

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G531	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/20/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3107 HENSEL DR CARMEL, IN 46032
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W 000 Bldg. 00	<p>This visit was for an investigation of complaint #IN00160247.</p> <p>Complaint #IN00160247: Substantiated, No deficiencies related to the allegation(s) are cited.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: February 16, 19 and 20, 2015</p> <p>Facility Number: 001045 Provider Number: 15G531 AIM Number: 100244990</p> <p>Surveyor: Paula Eastmond, QIDP-TC</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/26/15 by Ruth Shackelford, QIDP.</p>	W 000		
W 268 Bldg. 00	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation, interview and record review for 3 of 4 sampled clients (A, B and C) and 4 additional clients (E,</p>	W 268	All Direct Care staff and Home Manager will receive retraining on client dignity including ensuring	03/22/2015

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>F, G and H), the facility failed to ensure clients' dignity in regard to appearance, and to ensure a client was changed immediately when wet.</p> <p>Findings include:</p> <p>1. During the 2/16/15 observation period between 4:30 PM and 6:30 PM, at the group home, client B was sitting in a black lounge chair upon arrival to the group home. At 4:53 PM, staff #2 assisted client B to stand and utilize her walker to walk to the dining room table. Staff #2 walked next to and behind the client while assisting the client to ambulate with the walker. Client B had a large wet spot on the back of her pants and had a wet spot on the front of her pants. Staff #2 did not change/or encourage client B to use the bathroom. Client B was assisted to sit at the dining room table wet. At 5:20 PM, the Program Director (PD) was informed client B was wet.</p> <p>Client B's record was reviewed on 2/19/15 at 10:25 AM. Client B's 10/16/14 Individual Support Plan (ISP) indicated the client had an objective to go to the bathroom.</p> <p>Interview with staff #2 on 2/16/15 at 6:05 PM, indicated client B should be toileted</p>		<p>that if clients are wet or soiled they are directed to use the bathroom and assist clients as needed with cleaning up and changing their clothes. All Direct Care staff, Home manager and Program Director will receive retraining on client dignity including ensuring that all consumer shave clothing that fit, are well shaven and groomed and hair and nails are trimmed and adaptive equipment fits properly. Home manager and Program Director will complete observations in the home a minimum of 3 times per week for the first 4 weeks to ensure that all clients dignity is maintained by ensuring they are wearing clothing that fits, are well shaven and groomed and clients are changed if they are wet or soiled. After the first 4 weeks and ongoing Home manager and Program Director will complete observations in the home a minimum of 2 times per week to ensure that all clients dignity is maintained by ensuring they are wearing clothing that fits, are well shaven and groomed and they are changed immediately once it is determined they are wet or soiled. Responsible Party: Home Manager, Program Director</p>		

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	<p>after the client arrived home from the day program.</p> <p>Interview with staff #1 on 2/16/15 at 6:25 PM indicated client B should be toileted every 2 hours.</p> <p>Interview with the PD on 2/19/15 at 11:50 AM indicated facility staff should change the client when she was wet.</p> <p>2. During the 2/16/15 observation period between 4:30 PM and 6:30 PM, at the group home, clients A, C, E, F and G were unshaven and unkempt in appearance. The clients had facial hair on their face and/or chins. The clients' hair was disheveled (not combed). Client H, a female, also had facial hair on her chin and her hair was disheveled.</p> <p>During the 2/19/15 observation period between 6:19 AM and 7:50 AM, at the group home, clients A, C, E, F, G and H were unshaven and unkempt in appearance as the clients' hair was not combed and the clients had facial hair on their face and/or chins. The clients left for the day program without assistance and/or care in regard to their appearance.</p> <p>Client E's record was reviewed on 2/19/15 at 10:30 AM. Client E's 7/28/14 ISP indicated client E had an objective to</p>			

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W 455 Bldg. 00	<p>shave his face with modeling/staff assistance.</p> <p>Client H's record was reviewed on 2/19/15 at 10:40 AM indicated the client had an objective to comb her hair.</p> <p>Interview with client A on 2/16/15 at 5:30 PM indicated client A did not want to grow a beard. Client A indicated he wanted to be shaved. Client A indicated facility staff shaved the client.</p> <p>Interview with staff #1 on 2/16/15 at 6:25 PM indicated the male staff shaved the clients in the evening. Staff #1 indicated the male staff shaved clients once during the week and once on the weekend. Staff #1 stated client A "preferred his sister to shave him."</p> <p>Interview with the PD on 2/19/15 at 11:50 AM indicated clients should be shaved every other day. The PD stated facility staff should make sure clients "looked appropriate before going to work."</p> <p>9-3-5(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of</p>			

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	<p>infection and communicable diseases.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H), the facility failed to ensure clients and facility staff washed their hands prior to meals to prevent the spread of germs.</p> <p>Findings include:</p> <p>During the 2/16/15 observation period between 4:30 PM and 6:30 PM and the 2/17/15 observation period between 6:19 AM and 7:50 AM, at the group home, facility staff did not encourage clients A, B, C, D, E, F, G and H to wash their hands and/or use hand sanitizer prior to eating their dinner and/or breakfast meals. Facility staff #2, #3, #4 and #5 did not wash their hands prior to assisting the clients to serve themselves and/or when fixing the clients' plates during the above mentioned observation periods.</p> <p>Interview with the Program Director (PD) on 2/19/15 at 11:50 AM indicated facility staff should wash their hands when assisting clients at meals. The PD indicated facility staff should have encouraged clients A, B, C, D, E, F, G and H to wash their hands and/or use hand sanitizers prior to eating and/or after toileting.</p>	W 455	<p>All direct care staff will receive retraining on infection control and universal precautions including encouraging clients to wash their hands and/or use hand sanitizer prior to mealtimes. Training will also include ensuring that staff are washing their own hands or using hand sanitizer prior to assisting clients with their meals.</p> <p>Home Manager and/or Program Director will complete mealtime observations at least twice per week for four weeks to ensure that all staff are encouraging clients to wash their hands and/or use hand sanitizer prior to mealtimes as well as ensuring staff are washing their own hands or using hand sanitizer prior to assisting clients with their meals.</p> <p>Ongoing, the Home Manager and/or Program Director will complete mealtime observations at least once per week to ensure that all staff are encouraging clients to wash their hands and/or use hand sanitizer prior to mealtimes as well as ensuring staff are washing their own hands or using hand sanitizer prior to assisting clients with their meals.</p> <p>Responsible Party: Home Manager, Program Director</p>	03/22/2015	

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W 473 Bldg. 00	<p>9-3-7(a)</p> <p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature. Based on observation and interview for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H), the facility failed to ensure chicken was cooked at an appropriate temperature prior to serving the undercooked chicken to clients to consume.</p> <p>Findings include:</p> <p>During the 2/16/15 observation period between 4:30 PM and 6:30 PM, at the group home, staff #2 cooked the evening meal of baked chicken, noodles and green beans. At 5:00 PM, clients A, B, C, D, E, F, G and H sat down at the dining room table to eat dinner. Client H picked up her chicken thigh and attempted to bite off a piece. Client H was not able to bite off a piece of chicken without struggle. Client H's chicken was pink to red in color once she client bit off a piece to consume. Clients E and G's chicken thighs were also pink and red in color as the clients ate the chicken. Before the chicken could be removed from clients H and E's plates, client G had consumed all</p>			W 473	<p>All direct care staff will receive retraining on meal preparation including ensuring all food is served at an appropriate temperature. Home Manager and/or Program Director will complete mealtime observations at least three times per week for four weeks to ensure that all staff are preparing meals for consumers and serving them at an appropriate temperature. Ongoing, the Home Manager and/or Program Director will complete mealtime observations at least twice per week to ensure that all staff are preparing meals for consumers and serving them at an appropriate temperature. Responsible Party: Home Manager, Program Director</p>		03/18/2015

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	<p>of his undercooked chicken and client H had eaten half of her undercooked chicken. Interview with staff #2 on 2/16/15 at 5:10 PM indicated when asked if clients E, G and H's chicken was done, staff #2 stated "Yes, It is done. I checked it." When told the clients' chicken was pink and red in color, staff #2 still indicated the chicken was cooked/done and did not remove the chicken from the dining room table. At that point, the Program Director (PD) who was in the group home, was notified of the undercooked chicken the clients were consuming.</p> <p>Interview with the PD on 2/16/15 at 5:20 PM indicated clients E, G and H's chicken thighs were not done and removed the chicken from client E and H's plates as client G had consumed his chicken. The PD indicated the clients should not have been served the undercooked chicken.</p> <p>Interview with staff #2 on 2/16/15 at 6:12 PM indicated she did not have experience in cooking chicken. Staff #2 stated she had "checked the chicken" and thought it was done.</p> <p>9-3-8(a)</p>			