

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 09/30/2013	
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
W000000	<p>This visit was for the investigation of complaint #IN00134143.</p> <p>Complaint #IN00134143: Substantiated, federal and state deficiencies related to the allegation(s) are cited at: W149, W153, W154 and W156.</p> <p>Dates of Survey: 9/24/13, 9/25/13, 9/26/13, 9/27/13 and 9/30/13.</p> <p>Facility Number: 001173 Provider Number: 15G618 AIMS Number: 100235540B</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/10/13 by Ruth Shackelford, QIDP.</p>	W000000					

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

TITLE

(X6) DATE

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

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  09/30/2013
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032		
(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	
W000149	<p>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 record review and interview for 3 of 4 sampled clients (B, C and D) plus 3 additional clients (E, H and G), the facility failed to implement its policy and procedures to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law to report an injury of unknown origin for client D. The facility failed to implement its policy and procedures to conduct a thorough investigation regarding an injury of unknown origin for client C. The facility failed to implement its policy and procedures to report the results of an injury of unknown origin for client C and a vehicle accident for clients B, C, D, E and H to the facility administrator within 5 business days of the incidents.</p> <p>Findings include:</p> <p>1. The facility's BDDS reports and investigations were reviewed on 9/25/13 at 2:10 PM. The review indicated the following:</p> <p>-BDDS report dated 7/8/13 indicated, "On 7/8/13, in the morning, after [client D] got dressed for the day, a staff noticed two bruises (small orange size) on the inside</p>	W000149	<p>1. All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the Program Director or On Call supervisor of reportable incidents. The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed. Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or Program Director will review the DSRs and</p>	10/30/2013	

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 09/30/2013
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032		
(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>of [client D's] left lower arm. [Staff #1] was unaware of where the bruises came from."</p> <p>-Investigation dated 7/10/13 regarding the 7/8/13 BDDS report indicated, "[Client D] lives in a group home. [Client D] has a diagnosis of profound intellectual disability and seizure disorder." The 7/10/13 investigation indicated, "Interview with [Staff #2] by [HM (Home Manager) #1]: [staff #2] said she noticed two large bruises on [client D's] left arm when she showered her on Saturday (7/6/13). [Staff #2] said that she did not know that she had to report the bruises. [Staff #2] said that she did show [HM #1] in [client D's] DSR (Daily Support Record) entry for Saturday morning where she documented that she had observed bruises on [client D]."</p> <p>The review indicated the date of knowledge of client D's injuries of unknown origin was 7/6/13. The review indicated client D's 7/6/13 injuries of unknown origin were not reported to BDDS within 24 hours.</p> <p>2. The facility's BDDS reports and investigations were reviewed on 9/25/13 at 2:10 PM. The review indicated the following:</p>		<p>Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. The Program Director will receive retraining on investigations including ensuring that all reports of any significant incidents or changes in consumers' conditions are investigated, investigations are completed thoroughly and accurately and all investigations are reported to the administrator or designee the results within 5 work days. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Quality Assurance Specialist. If the investigations are not thorough enough the Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. The Program Director will receive retraining on investigations including ensuring that all reports of any significant incidents or changes in consumers' conditions are investigated, investigations are completed thoroughly and</p>		

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  09/30/2013
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032		
(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>-BDDS report dated 8/7/13 indicated, "Two, 1 to 2 inch scratches were found on the left side of [client C's] neck. [Client C] is non-verbal and there are no apparent signs of pain or discomfort."</p> <p>-Investigation dated 8/9/13 regarding the 8/7/13 BDDS report indicated documentation of interviews conducted with HM #1, staff #5 and staff #6. The 8/9/13 investigation did not indicate documentation of records reviewed during the course of the investigation. The 8/9/13 investigation did not indicate documentation of the administrator being notified of the results of the investigation.</p> <p>AD #2 (Area Director) was interviewed on 9/25/13 at 2:30 PM. When asked if the investigation should review client C's DSRs (Daily Support Records) or staff logs to determine the source of client C's bruises, AD #2 stated, "Yes." AD #2 indicated the 8/9/13 investigation was not thorough.</p> <p>3. The facility's BDDS reports and investigations were reviewed on 9/25/13 at 2:10 PM. The review indicated the following:</p> <p>-BDDS report dated 7/22/13 indicated staff #4 hit her own personal vehicle with the facility van while exiting the group</p>		<p>accurately and all investigations are reported to the administrator or designee the results within 5 work days. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Quality Assurance Specialist. If the investigations are not thorough enough the Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. The Area Director will track all incidents that require investigations and follow up with the Program Directors if investigations are not completed within the 5 business day guidelines. Responsible Party: Program Director, Quality Assurance Specialist, Area Director, Home Manager</p>		

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  09/30/2013	
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032			
(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>home property with clients B, C, D, E and H.</p> <p>-Investigation dated 7/23/13 regarding the 7/22/13 BDDS report did not indicate documentation of the administrator being notified of the investigation findings.</p> <p>AD #2 (Area Director) was interviewed on 9/25/13 at 3:35 PM. AD #2 indicated allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be reported to BDDS within 24 hours of knowledge of the allegation. AD #2 indicated the facility's abuse and neglect policy should be implemented. AD #2 indicated investigations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be thoroughly investigated and results reported to the administrator within 5 business days of the incident.</p> <p>The facility's policy and procedures were reviewed on 9/26/13 at 4:15 PM. The facility's April 2011 policy and procedure entitled Quality Risk Management indicated "Indiana Mentor (parent company) follows the BDDS Incident Reporting policy as outlined in the Providers Standards. An incident described as follows shall be reported to the BDDS on the incident report from</p>						

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  09/30/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032
---	---

(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>prescribed by BDDS: 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual."</p> <p>The April 2011 policy and procedure indicated, "An initial report regarding an incident shall be submitted within 24 hours of (a) the occurrence of the incident; or (b) the reporter becoming aware of or receiving information about an incident."</p> <p>The April 2011 policy and procedure indicated "Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee. (1.) Investigation findings will be submitted to the Area Director for review and development of further recommendations as needed within 5 days of the incident."</p> <p>This federal tag relates to complaint #IN00134143.</p> <p>9-3-2(a)</p>			

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  09/30/2013	
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032			
(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			
W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 1 of 17 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding and report an injury of unknown origin for client D.</p> <p>Findings include:</p> <p>The facility's BDDS reports and investigations were reviewed on 9/25/13 at 2:10 PM. The review indicated the following:</p> <p>-BDDS report dated 7/8/13 indicated, "On 7/8/13, in the morning, after [client D] got dressed for the day, a staff noticed two bruises (small orange size) on the inside of [client D's] left lower arm. [Staff #1] was unaware of where the bruises came from."</p> <p>-Investigation dated 7/10/13 regarding the 7/8/13 BDDS report indicated, "[Client</p>	W000153	All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the Program Director or On Call supervisor of reportable incidents. The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed. Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.	10/30/2013			

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  09/30/2013	
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032			
(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>D] lives in a group home. [Client D] has a diagnosis of profound intellectual disability and seizure disorder." The 7/10/13 investigation indicated, "Interview with [Staff #2] by [HM (Home Manager) #1]: [staff #2] said she noticed two large bruises on [client D's] left arm when she showered her on Saturday (7/6/13). [Staff #2] said that she did not know that she had to report the bruises. [Staff #2] said that she did show [HM #1] in [client D's] DSR (Daily Support Record) entry for Saturday morning where she documented that she had observed bruises on [client D]."</p> <p>The review indicated the date of knowledge of client D's injuries of unknown origin was 7/6/13. The review indicated client D's 7/6/13 injuries of unknown origin were not reported to BDDS within 24 hours.</p> <p>AD #2 (Area Director) was interviewed on 9/25/13 at 3:35 PM. AD #2 indicated allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be reported to BDDS within 24 hours of knowledge of the allegation.</p> <p>This federal tag relates to complaint #IN00134143.</p>		<p>After the 30 days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. Responsible Party: Home Manager, Program Director, Area Director</p>				

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  09/30/2013
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032		
(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	
	9-3-1(b)(5) 9-3-2(a)				

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  09/30/2013
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032		
(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	
W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 17 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to conduct a thorough investigation regarding an injury of unknown origin for client C.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 9/25/13 at 2:10 PM. The review indicated the following:</p> <p>-BDDS report dated 8/7/13 indicated, "Two, 1 to 2 inch scratches were found on the left side of [client C's] neck. [Client C] is non-verbal and there are no apparent signs of pain or discomfort."</p> <p>-Investigation dated 8/9/13 regarding the 8/7/13 BDDS report indicated documentation of interviews conducted with HM #1, staff #5 and staff #6. The 8/9/13 investigation did not indicate documentation of records reviewed during the course of the investigation.</p>	W000154	<p>The Program Director will receive retraining on investigations including ensuring that all reports of any significant incidents or changes in consumers' conditions are investigated, investigations are completed thoroughly and accurately and all investigations are reported to the administrator or designee the results within 5 work days. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Quality Assurance Specialist. If the investigations are not thorough enough the Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. Responsible Party: Program Director, Quality Assurance Specialist, Area Director.</p>	10/30/2013	

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  09/30/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032
---	---

(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>AD #2 (Area Director) was interviewed on 9/25/13 at 2:30 PM. When asked if the investigation should review client C's DSRs (Daily Support Records) or staff logs to determine the source of client C's bruises, AD #2 stated, "Yes." AD #2 indicated the 8/9/13 investigation was not thorough.</p> <p>AD #2 (Area Director) was interviewed on 9/25/13 at 3:35 PM. AD #2 indicated investigations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be thoroughly investigated.</p> <p>This federal tag relates to complaint #IN00134143.</p> <p>9-3-2(a)</p>			

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  09/30/2013	
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032			
(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			
W000156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 2 of 17 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed and a vehicle accident for clients B, C, D, E and H to the facility administrator within 5 business days of the incidents.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 9/25/13 at 2:10 PM. The review indicated the following:</p> <p>1. BDDS report dated 8/7/13 indicated, "Two, 1 to 2 inch scratches were found on the left side of [client C's] neck. [Client C] is non-verbal and there are no apparent signs of pain or discomfort."</p> <p>-Investigation dated 8/9/13 regarding the 8/7/13 BDDS report did not indicate documentation of the administrator being notified of the results of the investigation.</p> <p>2. BDDS report dated 7/22/13 indicated</p>	W000156	<p>The Program Director will receive retraining on investigations including ensuring that all reports of any significant incidents or changes in consumers' conditions are investigated, investigations are completed thoroughly and accurately and all investigations are reported to the administrator or designee the results within 5 work days. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Quality Assurance Specialist. If the investigations are not thorough enough the Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. The Area Director will track all incidents that require investigations and follow up with the Program Directors if investigations are not completed within the 5 business day guidelines. Responsible Party: Program Director, Quality Assurance Specialist, Area Director.</p>	10/30/2013			

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  09/30/2013
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032		
(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>staff #4 hit her own personal vehicle with the facility van while exiting the group home property with clients B, C, D, E and H.</p> <p>-Investigation dated 7/23/13 regarding the 7/22/13 BDDS report did not indicate documentation of the administrator being notified of the investigation findings.</p> <p>AD #2 (Area Director) was interviewed on 9/25/13 at 3:35 PM. AD #2 indicated the findings of investigations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be reported to the administrator within 5 business days of the incident.</p> <p>This federal tag relates to complaint #IN00134143.</p> <p>9-3-2(a)</p>				