STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G407	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	2113 E KESSLER BLVD INDIANAPOLIS, IN 46220

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W 0000 Bldg. 00	This visit was for a fundamental annual recertification and state licensure survey. Dates of Survey: 5/2/16, 5/4/16, 5/5/16 and 5/12/16. Facility Number: 000921 Provider Number: 15G407 AIMS Number: 100249310 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review of this report completed on 5/24/16 by #09182.	W 0000		
W 0227 Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 3 additional clients (#5, #6 and #7), the facility failed to ensure emotional support was provided after the death of a housemate.	W 0227	The Program Director and Program Coordinator will be retrained on ensuring the appropriate amount of emotional support is provided to clients #1, 2, 3, 4, 5,6, and 7 over the loss of their 8th housemate. The Direct	06/11/2016

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

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

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	Findings include: Observations were conducted at the group home on 5/2/16 from 4:45 PM through 6:30 PM. Clients #1, #2, #3, #4, #5, #6 and #7 were observed in the home throughout the observation period. At 5:20 PM client #4 stated, "[Deceased housemate] died." House Manager (HM) #1 stated, "We will talk about it later." Client #4 asked HM #1 "Why? What happened?" At 5:47 PM, client #4 indicated (deceased housemate) would fall out of the bed and fall out of the shower because he had bad legs. At 6:02 PM, client #4 asked HM #1, "What did [deceased housemate] die of?" HM #1 indicated, he was in heaven. At 6:12 PM client #7 indicated, when he goes to church he is going to pray for (deceased housemate). HM #1 was interviewed on 5/2/16 at 6:06 PM. HM #1 indicated the clients can't understand what happened to (deceased housemate) because his death was so sudden. Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 5/4/16 at 2:22 PM. QIDP #1 indicated clients #1, #2, #3, #4, #5, #6 and #7 had not been provided emotional		Support Staff will be retrained on notifying the team when a client comments, or shows emotional turmoil so that appropriate therapeutic interventions can be accommodated. The Program Coordinator completed the Health and Safety Assessment on client 1-7,individually, to see what additional help may be needed. The Program Director arranged for the local Pastor to come to the home and offer grief counseling sessions to those who were interested. Indiana MENTOR completes regularly scheduled individual reviews where the client(s) get specific time to ensure that their needs are continuously met, and that if they have any concerns or questions, they can address them at that time. These Assessments are then reviewed by the Indiana MENTOR Quality Assurance personnel to ensure no additional follow up is needed. Ongoing,Indiana MENTOR will continue to monitor all clients emotional needs, and will continue to offer additional resources as needed for the mental health of our clients.	

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	support for the death of their housemate. QIDP #1 indicated clients #1, #2, #3, #4, #5, #6 and #7 were in need of emotional supports for their loss. 9-3-4(a)			
W 0247 Bldg. 00	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 3 additional clients (#5, #6, and #7), the facility failed to ensure clients #1, #2, #3, #4, #5, #6, and #7 were offered the opportunity to choose/utilize their preferred condiments during meal time. Findings include: Observations were conducted at the group home on 5/2/16 from 4:45 PM through 6:30 PM. Clients #1, #2, #3, #4, #5, #6, and #7 participated in the home's family style evening meal. The evening meal consisted of fish, baked potatoes and salad. Clients #1, #2, #3, #4, #5, #6, and #7 were not offered a choice of seasonings such as salt, pepper, tarter sauce, butter or other preferred condiments during their evening meal.	W 0247	The Program Coordinator will be retrained on ensuring that when grocery shopping, he purchases and provides all appropriate condiments for each meal. The direct support staff will be retrained on ensuring that all appropriate condiments are offered to the clients at each meal. For the first four weeks, the Program Coordinator, Program Director, and/or Program Nurse will complete three (3)weekly meal time observations to ensure that the medication goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Program Coordinator and/or Program Director will complete two (2) weekly meal time observations for four (4) additional weeks,and will ensure that all needed retrainings will be	06/11/2016

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	QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/4/16 at 2:22 PM. QIDP #1 indicated clients #1, #2, #3, #4, #5, #6, and #7 should be offered a choice of seasonings such as salt, pepper, tarter sauce, butter or other preferred condiments during meal times. 9-3-4(a)		completed. After the additional four (4) weeks, the Program Coordinator and/or Program Director will complete weekly meal time observations ongoing, and will ensure that all needed retrainings will be completed. Ongoing the staff will ensure that the clients have ample amount of condiments available to them for use.	
W 0488 Bldg. 00	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 1 of 4 sampled client (#3), plus one additional client (# 5), the facility failed to ensure clients #3 and #5 ate in a manner consistent with their developmental level. Findings include: Observation was conducted at the group home on 5/2/16 from 4:45 PM through 6:30 PM. At 4:45 PM clients #1, #2, #3, #4, #5, #6, and #7 were seated at the kitchen table for dinner. Dinner included fish, baked potatoes, and salad. At 4:47 PM Home Manager (HM) #1 cut client #5's baked potato for him. At 4:51 PM	W 0488	The Program Coordinator will be retrained on ensuring that he is using the appropriate technique for each client's specific needs. The Direct Support Professionals will be retrained on completing formal and informal active treatment opportunities for each client at any given teaching moment. The Program Director will complete 2 weekly active treatment observations for 4 weeks, and then 1 per week afterwards to ensure that the active treatment policy is being instructed and utilized as expected. Ongoing, the Area Director will complete quarterly pop in visits to ensure that all policies and procedures are being followed.	06/11/2016

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	HM #1 cut client #3's potato for him. At 4:52 PM HM #1 poured client #5 a drink. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/4/16 at 2:22 PM. QIDP #1 indicated clients' food should not be cut for them, hand over hand guidance should be used to assist them. 9-3-4(a)			