

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G471	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/09/2011
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3031 E KESSLER INDIANAPOLIS, IN46220
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W0000	<p>This visit was for a full recertification and state licensure survey.</p> <p>Dates of Survey: 09/06/11, 09/07/11, 09/08/11 and 09/09/11.</p> <p>Facility number: 000985 Provider number: 15G471 AIM number: 100244650</p> <p>Surveyor: Robert Bauermeister, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 431 IAC 1.1. Quality Review completed 9-29-11 by C. Neary, Program Coordinator.</p>	W0000		
W0249	<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 observation, record review and interview for 2 of 4 sampled clients (#1, #2), the facility failed to implement the clients' training objectives during formal and informal training opportunities.</p>	W0249	All Direct Support Staff have been retrained on all consumers medication training objectives and on Client #2 goal to use his speaker box for a drink. (See attachment) For four weeks, the Home Manager and/or Program	10/14/2011

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

TITLE

(X6) DATE

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

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	<p>Findings include:</p> <p>1. During observations at the facility on the morning of 09/08/11 from 5:45 AM until 8:00 AM, the medication administration was observed. Direct Support Professional (DSP) #10 was observed to administer client #1's medications at 6:30 AM. DSP #10 crushed client #1's medication. She did not prompt client #1 to crush the medications.</p> <p>Client #1's record was reviewed on 09/08/11 at 12:15 PM. The Individual Support Program (ISP), dated 09/12/10, contained a medication objective to "crush his meds with the med crusher with no more than 4 verbal prompts"</p> <p>Staff #10 administered client #2's medications at 6:20 AM on 09/08/11. Prior to administering the medications DSP #10 got his bin from the cabinet, DSP #10 did not prompt client #2 to obtain his own medication bin.</p> <p>Client #2's record was reviewed on 08908/11 at 9:00 AM. The ISP, dated 10/2010, contained a medication objective to "Daily in the AM, [client #2] will get his medication bin out of the med closet with no more than 4 prompts"</p>		<p>Director will complete active treatment and medication administration observations at least two times per week to observe if staff are following implementing medication goals and Client #2 goal to use his speaker box. Ongoing the Home Manager and/or Program Director will complete active treatment and medication administration observations at least once per week to observe if staff are following implementing medication goals and Client #2 goal to use his speaker box. Responsible Party: Direct Support staff, Home Manager, Program Director</p>	

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W0264	<p>2. During observation of the evening meal, on 09/07/11 from 4:30 PM to 5:30 PM and the morning meal on 09/08/11 from 7:00 AM to 7:30 AM, client #2 did not use his speaker box to choose a drink.</p> <p>Client #2's record was reviewed on 08/08/11 at 9:00 AM. The Individual Support Program (ISP), dated 10/10, contained an objective to, "Daily before breakfast and dinner, [client #2] will choose a drink to go along with his meals using his speaker box"</p> <p>Interview on 09/08/11 at 2:30 PM with Administrative Staff #3 it was indicated the training objectives for clients #1, and #2 were to be trained during formal and informal training opportunities as indicated in the ISP.</p> <p>1.1-3-4(a)</p> <p>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, interview and record review for 3 of 6 clients (#1, #2, #6) residing in the home, the Specially Constituted Committee (Human Right Committee) failed</p>	W0264	Client #1, #2 and #6 ISP has been updated to include the use of shoulder harnesses on the school bus to prevent them from getting out of the seat when the	10/14/2011

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	<p>to ensure the local public schools use of shoulder harnesses on the bus, to restrict client #1's, #2's and #6's movement, were reviewed by the facility's Specially Constituted Committee prior to the implementation.</p> <p>Findings include:</p> <p>During the observation, at the group home, on 09/07/11 at 5:30 PM Administrative Staff #3 was observed placing shoulder harnesses in client #6's backpack. On 09/08/11 at 6:50 AM clients #1, #2 and #6 were waiting for the school bus wearing shoulder harnesses. Administrative Staff #3 indicated the harnesses were worn on the school buses to prevent client #1, #2 and #6 from getting out of their seats while the bus was moving.</p> <p>Client #1's records were reviewed on 09/08/11 at 12:15 PM. The Individual Support Plan (ISP), dated 09/12/10, and Behavior Support Program (BSP), dated 10/26/10, did not indicate the shoulder harness worn on the school bus to prevent client #1 from getting up out of his seat while the bus was moving had been reviewed by the Human Rights Committee prior to its implementation.</p> <p>Client #2's records were reviewed on 09/08/11 at 9:00 AM. The ISP, dated 10/2010, and BSP, dated 11/26/10, did not indicate the shoulder harness worn on the school bus to prevent client #2 from getting up out of his seat while the bus was moving had been reviewed by the Human Rights Committee prior to implementation.</p> <p>Client #6's records were reviewed on 09/08/11 at 10:00 AM. The ISP, dated 10/2010, and BSP, dated 11/25/10 did not indicate the shoulder</p>		<p>bus is moving. HRC approval was obtained for these updates on 10/12/11. (see attachments)The Program Director received retraining on ensuring that any restrictions that are in place for any consumer have appropriate approvals obtained, including Human Rights Committee, as needed. (see attachment)Ongoing the PD will ensure that any restrictions that are in place for any consumer have appropriate approvals obtained, including Human Rights Committee, as needed. Ongoing the Area Director will review all HRC reports submitted at least quarterly to ensure necessary approvals are obtained by HRC prior to any restrictions being implementedResponsible Party: Program Director, Area Director</p>		

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W0289	<p>harness worn on the school bus to prevent client #6 from getting up out of his seat while the bus was moving had been reviewed by the Human Rights Committee prior to implementation.</p> <p>On 09/08/11 at 2:00 PM Administrative Staff #1 was unable to provide information indicating the shoulder harnesses for clients #1, #2 and #6 used on the school bus had been reviewed by the Human Right Committee ..."</p> <p>1.1-3-4(a)</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c) (4) and (5) of this subpart.</p> <p>Based on observation, interview and record review for 3 of 6 clients (#1, #2, #6) residing in the home, the facility failed to ensure the local public school's use of shoulder harnesses on the bus to restrict client #1's, #2's and #6's movement was included as part of the plan.</p> <p>Findings include:</p> <p>During the observation, at the group home, on 09/07/11 at 5:30 PM Administrative Staff #3 was observed placing shoulder harnesses in client #6's</p>	W0289	Client #1, #2 and #6 ISP has been updated to include the use of shoulder harnesses on the school bus to prevent them from getting out of the seat when the bus is moving. HRC approval was obtained for these updates on 10/12/11. (see attachment)The Program Director received retraining on ensuring that any restrictions that are in place for any consumer are included in the ISP and have appropriate approvals obtained, including Human Rights Committee, as needed. (see	10/14/2011

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W0440	<p>backpack. On 09/08/11 at 6:50 AM clients #1, #2 and #6 were waiting for the school bus wearing shoulder harnesses. Administrative Staff #3 indicated the harnesses were worn on the school buses to prevent them from getting out of their seats while the bus was moving.</p> <p>Client #1's records were reviewed on 09/08/11 at 12:15 PM. The Individual Support Plan (ISP), dated 09/12/10, and Behavior Support Program (BSP), dated 10/26/10, did not indicate the shoulder harness was worn on the school bus to prevent client #1 from getting up out of his seat while the bus was moving.</p> <p>Client #2's records were reviewed on 09/08/11 at 9:00 AM. The ISP, dated 10/2011, and BSP, dated 11/26/10, did not indicate the shoulder harness was worn on the school bus to prevent client #2 from getting up out of his seat while the bus was moving.</p> <p>Client #6's records were reviewed on 09/08/11 at 10:00 AM. The ISP, dated 10/2010, and BSP, dated 11/25/10, did not indicate the shoulder harness was worn on the school bus to prevent client #6 from getting up out of his seat while the bus was moving.</p> <p>On 09/08/11 at 2:00 PM Administrative Staff #1 was unable to provide information indicating the shoulder harnesses for clients #1, #2 and #6 used on the school bus had been incorporated as part of the plan.</p> <p>1.1-3-5(a) The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on interview and record review for 11 emergency drill records affecting 6 of 6</p>	W0440	<p>attachment)Ongoing the PD will ensure that any restrictions that are in place for any consumer are included in the ISP and have appropriate approvals obtained, including Human Rights Committee, as needed. Ongoing the Area Director will review the next 3 ISPs written by the Program Director to ensure that any restrictions that are in place for any consumer are included in the ISP and have appropriate approvals obtained. Responsible Party: Program Director, Area Director</p> <p>The staff working in the home will be retrained on Evacuation Drills,</p>	10/14/2011	

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	<p>clients residing in the home (#1, #2, #3, #4, #5, #6), the facility failed to ensure emergency drills were conducted at least quarterly for each shift of personnel during the second quarter (April, May and June of 2011) for day shifts.</p> <p>Findings include:</p> <p>In an interview with Administrative Staff #3, on 09/08/11 at 5:00 PM, the main shifts were identified as the day shift 7:00 AM to 3:00 PM, the evening shift 3:00 PM to 11:00 PM and the night shift 11:00 PM to 8:00 AM. All of the clients (#1, #2, #3, #4, #5, #6) residing in the home participated in the drills.</p> <p>On 09/08/11 at 1:00 PM the emergency drill records (Fire and Tornado Drills) for the months of 10/01/10 to 09/09/11 were reviewed. In the review of the facility evacuation drill records (11 records), there were no evacuation drills in the second quarter (April, May and June of 2011) for the day shift.</p> <p>On 09/08/11 at 1:15 PM, Administrative Staff #1 could not provide documentation additional drills had been conducted.</p> <p>1.1-3-7(a)</p>		<p>including ensuring that drills on different shifts are completed at least quarterly. The Home Manager will receive retraining on evacuation drills including ensuring that fire/evacuation drills are completed each month during the designated time frames and making sure they are completed accurately and copies turned in to the Quality Assurance Specialist and Area Director. An Evacuation Drill Schedule is located in the home which includes the type of drill to be completed, the date the drill is to be completed, and the time frame that the drill is to be completed in. All drills are turned into the Quality Assurance Manager for review. The Quality Assurance Manager will return the drill if corrections are needed. The original drill will remain in the home. The Quality Assurance Manager and Regional Director will track the drills in a database and forward the database to the Regional Director no less than monthly. Responsible Party: Home Manager, Program Director, Quality Assurance</p>		