

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G568	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7740 ALLISONVILLE RD INDIANAPOLIS, IN 46250
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W000000	<p>This visit was for the investigation of complaints #IN00150630 and #IN00146449.</p> <p>Complaint #IN00150630: Substantiated, federal and state deficiencies related to the allegation(s) are cited at: W149 and W156.</p> <p>Compliant #IN00146449: Substantiated, federal and state deficiencies related to the allegation(s) are cited at: W149, W153 and W154.</p> <p>Dates of Survey: 7/2/14, 7/3/14 and 7/7/14.</p> <p>Facility Number: 001082 Provider Number: 15G568 AIMS Number: 100245520</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/14/14 by Ruth Shackelford, QIDP.</p>	W000000		
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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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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 3 of 15 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to implement its policy and procedures to ensure an allegation of sexual misconduct regarding client B and an incident of client C being unsupervised in the community were reported to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours, to ensure an allegation of sexual misconduct regarding client B and an incident of client C being unsupervised in the community were investigated and to ensure the results of an investigation regarding an incident of peer to peer aggression for clients A and B were reported to the administrator within 5 business days.</p> <p>Findings include:</p> <p>The facility's BDDS reports and investigations were reviewed on 7/2/14 at 3:30 PM. The review indicated the following:</p>	W000149	<p>1. The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.</p> <p>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide</p>	08/06/2014

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	<p>1. BDDS report dated 4/25/14 indicated, "This IR (Incident Report) happened on 3/21/14. [PD (Program Director #1) thought this IR was on file but no records are found after review. [Client C] came to staff and stated it felt like his heart (was) racing. Staff accessed (sic) [client C] and his pulse appeared normal. [Client C] went to bed with no other concerns at 10:00 PM. At around 2:00 AM the paramedics knocked on the door and stated someone called for emergency services. [Client C] came out of his room and stated he called 911 because he felt his heart was racing. Emergency crew evaluated [client C] and his heart rate was normal. [Client C] insisted something was wrong with him and wanted to go to ER (Emergency Room). Emergency crew explained to [client C] that his vitals are fine. Staff also told [client C] to wait until day shift come (sic) in so someone could go with him to the hospital. [Client C] refused to listen to staff and emergency crew's advice and he insisted on going to the ER. Paramedics transported [client C] to [hospital] ER for evaluation. [Client C] was released by [hospital] before [PD #1] could get to hospital. [PD #1] did a lot searching (sic) for [client C] and found him at home. [Client C] walked a little over a mile to get back to the group</p>		<p>immediate feedback to the Program Director and necessary changes will be made.</p> <p>Responsible Staff: Program Director, Area Director, Quality Assurance Specialist</p> <p>1. The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 business days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director</p> <p>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the</p>	

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	<p>home."</p> <p>The review did not indicate documentation of an investigation regarding client C's 3/21/14 ER incident to determine if client C's rights had been violated, if staff had responded appropriately to client C's health concerns and to determine the circumstances of client C walking from the ER to his group home unsupervised.</p> <p>2. BDDS report dated 6/5/14 indicated, "[Client B] and [client A] were preparing to leave out for an outing, (sic) when [client B] said something sarcastic and postured [client A] with his fist clinched. [Client A] reacted and hit [client B] in the face. [Client B] and [client A] exchanged punches and staff separated the two. [Client B] suffered a cut under the eye and he called the police. Police came out and decided to detain [client A] for the injury to [client B's] eye. Police transported [client A] to [jail] and staff transported [client B] to the [hospital] and he received 3 stitches under his left eye."</p> <p>-Investigation Summary form dated 6/9/14 regarding clients A and B's 6/5/14 altercation indicated the facility administrator was notified of the investigation findings on 7/3/14.</p>		<p>Program Director and necessary changes will be made.</p> <p>Responsible Party: Home Manager, Program Director, Regional Quality Assurance Specialist, Area Director.</p> <p>1. All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents. Program Director will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports are filed within 24 hours of knowledge of the incident. The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall</p>	

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	<p>3. BDDS report dated 6/13/14 indicated on 6/9/14 "[Day Service Staff (DSS) #1] and [DSS #2] interviewed [client B] on 6/13/14 regarding an accusation being made against him by a female co-worker that he made her perform oral sex on him. [Client B] indicated that he had heard about what was being said by the female co-worker from a different co-worker who asked him if he had talked to [DSS #3] regarding the accusation. [Client B] stated that the co-worker had told him that the accuser was sharing the incident with her (sic) on Tuesday 6/10/14. [Client B] stated that he accusation is totally false. That he did not asked (sic) the accuser to do anything. [Client B] maintained that the accuser had been coming to the dock area offering herself to him when he was throwing trash away in the afternoon. When asked why he didn't tell a supervisor about her offer, [client B] stated that he did (sic) think of the incident as important enough to report. It should be noted that [client B] and the accuser used to be a couple."</p> <p>The review did not indicate documentation of an investigation regarding client B's 6/9/14 allegation of sexual misconduct.</p>		<p>under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p>	

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	<p>AS (Administrative Staff) #1 was interviewed on 7/2/14 at 2:40 PM. AS #1 indicated the abuse and neglect policy should be implemented. AS #1 indicated allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be reported to the BDDS within 24 hours of knowledge of the allegation. AS #1 indicated all allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be investigated with the results reported to the administrator within 5 business days of the alleged incident.</p> <p>The facility's policy and procedures were reviewed on 7/7/14 at 7:42 PM. The facility's policy entitled Quality and Risk Management dated April 2011 indicated, "Indiana Mentor follows the BDDS incident reporting policy as outlined in the provider standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:...(b.) sexual abuse, including but not limited to: (i) nonconsensual sexual activity; (ii.) sexual molestation; (iii.) sexual coercion; (iv.) sexual exploitation... (e.) failure to provide appropriate supervision, care or training.... (4.)(c.) Elopement of an individual that results in evasion of required supervision ad described in the</p>			

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W000153	<p>ISP (Individual Support Plan) for health and welfare; (d.) Missing person when an individual wanders away and no one knows where they are... (5.) An initial report regarding an incident shall be submitted within 24 hours of: (a) the occurrence of the incident; or (b) the reporter becoming aware of or receiving information about an incident." The Quality and Risk Management policy dated April 2011 indicated, "Indiana Mentor is committed to completing a thorough investigation for any event our of the ordinary which jeopardizes the health and safety of any individual served or other employee; (1.) Investigation findings will be submitted to the Area Director for review and development of further recommendations as needed within 5 days of the incident."</p> <p>This federal tag relates to complaints #IN00150630 and #IN00146449.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law</p>			

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	<p>through established procedures.</p> <p>Based on record review and interview for 2 of 15 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to ensure an allegation of sexual misconduct regarding client B and an incident of client C being unsupervised in the community were reported to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours in accordance with state law.</p> <p>Findings include:</p> <p>The facility's BDDS reports and investigations were reviewed on 7/2/14 at 3:30 PM. The review indicated the following:</p> <p>1. BDDS report dated 4/25/14 indicated, "This IR (Incident Report) happened on 3/21/14. [PD (Program Director #1] thought this IR was on file but no records are found after review. [Client C] came to staff and stated it felt like his heart (was) racing. Staff accessed (sic) [client C] and his pulse appeared normal. [Client C] went to bed with no other concerns at 10:00 PM. At around 2:00 AM the paramedics knocked on the door and stated someone called for emergency services. [Client C] came out of his room and stated he called 911 because he felt</p>	W000153	<p>All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents. Program Director will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports are filed within 24 hours of knowledge of the incident. The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. After the 30</p>	08/06/2014

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	<p>his heart was racing. Emergency crew evaluated [client C] and his heart rate was normal. [Client C] insisted something was wrong with him and wanted to go to ER (Emergency Room). Emergency crew explained to [client C] that his vitals are fine. Staff also told [client C] to wait until day shift come (sic) in so someone could go with him to the hospital. [Client C] refused to listen to staff and emergency crew's advice and he insisted on going to the ER. Paramedics transported [client C] to [hospital] ER for evaluation. [Client C] was released by [hospital] before [PD #1] could get to hospital. [PD #1] did a lot searching (sic) for [client C] and found him at home. [Client C] walked a little over a mile to get back to the group home."</p> <p>2. BDDS report dated 6/13/14 indicated on 6/9/14 "[Day Service Staff (DSS) #1] and [DSS #2] interviewed [client B] on 6/13/14 regarding an accusation being made against him by a female co-worker that he made her perform oral sex on him. [Client B] indicated that he had heard about what was being said by the female co-worker from a different co-worker who asked him if he had talked to [DSS #3] regarding the accusation. [Client B] stated that the co-worker had told him that the accuser</p>		<p>days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p>	

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W000154	<p>was sharing the incident with her (sic) on Tuesday 6/10/14. [Client B] stated that he accusation is totally false. That he did not asked (sic) the accuser to do anything. [Client B] maintained that the accuser had been coming to the dock area offering herself to him when he was throwing trash away in the afternoon. When asked why he didn't tell a supervisor about her offer, [client B] stated that he did (sic) think of the incident as important enough to report. It should be noted that [client B] and the accuser used to be a couple."</p> <p>AS (Administrative Staff) #1 was interviewed on 7/2/14 at 2:40 PM. AS #1 indicated allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be reported to the BDDS within 24 hours of knowledge of the allegation.</p> <p>This federal tag relates to complaint #IN00146449.</p> <p>9-3-1(b)(5) 9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all</p>						

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	<p>alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 15 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to ensure an allegation of sexual misconduct regarding client B and an incident of client C being unsupervised in the community were investigated.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/2/14 at 3:30 PM. The review indicated the following:</p> <p>1. BDDS report dated 4/25/14 indicated, "This IR (Incident Report) happened on 3/21/14. [PD (Program Director #1] thought this IR was on file but no records are found after review. [Client C] came to staff and stated it felt like his heart (was) racing. Staff accessed (sic) [client C] and his pulse appeared normal. [Client C] went to bed with no other concerns at 10:00 PM. At around 2:00 AM the paramedics knocked on the door and stated someone called for emergency services. [Client C] came out of his room and stated he called 911 because he felt his heart was racing. Emergency crew</p>	W000154	<p>The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.</p> <p>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>Responsible Staff: Program Director, Area Director, Quality Assurance Specialist</p>	08/06/2014

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	<p>evaluated [client C] and his heart rate was normal. [Client C] insisted something was wrong with him and wanted to go to ER (Emergency Room). Emergency crew explained to [client C] that his vitals are fine. Staff also told [client C] to wait until day shift come (sic) in so someone could go with him to the hospital. [Client C] refused to listen to staff and emergency crew's advice and he insisted on going to the ER. Paramedics transported [client C] to [hospital] ER for evaluation. [Client C] was released by [hospital] before [PD #1] could get to hospital. [PD #1] did a lot searching (sic) for [client C] and found him at home. [Client C] walked a little over a mile to get back to the group home."</p> <p>The review did not indicate documentation of an investigation regarding client C's 3/21/14 ER incident to determine if client C's rights had been violated, if staff had responded appropriately to client C's health concerns and to determine the circumstances of client C walking from the ER to his group home unsupervised.</p> <p>2. BDDS report dated 6/13/14 indicated on 6/9/14 "[Day Service Staff (DSS) #1] and [DSS #2] interviewed [client B] on 6/13/14 regarding an accusation being</p>			

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	<p>made against him by a female co-worker that he made her perform oral sex on him. [Client B] indicated that he had heard about what was being said by the female co-worker from a different co-worker who asked him if he had talked to [DSS #3] regarding the accusation. [Client B] stated that the co-worker had told him that the accuser was sharing the incident with her (sic) on Tuesday 6/10/14. [Client B] stated that he accusation is totally false. That he did not asked (sic) the accuser to do anything. [Client B] maintained that the accuser had been coming to the dock area offering herself to him when he was throwing trash away in the afternoon. When asked why he didn't tell a supervisor about her offer, [client B] stated that he did (sic) think of the incident as important enough to report. It should be noted that [client B] and the accuser used to be a couple."</p> <p>The review did not indicate documentation of an investigation regarding client B's 6/9/14 allegation of sexual misconduct.</p> <p>AS (Administrative Staff) #1 was interviewed on 7/2/14 at 2:40 PM. AS #1 indicated all allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be investigated.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G568	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7740 ALLISONVILLE RD INDIANAPOLIS, IN 46250
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W000156	<p>This federal tag relates to complaint #IN00146449.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 1 of 15 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to ensure the results of an investigation regarding an incident of peer to peer aggression for clients A and B were reported to the administrator within 5 business days.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/2/14 at 3:30 PM. The review indicated the following:</p> <p>-BDDS report dated 6/5/14 indicated, "[Client B] and [client A] were preparing to leave out for an outing, (sic) when</p>	W000156	<p>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 business days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director</p> <p>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation</p>	08/06/2014

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	<p>[client B] said something sarcastic and postured [client A] with his fist clinched. [Client A] reacted and hit [client B] in the face. [Client B] and [client A] exchanged punches and staff separated the two. [Client B] suffered a cut under the eye and he called the police. Police came out and decided to detain [client A] for the injury to [client B's] eye. Police transported [client A] to [jail] and staff transported [client B] to the [hospital] and he received 3 stitches under his left eye."</p> <p>-Investigation Summary form dated 6/9/14 regarding clients A and B's 6/5/14 altercation indicated the facility administrator was notified of the investigation findings on 7/3/14.</p> <p>AS (Administrative Staff) #1 was interviewed on 7/2/14 at 2:40 PM. AD #1 indicated all allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be investigated with the results reported to the administrator within 5 business days of the alleged incident.</p> <p>This federal tag relates to complaint #IN00150630.</p> <p>9-3-2(a)</p>		<p>needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>Responsible Party: Home Manager, Program Director, Regional Quality Assurance Specialist, Area Director.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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