STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G618	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 08/22/2014
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC		STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032	

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W000000	This visit was for a pre-determined full recertification and state licensure survey. Dates of Survey: August 13, 14, 15, 18, 19, 20, 21 and 22, 2014. Facility number: 001173 Provider number: 15G618 AIM number: 100244220 Surveyor: Susan Reichert, QIDP The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/8/14 by Ruth Shackelford, QIDP.	W000000		
W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based upon observation, record review	W000104	A new couch has been ordered. A new dining room table and chairs	09/21/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and for 4 additional clients (clients #5, #6, #7 and #8), the governing body failed to exercise oversight and operating direction over the facility to maintain the group home in good condition. Findings include: Observations were completed at the group home on 8/13/14 from 6:25 AM until 8:00 AM and on 8/13/14 from 5:15 PM to 6:35 PM in the group home where clients #1, #2, #3, #4, #5, #6, #7 and #8 lived. A sofa in the living room had 3 tears in the seat cushions 3 inches in length and 1/2 inch in diameter exposing the padding underneath. The dining room table had worn finish exposing bare wood across the length of the table and 1 foot in width. The house manager was interviewed on 8/13/14 at 7:50 AM and indicated there were plans to replace the sofa, but no plans to repair/replace the table. The Area Director was interviewed on 8/15/14 at 1:30 PM. She indicated there were no work or purchase orders available to indicate the sofa was being replaced/repaired or to address the worn table top.		has been ordered. The Home Manager and Program Director will be retrained on ensuring that all maintenance issues are addressed in a timely manner and followed up on, if remaining incomplete. Ongoing, the Program Director will complete a monthly walk thru of the group home to ensure that no further issues are noted. Ongoing, the Area Director will ensure that a quarterly walk-thru is completed to ensure that all maintenance issues are taken care of in a timely matter and do not remain incomplete. Responsible Party: Home Manager and Program Director, and Area Director	

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	9-3-1(a)			
W000120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based upon record review and interview for 1 of 4 sampled clients (client #2), the facility failed to ensure the outside services implemented client #2's behavior plan to address elopement and excessive consumption of fluids. Findings include: The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/13/14 at 3:45 PM and included the following reports: A BDDS report dated 4/1/14 indicated client #2 "eloped" out the back door of day services and entered an office area and drank their coffee (amount unspecified). Day service staff was helping another client brush their teeth and was unaware client #2 had eloped.	W000120	Since the two incidents occurred with client #2 at the day program, the Program Director and Home Manager retrained the day program staff on the Behavior Plan and supervision needs. As a result of these two incidents the IDT began to explore alternative options for client #2 and a day program. Client #2 was switched to a new day program in July 21, 2014. Since being at the new day program, client #2 has had no incidents of PICA or elopement. The Program Director and Home Manager have made monthly unannounced visits to the new day program to ensure appropriate levels of supervision are in place and all potentially harmful substances are appropriately stored away. Ongoing, the Program Director	09/21/2014

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	Client #2 was missing for 2 minutes until office staff notified the day services area client #2 had eloped. Corrective action indicated client #2 would now be staffed 1:1 (one staff assigned to his supervision). The report indicated client #2's behavior support plan had not been implemented to protect him from his elopement behavior. A BDDS report dated 4/24/14 indicated client #2 drank liquid soap left on the sink as staff went to get his coat when his ride home had arrived. The report indicated the incident had not been reported timely by day service staff to the administrator. Corrective action indicated client #2's behavior support plan would be implemented and soap and liquids would be locked to prevent future occurrences. Client #2's record was reviewed on 8/14/14 at 2:46 PM. A Behavioral Intervention Plan dated 3/31/14 indicated a diagnosis of psychogenic drinking/polydipsia (excessive drinking of fluids). The plan included the use of door alarms to address client #2's elopement behavior and "line of sight" supervision. "Staff should also pay special attention to [client #2] when he is near any door leading to the outside of the home. The staff should always be		and Home Manager will continue to complete monthly or more as needed, unannounced visits to the new day program to ensure client #2's safety. Responsible Party: Home Manager and Program Director	

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	closest to the door when in a room with [client #2]." The plan indicated staff were to redirect him to surrender liquids and if he resisted to "use the least intrusive agency approved physical intervention necessary to take the item from [client #2]." The Area Director was interviewed on 8/13/14 at 4:30 PM regarding client #2's incidents of obtaining fluids. She indicated client #2 no longer attended the day services where the incidents occurred in part as a result of the incidents. 9-3-1(a)			
W000149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview, the facility failed for 2 of 4 sampled clients (clients #1 and #2) to ensure staff implemented policy and procedure to prevent abuse, neglect and mistreatment by failing to ensure staff implemented corrective action to prevent	W000149	Staff #11 was terminated due to ongoing failed attempts with medication administration and retrainings. All remaining staff at this group home will be retrained on medication administration according to the Indiana	09/21/2014

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	medication errors. Findings include: The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/13/14 at 3:45 PM. A report dated 7/2/14 indicated staff #11 "forgot" to give client #1 her medications in the morning. The missing medications included a multi-vitamin (nutritional supplement), vitamin D tablet (nutritional supplement), polyethylene powder (constipation), docusate sodium (constipation), oyster shell with vitamin D (calcium supplement), Risperidone (anti-psychotic), Cogentin (side effects), chlorhexidine rinse (oral health) and Haloperidol (anti-psychotic). The report indicated staff #11 had been retrained on administration of medication procedures. During observation at the group home on 8/13/14 from 6:25 AM until 8:00 AM, client #2 received his medications of Risperdone (anti-psychotic), Namenda (memory), Lamotrigine (seizures), Divalproex (seizures), Clonidine (antipsychotic), Oyster Cal (calcium supplement), Loratadine (allergies) at 7:20 AM from staff #11. Client #2's medications were sitting in a medication administration cup on a shelf prior to their administration by staff #11. Client		MENTOR policy and procedures for medication administration. For the first four weeks, the Home Manager, Program Director, and/or Program Nurse will complete three (3) weekly medication administration observations to ensure that the medication goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Home Manager and/or Program Director will complete two (2) weekly medication administration observations for four (4) additional weeks, and will ensure that all needed retrainings will be completed. After the additional four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed. Ongoing, all staff will complete medication administration according to the Indiana MENTOR policy and procedures. Responsible Party: Home Manager and Program Director, and Area Director	

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	#1 received her medications at 7:30 AM by staff #11. Client #1's medications of Divalproex (seizures), Thera M (vitamin) and Haloperidol (anti-psychotic) were sitting in a medication storage cup on a shelf in the medication storage cabinet prior to their administration. Staff #11 was interviewed on 8/13/14 at 7:25 AM about the procedure to administer medications. He indicated it was not the proper procedure to prepare medications ahead of the time of administration, and stated, "There isn't enough time to shower 3 clients, pass medications and clean two restrooms from 6:00 AM to 8:00 AM." Staff #11 pointed out clients #3, #4, #5, #6, #7 and #8's medications were also located in cups stored in front of their medication boxes in the medication cupboard. The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 8/13/14 at 4:36 PM and indicated staff #11 had failed to administer client #1's medications on 7/2/14 and had been retrained. She indicated staff #11 was being terminated as he failed to implement the training he had been given to prevent medication errors. The facility's policy and procedures to			

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	prevent abuse and neglect revised April, 2011 were reviewed on 8/13/14 at 4:00 PM. The policy indicated the facility followed the BDDS incident reporting policy and would report to BDDS, "alleged, suspected, or actual abuse, neglect or exploitation of an individual...Injury to an individual when the origin or cause of the injury is unknown and could be indicative of abuse, neglect or exploitation..., a significant injury to an individual, including: ...any injury requiring more than first aid, ...Inadequate staff support for an individual, including inadequate supervision, with the potential for 1) significant harm or injury to an individual...Inadequate medical support for an individual, including failure to obtain: (1) Necessary medical services;...The Area Director will review each incident and Quality Assurance recommendations monthly. This review will be completed with Program Director and other appropriate staff to assess the effectiveness of each recommendation made per incident...The Area Director will complete an Incident Summary Report detailing the progress made towards meeting the recommendations previously set forth. The report may include further recommendations that may have been provided by the Interdisciplinary Team or outside agency			

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	involved in the resolution of the incident. The procedure will provide Indiana MENTOR with the information needed to ensure the effectiveness of the recommendations and an opportunity to make additional recommendations as needed. The Quality Assurance staff will review the information received during the past quarter in order to analyze trends and or systemic problems within the company and to develop recommendations to prevent future incident. The Quality Assurance Staff will present this to the administrative team on a quarterly basis." 9-3-2(a)			
W000157	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review and interview, the facility failed for 2 of 4	W000157	Staff #11 was terminated due to ongoing failed attempts with medication administration and	09/21/2014

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	sampled clients (clients #1 and #2) to ensure staff implemented corrective action to prevent medication errors. Findings include: The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/13/14 at 3:45 PM. A report dated 7/2/14 indicated staff #11 "forgot" to give client #1 her medications in the morning. The missing medications included a multi-vitamin (nutritional supplement), vitamin D tablet (nutritional supplement), polyethylene powder (constipation), docusate sodium (constipation), oyster shell with vitamin D (calcium supplement), Risperidone (antipsychotic), Cogentin (side effects), chlorhexidine rinse (oral health) and Haloperidol (antipsychotic). The report indicated staff #11 had been retrained on administration of medication procedures. During observation at the group home on 8/13/14 from 6:25 AM until 8:00 AM, client #2 received his medications of Risperdone (antipsychotic), Namenda (memory), Lamotrigine (seizures), Divalproex (seizures), Clonidine (antipsychotic), Oyster Cal (calcium supplement), Loratadine (allergies) at 7:20 AM from staff #11. Client #2's medications were sitting in a medication		retrainings. All remaining staff at this group home will be retrained on medication administration according to the Indiana MENTOR policy and procedures for medication administration. For the first four weeks, the Home Manager, Program Director, and/or Program Nurse will complete three (3) weekly medication administration observations to ensure that the medication goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Home Manager and/or Program Director will complete two (2) weekly medication administration observations for four (4) additional weeks, and will ensure that all needed retrainings will be completed. After the additional four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed. Ongoing, all staff will complete medication administration according to the Indiana MENTOR policy and procedures. Responsible Party: Home Manager and Program Director, and Area Director	

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	administration cup on a shelf prior to their administration by staff #11. Client #1 received her medications at 7:30 AM by staff #11. Client #1's medications of Divalproex (seizures), Thera M (vitamin) and Haloperidol (anti-psychotic) were sitting in a medication storage cup on a shelf in the medication storage cabinet prior to their administration. Staff #11 was interviewed about the procedure to administer medications on 8/13/14 at 7:25 AM. He indicated it was not the proper procedure to prepare medications ahead of the time of administration, and stated, "There isn't enough time to shower 3 clients, pass medications and clean two restrooms from 6:00 AM to 8:00 AM." Staff #11 pointed out clients #3, #4, #5, #6, #7 and #8's medications were also located in cups stored in front of their medication boxes in the medication cupboard. The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 8/13/14 at 4:36 PM and indicated staff #11 had failed to administer client #1's medications on 7/2/14 and had been retrained. She indicated staff #11 was being terminated as he failed to implement the training he had been given to prevent medication errors.			

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W000186	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), and for 4 additional clients (clients #5, #6, #7 and #8) the facility failed to ensure there were adequate staff to meet the clients' needs. Findings include: Observations were completed at the group home on 8/13/14 from 6:25 AM until 8:00 AM. Staff #11 was the only staff in the home until 6:35 AM when staff #8 arrived. Clients #1, #2, #3, #4, #5, #6, #7 and #8 were in their bedrooms. Staff #12 arrived at 6:45 AM. Client #5	W000186	Home Manager and Program Director will be retrained on staffing needs to ensure adequate supervision is being provided to address individual consumer needs. Staff 12 and 13 were given corrective action for failure to arrive on shift on time, therefore causing a hardship on the group home and disrupting the client's routine schedule in the morning. The group home client schedule will be reviewed to ensure that no changes are needed to complete most activities while more staff are present in the house. The group home staff schedule will be reviewed once the client schedule is reviewed to see where additional staffing is needed to ensure that all client needs are	09/21/2014

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	called out repeatedly to staff #11 from 6:25 AM until 6:35 AM. Staff #11 was interviewed on 8/13/14 at 6:25 AM. He stated client #5 didn't need help, but "will call out for me until I help him." He indicated he liked for the clients to stay in their rooms until other staff arrived in the home as the clients required oversight and supervision of more than one staff when awake and out of their rooms. He indicated the two staff scheduled in the home at 6:00 AM were late. He indicated he was the only staff scheduled on the overnight shift. When asked if that was enough staff to address the needs of the clients, he indicated there used to be two staff in the home on the overnight shift, but staff had been cut back and there was now only one staff. He indicated if one of the clients needed to go to the hospital in the night, they would have to go alone and the clients were non-verbal. Client #1's record was reviewed on 8/14/14 at 4:10 PM. A Behavioral Intervention Plan dated 8/26/12 included a target objective of physical aggression. A Speech Therapy evaluation dated 9/20/04 indicated client #1 was "functionally non-verbal." Client #2's record was reviewed on		being met. Observations of staff performance will be completed by Indiana Mentor management three times per week for 30 days at varying times to ensure adequate staff support and supervision is being provided to address individual consumer needs and medical protocols are being implemented appropriately per consumer. Ongoing, observations of staff performance will be completed by the Program Director and/or Home Manager two times per week for 30 days at varying times to ensure adequate staff support and supervision is being provided to address individual consumer needs are being implemented appropriately per consumer. Home Manager and Program Director will be retrained on staffing needs to ensure adequate supervision is being provided to address individual consumer needs. Staff 12 and 13 were given corrective action for failure to arrive on shift on time, therefore causing a hardship on the group home and disrupting the client's routine schedule in the morning. The group home client schedule will be reviewed to ensure that no changes are needed to complete most activities while more staff are present in the house. The group home staff schedule will be reviewed once the client schedule is reviewed to see where additional staffing is needed to ensure that all	

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	8/14/14 at 2:46 PM. A Behavior Support Plan dated 3/31/14 included target behaviors of vacating the home, aggressive play and drinking fluids excessively. A Speech Therapy evaluation completed 12/7/09 indicated client #2 required visual and tactile cues to make choices. Client #3's record was reviewed on 8/15/14 at 12:00 PM. A Behavioral Support Plan dated 3/20/14 included target behaviors of rectal digging, physical aggression and self injurious behavior. A Speech Therapy evaluation dated 12/1/09 indicated a recommendation for the use of pictures to aid in communication. Client #4's record was reviewed on 8/15/14 at 12:40 PM. A Behavior Support Plan dated 8/28/12 included target behaviors of physical assault and anger control. The Area Director was interviewed on 8/13/14 at 4:36 PM and indicated there were supposed to be 3 staff scheduled at 6:00 AM. She stated she was unable to provide "a solid answer" if one staff was enough staff for the clients from 6:00 to 6:40 AM as on the weekend schedule there was only one staff scheduled at that time.		client needs are being met. *Addendum:* *For the first 30 days, observations of staff performance will be completed by the Indiana Mentor management team daily at varying times to ensure adequate staff support and supervision is being provided to address individual consumer needs and medical protocols are being implemented appropriately per consumer.* *Observations of staff performance will be completed by Indiana Mentor management three times per week for the next 30 days at varying times to ensure adequate staff support and supervision is being provided to address individual consumer needs and medical protocols are being implemented appropriately per consumer.* *Ongoing, observations of staff performance will be completed by the Program Director and/or Home Manager two times per week at varying times to ensure adequate staff support and supervision is being provided to address individual consumer needs are being implemented appropriately per consumer.* Responsible Party: Home Manager and Program Director, and Area Director Responsible Party: Home Manager and Program Director, and Area Director	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G618	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 08/22/2014
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	The Area Director and QIDP (Qualified Intellectual Disabilities Professional) were interviewed on 8/15/14 at 1:30 PM. The QIDP indicated clients #1, #2, #3 and #4 all had target behaviors of physical aggression due to their history and potential for aggressive behavior, though typically they did not exhibit aggressive behavior on the overnight shift. 9-3-3(a)			
W000209	483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based upon record review and interview, the facility failed for 3 of 4 sampled clients (clients #1, #2 and #3) to ensure participation by guardians/health care representatives in their annual Individual Support Plan (ISP) meetings.	W000209	The Program Director will initiate an IDT meeting to ensure that client #1's records are reviewed and signed off on by the guardian/HCR. The Program Director will initiate an IDT meeting to ensure that client #2's records are reviewed and signed off on by the guardian/HCR.	09/21/2014

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	Findings include: Client #1's record was reviewed on 8/14/14 at 4:10 PM. The record indicated client #1 had a health care representative. An ISP dated 10/15/13 indicated objectives to wash hands, pick up and use a fork/spoon, identify items on a plate using signs/gesture, participate in activity of choice, choose a dime, floss teeth, make her bed, and use the restroom. There was no evidence client #1's guardian had participated in the development of her ISP. Client #2's record was reviewed on 8/14/14 at 2:46 PM. The record indicated client #2 had a health care representative. An ISP dated 8/15/13 indicated objectives to wash hands prior to self administration of medication, indicate choice of drink, participate in activity of choice, choose a quarter, place laundry in a hamper, wash both arms, brush teeth and use the restroom. The ISP signature sheet indicated client #2's ISP had been mailed to his health care representative. There was no evidence client #2's health care representative was involved in the development of his ISP. Client #2's ISP indicated he was unable to give consent in any area of his life.		The Program Director will initiate an IDT meeting to ensure that client #3's records are reviewed and signed off on by the guardian/HCR. The Program Director will be retrained to ensure that meetings are held and team signatures are obtained to ensure that the team is in agreement with the Individualized Support Plan as it is written. Ongoing, the Area Director will complete random audits to ensure that the Program Director is seeking team approval, via documented signatures on all ISPs and High Risk Plans. Responsible Party: Program Director and Area Director	

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	Client #3's record was reviewed on 8/15/14 at 12:00 PM. The record indicated client #3 had a guardian who lived in another state. An ISP dated 8/15/13 indicated objectives to wash hands prior to self administration of medication, indicate choice of drink, brush teeth/gums and use oral rinse, engage in physical activity, choose a quarter, turn on washing machine, wash arms and legs and wash hands before meals and snacks. The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 8/15/14 at 1:30 PM and indicated client #3's ISP had been updated on 8/6/14 but had not been processed. Client #3's guardian was interviewed on 8/18/14 at 7:08 PM. He indicated he had not been contacted regarding client #3's ISP on 8/6/14 and would have liked to have been involved by using a conference call. The QIDP indicated on 8/19/14 at 3:57 PM client #3's guardian had participated via telephone conference in his plan. Notes for client #3's annual IDT (interdisciplinary team) dated 8/6/14 were reviewed on 8/19/14 at 4:15 PM			

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	and indicated client #3's guardian had participated in the ISP on 8/6/14 via phone conference. The QIDP indicated on 8/19/14 at 4:39 PM client #1 and #2's health care representatives did not participate in the development of their ISPs. Client #3's guardian was interviewed on 8/19/14 at 7:13 PM and when asked about client #3's ISP on 8/6/14 stated, "If there was a telephone conference, I wasn't there." 9-3-4(a)			
W000227	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 upon observation, record review, and interview, the facility failed for 2 of 4 sampled clients to address their needs in personal care, dressing and oral hygiene	W000227	Client #1's Individualized Support Plan will be revised to include the areas of brushing teeth, dressing, and combing hair. With the involvement of the IDT, new goals	09/21/2014

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	(client #1), and in the area of leisure skill development (client #4). Findings include: Observations were completed at the group home on 8/13/14 from 6:25 AM until 8:00 AM. Client #4 sat in a chair and watched TV until breakfast and medication administration and did not engage in activity. Observations were completed on 8/13/14 from 5:15 PM to 6:35 PM. Client #4 sat on a chair and watched TV without engaging in activity. Client #1 took a shower and staff combed her hair, put on her socks and shoes without prompting client #1 to assist in combing her hair or putting on her shoes and socks. Client #1's record was reviewed on 8/14/14 at 4:10 PM. An ISP dated 10/15/13 indicated objectives to wash hands, pick up and use a fork/spoon, identify items on a plate using signs/gesture, participate in activity of choice, choose a dime, floss teeth, make her bed, and use the restroom. Client #1's dental examination dated 3/31/14 indicated "needs better oral hygiene." An undated comprehensive functional assessment indicated client #1 had needs in the area of brushing her hair, and		will be put into place to address the brushing teeth, dressing, and combing hair. Client #4's Individualized Support Plan will be revised to include a new goal for leisure activities. With the involvement of the IDT, new goals will be put into place to address the leisure activities. The Program Director will be retrained on reviewing the ISP to ensure that all items listed on the Comprehensive Functional Assessment are addressed in the Individualized Support Plan and/or a goal is put into place to assist the client with skills building. The Program Director will be retrained on including the client goals in the Individualized Support Plan. Ongoing, the Program Director will work with the interdisciplinary teams to ensure that each client has training goal to identify their specific areas of need. Ongoing, all Individualized Support Plans will be reviewed by the Area Director and/or Quality Assurance Manager, to ensure accuracy and to ensure that all areas of need are met for each client. Responsible Party: Program Director, Area Director, and Quality Assurance Manager.	

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	putting on her shoes and socks. There was no evidence the ISP addressed her needs in brushing her teeth, combing her hair, or dressing. Client #4's record was reviewed on 8/15/14 at 12:40 PM. An ISP dated 7/5/14 indicated objectives to wash hands prior to medication administration, choose appropriate volume to communicate, ask staff for $2.00 prior to day services, thoroughly brush teeth, wash hair, put dirty laundry in hamper, and change trash in the kitchen. Client #4's undated comprehensive functional assessment indicated he was not independent in leisure skills. There was no evidence the ISP addressed client #4's lack of independence in leisure skills. The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 8/15/14 at 1:30 PM. She indicated client #1's ISP did not address hair brushing or dressing skills, and that client #4's ISP did not address leisure skills. She indicated client #1 had a goal to floss her teeth rather than to brush her teeth as the IDT (interdisciplinary team) had determined this was a skill area she might obtain, and the ISP did not address client #1's needs in the area of thorough brushing. 9-3-4(a)			

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W000249	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 upon observation, record review and interview, the facility failed to ensure objectives were implemented as written in their Individual Support Plans (ISP) for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 1 additional client (client #5). Findings include: Observations were completed at the group home on 8/13/14 from 6:25 AM until 8:00 AM. During the breakfast meal, client #1 was not prompted to name items on her plate and clients #2, #3 and #5 were not prompted to indicate their choice of drink. Client #3 sat on a sofa rocking until breakfast was served and he received his medications. Client #3 was not prompted to engage in	W000249	The Direct Support Professionals will be retrained on completing formal and informal training goals for each client. The Program Director will initiate an IDT meeting to ensure that client #1's records are reviewed and signed off on by the guardian/HCR. The Program Director will initiate an IDT meeting to ensure that client #2's records are reviewed and signed off on by the guardian/HCR. The Program Director will initiate an IDT meeting to ensure that client #3's records are reviewed and signed off on by the guardian/HCR. The Program Director will be retrained to ensure that meetings are held and team signatures are obtained to ensure that the team is in agreement with the Individualized Support Plan as it is written. Ongoing, the Area Director will complete random audits to	09/21/2014

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	activity. Client #1 walked around the house without activity except during breakfast and medication administration and was not prompted to engage in activity. Client #4 sat on a chair watching TV except when eating breakfast and medication administration. Client #5 was assisted in the shower by staff #11. Staff #11 prompted client #5 to "bend over" while he was in the shower. Staff #11 did not prompt client #11 to wash his arms and upper body. Observations were completed on 8/13/14 from 5:15 PM to 6:35 PM. Client #1 was prompted to put away silverware one time during the observation, and was assisted by staff #7 to take a shower, but was not otherwise prompted to engage in activity and walked around the house. Client #5 walked around the house, looked closely into staff and the surveyor's faces and pointed out the window. He was not prompted to engage in activity. Client #1's record was reviewed on 8/14/14 at 4:10 PM. An ISP dated 10/15/13 indicated objectives to wash hands, pick up and use a fork/spoon, identify items on a plate using signs/gesture, participate in activity of choice, choose a dime, floss teeth, make her bed, and use the restroom.		ensure that the Program Director is seeking team approval, via documented signatures on all ISPs and High Risk Plans. Responsible Party: Program Director and Area Director *Addendum: All Direct Care staff will receive retraining on all consumers, including Client #1, 2, 3, 4 and 5, 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 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. Addendum #2 For the next two weeks, the Management staff will complete Active Treatment observations a minimum of daily to ensure that all staff are completing all consumers' formal Program goals as written to provide training towards independence. After the initial 2	

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	Client #2's record was reviewed on 8/14/14 at 2:46 PM. An ISP dated 8/15/13 indicated objectives to wash hands prior to self administration of medication, indicate choice of drink, participate in activity of choice, choose a quarter, place laundry in a hamper, wash both arms, brush teeth and use the restroom. Client #3's record was reviewed on 8/15/14 at 12:00 PM. An ISP dated 8/15/13 indicated objectives to wash hands prior to self administration of medication, indicate choice of drink, brush teeth/gums and use oral rinse, engage in physical activity, choose a quarter, turn on washing machine, wash arms and legs and wash hands before meals and snacks. Client #4's record was reviewed on 8/15/14 at 12:40 PM. An ISP dated 7/5/14 indicated objectives to wash hands prior to medication administration, choose appropriate volume to communicate, ask staff for $2.00 prior to day services, thoroughly brush teeth, wash hair, put dirty laundry in hamper, and change trash in the kitchen. Client #5's record was reviewed on 8/15/14 at 1:06 PM. An ISP dated 6/29/14 indicated		weeks, if compliance/competency is demonstrated then Active treatment observations can be reduced to 4 times weekly for an additional 2 weeks to ensure that compliance is being maintained. After the 4th week, if compliance/competency is being maintained, active treatment observations can be reduced to 3 times weekly for two weeks and then twice weekly for an additional 2 weeks. Ongoing, the Home Manager and/or Program 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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	objectives to choose what he wants to drink, participate in a recreational choice, choose a quarter, thoroughly brush teeth, thoroughly wash his arms and upper body, evacuate during fire drills. The QIDP (Qualified Intellectual Disabilities Professional) and Area Director were interviewed on 8/15/14 at 1:30 PM and indicated the clients' objectives should have been implemented. 9-3-4(a)			
W000250	483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on record review and interview for 3 of 4 sampled clients (#1, #2 and #3), the facility failed to provide an updated active treatment schedule for staff to follow. Findings include: Client #1's record was reviewed on	W000250	The Program Director will be retrained on completing active treatment schedules. The Program Director will complete an updated active treatment schedule for clients #1 2, and 3. The Program Director will review active treatment schedules for clients 4, 5, 6, 7, and 8 to ensure that they accurately address each client's needs and properly show	09/21/2014

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	8/14/14 at 4:10 PM. An ISP (Individual Support Plan) dated 10/15/13 indicated objectives to wash hands, pick up and use a fork/spoon, identify items on a plate using signs/gesture, participate in activity of choice, choose a dime, floss teeth, make her bed, and use the restroom. Client #1's active treatment schedule was dated 8/15/11. Client #1's record did not include an active treatment schedule that outlined her 10/15/13 ISP goals. Client #2's record was reviewed on 8/14/14 at 2:46 PM. An ISP dated 8/15/13 indicated objectives to wash hands prior to self administration of medication, indicate choice of drink, participate in activity of choice, choose a quarter, place laundry in a hamper, wash both arms, brush teeth and use the restroom. Client #2's active treatment schedule was dated 8/5/11. Client #2's record did not include an updated active treatment schedule that outlined his 8/15/13 ISP goals. Client #3's record was reviewed on 8/15/14 at 12:00 PM. An ISP dated 8/15/13 indicated objectives to wash hands prior to self administration of medication, indicate choice of drink, brush teeth/gums and use oral rinse, engage in physical activity, choose a quarter, turn on washing machine, wash		the client's daily activities. Ongoing, the Program Director will ensure that each client's active treatment schedule is reviewed no less than quarterly by the team, and will make all changes necessary when needed. Respoinsible Party: Program Director	

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	arms and legs and wash hands before meals and snacks. Client #3's active treatment schedule was dated 8/5/11. Client #3's record did not include an updated active treatment schedule that outlined his 8/15/13 ISP goals. The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 8/15/14 at 1:30 PM and indicated the active treatment schedules should have been updated. 9-3-4(a)			
W000263	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. Based upon record review and interview, the facility failed for 3 of 4 sampled clients (#1, #2 and #3) to ensure consent was obtained by their health care representative/guardians for their behavior plans which included restrictive interventions (psychotropic medication). Findings include:	W000263	The Program Director will be trained on the correct process for retrieving the appropriate approvals for the Behavior Support Plans, behavior controlling medications, and the use of sedatives before appointments. The Program Director will seek guardian approvals for all psychotropic medications and the	09/21/2014

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	Client #1's record was reviewed on 8/14/14 at 4:10 PM. Client #1's record indicated she had a health care representative to assist her in making decisions. Her Individual Support Plan dated 10/15/13 indicated "Assessment of ability to provide informed consent: [Client #1] lacks the ability to provide informed consent in most areas. A Behavioral Support Plan dated 8/31/13 included target objectives of resistance, extreme irritability, temper outbursts (physical aggression), manipulative behavior, inappropriate nudity, inappropriate sexual behavior, self-injurious behavior, appointment anxiety, sleep disturbance, invading personal space, taking non-menu items. Client #1's plan included the use of Risperidone (anti-psychotic), Divalproex (mood stabilizer), Triazolam (insomnia), Haloperidol (anti-psychotic), Diazepam (anxiety). A signature page indicated the facility's Human Rights Committee (HRC) had reviewed and approved the plan on 10/10/13. There was no evidence client #1's health care representative (HCR) had signed consent for the plan. Client #2's record was reviewed on 8/14/14 at 2:46 PM. The record indicated client #2 had two health care representatives. A Behavioral Support		Behavior Support Plan for client #1, 2, and 3. Ongoing, the Program Director will correctly retrieve the approvals for all future Behavior Controlling/Sedatives from the Guardian/Health Care Representative first, then once received, will get the appropriate approval from the Human Rights Committee, before implementing. Ongoing, the Area Director will complete random quarterly audits to ensure that all of the proper approvals are in place from the IDTs. Responsible Party: Program Director and Area Director	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G618	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/22/2014

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	Plan dated 3/31/14 included vacating the home and aggressive play. Client #2's plan included the use of Risperdone (anti-psychotic), Divalproex (mood stabilizer) and Clonidine (behavior support not otherwise detailed). There was no evidence client #2's HCR had signed consent for his plan. Client #3's record was reviewed on 8/15/14 at 12:00 PM. The record indicated client #3 had a guardian to assist him in making decisions. A Behavioral Support Plan dated 3/20/14 included target behaviors of rectal digging, physical aggression and self injurious behavior. The plan included the use of diazepam for anxiety. There was no evidence of written consent for client #3's plan by his guardian. The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 8/15/14 and indicated clients #1 and #2 did not have guardians and their HCRs did not sign consent for the plans. She indicated client #3's guardian had not returned a signed approval form for his behavior support plan. 9-3-4(a)			

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W000289	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR 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. Based on interview and record review for 1 of 4 sampled clients (client #1), the facility failed to ensure specific intervention strategies were written in the behavioral intervention plan. Findings include: Client #1's record was reviewed on 8/14/14 at 4:10 PM. A dental examination dated 3/31/14 indicated she had been wrapped in a "Rainbow" restraint (wrap) during the examination. The examination notes indicated the recommendation to continue using the restraint during future dental appointments. Her Individual Support Plan dated 10/15/13 and a Behavioral Support Plan dated 8/31/13 did not include the use of a Rainbow restraint. The Area Director was interviewed on 8/15/14 at 1:30 PM and indicated client #1's plan should include the use of any	W000289	The Program Director will be trained on the correct process for retrieving the appropriate approvals for the Behavior Support Plans, behavior controlling medications, and the use of sedatives/restraints before and during any appointment. The Program Director will add in the use of restraints to client 1's behavior support plan. The Program Director will see approvals for the use of restraints to be included in client #1's BSP. Ongoing, the Program Director will correctly retrieve the approvals for all future Behavior Controlling/Sedatives/use of restraints from the Guardian/Health Care Representative first, then once received, will get the appropriate approval from the Human Rights Committee, before implementing. Ongoing, the Area Director will complete random quarterly audits to ensure that all of the proper approvals are in place from the IDTs. Responsible Party: Program	09/21/2014

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	interventions used in her dental care. 9-3-5(a)		Director and Area Director	
W000323	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based upon record review and interview, the facility failed to ensure annual screenings of hearing were completed for 2 of 4 sampled clients (clients #1 and #2). Findings include: Client #1's record was reviewed on 8/14/14 at 4:10 PM. There was no evidence of a hearing evaluation in the record. Client #2's record was reviewed on 8/14/14 at 2:46 PM. Client #2's annual physical examination dated 9/27/13 indicated his hearing required more evaluation. Client #2's most recent hearing evaluation was dated 4/17/10. There was no evidence of an updated hearing evaluation. The QIDP (Qualified Intellectual	W000323	The Program Nurse will be retrained on following up on all completed appointments, including but not limited to ensuring that the recommendations are followed up on in a timely manner. The Program Nurse will be retrained on ensuring all incomplete appointments get scheduled and completed. The Home Manager and/or Program Nurse will work to get a hearing evaluation completed on clients 1 and 2. Ongoing, the Area Director will complete random quarterly audits to ensure that all appointments are followed up on appropriately and in a timely manner. Responsible Party: Program Nurse, Home Manager, and Area Director *Addendum:* *The Program Nurse will review all consumers' medical appointment records (including Client 1 and 2) and note when their last vision and*	09/21/2014

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	Disabilities Professional) was interviewed on 8/15/14 at 1:30 PM. The QIDP indicated there were no additional hearing screenings for clients #1 and #2. 9-3-6(a)		*hearing screening/evaluations were completed. Program Nurse will work with the Home Manager to ensure vision and/or hearing screenings are scheduled for all consumers as needed to ensure they have been reviewed annually.* *The Program Nurse will ensure that once screenings/evaluations have been completed, documentation is present in the medical charts for review.* *The Program Nurse will receive retraining to include ensuring that all consumers have annual vision and hearing screenings/evaluations a minimum of annually.* *Ongoing, the Program Nurse will track all consumers' annual medical appointments and ensure that all consumers have hearing and vision screenings/evaluations a minimum of annually to determine if further follow up is needed.* *Responsible Party: Home Manager, Program Nurse*	
W000367	483.460(k) DRUG ADMINISTRATION The facility must have an organized system for drug administration that identifies each drug up to the point of administration. Based on observation, record review and interview, the facility failed to ensure staff implemented training for proper medication administration for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and for 4 of 4 additional clients (clients #5, #6, #7 and #8).	W000367	Staff #11 was terminated due to ongoing failed attempts with medication administration and retrainings. All remaining staff at this group home will be retrained on medication administration according to the Indiana MENTOR policy and procedures for medication administration. For	09/21/2014

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	Findings include: The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/13/14 at 3:45 PM. A report dated 7/2/14 indicated staff #11 "forgot" to give client #1 her medications in the morning. The missing medications included a multi-vitamin (nutritional supplement), vitamin D tablet (nutritional supplement), polyethylene powder (constipation), docusate sodium (constipation), oyster shell with vitamin D (calcium supplement), Risperidone (anti-psychotic), Cogentin (side effects), chlorhexidine rinse (oral health) and Haloperidol (anti-psychotic). The report indicated staff #11 had been retrained on administration of medication procedures. During observation at the group home on 8/13/14 from 6:25 AM until 8:00 AM, client #2 received his medications of Risperdone (anti-psychotic), Namenda (dementia), Lamotrigine (seizures), Divalproex (seizures), Clonidine (anti-psychotic), Oyster Cal (calcium supplement), Loratadine (allergies) at 7:20 AM from staff #11. Client #2's medications were sitting in a medication administration cup on a shelf prior to their administration by staff #11. Client #1 received her medications at 7:30 AM		the first four weeks, the Home Manager, Program Director, and/or Program Nurse will complete three (3) weekly medication administration observations to ensure that the medication goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Home Manager and/or Program Director will complete two (2) weekly medication administration observations for four (4) additional weeks, and will ensure that all needed retrainings will be completed. After the additional four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed. Ongoing, all staff will complete medication administration according to the Indiana MENTOR policy and procedures. Responsible Party: Home Manager and Program Director, and Area Director *Addendum:* *For the first 30 days, observations of staff performance will be completed by the Indiana Mentor management team daily at varying times to ensure that the medication goals are being*	

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	by staff #11. Client #1's medications of Divalproex (seizures), Thera M vitamin and Haloperidol were sitting in a medication administration cup on a shelf in the medication storage cabinet prior to their administration. Clients #3, #4, #5, #6, #7 and #8's medications were also located in cups stored in front of their medication boxes in the medication cupboard. Staff #11 was interviewed on 8/15/14 at 7:25 AM. He indicated it was not the proper procedure to prepare medications ahead of the time of administration, and stated, "There isn't enough time to shower 3 clients, pass medications and clean two restrooms from 6:00 AM to 8:00 AM." The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 8/13/14 at 4:36 PM and indicated staff #11 had failed to administer client #1's medications on 7/2/14 and had been retrained. She indicated staff #11 was being terminated as he failed to implement the training he had been given to prevent medication errors by preparing the clients' medications and storing them prior to their administration. 9-3-6(a)		*completed with each client as specified. These will then be reviewed by the Program Director ensuring that there are no further training needs.* *Observations of staff performance will be completed by Indiana Mentor management three times per week for the next 30 days at varying times to ensure that the medication goals are being completed with each client as specified. These will then be reviewed by the Program Director ensuring that there are no further training needs.* *Ongoing, observations of staff performance will be completed by the Program Director and/or Home Manager two times per week at varying times to ensure that the medication goals are being completed with each client as specified. These will then be reviewed by the Program Director ensuring that there are no further training needs.* Responsible Party: Home Manager and Program Director, and Area Director	

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W000368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview, the facility failed to ensure medications were administered without error for 1 of 4 sampled clients (client #1). Findings include: The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/13/14 at 3:45 PM. A report dated 7/2/14 indicated staff #11 "forgot" to give client #1 her medications in the morning. The missing medications included a multi-vitamin (nutritional supplement), vitamin D tablet (nutritional supplement), polyethylene powder (constipation), docusate sodium (constipation), oyster shell with vitamin D (calcium supplement), Risperidone (antipsychotic), Cogentin (side effects), chlorhexidine rinse (oral health) and Haloperidol (antipsychotic). The report indicated staff #11 had been retrained on administration of medication procedures. The QIDP (Qualified Intellectual	W000368	Staff #11 was terminated due to ongoing failed attempts with medication administration and retrainings. All remaining staff at this group home will be retrained on medication administration according to the Indiana MENTOR policy and procedures for medication administration. For the first four weeks, the Home Manager, Program Director, and/or Program Nurse will complete three (3) weekly medication administration observations to ensure that the medication goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Home Manager and/or Program Director will complete two (2) weekly medication administration observations for four (4) additional weeks, and will ensure that all needed retrainings will be completed. After the additional four (4) weeks, the Home Manager and/or Program Director will complete weekly medication	09/21/2014

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	Disabilities Professional) was interviewed on 8/13/14 at 4:36 PM and indicated staff #11 had failed to administer client #1's medications on 7/2/14 and had been retrained. 9-3-6(a)		administration observations ongoing, and will ensure that all needed retrainings will be completed. Ongoing, all staff will complete medication administration according to the Indiana MENTOR policy and procedures. Responsible Party: Home Manager and Program Director, and Area Director *Addendum:* *For the first 30 days, observations of staff performance will be completed by the Indiana Mentor management team daily at varying times to ensure that the medications are administered as directed by the Primary Care Physician. These will then be reviewed by the Program Director ensuring that there are no further training needs.* *Observations of staff performance will be completed by Indiana Mentor management three times per week for the next 30 days at varying times to ensure that the medications are administered as directed by the Primary Care Physician. These will then be reviewed by the Program Director ensuring that there are no further training needs.* *Ongoing, observations of staff performance will be completed*	

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			by the Program Director and/or Home Manager two times per week at varying times to ensure that the medications are administered as directed by the Primary Care Physician. These will then be reviewed by the Program Director ensuring that there are no further training needs. Responsible Party: Home Manager and Program Director, and Area Director	
W000455	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based upon record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 4 additional clients (#5, #6, #7 and #8) to ensure infection control procedures were followed to prevent infection. Findings include: Observations were completed at the group home on 8/13/14 from 6:25 AM until 8:00 AM. Clients #1, #2, #3, #4, #5, #6, #7 and #8 walked through the room where the sofa was placed during the observation. There was a tissue dotted with red substance folding on the arm of the sofa. Staff #11 threw the issue away, then put gloves on without washing his hands and assisted client #5 with his shower. Staff #11 administered medications during the observation to clients #1,	W000455	Staff #11 was terminated due to ongoing failed attempts with medication administration and retrainings. All remaining staff at this group home will be retrained on Indiana MENTOR's policy and procedures on infection control. The Program Director and/or Home Manager will complete 2 weekly active treatment observations for 4 weeks, and then 1 per week afterwards to ensure that the privacy policy is being instructed and utilized as expected. Ongoing, the Area Director will	09/21/2014

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	#2, #3, #4, #5, #6, #7 and #8 without washing his hands. Staff #11 was interviewed on 8/13/14 at 6:30 AM. He indicated the tissue had been used to dab blood from a wound on his ear. The Area Director was interviewed on 8/15/14 at 1:30 PM. She indicated staff #11 should have washed his hands after touching the bloody tissue. 9-3-7(a)		complete quarterly pop in visits to ensure that all policies and procedures are being followed. Responsible Party: Home Manager, Program Director, and Area Director.	
W000488	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. Based upon record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 4 additional clients (#5, #6, #7 and #8) to encourage clients to assist in meal preparation. Findings include: Observations were completed at the group home on 8/13/14 from 6:25 AM until 8:00 AM. Staff #12 prepared toast for clients #1, #2, #3, #4, #5, #6, #7 and #8 without their assistance during the	W000488	The Direct Support Professionals will be retrained on completing formal and informal active treatment opportunities for each client at any given teaching moment. The Program Director and/or Home Manager will complete 2 weekly active treatment observations for 4 weeks, and then 1 per week afterwards to ensure that the privacy policy is being instructed and utilized as expected. Ongoing, the Area Director will complete quarterly pop in visits to ensure that all policies and procedures are being followed. Responsible Party: Home Manager, Program Director, and	09/21/2014

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	observation. Staff #12 was interviewed on 8/13/14 at 7:50 AM, and indicated she had made the toast for the clients. The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 8/15/14 at 1:30 PM. She indicated the clients should have assisted with meal preparation. 9-3-8(a)		Area Director. *All direct care staff will receive retraining to include allowing and encouraging all consumers to assist with meal preparation, setting the table, cleaning up after the meal, etc. In addition, retraining will include ensuring that all consumers are allowed to eat in a way consistent with developmental levels. Retraining will include ensuring that consumers are allowed to serve themselves at mealtime or are provided had over hand assistance as needed.* *For 4 weeks the Home Manager and/or Program director will complete mealtime observations a minimum of four times weekly to ensure that direct care staff are allowing and encouraging consumers to assist with meal preparation and clean up; are eating in a way consistent with developmental levels and are running consumers mealtime objectives.* *For the next 4 weeks the Home Manager and/or Program director will complete mealtime observations a minimum of three times weekly to ensure that direct care staff are allowing and encouraging consumers to assist with meal preparation and clean up; are eating in a way consistent with developmental levels and are running consumers mealtime objectives.*	

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			Ongoing the HM and/or Program director will complete mealtime observations a minimum of weekly to ensure that direct care staff are allowing and encouraging consumers to assist with meal preparation and clean up; are eating in a way consistent with developmental levels and are running consumers mealtime objectives. *Responsible Party: Home Manager, Program Director, and Area Director.*	