

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G296	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/13/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 417 W WALNUT ST KOKOMO, IN 46901
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: April 9, 10, 11, 12, and 13, 2012</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 000815 Provider Number: 15G296 AIMS Number: 100249080</p> <p>This federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 4/19/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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

TITLE

(X6) DATE

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

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W0263	<p>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.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #4) by not obtaining the written consent for her behavior plan that included restrictive measures for her behaviors.</p> <p>Findings include:</p> <p>Review of client #4's records was conducted on 4/10/12 at 11:30 AM. A review of the client's BDP ("Behavior Development Program"), dated 7/8/11, indicated client #4's target behaviors were physical assault, temper outburst, and extreme irritability. The BDP further indicated the client was receiving the medications of Geodon for schizo-affective disorder and Zoloft for depression. The review failed to indicate written consent was given for client #4's BDP from her health care representatives. The Human Rights Committee (HRC) reviewed and approved this plan on 8/4/11.</p> <p>Review on 4/12/12 at 12:30 PM of client #4's "Appointment of Health Care Representative" indicated on 6/30/03</p>	W0263	<p>The committee will insure that these programs are conducted only with the written informed consent of the client, parents or legal guardian. The Program Director will be trained to obtain written informed consent for a clients behavior development plan when it included restrictive measures for her behaviors. The Program Director will obtain informed consent from client #4's health care representatives for the clients behavior developement plan and place a copy in the home. A letter has been sent to client #4's health care representatives and the Program Director will follow up with a phone call to ensure that they have received the request. The Program Director will review other clients behavior developement plans to unshire that written consent has been obtained for any plan that includes restrictive measures for behaviors. Responsible Party: Program Director</p>	05/13/2012	

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	<p>client #4's parents were appointed her health care representatives.</p> <p>Interview on 4/10/12 at 11:45 AM with the PD (Program Director) was conducted. She indicated she could not locate the written consent of client #4's health care representatives for her 7/8/11 BDP. 9-3-4(a)</p>				