

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G369	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/16/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7044 CASTLE MANOR INDIANAPOLIS, IN 46214
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 6/9, 6/10, 6/11, 6/12, 6/15, and 6/16/2015.</p> <p>Facility number: 000883 Provider number: 15G369 AIM number: 100244300</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, for 3 of 4 sampled clients (clients #1, #3, and #4) and 3 additional clients (clients #5, #6, and #7), the governing body failed to exercise operating direction over the facility to complete maintenance and repairs for clients #1, #3, #4, #5, #6, and #7's group home.</p> <p>Findings include:</p> <p>On 6/9/15 from 2:50pm until 5:30pm and</p>	W 0104	<p>Indiana MENTOR is working with Tieke Construction to update the kitchen. Indiana MENTOR has scheduled the kitchen replacement to be completed by Tieke Construction. Please see attachment from Teike Enterprises for proof of scheduled remodel. Indiana MENTOR maintenance replaced the missing cover plate in the kitchen area. 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</p>	07/16/2015

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

TITLE

(X6) DATE

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

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W 0149 Bldg. 00	<p>on 6/10/15 from 5:45am until 8:00am, observations were conducted and clients #1, #3, #4, #5, #6, and #7 walked and accessed each room throughout the group home independently. During both observation periods clients #1, #3, #4, #5, #6, and #7 used the dining room and kitchen areas.</p> <p>During both observation periods the following maintenance items were observed with House Manager (HM): -On 6/9/15 at 3:15pm, the HM indicated the kitchen cabinets were worn and the finish was worn. The HM indicated the kitchen cabinets were to be replaced in the near future. -The dining room had one of one power outlets missing the cover plate to enclose the wiring inside the wall.</p> <p>On 6/11/15 at 2:30pm, an interview was conducted with the Area Director (AD) and the HM. The AD indicated the group home was scheduled to be repaired in the future and the kitchen cabinets were to be replaced. The AD indicated no further information was available for review.</p> <p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement</p>		<p>remaining incomplete. Ongoing, the Program Director will complete a monthly walk thru of the group home to ensure that no 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</p>		

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	<p>written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview, for 2 of 4 sampled clients (clients #3 and #4), the facility neglected to implement facility policy and procedures to prevent abuse and neglect and exploitation by failing to thoroughly investigate, complete effective corrective action, and to immediately report to BDDS (Bureau of Developmental Disabilities Services) in accordance with state law for allegations of abuse, neglect, and/or mistreatment of clients #3 and #4.</p> <p>Findings include:</p> <p>1. The facility's investigations for allegations of abuse, neglect, and/or mistreatment from 6/1/2014 through 6/9/2015 were requested on 6/9/15 at 9:25 AM, on 6/10/15 at 1:15pm, on 6/11/15 at 8:55am, and the AD (Area Director) indicated there were no investigations available for review.</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) from 6/9/15 through 12/1/2014 were reviewed on 6/9/15 at 9:25 AM and indicated the following:</p> <p>-A 4/16/15 BDDS report for an incident on 3/23/15 at 7:35am reported by the</p>	W 0149	<p>The Direct Care Staff will be retrained on incident reporting guidelines, for both BDDS, and Indiana MENTOR's policy and procedures.</p> <p>The Home Manager and Program Nurse will be retrained on incident reporting, and their role.</p> <p>The Program Director will be retrained on BDDS reports requirements.</p> <p>The Program Director will be retrained on Indiana MENTOR's policy and procedure for completing an investigation. This retraining will also include the expectation of the completion of the recommendations that are results of the completed investigation, and what is included to make a thorough investigation. To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations.</p> <p>Ongoing, all investigations will be reviewed by the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner.</p> <p>An IDT was completed on 6-16-2015 to put a plan in place</p>	07/16/2015

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	<p>BDDS representative indicated an "unannounced visit" to the group home was completed on 4/15/15 and "was told that staff noticed a sore on [client #4's] right breast on 3/23/15." The report indicated the staff notified the nurse and "put a note in the communication book but no IR (Incident Report) was filed." The report indicated "there was a note in the staff communication book which shows that staff saw [client #4] self hurting herself on 3/30/15, digging into the sore on her right breast, and had blood all over her hand and nails...nurse notified about the incident and no IR was filed...No incident (report) was filed in regards to these two incidents about the client either by the House Manager, nurse, or program director." No investigation was available for review.</p> <p>-An 4/16/15 1:49pm E-Mail from the BDDS Representative to the Area Director (AD) indicated "I am writing you today to bring your attention to concerns that was brought to the attention of BDDS in regards to [client #4] and with the hope that you or someone at Indiana Mentor will be able to assist to address those concerns. 1. There are concerns that [client #4] have (sic) inappropriate clothing and shoes falling apart...2. There are concerns that [client #4] have (sic) a very bad hygiene. 3.</p>		<p>to assist with keeping client #4 from scratching at her sore. A protocol was added to her individualized plan to address the cellulitis and skin integrity. This protocol includes the client #4 wearing the proper clothing to assist with stopping the scratching. Client #4's RMAP will be revised to address this high risk. All staff will be retrained on her new protocol(s) and the updated RMAP. The Program Nurse will be retrained to address in detail, the information surrounding an injury, in her quarterly and monthly reviews. Ongoing, the Program Nurse will turn in copies of monthly and quarterly reviews for each client to the appropriate Program Director/QIDP and Area Director/Administrator for review of accuracy and to ensure no concerns go unreported or unnoticed. Ongoing, the Direct Support Staff, the Home Manager, the Program Nurse, and the Program Director will complete all incident reports per the reporting guidelines. Ongoing, the Program Director will complete an internal investigation per the reporting guidelines, and the Indiana MENTOR policy and procedures. Responsible Parties: Direct Support Staff, Home Manager, Program Nurse, Program Director, and Area Director</p>	

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	<p>There are concerns that [client #4] does not want to shower and while I was there on 4/15/15 (sic), I noticed that there was only one staff in the morning to bathe the whole eight consumers in the home. 4. There are concerns that [client #4] reports burning in her genitalia, was this something that staff or HM (House Manager) or PD (Program Director) was made aware of please? 5. There are concerns of medical issues which is not (sic) been addressed in regards to [client #4]. 6. There are concerns with [client #4] going to day program without wearing underwear or socks...I have submitted an IR (Incident Report/BDDS report) and have attached a copy to this email...[signed the BDDS representative]." No investigation was available for review.</p> <p>-An 4/21/15 BDDS Follow Up report indicated "The Program Director investigated the situation via an inquiry with the House Manager regarding the origin of the sore and determined that the client started scratching the area and created the sore. The Home Manager failed to report the incident to the Program Director. The client was sent to the med clinic for professional treatment and follow up was conducted by the client treating physician. The client was given Nystatin powder (antifungal) and</p>			

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	<p>an antibiotic cream to treat the sore. There is no evidence of a pressure sore. The sore is currently healed. The staff and home manager have educated the client as to scratching and refraining from the activity...." The follow up report did not address client #4's allegations of poor hygiene, inappropriate clothing, refusals for bathing, wearing underwear, and/or the other medical concerns. The report did not size the open sore to client #4's right breast and did not address preventative measures taken after the allegation. No investigation was available for review.</p> <p>On 6/9/15 at 9:25am, the AD provided additional E-Mails to the BDDS Representative from the AD for review. -The 5/18/15 E-Mail indicated "...[the Program Director] retrained the staff on incident reporting...I have heard back from the nurse regarding [client #4's] sore on her breast. It sounds like it is healing appropriately. They completed the ointment and the sore has scabbed over. She is not bothering it, or scratching it at all" signed by the AD.</p> <p>-The 4/16/15 E-Mail indicated "I am looking into all of these concerns you have listed out in regards to [client #4's] sore, I spoke to the nurse...she reported that [client #4] scratched herself in the</p>						

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	<p>area of her breast as mentioned in the BDDS report. This injury was not SIB (Self Injurious Behavior) only her consistently scratching the same spot which resulted in a small breakdown. Even at first sight before 3/23/15 this sore was reported to the nurse, she was taken to the doctor, and given a topical to put on to help it heal and not get infected....The sore was treated appropriately, twice and was not required to be reported per the reporting guidelines, either time. The nurse and the Home Manager are not Q's (Qualified Intellectual Disabilities Professionals) so they are unable to complete any incident reports...I will have my staff complete an updated personal property inventory so that I can get an idea of what needs to be purchased for her, so that she is not wearing anything inappropriate. I will ensure that any items that are missing or old are replaced...I can tell you [client #4's] hygiene has always been an issue. It is something that her team has discussed for years on ideas to get her to shower without numerous refusals. It got better at some point, but usually tends to cycle..." signed by the AD.</p> <p>On 6/9/15 at 9:25am, an interview was conducted with the AD. The AD indicated there was no investigation completed because the BDDS</p>			

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	<p>representative reported the incident and the AD did not consider the emails from the BDDS representative and the 4/15/15 BDDS report as allegations. The AD stated the matter was "looked into" and "no formal" investigation was completed. The AD indicated there was no corrective action because client #4 had a history of Cellulitis (a bacterial infection involving the skin which causes the skin to appear red and swollen) and the medical diagnosis caused client #4 to itch and she scratched it.</p> <p>On 6/9/15 from 4:00pm until 5:30pm and on 6/10/15 from 5:45am until 8:00am, observations were conducted of client #4 in the group home. During both observation periods client #4 wore oversized clothing of long pants and low cut neckline tops, client #4 inserted her left hand multiple times during each observation period under her clothing at the neckline, and scratched her right breast without redirection by the facility staff.</p> <p>On 6/9/15 at 4:40pm, client #4 was in her bedroom with GHS (Group Home Staff) #2. GHS #2 selected client #4's unlabeled tube of triple antibiotic ointment 10oz (ounces) and applied it to an open area on client #4's right breast and nipple. GHS #2 stated client #4's</p>			

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	<p>open area was "from [client #4] scratching" open the area and "this has been going on two to three (2-3) months." GHS #2 indicated client #4 had Cellulitis on her right breast in 12/2014. GHS #2 and client #4 showed the area on client #4's right breast was a circular colored black, purple, yellow, brown, and green area with an open area in the center. GHS #2 stated "it's about a (coin sized) quarter or maybe a bit larger." GHS #2 stated the staff "did not record" the size, color, odor, or the effectiveness of the treatment to client #4's open and bruised area. GHS #2 stated "we record we did the treatment." On 6/9/15 at 4:45pm, client #4's 6/2015 MAR (Medication Administration Record) indicated "Triamcinolone 0.1% cream (a cream used to help relieve redness, itching, swelling, and other discomfort caused by skin conditions), apply topically twice a day as needed to R (right) breast, Cleanse R breast site and apply bandage daily after bath" for treatments to client #4's right breast open area. No nursing protocols, no sizes, no descriptions, and no effectiveness of the treatments were recorded or available for review.</p> <p>Client #4's record was reviewed on 6/11/15 at 11:00am. Client #4's 12/16/14 ISP (Individual Support Plan) and 12/2014 Risk Plans did not identify client</p>			

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	<p>#4 scratched open her right breast. Client #4's 2/25/15 and 11/5/2014 nursing quarterly assessments did not indicate an open area/bruised area to her right breast. Client #4's 12/18/14 "Physical Examination" completed by her attending physician indicated "Excoriated Cellulitis (with) ulcer (R) lower breast." Client #4's 5/28/15 nursing quarterly assessment indicated she had an open area on her right breast, received treatment, received medical follow up, and no other information for the sizes, effectiveness of treatment, and/or nursing protocols were available for review. Client #4 had no nursing protocols or interventions for staff to implement regarding client #4's Cellulitis.</p> <p>2. The facility's investigations for allegations of abuse, neglect, and/or mistreatment from 6/1/2014 through 6/9/2015 were requested on 6/9/15 at 9:25 AM, on 6/10/15 at 1:15pm, on 6/11/15 at 8:55am, and the AD (Area Director) indicated there were no investigations available for review.</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) from 6/9/15 through 12/1/2014 were reviewed on 6/9/15 at 9:25 AM and no report was available for client #3.</p>			

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	<p>On 6/11/15 at 1:40pm, client #3's record was reviewed. Client #3 had an emergency room visit on 10/24/14 which indicated "no signs of trauma." Client #3's nursing notes, QIDP (Qualified Intellectual Disabilities Professional) notes, and record did not indicate why client #3 went to the emergency room.</p> <p>On 6/11/15 at 2:30pm, an interview was conducted with the House Manager (HM) and the Area Director (AD). The HM and AD both indicated client #3 was left home alone on 10/24/14 and after the incident client #3 was taken to the emergency room to be checked by medical personnel. The HM stated "Yes, it was neglect" when client #3 was left home alone. The AD indicated the staff did not follow the policy and procedure to ensure client #3 was supervised by facility staff when she was left home alone. The investigation and BDDS report were requested for review.</p> <p>On 6/12/15 at 4:30pm, client #3's 10/24/14 BDDS report was available for review and indicated the following: -An 10/25/14 BDDS report for an incident on 10/24/14 at 4:30pm indicated "Staff went to pick up clients at the day service program and accidentally left one client at the group home while she went</p>			

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	<p>to pick up the other clients." The report indicated the staff called the House Manager who went to the home and client #3 "was still in the bed with the cover over her...A review of [Client #3] by a physician revealed no signs of trauma." The report indicated staff were to record in the staff communication book when clients were at home and to complete a search of the group home before leaving to ensure clients were not left behind.</p> <p>-An 10/28/14 "Investigation Summary" indicated on 10/24/14 at 4:00pm, client #3 was left home "unattended and not supervised for approximately 1.5 hours" at the group home. The investigation indicated the staff received disciplinary action after the incident. The investigation was not thorough in that the investigation did not document a review of client #3's record and no interview with client #3 was available for review.</p> <p>On 6/11/15 at 1:40pm, client #3's record was reviewed. Client #3's 10/15/14 ISP (Individual Support Plan) and 10/2014 Risk Plan both indicated client #3 required twenty-four (24) hour staff supervision and she did not recognize danger.</p> <p>The facility's Quality and Risk</p>				

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	<p>Management operating practices revised 4/11 was reviewed on 6/9/15 at 9:25 AM and indicated it was agency policy to report to BDDS "alleged, suspected, or actual abuse, neglect or exploitation of an individual....The Program Director, who serves as the QMRP (Qualified Mental Retardation Professional), shall submit a follow-up report concerning the incident on the BDDS's follow-up incident report form at the following times: (a) Within seven (7) days of the date of the initial report; (b) Every seven (7) days thereafter until the incident is resolved; ...Indiana Mentor is committed to ensuring the individuals we serve are provided with a safe and quality living environment. In order to ensure the highest standard of service delivery specific staff will be assigned to the monitoring and review of Quality Assurance. These staff will assist in providing Individual Support Teams with corporate supports, recommendations and resources for incident management and will review the effectiveness of the recommendations...The Area Director will review each incident and Quality Assurance recommendations monthly. This review will be completed with the Program Director and other appropriate staff to assess the effectiveness of each recommendation made per incident....Indiana Mentor is committed</p>			

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W 0154 Bldg. 00	<p>to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served...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>9-3-2(a)</p> <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 2 of 9 incidents involving 2 of 2 allegations of staff neglect for 2 of 4 sampled clients (clients #3 and #4), the facility failed to complete and document thorough investigations regarding allegations of staff neglect for client #3 and client #4.</p> <p>Findings include:</p> <p>1. The facility's investigations for allegations of abuse, neglect, and/or mistreatment from 6/1/2014 through 6/9/2015 were requested on 6/9/15 at 9:25 AM, on 6/10/15 at 1:15pm, on 6/11/15 at 8:55am, and the AD (Area Director) indicated there were no</p>	W 0154	<p>Castle Manor 2015</p> <p>The Direct Care Staff will be retrained on incident reporting guidelines, for both BDDS, and Indiana MENTOR's policy and procedures.</p> <p>The Home Manager and Program Nurse will be retrained on incident reporting, and their role.</p> <p>The Program Director will be retrained on BDDS reports requirements.</p> <p>The Program Director will be retrained on Indiana MENTOR's policy and procedure for completing an investigation. This retraining will also include the expectation of the completion of the recommendations that are results of the completed investigation, and what is included to make a thorough investigation.</p>	07/16/2015

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	<p>investigations available for review.</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) from 6/9/15 through 12/1/2014 were reviewed on 6/9/15 at 9:25 AM and indicated the following:</p> <p>-A 4/16/15 BDDS report for an incident on 3/23/15 at 7:35am reported by the BDDS representative indicated an "unannounced visit" to the group home was completed on 4/15/15 and "was told that staff noticed a sore on [client #4's] right breast on 3/23/15." The report indicated the staff notified the nurse and "put a note in the communication book but no IR (Incident Report) was filed." The report indicated "there was a note in the staff communication book which shows that staff saw [client #4] self (sic) hurting herself on 3/30/15, digging into the sore on her right breast, and had blood all over her hand and nails...nurse notified about the incident and no IR was filed...No incident (report) was filed in regards to these two incidents about the client either by the House Manager, nurse, or program director." No investigation was available for review.</p> <p>-An 4/16/15 1:49pm E-Mail from the BDDS Representative to the Area Director (AD) indicated "I am writing</p>		<p>To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations.</p> <p>Ongoing, all investigations will be reviewed by the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner.</p> <p>An IDT was completed on 6-16-2015 to put a plan in place to assist with keeping client #4 from scratching at her sore.</p> <p>A protocol was added to her individualized plan to address the cellulitis and skin integrity. This protocol includes the client #4 wearing the proper clothing to assist with stopping the scratching.</p> <p>Client #4's RMAP will be revised to address this high risk.</p> <p>All staff will be retrained on her new protocol(s) and the updated RMAP.</p> <p>The Program Nurse will be retrained to address in detail, the information surrounding an injury, in her quarterly and monthly reviews.</p> <p>Ongoing, the Program Nurse will turn in copies of monthly and quarterly reviews for each client to the appropriate Program Director/QIDP and Area Director/Administrator for review of</p>	

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	<p>you (sic) today to bring your attention to concerns that was brought to the attention of BDDS in regards to [client #4] and with the hope that you or someone at Indiana Mentor will be able to assist to address those concerns. 1. There are concerns that [client #4] have (sic) inappropriate clothing and shoes falling apart...2. There are concerns that [client #4] have (sic) a very bad hygiene. 3. There are concerns that [client #4] does not want to shower and while I was there on 4/15/15 (sic), I noticed that there was only one staff in the morning to bathe the whole eight consumers in the home. 4. There are concerns that [client #4] reports burning in her genitalia, was this something that staff or HM (House Manager) or PD (Program Director) was made aware of please? 5. There are concerns of medical issues which is not (sic) been addressed in regards to [client #4]. 6. There are concerns with [client #4] going to day program without wearing underwear or socks...I have submitted an IR (Incident Report/BDDS report) and have attached a copy to this email...[signed the BDDS representative]." No investigation was available for review.</p> <p>-An 4/21/15 BDDS Follow Up report indicated "The Program Director investigated the situation via an inquiry</p>		<p>accuracy and to ensure no concerns go unreported or unnoticed. Ongoing, the Direct Support Staff, the Home Manager, the Program Nurse, and the Program Director will complete all incident reports per the reporting guidelines. Ongoing, the Program Director will complete an internal investigation per the reporting guidelines, and the Indiana MENTOR policy and procedures. Responsible Parties: Direct Support Staff, Home Manager, Program Nurse, Program Director, and Area Director</p>	

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	<p>with the House Manager regarding the origin of the sore and determined that the client started scratching the area and created the sore. The Home Manager failed to report the incident to the Program Director. The client was sent to the med clinic for professional treatment and follow up was conducted by the client treating physician. The client was given Nystatin (antifungal) powder and an antibiotic cream to treat the sore. There is no evidence of a pressure sore. The sore is currently healed. The staff and home manager have educated the client as to scratching and refraining from the activity...." The follow up report did not address client #4's allegations of poor hygiene, inappropriate clothing, refusals for bathing, wearing underwear, and/or the other medical concerns. The report did not size the open sore to client #4's right breast and did not address preventative measures taken after the allegation. No investigation was available for review.</p> <p>On 6/9/15 at 9:25am, the AD provided additional E-Mails to the BDDS Representative from the AD for review. -The 5/18/15 E-Mail indicated "...[the Program Director] retrained the staff on incident reporting...I have heard back from the nurse regarding [client #4's] sore on her breast. It sounds like it is healing</p>			

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	<p>appropriately. They completed the ointment and the sore has scabbed over. She is not bothering it, or scratching it at all" signed by the AD.</p> <p>-The 4/16/15 E-Mail indicated "I am looking into all of these concerns you have listed out in regards to [client #4's] sore, I spoke to the nurse...she reported that [client #4] scratched herself in the area of her breast as mentioned in the BDDS report. This injury was not SIB (Self Injurious Behavior) only her consistently scratching the same spot which resulted in a small breakdown. Even at first sight before 3/23/15 this sore was reported to the nurse, she was taken to the doctor, and given a topical to put on to help it heal and not get infected....The sore was treated appropriately, twice and was not required to be reported per the reporting guidelines, either time. The nurse and the Home Manager are not Q's (Qualified Intellectual Disabilities Professionals) so they are unable to complete any incident reports...I will have my staff complete an updated personal property inventory so that I can get an idea of what needs to be purchased for her, so that she is not wearing anything inappropriate. I will ensure that any items that are missing or old are replaced...I can tell you [client #4's] hygiene has always been an issue. It</p>			

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	<p>is something that her team has discussed for years on ideas to get her to shower without numerous refusals. It got better at some point, but usually tends to cycle..." signed by the AD.</p> <p>On 6/9/15 at 9:25am, an interview was conducted with the AD. The AD indicated there was no investigation completed because the BDDS representative reported the incident and the AD did not consider the emails from the BDDS representative and the 4/15/15 BDDS report as allegations. The AD stated the matter was "looked into" and "no formal" investigation was completed. The AD indicated there was no corrective action because client #4 had a history of Cellulitis (a bacterial infection involving the skin which causes the skin to appear red and swollen) and the medical diagnosis caused client #4 to itch and she scratched it.</p> <p>2. The facility's investigations for allegations of abuse, neglect, and/or mistreatment from 6/1/2014 through 6/9/2015 were requested on 6/9/15 at 9:25 AM, on 6/10/15 at 1:15pm, on 6/11/15 at 8:55am, and the AD (Area Director) indicated there were no investigations available for review.</p> <p>The facility's reportable incidents to the</p>						

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	<p>Bureau of Developmental Disabilities Services (BDDS) from 6/9/15 through 12/1/2014 were reviewed on 6/9/15 at 9:25 AM and no report was available for client #3.</p> <p>On 6/11/15 at 1:40pm, client #3's record was reviewed. Client #3 had an emergency room visit on 10/24/14 which indicated "no signs of trauma." Client #3's nursing notes, QIDP (Qualified Intellectual Disabilities Professional) notes, and record did not indicate why client #3 went to the emergency room.</p> <p>On 6/11/15 at 2:30pm, an interview was conducted with the House Manager (HM) and the Area Director (AD). The HM and AD both indicated client #3 was left home alone on 10/24/14 and after the incident client #3 was taken to the emergency room to be checked by medical personnel. The HM stated "Yes, it was neglect" when client #3 was left home alone. The AD indicated the staff did not follow the policy and procedure to ensure client #3 was supervised by facility staff when she was left home alone. The investigation and BDDS report were requested for review.</p> <p>On 6/12/15 at 4:30pm, client #3's 10/24/14 BDDS report was available for review and indicated the following:</p>			

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W 0157	<p>-An 10/25/14 BDDS report for an incident on 10/24/14 at 4:30pm indicated "Staff went to pick up clients at the day service program and accidentally left one client at the group home while she went to pick up the other clients." The report indicated the staff called the House Manager who went to the home and client #3 "was still in the bed with the cover over her...A review of [Client #3] by a physician revealed no signs of trauma." The report indicated staff were to record in the staff communication book when clients were at home and to complete a search of the group home before leaving to ensure clients were not left behind.</p> <p>-An 10/28/14 "Investigation Summary" indicated on 10/24/14 at 4:00pm, client #3 was left home "unattended and not supervised for approximately 1.5 hours" at the group home. The investigation indicated the staff received disciplinary action after the incident. The investigation was not thorough in that the investigation did not document a review of client #3's record and no interview with client #3 was available for review.</p> <p>9-3-2(a) 483.420(d)(4)</p>				

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Bldg. 00	<p>STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review, and interview, for 2 of 4 sampled clients (clients #3 and #4), the facility failed to implement facility policy and procedures to prevent abuse and neglect and exploitation by failing to complete effective corrective action for allegations of abuse, neglect, and/or mistreatment of clients #3 and #4.</p> <p>Findings include:</p> <p>1. The facility's investigations for allegations of abuse, neglect, and/or mistreatment from 6/1/2014 through 6/9/2015 were requested on 6/9/15 at 9:25 AM, on 6/10/15 at 1:15pm, on 6/11/15 at 8:55am, and the AD (Area Director) indicated there were no investigations available for review.</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) from 6/9/15 through 12/1/2014 were reviewed on 6/9/15 at 9:25 AM and indicated the following:</p> <p>-A 4/16/15 BDDS report for an incident on 3/23/15 at 7:35am reported by the BDDS representative indicated an "unannounced visit" to the group home</p>	W 0157	<p>Castle Manor 2015 The Direct Care Staff will be retrained on incident reporting guidelines, for both BDDS, and Indiana MENTOR's policy and procedures. The Home Manager and Program Nurse will be retrained on incident reporting, and their role. The Program Director will be retrained on BDDS reports requirements. The Program Director will be retrained on Indiana MENTOR's policy and procedure for completing an investigation. This retraining will also include the expectation of the completion of the recommendations that are results of the completed investigation, and what is included to make a thorough investigation. To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all investigations will be reviewed by the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner.</p>	07/16/2015	

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	<p>was completed on 4/15/15 and "was told that staff noticed a sore on [client #4's] right breast on 3/23/15." The report indicated the staff notified the nurse and "put a note in the communication book but no IR (Incident Report) was filed." The report indicated "there was a note in the staff communication book which shows that staff saw [client #4] self (sic) hurting herself on 3/30/15, digging into the sore on her right breast, and had blood all over her hand and nails...nurse notified about the incident and no IR was filed...No incident (report) was filed in regards to these two incidents about the client either by the House Manager, nurse, or program director."</p> <p>-An 4/16/15 1:49pm E-Mail from the BDDS Representative to the Area Director (AD) indicated "I am writing you today to bring your attention to concerns that was (sic) brought to the attention of BDDS in regards to [client #4] and with the hope that you or someone at Indiana Mentor will be able to assist to address those concerns. 1. There are concerns that [client #4] have (sic) inappropriate clothing and shoes falling apart...2. There are concerns that [client #4] have (sic) a very bad hygiene. 3. There are concerns that [client #4] does not want to shower and while I was there on 4/15/15 (sic), I noticed that there</p>		<p>An IDT was completed on 6-16-2015 to put a plan in place to assist with keeping client #4 from scratching at her sore.</p> <p>A protocol was added to her individualized plan to address the cellulitis and skin integrity. This protocol includes the client #4 wearing the proper clothing to assist with stopping the scratching. Client #4's RMAP will be revised to address this high risk.</p> <p>All staff will be retrained on her new protocol(s) and the updated RMAP. The Program Nurse will be retrained to address in detail, the information surrounding an injury, in her quarterly and monthly reviews. Ongoing, the Program Nurse will turn in copies of monthly and quarterly reviews for each client to the appropriate Program Director/QIDP and Area Director/Administrator for review of accuracy and to ensure no concerns go unreported or unnoticed.</p> <p>Ongoing, the Direct Support Staff, the Home Manager, the Program Nurse, and the Program Director will complete all incident reports per the reporting guidelines.</p> <p>Ongoing, the Program Director will complete an internal investigation per the reporting guidelines, and the Indiana MENTOR policy and procedures.</p> <p>Responsible Parties: Direct Support Staff, Home Manager, Program Nurse, Program Director, and Area Director</p>	

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	<p>was only one staff in the morning to bathe the whole eight consumers in the home. 4. There are concerns that [client #4] reports burning in her genitalia, was this something that staff or HM (House Manager) or PD (Program Director) was made aware of please? 5. There are concerns of medical issues which is not (sic) been addressed in regards to [client #4]. 6. There are concerns with [client #4] going to day program without wearing underwear or socks...I have submitted an IR (Incident Report/BDDS report) and have attached a copy to this email...[signed the BDDS representative]."</p> <p>-An 4/21/15 BDDS Follow Up report indicated "The Program Director investigated the situation via an inquiry with the House Manager regarding the origin of the sore and determined that the client started scratching the area and created the sore. The Home Manager failed to report the incident to the Program Director. The client was sent to the med clinic for professional treatment and follow up was conducted by the client treating physician. The client was given Nystatin (antifungal) powder and an antibiotic cream to treat the sore. There is no evidence of a pressure sore. The sore is currently healed. The staff and home manager have educated the</p>			
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	<p>sore was reported to the nurse, she was taken to the doctor, and given a topical to put on to help it heal and not get infected....The sore was treated appropriately, twice and was not required to be reported per the reporting guidelines, either time. The nurse and the Home Manager are not Q's (Qualified Intellectual Disabilities Professionals) so they are unable to complete any incident reports...I will have my staff complete an updated personal property inventory so that I can get an idea of what needs to be purchased for her, so that she is not wearing anything inappropriate. I will ensure that any items that are missing or old are replaced...I can tell you [client #4's] hygiene has always been an issue. It is something that her team has discussed for years on ideas to get her to shower without numerous refusals. It got better at some point, but usually tends to cycle..." signed by the AD.</p> <p>On 6/9/15 at 9:25am, an interview was conducted with the AD. The AD stated the matter was "looked into" and "no formal" investigation was completed. The AD indicated there was no corrective action because client #4 had a history of Cellulitis (a bacterial infection involving the skin which causes the skin to appear red and swollen) and the medical diagnosis caused client #4 to itch and she</p>			
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	<p>scratched it.</p> <p>On 6/9/15 from 4:00pm until 5:30pm and on 6/10/15 from 5:45am until 8:00am, observations were conducted of client #4 in the group home. During both observation periods client #4 wore oversized clothing of long pants and low cut neckline tops, client #4 inserted her left hand multiple times during each observation period under her clothing at the neckline, and scratched her right breast without redirection by the facility staff.</p> <p>On 6/9/15 at 4:40pm, client #4 was in her bedroom with GHS (Group Home Staff) #2. GHS #2 selected client #4's unlabeled tube of triple antibiotic ointment 10oz (ounces) and applied it to an open area on client #4's right breast and nipple. GHS #2 stated client #4's open area was "from [client #4] scratching" open the area and "this has been going on two to three (2-3) months." GHS #2 indicated client #4 had Cellulitis on her right breast in 12/2014. GHS #2 and client #4 showed the area on client #4's right breast was a circular colored black, purple, yellow, brown, and green area with an open area in the center. GHS #2 stated "it's about a quarter (coin sized) or maybe a bit larger." GHS #2 stated the staff "did not record" the size,</p>			
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	<p>color, odor, or the effectiveness of the treatment to client #4's open and bruised area. GHS #2 stated "we record we did the treatment." On 6/9/15 at 4:45pm, client #4's 6/2015 MAR (Medication Administration Record) indicated "Triamcinolone 0.1% cream (a medicated cream used to help relieve redness, itching, swelling, and other discomfort caused by skin conditions), apply topically twice a day as needed to R (right) breast, Cleanse R breast site and apply bandage daily after bath" for treatments to client #4's right breast open area. No nursing protocols, no sizes, no descriptions, and no effectiveness of the treatments were recorded or available for review of client #4's open and bruised right breast.</p> <p>Client #4's record was reviewed on 6/11/15 at 11:00am. Client #4's 12/16/14 ISP (Individual Support Plan) and 12/2014 Risk Plans did not identify client #4 scratched open her right breast. Client #4's 2/25/15 and 11/5/2014 nursing quarterly assessments did not indicate an open area/bruised area to her right breast. Client #4's 12/18/14 "Physical Examination" completed by her attending physician indicated "Excoriated Cellulitis (with) ulcer (R) lower breast." Client #4's 5/28/15 indicated she had an open area on her right breast, received</p>			

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	<p>treatment, received medical follow up, and no other information for the sizes, effectiveness of treatment, and/or nursing protocols were available for review. Client #4 had no nursing protocols or interventions for staff to implement regarding client #4's Cellulitis.</p> <p>2. The facility's investigations for allegations of abuse, neglect, and/or mistreatment from 6/1/2014 through 6/9/2015 were requested on 6/9/15 at 9:25 AM, on 6/10/15 at 1:15pm, on 6/11/15 at 8:55am, and the AD (Area Director) indicated there were no investigations available for review.</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) from 6/9/15 through 12/1/2014 were reviewed on 6/9/15 at 9:25 AM and no report was available for client #3.</p> <p>On 6/11/15 at 1:40pm, client #3's record was reviewed. Client #3 had an emergency room visit on 10/24/14 which indicated "no signs of trauma." Client #3's nursing notes, QIDP (Qualified Intellectual Disabilities Professional) notes, and record did not indicate why client #3 went to the emergency room.</p> <p>On 6/11/15 at 2:30pm, an interview was</p>			

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	<p>conducted with the House Manager (HM) and the Area Director (AD). The HM and AD both indicated client #3 was left home alone on 10/24/14 and after the incident client #3 was taken to the emergency room to be checked by medical personnel. The HM stated "Yes, it was neglect" when client #3 was left home alone. The AD indicated the staff did not follow the policy and procedure to ensure client #3 was supervised by facility staff when she was left home alone. The investigation and BDDS report were requested for review.</p> <p>On 6/12/15 at 4:30pm, client #3's 10/24/14 BDDS report was available for review and indicated the following: -An 10/25/14 BDDS report for an incident on 10/24/14 at 4:30pm indicated "Staff went to pick up clients at the day service program and accidentally left one client at the group home while she went to pick up the other clients." The report indicated the staff called the House Manager who went to the home and client #3 "was still in the bed with the cover over her...A review of [Client #3] by a physician revealed no signs of trauma." The report indicated staff were to record in the staff communication book when clients were at home and to complete a search of the group home before leaving to ensure clients were not</p>			

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W 0248 Bldg. 00	<p>left behind.</p> <p>-An 10/28/14 "Investigation Summary" indicated on 10/24/14 at 4:00pm, client #3 was left home "unattended and not supervised for approximately 1.5 hours" at the group home. The investigation indicated the staff received disciplinary action after the incident. No corrective measures were available for review of staff retraining on client #3's plans or monitoring to determine if staff were implementing checking rooms for clients before leaving the group home.</p> <p>On 6/11/15 at 1:40pm, client #3's record was reviewed. Client #3's 10/15/14 ISP (Individual Support Plan) and 10/2014 Risk Plan both indicated client #3 required twenty-four (24) hour staff supervision and did not recognize danger.</p> <p>9-3-2(a)</p> <p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3</p>	W 0248	The Program Director will receive corrective action for not ensuring completion. The Program Director will send all	07/16/2015

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	<p>additional clients (clients #5, #6, and #7) who attended day services, the facility failed to ensure the day services had access to clients #1, #2, #3, #4, #5, #6, and #7's ISPs (Individual Support Plans).</p> <p>Findings include:</p> <p>On 6/10/15 from 9:30am until 11:00am, clients #1, #3, #4, #5, #6, and #7 were observed at Day Services site #3 with WKS (Workshop Staff) #2. At 11:00am, WKS #2 stated the workshop did not receive clients #1, #2, #3, #4, #5, #6, and #7's "current ISPs." WKS #2 indicated the "most current" ISP for client #1 was 1/10/2012, client #2 had no current ISP available for review, client #3 was 8/10/2012, client #4 was 12/16/2011, client #5 was 1/11/2012, client #6 was 11/8/2012, and client #7's was 1/24/2014.</p> <p>On 6/11/15 at 10:00am, client #1's record was reviewed. Client #1's record included a 1/15/2015 ISP.</p> <p>On 6/11/15 at 2:20pm, client #2's record was reviewed. Client #2's record included a 1/15/2015 ISP.</p> <p>On 6/11/15 at 1:40pm, client #3's record was reviewed. Client #3's record included a 10/15/2014 ISP.</p>		<p>Day Placements the current ISPs and BSPs for the common clients. The Program Director will be retrained on IDT's. The training will include who to part of the IDT, when to include the IDT, and to remember to ensure that all members of the IDT are kept up to date at all times. Ongoing, the Area Director will participate in at least one IDT meeting to ensure that the Program Director is including all IDT members when applicable. Ongoing, the Area Director will complete random Day Placement Audits/Observations to ensure that all have current information, including, but not limited to ISPs and BSPs for common clients. Responsible Party: Home Manager, Program Director, and Area Director.</p>		

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W 0249 Bldg. 00	<p>On 6/11/15 at 11:00am, client #4's record was reviewed. Client #4's record included a 12/16/2014 ISP.</p> <p>On 6/11/15 at 2:30pm, an interview was conducted with the Area Director (AD). The AD indicated she was not aware that client #1, #2, #3, #4, #5, #6, and #7's ISPs were not current at the day services sites.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on record review and interview, for 1 of 4 sampled clients (client #3), the facility failed to implement client #3's ISP (Individual Support Plan) to ensure staff were present to supervise client #3 when opportunities existed.</p> <p>Findings include:</p> <p>The facility's investigations for allegations of abuse, neglect, and/or mistreatment from 6/1/2014 through</p>			W 0249	<p>The Direct Care Staff will be retrained on incident reporting guidelines, for both BDDS, and Indiana MENTOR's policy and procedures. The Home Manager and Program Nurse will be retrained on incident reporting, and their role. The Program Director will be retrained on BDDS reports requirements. The Program Director will be retrained on Indiana MENTOR's policy and procedure for completing an investigation. This retraining will also include the expectation of</p>		07/16/2015

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	<p>6/9/2015 were requested on 6/9/15 at 9:25 AM, on 6/10/15 at 1:15pm, on 6/11/15 at 8:55am, and the AD (Area Director) indicated there were no investigations available for review.</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) from 6/9/15 through 12/1/2014 were reviewed on 6/9/15 at 9:25 AM and no report was available for client #3.</p> <p>On 6/11/15 at 1:40pm, client #3's record was reviewed. Client #3 had an emergency room visit on 10/24/14 which indicated "no signs of trauma." Client #3's nursing notes, QIDP (Qualified Intellectual Disabilities Professional) notes, and record did not indicate why client #3 went to the emergency room.</p> <p>On 6/11/15 at 2:30pm, an interview was conducted with the House Manager (HM) and the Area Director (AD). The HM and AD both indicated client #3 was left home alone on 10/24/14 and after the incident client #3 was taken to the emergency room to be checked by medical personnel. The HM stated "Yes, it was neglect" when client #3 was left home alone. The AD indicated the staff did not follow the policy and procedure to ensure client #3 was supervised by</p>		<p>the completion of the recommendations that are results of the completed investigation, and what is included to make a thorough investigation. To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all investigations will be reviewed by the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner. Responsible Parties: Direct Support Staff, Home Manager, Program Nurse, Program Director, and Area Director</p>	

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	<p>facility staff when she was left home alone. The investigation and BDDS report were requested for review.</p> <p>On 6/12/15 at 4:30pm, client #3's 10/24/14 BDDS report was available for review and indicated the following: -An 10/25/14 BDDS report for an incident on 10/24/14 at 4:30pm indicated "Staff went to pick up clients at the day service program and accidentally left one client at the group home while she went to pick up the other clients." The report indicated the staff called the House Manager who went to the home and client #3 "was still in the bed with the cover over her...A review of [Client #3] by a physician revealed no signs of trauma." The report indicated staff were to record in the staff communication book when clients were at home and to complete a search of the group home before leaving to ensure clients were not left behind.</p> <p>-An 10/28/14 "Investigation Summary" indicated on 10/24/14 at 4:00pm, client #3 was left home "unattended and not supervised for approximately 1.5 hours" at the group home.</p> <p>On 6/11/15 at 1:40pm, client #3's record was reviewed. Client #3's 10/15/14 ISP (Individual Support Plan) and 10/2014</p>			

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W 0331 Bldg. 00	<p>Risk Plan both indicated client #3 required twenty-four (24) hour staff supervision and she did not recognize danger.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review, and interview, for 1 of 4 clients (client #4), the facility's nursing staff failed to develop client specific protocols for client #4's open bruised area on her right breast and for Cellulitis (a bacterial infection involving the skin which causes the skin to appear red and swollen).</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) from 6/9/15 through 12/1/2014 were reviewed on 6/9/15 at 9:25 AM and indicated the following:</p> <p>-A 4/16/15 BDDS report for an incident on 3/23/15 at 7:35am reported by the BDDS representative indicated an "unannounced visit" to the group home was completed on 4/15/15 and "was told that staff noticed a sore on [client #4's]</p>	W 0331	<p>The Direct Care Staff will be retrained on incident reporting guidelines, for both BDDS, and Indiana MENTOR's policy and procedures.</p> <p>The Home Manager and Program Nurse will be retrained on incident reporting, and their role.</p> <p>The Program Director will be retrained on BDDS reports requirements.</p> <p>An IDT was completed on 6-16-2015 to put a plan in place to assist with keeping client #4 from scratching at her sore.</p> <p>A protocol was added to her individualized plan to address the cellulitis and skin integrity. This protocol includes the client #4 wearing the proper clothing to assist with stopping the scratching.</p> <p>Client #4's RMAP will be revised to address this high risk.</p> <p>All staff will be retrained on her new protocol(s) and the updated RMAP.</p> <p>The Program Nurse will be retrained to address in detail, the information</p>	07/16/2015

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	<p>right breast on 3/23/15." The report indicated the staff notified the nurse and "put a note in the communication book but no IR (Incident Report) was filed." The report indicated "there was a note in the staff communication book which shows that staff saw [client #4] self (sic) hurting herself on 3/30/15, digging into the sore on her right breast, and had blood all over her hand and nails...nurse notified about the incident and no IR was filed...No incident (report) was filed in regards to these two incidents about the client either by the House Manager, nurse, or program director."</p> <p>-An 4/16/15 1:49pm E-Mail from the BDDS Representative to the Area Director (AD) indicated "I am writing you today to bring your (sic) attention to concerns that was (sic) brought to the attention of BDDS in regards to [client #4] and with the hope that you or someone at Indiana Mentor will be able to assist to address those concerns. 2. There are concerns that [client #4] have (sic) a very bad hygiene...5. There are concerns of medical issues which is not (sic) been addressed in regards to [client #4]...I have submitted an IR (Incident Report/BDDS report) and have attached a copy to this email...[signed the BDDS representative]."</p>		<p>surrounding an injury, in her quarterly and monthly reviews. Ongoing, the Program Nurse will turn in copies of monthly and quarterly reviews for each client to the appropriate Program Director/QIDP and Area Director/Administrator for review of accuracy and to ensure no concerns go unreported or unnoticed. Ongoing, the Direct Support Staff, the Home Manager, the Program Nurse, and the Program Director will complete all incident reports per the reporting guidelines. Responsible Parties: Direct Support Staff, Home Manager, Program Nurse, Program Director, and Area Director</p>	

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	<p>-An 4/21/15 BDDS Follow Up report indicated "The Program Director investigated the situation via an inquiry with the House Manager regarding the origin of the sore and determined that the client started scratching the area and created the sore. The Home Manager failed to report the incident to the Program Director. The client was sent to the med clinic for professional treatment and follow up was conducted by the client treating physician. The client was given Nystatin (antifungal) powder and an antibiotic cream to treat the sore. There is no evidence of a pressure sore. The sore is currently healed. The staff and home manager have educated the client as to scratching and refraining from the activity...." The follow up report did not address client #4's allegations regarding nursing input in the areas of poor hygiene, the size the open sore to client #4's right breast, and nursing protocols developed.</p> <p>On 6/9/15 at 9:25am, the AD provided additional E-Mails to the BDDS Representative from the AD for review. -The 5/18/15 E-Mail indicated "...[the Program Director] retrained the staff on incident reporting...I have heard back from the nurse regarding [client #4's] sore on her breast. It sounds like it is healing appropriately. They completed the</p>			

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7044 CASTLE MANOR INDIANAPOLIS, IN 46214
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	<p>ointment and the sore has scabbed over. She is not bothering it, or scratching it at all" signed by the AD.</p> <p>-The 4/16/15 E-Mail indicated "I am looking into all of these concerns you have listed out in regards to [client #4's] sore, I spoke to the nurse...she reported that [client #4] scratched herself in the area of her breast as mentioned in the BDDS report. This injury was not SIB (Self Injurious Behavior) only her consistently scratching the same spot which resulted in a small breakdown. Even at first sight before 3/23/15 this sore was reported to the nurse, she was taken to the doctor, and given a topical to put on to help it heal and not get infected...The sore was treated appropriately, twice and was not required to be reported per the reporting guidelines, either time. The nurse and the Home Manager are not Q's (Qualified Intellectual Disabilities Professionals) so they are unable to complete any incident reports...I can tell you [client #4's] hygiene has always been an issue. It is something that her team has discussed for years on ideas to get her to shower without numerous refusals. It got better at some point, but usually tends to cycle..." signed by the AD.</p> <p>On 6/9/15 at 9:25am, an interview was</p>			

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	<p>conducted with the AD. The AD indicated there was no investigation completed because the BDDS representative reported the incident and the AD did not consider the emails from the BDDS representative and the 4/15/15 BDDS report as allegations. The AD stated the matter was "looked into" and "no formal" investigation was completed. The AD indicated there was no corrective action because client #4 had a history of Cellulitis and the medical diagnosis caused client #4 to itch and she scratched it.</p> <p>On 6/9/15 from 4:00pm until 5:30pm and on 6/10/15 from 5:45am until 8:00am, observations were conducted of client #4 in the group home. During both observation periods client #4 wore oversized clothing of long pants and low cut neckline tops, client #4 inserted her left hand multiple times during each observation period under her clothing at the neckline, and scratched her right breast without redirection by the facility staff.</p> <p>On 6/9/15 at 4:40pm, client #4 was in her bedroom with GHS (Group Home Staff) #2. GHS #2 selected client #4's unlabeled tube of triple antibiotic ointment 10oz (ounces) and applied it to an open area on client #4's right breast</p>			

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	<p>and nipple. GHS #2 stated client #4's open area was "from [client #4] scratching" open the area and "this has been going on two to three (2-3) months." GHS #2 indicated client #4 had Cellulitis on her right breast in 12/2014. GHS #2 and client #4 showed the area on client #4's right breast was a circular colored black, purple, yellow, brown, and green area with an open area in the center. GHS #2 stated "it's about a quarter (coin sized) or maybe a bit larger." GHS #2 stated the staff "did not record" the size, color, odor, or the effectiveness of the treatment to client #4's open and bruised area. GHS #2 stated "we record we did the treatment." On 6/9/15 at 4:45pm, client #4's 6/2015 MAR (Medication Administration Record) indicated "Triamcinolone 0.1% cream (a medicated cream used to help relieve redness, itching, swelling, and other discomfort caused by skin conditions), apply topically twice a day as needed to R (right) breast, Cleanse R breast site and apply bandage daily after bath" for treatments to client #4's right breast open area. No nursing protocols, no sizes, no descriptions, and no effectiveness of the treatments were recorded or available for review.</p> <p>Client #4's record was reviewed on 6/11/15 at 11:00am. Client #4's 12/16/14</p>			

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	<p>ISP (Individual Support Plan) and 12/2014 Risk Plans did not identify client #4 scratched open her right breast. Client #4's 2/25/15 and 11/5/2014 nursing quarterly assessments did not indicate an open area/bruised area to her right breast. Client #4's 12/18/14 "Physical Examination" completed by her attending physician indicated "Excoriated Cellulitis (with) ulcer (R) lower breast." Client #4's 5/28/15 nursing quarterly assessment indicated she had an open area on her right breast, received treatment, received medical follow up, and no other information for the sizes, effectiveness of treatment, and/or nursing protocols were available for review. Client #4 had no nursing protocols or interventions for staff to implement regarding client #4's Cellulitis.</p> <p>On 6/11/15 at 2:30pm, an interview was conducted with the House Manager (HM) and the Area Director (AD). The HM and AD both indicated client #4 did not have nursing protocols related to her Cellulitis and poor hygiene available for review. Both indicated client #4's right breast bruised open area was not sized, monitored for treatment, and/or descriptions of the area were available for review.</p> <p>9-3-6(a)</p>						

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W 0382 Bldg. 00	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation, record review, and interview, for 3 of 4 sample clients (#1, #3, and #4) and three additional clients (clients #5, #6, and #7) who resided in the home, the facility failed to keep medication locked when not being administered for clients #1, #3, #4, #5, #6, and #7.</p> <p>Findings include:</p> <p>On 6/10/15 from 5:45am until 8:00am, clients #1, #3, #4, #5, #6, and #7 were observed at the group home. From 5:45am 6:00am, the House Manager (HM) was the one staff on duty at the group home. From 5:45am until 6:30am, the medication cabinet inside the television/office room was unlocked and both cabinet doors were able to be opened. From 5:45am until 6:30am, clients #1, #3, #4, and #7 entered and exited the television room and the unlocked medication cabinet was not in direct sight of the facility staff. At 6:30am, GHS (Group Home Staff) #3 began medication administration with client #7 and indicated she did not have</p>	W 0382	<p>The Home Manager will be given a corrective action for leaving the medication cabinet unlocked. All staff will be retrained on medication administration, including ensuring that medications are secured at all times. For the first four weeks, the 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.</p> <p>After the initial four (4) weeks, the Program Director, and/or Program Nurse 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 Program Director, and/or Program Nurse will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings</p>	07/16/2015

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W 0383 Bldg. 00	<p>to unlock the medication cabinet because it was unlocked.</p> <p>On 6/11/15 at 2:30pm, an interview with the House Manager (HM) and the Area Director (AD) was conducted. The AD and HM both indicated medications should be kept locked and secured when not being administered. The HM indicated the facility followed "Living in the Community" Core A/Core B procedures for medication administration. The HM indicated the medication cabinet was left unlocked on 6/10/15 from 5:45am until 6:30am.</p> <p>On 6/11/15 at 10:00am, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated in "Core Lesson 3: Principles of Administering Medication" medications should be kept secured when not being administered.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation, record review, and interview, for 3 of 4 sampled clients (clients #1, #3, and #4) and 3 additional</p>			W 0383	<p>will be completed. Responsible Party: Home Manager, Program Director, and Area Director</p> <p>The Home Manager will be given a corrective action for leaving the medication cabinet unlocked.</p>		07/16/2015

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	<p>clients (clients #5, #6, and #7), the facility staff failed to ensure the medication keys were kept secured and to ensure clients #1, #3, #4, #5, #6, and #7 did not have access to the medication keys.</p> <p>Findings include:</p> <p>On 6/10/15 from 5:45am until 8:00am, clients #1, #3, #4, #5, #6, and #7 were observed at the group home. From 5:45am 6:00am, the House Manager (HM) was the one staff on duty at the group home. From 5:45am until 6:30am, the medication cabinet inside the television/office room was unlocked and the medication keys were left laying on top of the coffee table in the room. From 5:45am until 6:30am, clients #1, #3, #4, and #7 at entered and exited the television room and the medication keys were laying on the coffee table. At 6:30am, GHS (Group Home Staff) #3 began medication administration with client #7 and indicated the medication keys were left unsecured on top of the coffee table.</p> <p>On 6/11/15 at 2:30pm, an interview with the House Manager (HM) and the Area Director (AD) was conducted. The AD and HM both indicated the medications keys should be kept secured by the</p>		<p>All staff will be retrained on medication administration, including ensuring that medications are secured at all times.</p> <p>For the first four weeks, the 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.</p> <p>After the initial four (4) weeks, the Program Director, and/or Program Nurse will complete two (2) weekly medication administration observations for four (4) additional weeks, and will ensure that all needed retrainings will be completed.</p> <p>After the additional four (4) weeks, the Program Director, and/or Program Nurse will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed.</p> <p>Responsible Party: Home Manager, Program Director, and Area Director</p>	

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W 0391 Bldg. 00	<p>facility staff. The HM indicated the facility followed "Living in the Community" Core A/Core B procedures for medication administration. The AD indicated the staff failed to ensure the medication keys were kept secured.</p> <p>On 6/11/15 at 10:00am, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated in "Core Lesson 3: Principles of Administering Medication" medications keys should be kept secured.</p> <p>9-3-6(a)</p> <p>483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review, and interview, for 1 of 3 clients (client #4) who had medications administered during the evening medication administration, the facility failed to remove from use the medication containers without labels and/or illegible labels from the supply on 6/9/15.</p> <p>Findings include:</p> <p>On 6/9/15 at 4:40pm, client #4 was in her</p>	W 0391	The Home Manager will receive a corrective action for failing to ensure that all medications were properly labeled before being dispensed. The Home Manager will be retrained on checking the medication closet no less than weekly. This retraining will include checking all medications for correct labeling. The Home Manager and/or nurse will call the pharmacy to report any medications that are missing a label for a replacement. After the retraining occurs, the Home	07/16/2015

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	<p>bedroom with GHS (Group Home Staff) #2. GHS #2 selected client #4's unlabeled tube of triple antibiotic ointment 10oz (ounces) and applied it to an open area on client #4's right breast and nipple. GHS #2 indicated client #4 had Cellulitis (a bacterial infection involving the skin which causes the skin to appear red and swollen) on her right breast in 12/2014. GHS #2 and client #4 showed the area on client #4's right breast was a circular colored black, purple, yellow, brown, and green area with an open area in the center. GHS #2 stated "it's about a quarter (coin sized) or maybe a bit larger." GHS #2 stated "No, the medication did not have a pharmacy label" on the tube or on the baggie the tube was stored inside and did not have directions for the medication use. On 6/9/15 at 4:45pm, client #4's 6/2015 MAR (Medication Administration Record) indicated "Triamcinolone 0.1% cream (a medicated cream used to help relieve redness, itching, swelling, and other discomfort caused by skin conditions), apply topically twice a day as needed to R (right) breast, Cleanse R breast site and apply bandage daily after bath" for treatments to client #4's right breast open area.</p> <p>Client #4's record was reviewed on 6/11/15 at 11:00am. Client #4's 5/31/15</p>		<p>Manager will complete two (2) weekly medication administration observations to ensure that the administration is being completed according to Indiana MENTOR policy and procedures and to double check that all medications that are being passed are labeled appropriately 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 weekly medication administration observations ongoing, and will ensure that all needed future retrainings will be completed and to ensure that all medications that are being passed have an appropriate label on them. Responsible Party: Home Manager and Program Nurse</p>	

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	<p>"Physician's Order" indicated "Triamcinolone 0.1% cream, apply topically twice a day as needed to R (right) breast, Cleanse R breast site and apply bandage daily after bath" for treatments to client #4's right breast open area.</p> <p>On 6/11/15 at 2:30pm, an interview was conducted with the House Manager (HM) and the Area Director (AD). The HM and AD both indicated client #4's medication did not have a pharmacy label on the medication and was not removed from use on 6/9/15. The HM indicated the pharmacy label should include the client name and directions for the medication use. The HM indicated the facility followed the Core A/Core B training for medication administration and the facility's policy and procedure for medication administration.</p> <p>On 6/11/15 at 9:10am, a review of the 2004 "Living in the Community" medication administration training manual, Core Lesson 2: Responsibilities in the Area of Medication Administration indicated medications should be labeled.</p> <p>9-3-6(a)</p>			