

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  03/22/2012
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 211 W 3RD ST PERU, IN 46970
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W0000	<p>This visit was for the investigation of complaint #IN00105070</p> <p>Complaint #IN00105070: SUBSTANTIATED, Federal and State deficiencies related to the allegation are cited at W104, W137, W248, W249, W289, and W488.</p> <p>This visit was completed in conjunction with the post certification revisit (PCR) to the investigation of complaint #IN00098512 completed October 21, 2011.</p> <p>Dates of Survey: March 14, 15, 16, 21, and 22, 2012.</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>Provider Number: 15G319 Facility Number: 000837 AIM Number: 100243970</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on March 29, 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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, the governing body failed to exercise operating direction over the facility to provide oversight of personal expenditures for 3 of 3 sample clients (clients A, B, and C) and 3 additional clients (clients D, E, and F) who lived in the group home.</p> <p>Findings include:</p> <p>On 3/14/12 at 4:50pm, clients A, B, and C's personal funds were reviewed at the group home. Clients A, B, and C's group home personal funds receipts indicated on 3/1/12 that clients A, B, C, D, E, and F paid for pizza delivered to the group home for supper. GHS (Group Home Staff) #3 stated the facility's stove was not working and the clients wanted something more than "cold meat." At 4:50pm, the House Manager (HM) stated "Sometimes staff make decisions they shouldn't." The HM indicated staff decided to have pizza delivered to the group home for supper and took the money out of clients A, B, C, D, E, and F's personal funds accounts without authorization.</p>	W0104	<p><b>W104:</b> The governing body will exercise general policy, budget, and operating direction over the facility. The facility will ensure the staff follow the facility policy and procedures to ensure protection of the client funds. The facility train staff prior to working with the clients on policy and procedures to ensure their knowledge of said procedures.</p> <p>The Home manager will ensure the staff are retrained on the policy of client finances including the responsibility to purchase meals for the clients. The facility will reimburse all clients for the purchase of pizza from their personal funds.</p> <p>The Home Manager will monitor the staff and client records on a weekly basis to ensure the administration policy is adhered to consistently. The Program Director will review client records monthly to ensure staff are protecting the client funds and adhering to the policies as written.</p> <p>Person responsible: Area Director Completion Date: 4/21/12</p>	04/21/2012	

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	<p>On 3/14/12 at 4:50pm, the personal funds "Cash on Hand Record" indicated the following for each client: For client A: on 3/1/12 pizza \$5.00 withdrawal with a handwritten receipt "Dinner/Pizza Delivery." For client B: on 3/1/12 pizza \$5.00 withdrawal with a handwritten receipt "Dinner/Pizza Delivery." For client C: on 3/1/12 pizza \$5.00 withdrawal with a handwritten receipt "Dinner/Pizza Delivery." For client D: on 3/1/12 pizza \$5.00 withdrawal with a handwritten receipt "Dinner/Pizza Delivery." For client E: on 3/1/12 pizza \$5.00 withdrawal with a handwritten receipt "Dinner/Pizza Delivery." For client F: on 3/1/12 pizza \$5.00 withdrawal with a handwritten receipt "Dinner/Pizza Delivery."</p> <p>On 3/16/12 at 9:30am, an interview with the QMRP/PD Qualified Mental Retardation Professional/Program Director was conducted. The QMRP/PD indicated clients A, B, C, D, E, and F had their personal funds secured and accounted for by the facility staff. The QMRP/PD indicated clients who lived in the group home should not be charged or should clients pay from their personal funds expenses for a meal when the clients eat as a group. The QMRP/PD</p>				

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	<p>indicated supper on 3/1/12 was not prepared at the group home for the clients. The QMRP/PD indicated clients A, B, C, D, E, and F should be reimbursed for the meal on 3/1/12 when they were charged for supper and the meal should have been provided by the group home.</p> <p>This federal tag relates to complaint #IN00105070.</p> <p>9-3-1(a)</p>				

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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, for 3 of 3 sample clients (clients A, B, and C) and 4 additional clients (clients D, E, F, and G) who lived in the group home, the facility failed to allow and encourage clients unimpeded access to their personal hygiene supplies and belongings.</p> <p>Findings include:</p> <p>On 3/15/12 from 6:40am until 7:50am, inside the locked medication administration room a row of clear plastic drawer containers identifying clients A, B, C, D, E, F, and G was on top of the file cabinet. At 6:45am, GHS (Group Home Staff) #1 identified clients A, B, C, D, E, F, and G's personal tooth brushes, razors, combs, and personal hygiene supplies staff had keys to access the medication administration room. GHS #1 stated these containers "were always locked" and indicated she did not know why the clients could not have their personal supplies.</p> <p>On 3/15/12 at 8:10am, an interview was conducted with the QMRP/PD (Qualified Mental Retardation Professional/Program Director) and the House Manager (HM). The QMRP/PD and the HM both indicated clients A, B, C, D, E, F, and G's personal supplies were kept locked and stated "no client" had an identified need for locked personal items.</p> <p>On 3/16/12 at 9:30am, an interview with the QMRP/PD was conducted. The QMRP/PD indicated client G had a history of threats of</p>	W0137	<p><b>W137:</b> The facility trains staff upon hire and reviews annually on the rights of the clients. The direct support professionals are trained to encourage choice, and ensure the client has the right to retain and use personal possessions and clothing. The Home Manager has moved the client hygiene supplies to an unlocked area thus allowing the client full access as desired. The Home Manager will retrain the staff to ensure client rights are carried out and ensure client have access to their possessions. The Home Manager will review client documentation weekly. In addition the Home Manager will complete observations of client activity and staff interaction weekly to ensure client rights are upheld. The Program Director will complete observations on a monthly basis to ensure client rights.</p> <p>Responsible Party: Program Director Completion Date: 4/21/12</p>	04/21/2012	

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	<p>suicide and her personal decorative metal frogs which were located inside the secured box with client G's name were to be sent home with family. The QMRP/PD indicated clients A, B, C, D, E, F, and G did not have the identified need for locked personal hygiene supplies.</p> <p>This federal tag relates to complaint #IN00105070.</p> <p>9-3-2(a)</p>				

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed for 2 of 3 sampled clients (clients B and C) and 1 additional client (client F) by not ensuring their ISPs (Individual Support Plan) and (BSPs) Behavior Support Plans were at the group home available for staff use.</p> <p>Findings include:</p> <p>1. On 3/14/12 from 4:15pm until 6:55pm, client B's 8/30/11 ISP (Individual Support Plan) and 12/21/11 BDP (Behavior Development Plan) were not available for review by relevant staff at the group home.</p> <p>On 3/16/2012 at 9:15am, the facility's BDDS reports were reviewed and indicated the following for client B: -A 3/7/12 BDDS report, for an incident on 3/7/12 at 7:15am, indicated client B had "behaviors" of yelling, hitting staff, and hit his head on the wall. The report indicated "staff did an approved PIA (Physical Intervention Alternative) and took [client B] down to the floor" when a</p>	W0248	<p><b>W248:</b> The facility provides a copy of each client's individual plan to all other providers, the client and to the parents or legal guardian. Client C and F's Individual Program Plans have been filed in the client books for availability to staff and others. In addition, a copy of client B's behavioral support plan has been placed in the client file for staff access. The Program Director will train the Home Manager on the requirement of keeping client records complete to meet standards. The Program Director will complete monthly client file review to ensure the required documentation is maintained in the home in the future.</p> <p>Responsible Party: Program Director Completion Date: 4/21/12</p>	04/21/2012	

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	<p>physical restraint hold was applied to client B. The report did not include directions for the technique used, the PIA hold used, the duration the hold was applied, or if client B was checked for possible injuries.</p> <p>-A 2/1/12 BDDS report, for an incident on 1/31/12 at 5:45pm, indicated client B was "agitated" with the group home staff, ran down the street to a neighbors home, banged on the windows, and tried to gain entry into the neighbors home. The report indicated police were notified and removed client B to the local hospital.</p> <p>Client B's record was reviewed on 3/15/12 at 8:30am. Client B's 12/21/11 BDP indicated "the procedures that follow are to be used for self-injurious behavior (SIB), physical assault, and/or property destruction that could lead to harm to self or others...4. If [client B] exhibits SIB, physical assault or property destruction during the area restriction, implement an appropriate PIA containment technique. Contain [client B] until five minutes of calm has been achieved. 5. Using the compliance Testing Procedure see description that follows, release [client B] from the hold then set the timer for an additional five minutes. [Client B] must be calm for five minutes while physically restrained then five minutes in area restriction...."</p>			

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	<p>On 3/15/12 at 8:10am, an interview with the QMRP/PD (Qualified Mental Retardation Professional/Program Director) and the House Manager was completed. The QMRP/PD and the House Manager both indicated client B's ISP and BDP were not available at the group home for staff to refer to on 3/14/12. Both indicated the old House Manager was suppose to file these in the group home and had not.</p> <p>2. On 3/14/12 from 4:15pm until 6:55pm, client C's 10/12/11 ISP (Individual Support Plan) was not available for relevant staff to review at the group home.</p> <p>On 3/15/12 at 8:10am, an interview with the QMRP/PD (Qualified Mental Retardation Professional/Program Director) and the House Manager was conducted. The QMRP/PD and the House Manager both indicated client C's ISP was not available at the group home for staff to refer to on 3/14/12. Both indicated the old House Manager was suppose to file these in the group home and had not.</p> <p>3. On 3/14/12 from 4:15pm until 6:55pm, client F's ISP (Individual Support Plan) was not available for relevant staff to</p>						

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	<p>review at the group home.</p> <p>On 3/15/12 at 8:10am, an interview with the QMRP/PD (Qualified Mental Retardation Professional/Program Director) and the House Manager was conducted. The QMRP/PD and the House Manager both indicated client F's ISP was not available at the group home for staff to refer to on 3/14/12. Both indicated the old House Manager was suppose to file these in the group home and had not.</p> <p>This federal tag relates to complaint #IN00105070.</p> <p>9-3-4(a)</p>				

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 3 of sampled clients (client C) and for 4 additional clients (clients D, E, F and G), to ensure ISP (Individual Support Plan) objectives/goals were implemented during formal and informal opportunities.</p> <p>Findings include:</p> <p>1. On 3/15/12 at 6:40am, Group Home Staff (GHS) #1 requested client F to come into the medication room. GHS #1 assembled and administered client F's medications. GHS #1 did not name each medication, the purpose of the medication, or the dosages of the medications. No medication administration teaching or training was observed. GHS #1 administered two sprays of client F's Flonase nasal spray (for allergies) into each nostril. Client F did not hold the spray and did not wash her hands.</p> <p>On 3/16/12 at 1:28pm, the QMRP/PD</p>	W0249	<p><b>W249:</b></p> <p>The facility currently meets with the client Interdisciplinary team to formulate an individual program plan. The group home staff are trained to implement on all treatment program goals to support achievement by the client of such goals.</p> <p>The Home Manager will re-train the staff on client goals of all clients to ensure active treatment is evident and continuous. The training will include using formal and informal opportunities to provide training when ever possible.</p> <p>In the future, the Home manager will continue to train and follow up on staff to implement client goals and ensure client activity to encourage client progress. The Home manager will observe active treatment weekly. The Program Director will audit active treatment at least monthly to ensure clients receive training opportunities.</p> <p>Responsible Person: Program Director</p>	04/21/2012			

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	<p>(Qualified Mental Retardation Professional/Program Director) indicated client F's 3/2012 dated ISP medication administration goal was to place the Flonase nasal spray into her nostril. The QMRP/PD indicated client F should have washed her hands before medication administration. The QMRP/PD indicated staff should use formal and informal opportunities to teach and train client F about her medications.</p> <p>2. On 3/15/12 at 7:10am, GHS #1 requested client G to come into the medication room. GHS #1 assembled and administered client G's medications. No medication administration teaching or training was implemented. GHS #1 administered client G's Celexa (for behaviors), Black Cohosh (for menopause), and Citracal+D (vitamin for nutrition), client G took the medications. Client G complained of chest pain and requested a physician's appointment to be seen by her doctor. GHS #1 stated "I will call [the House Manager]." GHS #1 did not name each medication, the purpose of the medication, or the dosages of the medications.</p> <p>On 3/16/12 at 1:28pm, the QMRP/PD indicated client G's 3/2011 ISP medication administration goal was to name her medications. The QMRP/PD</p>		Completion Date: 4/21/12		

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	<p>indicated staff should use formal and informal opportunities to teach and train client G about her medications.</p> <p>3. On 3/15/12 at 7:16am, medication administration was completed with GHS #1 and client E. At 7:16am, GHS #1 requested client E to come into the medication room. GHS #1 assembled and administered client E's Polyethylene Glycol for constipation in water, Famotidine tablet for GERD (reflux), Flonase nasal spray for allergies, and a Reglan tablet for GERD. GHS #1 did not name each medication, the purpose of the medication, or the dosages of the medications. No medication administration teaching or training was implemented.</p> <p>On 3/16/12 at 1:28pm, the QMRP/PD indicated client E's ISP was not available for review at the group home. The QMRP/PD indicated client E's ISP medication administration goal was to punch out his 8pm medications into a medication cup. The QMRP/PD indicated staff should use formal and informal opportunities to teach and train client E about his medications.</p> <p>4. On 3/15/12 at 7:25am, GHS #1 requested client B to come into the medication room. GHS #1 assembled and</p>						

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	<p>administered client B's medications of Docusate Sodium for constipation, Nuedexta for nutrition, and Polyethylene Glycol for constipation. GHS #1 did not name each medication, the purpose of the medication, or the dosages of the medications. No medication administration teaching or training was implemented.</p> <p>On 3/16/12 at 1:28pm, the QMRP/PD indicated client B's ISP medication administration goal was to name his 8pm medications. The QMRP/PD indicated staff should use formal and informal opportunities to teach and train client B about his medications. The QMRP/PD indicated client B should have had his medication goal implemented.</p> <p>On 3/15/12 at 8:30am, client B's record was reviewed. Client B's 8/30/11 ISP indicated a goal to name his 8pm medications.</p> <p>5. On 3/14/12 from 4:15pm until 6:55pm, clients C, D, E, F and G sat on the porch and walked into and out of the group home without activity. From 4:15pm until 6:15pm, GHS #3 cleaned the kitchen, wiped off counters in the kitchen, emptied the trash cans, and custodially prepared supper of mashed potatoes, chicken and noodles, and cooked carrots</p>						

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	<p>in the kitchen. No clients were encouraged or offered the opportunity to assist with cleaning, emptying trash, or preparing supper. At 5:03pm, client D left the porch, walked alone to the back of the house, and returned riding his three wheel bike on the sidewalk around the group home block independently. At 5:25pm, client D returned to the porch and sat down. At 5:25pm, GHS #2 stated "This is like watching paint dry, isn't it." At 5:25pm, client C began to laugh, shook his head yes, and stated "Yeah it is." At 5:28pm, the QMRP/PD arrived at the group home, sat on the porch with GHS #2 and clients C, D, E, F and G and no activity was offered or encouraged. At 5:28pm, client G stated she wanted to "cook" on the stove and "could not use the stove." Client G stated she "wasn't allowed to use the stove, only staff" could cook with the stove. At 5:30pm, clients C and G independently got up from the porch, walked to the kitchen, did not wash their hands, and independently assembled glasses, forks, spoons, and plates to set the table. Clients C and G handled plates with the food contact portion of the plates against their worn clothing and handled the flatware with the food contact ends. No redirection by GHS #3 or the QMRP/PD was offered or encouraged for clients C and G to wash their hands or how to handle tableware.</p>			

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	<p>At 5:40pm, clients C and G stated they "forgot" to wash their hands before setting the table. At 6:15pm, GHS #2 and GHS #3 with the QMRP/PD requested clients C, D, E, F, and G to come to the table and no handwashing was observed. At 6:15pm, GHS #3 custodially served and prepared client E and F's meal plates with food.</p> <p>On 3/15/12 at 10am, client C's 10/12/11 ISP indicated objectives/goals to brush teeth for 3 minutes, to read menu, to select article to read, and to make fifty cents from a variety of coins. Client C's undated "Active Treatment Schedule" indicated "...3pm: Clean Lunchbox, Snack, 4pm: Meds, Programs, Dinner, 5pm: Dinner, Domestic, 6pm: Social Club..."</p> <p>On 3/15/12 at 9:45am, client D's 4/29/11 ISP indicated objectives/goals to wear clean clothing daily, to use floss pic on teeth, to make a main dish at breakfast, to use coins to make fifty cents, to look both ways to cross street, to wash and rinse body during bathing, to wash entire table after dinner, to wash hands before and after each meal, and to provide accurate response to social activity. Client D's undated "Active Treatment Schedule" indicated "...3pm: Clean Lunchbox, Snack, 4pm: Meds, Programs, Dinner,</p>						

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	<p>5pm: Dinner, Domestic, 6pm: Social Club...."</p> <p>On 3/15/12 at 10:10am, client E's undated "Active Treatment Schedule" indicated "...3pm: Clean Lunchbox, Snack, 4pm: Meds, Programs, Dinner, 5pm: Dinner, Domestic, 6pm: Social Club...." No ISP and no program goals were available for review.</p> <p>On 3/15/12 at 10:15am, client F's undated "Active Treatment Schedule" indicated "...3pm: Clean Lunchbox, Snack, 4pm: Meds, Programs, Dinner, 5pm: Dinner, Domestic, 6pm: Social Club...." Client F's undated objectives/goals indicated she was to identify a penny, to use the words "stop" and "no" in a scenario, to wash under her arms during bathing, and to use mouth wash.</p> <p>On 3/15/12 at 9:50am, client G's undated "Active Treatment Schedule" indicated "...3pm: Clean Lunchbox, Snack, 4pm: Meds, Programs, Dinner, 5pm: Dinner, Domestic, 6pm: Social Club...." Client G's 3/2011 ISP indicated she was to gather bathing supplies, to correctly count out her petty cash money, to brush her teeth after meals, to make the main dish for supper, to write her address and phone number, to correctly pronounce words, and to name her evening medications.</p>				

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	<p>On 3/16/12 at 9:30am, an interview with the QMRP/PD was conducted. The QMRP/PD stated "I knew you were watching active treatment (on 3/14/12) and I didn't want to be obvious they weren't doing anything." The QMRP/PD indicated staff should have prompted and encouraged clients C, D, E, F, and G for activity while at the group home and did not during informal opportunities. The QMRP/PD indicated staff should have had the clients involved in cooking and cleaning. The QMRP/PD indicated clients C, D, E, F, and G should have washed their hands before setting the table and before eating supper. The QMRP/PD indicated staff should have used formal and informal opportunities to reinforce skills and objectives/goals for clients C, D, E, F, and G.</p> <p>This federal tag relates to complaint #IN00105070.</p> <p>9-3-4(a)</p>				

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W0289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on record review, and interview, for 2 of 2 sample clients (clients A and B) who had physical interventions employed for behavior, the facility failed to have a written description in client A and B's plans for physical behavioral interventions/Physical Intervention Alternative (PIA) which were used for clients A and B.</p> <p>Findings include:</p> <p>1. On 3/15/12 at 9:30am, client A's 7/25/11 addendum BSP (Behavior Support Plan), client A's 12/21/10 ISP (Individual Support Plan), and a 5/2011 "Quick Reference Guide" for client A's "revised 3/2011 behavior development plan" (BDP) indicated her behaviors included but were not limited to physical assault. Client A's "Physical Assault" was defined as "attempts or actual attacks directed at one or more individuals with the apparent intent to produce pain or injury, and taking the form of one or more of the following: hitting, scratching,</p>	W0289	<p>W 289: The behavior plan for client's A and B will be revised to include a specific hierarchy of technique and restraint as allowed in the Physical Intervention Alternatives and determined by the IDT for each client. The behavior plans will include the hierarchy of interventions allowed and the specific technique that is used for specific behavioral episodes. In the future, the facility will ensure that all changes and additions to the client active treatment and programming are updated in the client Individual Program Plan as stated in the client regulatory guidelines. This will be accomplished by monthly review by the Program Director of the client programming and implementation of addendums as needed. Person responsible: Area Director Completion Date: 4/21/12 The Program Director will contact the behavioral specialist to add interventions for staff to implement when client B refuses to attend workshop. The Home Manager will re-train the direct support professionals on the changes made to the behavioral support plans of client A and B.</p>	04/21/2012			

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	<p>pinching, kicking, biting, pulling hair, head butting, pushing, and/or striking with a held or propelled object." Client A's plan indicated she "required" one on one staff supervision during "all" awake hours because of client A's physical aggression toward staff and other clients. Client A's 7/25/11 addendum BSP indicated client A "continued aggression toward other consumers and staff." Client A's 7/25/11 addendum BSP indicated "if [client A] exhibits a physical assault or property destruction during (her behavioral episodes) implement an appropriate PIA containment procedure." Client A's record did not define PIA. Client A's programs contained no behavior technique hierarchy for staff to employ for behavior management.</p> <p>On 3/15/12 at 9:30am, an interview with the QMRP/PD (Qualified Mental Retardation Professional/Program Director) and the House Manager was conducted. The QMRP/PD and the House Manager both indicated no documented evidence was available which described written interventions from least restrictive to most intrusive techniques staff were to employ for client A's behaviors. The QMRP/PD indicated client A's plan was updated. The QMRP/PD indicated client A's plans in the group home had not been updated to</p>						

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	<p>reflect changes made in her plan.</p> <p>On 3/14/12 at 5pm, the facility's "Hierarchy of Physical Interventions" (PIA) was reviewed with the QMRP/PD. The policy indicated "6. Physical restraint (PR) refers to the application of physical force to prevent the person from harming him/herself or others. PR is not a therapeutic technique and is only utilized in emergency situations when everything else has failed. It may only be used for extreme behaviors." The QMRP/PD stated "yes, PIA" was used for client A's behaviors and was not defined as a part of her written plan.</p> <p>2. On 3/14/2012 from 4:15pm until 6:55pm, the facility BDDS (Bureau of Developmental Disability Services) reports from 1/1/2012 through 3/14/2012 were requested for review.</p> <p>On 3/16/2012 at 9:15am, the facility's BDDS reports were made available for review and indicated the following for client B: -A 3/7/12 BDDS report, for an incident on 3/7/12 at 7:15am, indicated client B had "behaviors" of yelling, hitting staff, and hit his head on the wall. The report indicated "staff did an approved PIA and took [client B] down to the floor" when a physical restraint hold was applied to</p>						

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	<p>client B. The report did not indicate directions for the use, the PIA hold used, the duration the hold was applied, or if client B was checked for possible injuries.</p> <p>-A 2/1/12 BDDS report, for an incident on 1/31/12 at 5:45pm, indicated client B was "agitated" with the group home staff, ran down the street to a neighbors home, banged on the windows, and tried to gain entry into the neighbors home. The report indicated police were notified and removed client B to the local hospital.</p> <p>-A 1/26/12 BDDS report, for an incident on 1/25/12 at 8am, indicated client B became "extremely agitated and attempted to elope from the building" at the workshop. The report indicated client B "became physically aggressive and began to hit, kick, spit, and scratch staff. Staff blocked the exits." The report indicated client B "removed his leg braces and threw [the braces] down the hallway." The report indicated client B "removed the rest of his clothes and laid in the middle of the floor. Staff implemented strategies in [client B's] BSP by clearing the area of other consumers, and blocking the exits. Staff covered [client B] with a blanket then pulled his pants up. [Client B] continued to be physically combative and staff utilized two man transport technique by immobilization of [client B's] arms, immobilization of lower body, and</p>						

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	<p>restriction of mobility." The report indicated client B's staff took him home from the workshop.</p> <p>Client B's record was reviewed on 3/15/12 at 8:30am. Client B's 12/21/11 BDP (Behavior Development Plan) included but was not limited to targeted behaviors of refusal to perform task, property destruction, physical assault, and Self Injurious behavior (SIB) of inflicting blows or bite to self. Client B's 12/21/11 BDP indicated "the procedures that follow are to be used for self-injurious behavior, physical assault, and/or property destruction that could lead to harm to self or others...4. If [client B] exhibits SIB, physical assault or property destruction during the area restriction, implement an appropriate PIA containment technique. Contain [client B] until five minutes of calm has been achieved. 5. Using the compliance Testing Procedure see description that follows, release [client B] from the hold then set the timer for an additional five minutes. [Client B] must be calm for five minutes while physically restrained then five minutes in area restriction...." Client B's BDP contained no description or definition for PIA or for the "compliance Testing Procedure." Client B's record contained no behavioral technique hierarchy from least restrictive to most intrusive technique for staff to</p>			

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	<p>employ for behavior management. Client B's record did not indicate interventions for staff to implement when client B refused to attend workshop.</p> <p>On 3/15/12 at 9:30am, an interview with the QMRP/PD (Qualified Mental Retardation Professional/Program Director) and the House Manager was conducted. The QMRP/PD and the House Manager failed to present written interventions which described technique hierarchy from least restrictive to most intrusive techniques staff were to employ for client B's behaviors. The QMRP/PD stated client B began to refuse to "attend workshop over a year ago." The QMRP/PD indicated client B's plan was not updated to include interventions for staff to follow when client B refused to attend workshop or when client B demonstrated aggressive behaviors. The QMRP/PD indicated client B's plan in the group home did not define PIA techniques.</p> <p>This federal tag relates to complaint #IN00105070.</p> <p>9-3-5(a)</p>				

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, for 1 of 3 of sampled clients (client C) and for 5 additional clients (clients D, E, F, G and H), the facility failed to ensure clients C, D, E, F, G and H were taught and encouraged to participate in meal preparation consistent with their skills.</p> <p>Findings include:</p> <p>On 3/14/12 from 4:15pm until 6:55pm, clients C, D, E, F, G, and H sat on the porch and walked into and out of the group home without activity and were not involved to prepare the evening meal. From 4:15pm until 6:15pm, GHS #3 cleaned the kitchen, wiped off counters in the kitchen, and custodially prepared supper of mashed potatoes, chicken and noodles, and cooked carrots in the kitchen. No clients were encouraged or offered the opportunity to assist with preparing supper. At 5:25pm, GHS #2 was seated on the front porch with clients C, D, E, F, G, and H and GHS #2 stated "This is like watching paint dry, isn't it." At 5:25pm, client C began to laugh, shook his head yes, and stated "Yeah it is." At 5:28pm, the QMRP/PD arrived at</p>	W0488	<p><b>W488:</b> The facility will ensure that each client eats in a manner consistent with his or her developmental level. Staff will be retrained in the area of redirecting at mealtime to teach meal preparation skills. The training will include client preparation of the meal, family style dining, self dining, and clean up after a meal. The Home Manager will ensure that all staff are trained and will monitor mealtime activities at least weekly to ensure that individuals are involved in all aspects of preparing a meal and clean up there after in the future. Person Responsible: Program Director Completion Date: 4/21/12</p>	04/21/2012	

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	<p>the group home, sat on the porch with GHS #2 and clients C, D, E, F, G, and H, and no activity was offered or encouraged. At 5:28pm, client G stated she wanted to "cook" on the stove and "could not use the stove." Client G stated she "wasn't allowed to use the stove, only staff" could cook with the stove. At 5:30pm, clients C and G independently got up from the porch, walked to the kitchen, did not wash their hands, and independently assembled glasses, forks, spoons, and plates to set the table. Clients C and G handled plates with the food contact portion of the plates against their worn clothing and handled the flatware with the food contact ends. No redirection by GHS #3 or the QMRP/PD was offered or encouraged for clients C and G to wash their hands or how to handle tableware. At 5:40pm, clients C and G stated they "forgot" to wash their hands before setting the table. At 6:15pm, GHS #2 and GHS #3 with the QMRP/PD requested clients C, D, E, F, G, and H to come to the table and no handwashing was observed. At 6:15pm, GHS #3 custodially served and prepared client E and F's meal plates with food.</p> <p>On 3/15/12 at 10am, client C's 10/12/11 ISP indicated objectives/goals to read menu. Client C's undated "Active Treatment Schedule" indicated "...4pm:</p>			

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	<p>Meds, Programs, Dinner, 5pm: Dinner...."</p> <p>On 3/15/12 at 9:45am, client D's 4/29/11 ISP indicated objectives/goals to make a main dish at breakfast, to wash entire table after dinner, to wash hands before and after each meal, and to provide accurate response to social activity. Client D's undated "Active Treatment Schedule" indicated "...4pm: Meds, Programs, Dinner, 5pm: Dinner...."</p> <p>On 3/15/12 at 10:10am, client E's undated "Active Treatment Schedule" indicated "...4pm: Meds, Programs, 5pm: Dinner...."</p> <p>On 3/15/12 at 10:15am, client F's undated "Active Treatment Schedule" indicated "...4pm: Meds, Programs, 5pm: Dinner...." Client F's 3/2012 dated did not include a dining or meal preparation objective.</p> <p>On 3/15/12 at 9:50am, client G's undated "Active Treatment Schedule" indicated "...4pm: Meds, Programs, 5pm: Dinner...." Client G's 3/2011 ISP indicated she was to make the main dish for supper.</p> <p>On 3/16/12 at 9:30am, an interview with the QMRP/PD was conducted. The QMRP/PD stated "I knew you were</p>						

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  03/22/2012
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	
	<p>watching active treatment (on 3/14/12) and I didn't want to be obvious they weren't doing anything." The QMRP/PD indicated staff should have prompted and encouraged clients C, D, E, F, G, and H in meal preparation (reading menu and food containers, gathering food items, assembling and cooking dishes, setting stove temperature) but did not though opportunities existed. The QMRP/PD indicated clients C, D, E, F, G, and H should have washed their hands before setting the table and before eating supper and did not.</p> <p>This federal tag relates to complaint #IN00105070.</p> <p>9-3-8(a)</p>				