, 2012 by Dotty Walton, 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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W0262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview, for 1 of 4 sample clients (client #2), who had psychotropic medication prescribed, the facility's specially constituted committee the Human Rights Committee (HRC) failed to approve client #2's psychotropic medication prior to implementation.</p> <p>Findings include:</p> <p>Client #2's records were reviewed on 06/27/12 at 4:41 pm and on 6/28/12 at 9:30 am. Client #2's 5/29/12 "Physician's Order" indicated on "7/25/11 Geodon (anti psychotic medication for behaviors) 40 mg (milligrams) 1 tablet daily for intermittent explosive disorder (behaviors)...7/25/11 Klonopin (anti convulsant medication for behaviors) 1 mg 1 tablet twice daily for intermittent explosive disorder (behaviors)." Client #2's 5/31/2011 BSP (Behavior Support Plan) indicated client #2 had targeted behaviors of Physical Assault, Attempts to leave vehicle, Runs/Wanders Away, Destroys Property, Self Injurious behavior, Resistance to supervision, and</p>	W0262	<p>W262: The facility ensures the rights of all clients by obtaining the approval of a Human Rights Committee prior to implementation of Behavioral Support Programs. The facility currently obtains as well, the approval of the guardian, health care representative or family member for clients who are unable to give informed consent.</p> <p>The consent forms to seek approval of guardians, clients, Interdisciplinary Team and the Human Rights Committee for client #2 have been sent out with stamped return envelopes. The consents consist of seeking approval for client #2's psychotropic medication.</p> <p>In the future, the facility will continue to obtain approval from the Human Rights Committee and The Interdisciplinary Team prior to implementing any components. The Program Director will ensure the approvals are sought and filed upon receipt in the files. The Area Director will monitor the approvals on a monthly basis in the future.</p>	07/26/2012			

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	<p>irritability. Client #2's BSP did not indicate the use of Geodon 40 mg and did not indicate the use of Klonopin. Client #2's BSP and psychotropic medication use was reviewed by the facility's HRC on 11/16/11. No HRC reviews were available for review from 7/25/11 until 11/16/11 for the use of client #2's Geodon and Klonopin psychotropic medications.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 06/27/12 at 4:41 pm, and on 6/28/12 at 9:30 am. The QMRP indicated the HRC had not reviewed and approved client #2's medications for behaviors of Geodon and Klonopin.</p> <p>9-3-4(a)</p>		<p>Responsible Person: Area Director Completion Date: 7/26/12</p>		

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W0263	<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 record review and interview, for 1 of 4 sample clients (client #2) who had psychotropic medication prescribed, the facility failed to obtain consent from client #2's legal guardian prior to the use of client #2's psychotropic medication.</p> <p>Findings include:</p> <p>Client #2's records were reviewed on 06/27/12 at 4:41 pm, and on 6/28/12 at 9:30 am. Client #2's 12/15/11 ISP (Individual Support Plan) indicated client #2 had a legal guardian. Client #2's 5/29/12 "Physician's Order" indicated on "7/25/11 Geodon (anti psychotic medication for behaviors) 40 mg (milligrams) 1 tablet daily for intermittent explosive disorder (behaviors)...7/25/11 Klonopin (anti convulsant medication for behaviors) 1 mg 1 tablet twice daily for intermittent explosive disorder (behaviors)." Client #2's 7/2011 MAR (Medication Administration Record) indicated client #2 began receiving the Geodon and Klonopin medications on 7/25/11. Client #2's 5/31/2011 BSP (Behavior Support Plan) indicated client #2 had targeted behaviors of Physical</p>	W0263	<p>W263: The facility ensures the rights of all clients by obtaining the approval of a Human Rights Committee prior to implementation of Behavioral Support Programs or any restriction of client rights. The facility currently obtains as well, the approval of the guardian, health care representative or family member for clients who are unable to give informed consent. The Program Director will send request for the written consent from the legal representative of client #2's psychotropic medication.</p> <p>In the future, the facility will continue to obtain approval from the Human Rights Committee and The Interdisciplinary Team including guardians prior to implementing any components. The documentation of the acquired approvals will be safely stored and available as needed. The Area Director will monitor the approvals on a monthly basis in the future.</p> <p>Responsible Person: Area Director Completion Date: 7/26/12</p>	07/26/2012			

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	<p>Assault, Attempts to leave vehicle, Runs/Wanders Away, Destroys Property, Self Injurious behavior, Resistance to supervision, and irritability. Client #2's record indicated her legal guardian signed written consent on 11/16/11 for the use of client #2's Geodon and Klonopin psychotropic medications.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 06/27/12 at 4:41 pm, and on 6/28/12 at 9:30 am. The QMRP stated client #2 "began taking" the medications of Geodon and Klonopin for behaviors on 7/25/11. The QMRP indicated client #2's guardian signed consent on 11/16/11 for client #2's medications for behaviors of Geodon and Klonopin.</p> <p>9-3-4(a)</p>				

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W0312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview, the facility failed for 1 of 4 clients (client #2) on behavioral medications, to ensure a Behavior Support Plan (BSP) was completed which included withdrawal criteria for medications.</p> <p>Findings include:</p> <p>On 6/27/12 at 4:10 pm, client #2's 6/2012 MAR (Medication Administration Record) indicated prescribed psychotropic medications on 7/25/11 Geodon (anti psychotic medication for behavior) 40 mg (milligrams) 1 tablet daily for intermittent explosive disorder behaviors and on 7/25/11 Klonopin (anti convulsant medication for behavior) 1 mg 1 tablet twice daily for intermittent explosive disorder behaviors.</p> <p>Client #2's records were reviewed on 06/27/12 at 4:41 pm and on 6/28/12 at 9:30 am. Client #2's record indicated client #2 was admitted on 12/08/1994. Client #2's 5/29/12 "Physician's Order" indicated on "7/25/11 Geodon 40 mg</p>	W0312	<p>W312: The facility follows the policy to ensure that each client psychotropic medication has an established titration plan to attempt to reduce the medication needed to control client behavior. The facility currently includes such medication reduction plan in the client behavioral support plan to monitor the targeted behaviors and need for the medication.</p> <p>The Home Manager has contacted the behavior specialist to update client #2's behavior support plan to include withdrawal criteria for client's psychotropic medication.</p> <p>In the future, the facility will continue to ensure a titration plan is in place for each client's psychotropic medication to ensure the client is on the least restrictive dose. The Program Director will monitor the behavior plans and medications on a monthly basis through a monthly review.</p> <p>Person Responsible: Area Director Completion Date: 7/26/12</p>	07/26/2012	

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	<p>(milligrams) 1 tablet daily for intermittent explosive disorder (behaviors)...7/25/11 Klonopin 1 mg 1 tablet twice daily for intermittent explosive disorder (behaviors)." Client #2's 5/31/2011 BSP (Behavior Support Plan) indicated client #2 had targeted behaviors of Physical Assault, Attempts to leave vehicle, Runs/Wonders Away, Destroys Property, Self Injurious behavior, Resistance to supervision, and irritability. Client #2's BSP did not indicate the use of Geodon 40 mg and did not indicate the use of Klonopin. Client #2's 12/15/11 ISP (Individual Support Plan) did not include the medications or a titration plan.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 06/27/12 at 4:41 pm and on 6/28/12 at 9:30 am. The QMRP indicated client #2's BSP and ISP did not contain the behavioral medications or a titration plan.</p> <p>This deficiency was cited on 4/30/2012. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>				

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W0391	<p>483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review, and interview, the facility failed to ensure medication had a pharmacy label which included client name and directions for the medication for 1 dose of 3 medications administered (for client #1).</p> <p>Findings include:</p> <p>On 6/27/12 at 4 pm, medication administration was completed for client #1 at the group home with DCS (Direct Care Staff) #2. At 4 pm, client #1 was observed with DCS #2 in the medication room. At 4 pm, DCS #2 selected client #1's unlabeled "ProAir...inhaler for shortness of breath," handed the unlabeled inhaler to client #1, instructed client #1 to administer two puffs, and client #1 inhaled two puffs from the unlabeled inhaler. At 4 pm, client #1's 6/2012 MAR (Medication Administration Record) was reviewed and indicated "ProAir...inhaler, inhale 2 puffs by mouth 4 times daily for shortness of breath." At 4:10 pm, client #1 and DCS #2 both indicated client #1's inhaler did not have a pharmacy label, did not have client #1's name, and did not have directions for the use of the inhaler medication on the inhaler or available for</p>	W0391	<p>W391: The facility obtains labels for medication by doctor's orders from the pharmacy. Medications are labeled per order and stored in the home. The facility will ensure the policy and procedures for medication administration including storage and labeling of medications is adhered to.</p> <p>The pharmacy has provided a label for the client inhaler to adhere with facility policy. The facility nurse has adhered the label to the inhaler and ensured directions are available for the staff to properly administer the medication.</p> <p>The Home Manager will monitor the medication and documentation of medications administered on a weekly basis to ensure that the client medication is labeled and stored properly.. The facility nurse will ensure client medications are labeled and stored per policy by checking the client medications on a monthly basis.</p> <p>Person responsible: Program Director Completion Date: 7/26/12</p>	07/26/2012			

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	<p>review.</p> <p>An interview was conducted on 6/28/12 at 9:30 am, with the QDP (Qualified Developmental Professional). The QDP indicated client #1's inhaler medication should have had a pharmacy label on it and the inhaler did not. The QDP indicated the agency followed Core A/Core B Medication Administration procedures.</p> <p>On 6/28/12 at 9:30 am, a record review of the facility's 2002 Living in the Community Core A/Core B medication training, not dated, indicated "Core Lesson 3: Principles of Administering Medication...Key points about maintaining medications, labels on medications are kept clean and readable. If the label is not readable notify the staff nurse, do not re label the medications. A pharmacist must re label medications. Never administer a medication from a container that has an unreadable label."</p> <p>9-3-6(a)</p>						