

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G498	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/07/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 OAKTREE CT LOGANSPOORT, IN 46947
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(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
W000000	<p>This visit was for the PCR (Post Certification Revisit) to the pre-determined full recertification and state licensure survey completed June 17, 2013.</p> <p>Dates of Survey: July 31, August 1, 2, 5, and 7, 2013.</p> <p>Provider Number: 15G498 Facility Number: 001012 AIM Number: 100239780</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>This federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 8/8/13 by Ruth Shackelford, QIDP.</p>	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000426	<p>483.470(d)(3) CLIENT BATHROOMS</p> <p>The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.</p> <p>Based on observation, record review, and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 additional clients (clients #4, #5, and #6), to ensure the temperature of the water did not exceed 110 degrees Fahrenheit.</p> <p>Findings include:</p> <p>Observations and interviews were conducted at the group home on 7/31/13 from 3:25pm until 4:40pm. During the observation period the temperature of the water was observed with the Residential Manager (RM). At 3:50pm, the kitchen sink hot water temperature was 130 degrees Fahrenheit. At 3:55pm, the RM took the hot water temperature in the kitchen sink and the water temperature varied from 107 degrees Fahrenheit to 130 degrees Fahrenheit. At 4:20pm, the RM took the temperature again in the kitchen sink and it was 124.6 degrees Fahrenheit. At 4:20pm, the front bathroom hot water temperature was 119 degrees Fahrenheit. At 4:40pm, the RM</p>	W000426	<p>Indiana Mentor has policies and procedures in place to ensure the health and safety of consumers in care. The facility had been doing weekly water temperature checks and only staff were mixing the water. The water heater and system have been replaced by the facility and retested to ensure proper temperatures are present. Staff are checking water temperatures on a daily basis currently and this will continue for the month of August. The temperatures have been within the allowed range and have not exceeded 110 degrees on the tests (range from 98-108) After August for the next 60 days water temperatures will be taken 3x a week. Any reading above the allowed will require staff to contact the supervisor. On going after the 60 day period staff will conduct a weekly water test. These tests will be reviewed by the home manager and at least monthly by the program director.</p>	08/20/2013			

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	<p>and the QIDP (Qualified Intellectual Disabilities Professional) both indicated the water temperature in the front bathroom and the kitchen sink exceeded 110 degrees Fahrenheit. Both staff indicated clients #1, #2, #3, #4, #5, and #6 did not have the skills to mix the water temperature above 110 degrees Fahrenheit. The QIDP indicated clients #1, #2, #3, #4, #5, and #6 had been assessed and could not mix their own hot water independently. The QIDP indicated the maintenance department had been notified of the hot water temperature. The QIDP indicated the facility was having hot water fluctuations from 6/2013 through 7/2013. The QIDP indicated a new hot water heater was installed on 7/29/13 and stated "the hot water heater needed to be adjusted."</p> <p>On 8/1/13 at 9:00am, client #1, #2, #3, #4, #5, and #6's Hot Water Mixing assessments, dated 3/2013 all indicated clients #1, #2, #3, #4, #5, and #6 could not independently mix their hot water safely.</p> <p>This deficiency was cited on 06/17/2013. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>						

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