

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G538	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/28/2014
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1221 E CR 75 N LOGANSPORT, IN 46947
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 16, 17, and 28, 2014.</p> <p>Facility number: 001052 Provider number: 15G538 AIM number: 100239830</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/18/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review, and interview, the facility nurse failed to develop an adequate aspiration pneumonia care plan for 1 of 3 sampled clients (#2).</p>	W000331	<p>Indiana Mentor has policies and procedures in place to ensure the health and safety of clients in care. All staff are trained on care plans and protocols prior to working with the individuals. These plans are done by the agency and nurse and monitored.</p>	08/30/2014

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>On 7/16/14 between 4:15 PM and 6:00 PM, group home observations were conducted. Between 5:21 PM and 6:00 PM, a dinner of enchiladas, creamed peas, salad, yogurt, and peaches was served. Client #2 was served a pureed meal which was thinner than pudding consistency. Client #2's pureed peaches were thin in consistency. Client #2 coughed several times during dinner observation.</p> <p>On 7/17/14 between 7:07 AM and 8:30 AM, group home observations were conducted. Client #2 was served cold cereal pureed and yogurt. Client #2's pureed cereal was watery in texture consistency. Client #2 coughed and cleared his throat throughout the breakfast observation. At 8:09 AM, Client #2 coughed excessively for 20 seconds with a productive, wet cough which produced sounds of gagging. Client #2 did not vomit.</p> <p>On 7/17/14 between 11:15 AM and 11:57 AM, day program observations were conducted. At 11:30 AM, Client #2 was observed eating his lunch. Client #2's lunch consisted of pureed cream peas, applesauce, pudding, and pureed meat</p>		<p>For client #2 the care plan was updated including clarifying steps on the care plan for the staff and all staff were retrained on this new protocol. The QMRP and nurse reviewed the other client charts to ensure their protocols were detailed. On going the protocols are being reviewed by the agency nurse and the QMRP prior implementation to ensure accuracy. Random audits will be conducted by the area director and or/quality assurance to check on these as well. Complete Date: 8/30/2014 Responsible: Nurse/QMRP</p>	

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	<p>and cheese sandwich. Client #2's pureed items were thinner than pudding consistency. Client #2 coughed several times during the observation.</p> <p>Record review on 7/17/14 at 12:26 PM indicated Client #2's diagnoses, included but were not limited to, profound intellectual disabilities, Down's Syndrome, anxiety, and mild dysphagia (difficulty swallowing). Review of Client #2's signed physician orders dated 6/01/14 indicated Client #2's prescribed diet was pureed with thin liquids. Client #2's ISP (Individual Support Program) dated 11/25/13 indicated a "Risk Management Assessment and Plan" dated 11/25/13 (revised 4/1/14). Client #2's risk assessment indicated "[Client #2] is a swallowing/dysphagia risk due to aspiration in 2011 and 2013 incidents that cause [Client #2] to be hospitalized with pneumonia for long periods of time. The 2013 incident was due to silent aspiration. [Client #2] is also a choking risk due to grabbing food and stuffing it in his mouth." The risk assessment indicated "[Client #2] is Profound MR (intellectual disabilities) and is non-verbal. [Facility] staff assists [Client #2] with his diet needs. [Client #2] is on a puree, thin liquids diet." The risk assessment indicated "aspiration protocol in affect (sic)." The assessment indicated</p>			

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	<p>"all staff are trained in [Client #2]'s aspiration protocol and are to stop the meal if he shows signs of aspiration and follow protocol. Nurse/supervisor is to be contacted after second sign of aspiration and the meal is to be stopped."</p> <p>Client #2's ISP indicated a "Dysphagia/Dining Plan" dated 12/9/13 which indicated Client #2 was on a pureed diet with thin liquids. The plan indicated the following interventions for Client #2:</p> <ul style="list-style-type: none"> <li>" * Staff supervision.</li> <li>* Alternate food and liquids.</li> <li>* Sit upright for 30 minutes after eating or drinking.</li> <li>* Encourage small bites and small sips."</li> </ul> <p>The dysphagia plan indicated staff should contact nurse if "coughing with signs of struggle (watery eyes, drooling, facial redness), wet vocal quality, vomiting, sudden change in breathing, watery eyes, weight loss/gain of 5 lbs. (pounds) in a month."</p> <p>Client #2's "Aspiration Protocol" dated 12/9/13 indicated the signs and symptoms of aspiration included "breathing is rapid or difficult, gagging/choking during meals, persistent coughing during or after meals,</p>			

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	<p>wheezing, and person's temp (temperature) above 100 (degrees) or below 95 (degrees)." Client #2's aspiration protocol indicated the following interventions if "any signs and symptoms are observed":</p> <p>"* STOP FEEDING/EATING IMMEDIATELY (Until told to restart the meal)</p> <ul style="list-style-type: none"> <li>* Keep person sitting upright and encourage to cough.</li> <li>* Call: Supervisor</li> <li>* If no response from above call with 15 minutes, call: on call staff.</li> <li>* Document incident in: Dysphagia trigger data sheet.</li> <li>* Tell work, home. How: communication log and phone call." <p>On 7/17/14 at 1:55 PM during an interview, the QIDP (Qualified Intellectual Disability Professional) indicated Client #2's pureed diet should have been the consistency of pudding. The QIDP stated she noticed Client #2's pureed peaches at the dinner observation were "definitely too thin." The QIDP indicated staff have been trained on pureeing Client #2's diet to the correct consistency. The QIDP indicated staff should have pureed Client #2's diet to a pudding consistency and need to be retrained. The QIDP indicated if her staff</p> </li></ul>			

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W000449	<p>called her because Client #2 had signs and symptoms (s/s) of aspiration while eating a meal, she would have the staff take his temperature and instruct them to have him remain in an upright position. The QIDP indicated she did not know how long to instruct staff to take Client #2's temperature after s/s of aspiration. The QIDP indicated staff were not documenting when they took Client #2's temperature unless he presented with a fever.</p> <p>On 7/17/14 at 3:48 PM, the facility Nurse indicated the aspiration protocol needed to be revised to include when and how often to take temperatures after signs and symptoms of aspiration.</p> <p>9-3-6(a)</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills and take corrective action.</p> <p>Based on record review and interview, the facility failed to investigate all</p>	W000449	Indiana Mentor has and policies and procedures in place to ensure client health and safety. These procedures include	08/30/2014

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	<p>problems with evacuation drills and take corrective action in regards to clients' refusals to participate for 2 of 3 sampled clients (#2, #3) and 1 additional client (#6).</p> <p>Findings include:</p> <p>On 7/17/14 at 8:09 AM, fire evacuation drills were reviewed from 7/17/13 to 7/17/14. The review indicated clients #2, #3 and #6 had difficulties evacuating on the following dates:</p> <p>- 1/8/14 "[Client #6] fought to leave the house."</p> <p>-2/10/14 "[Client #2] screamed, and tried hitting and kick (sic) at staff."</p> <p>-3/10/14 "[Client #6] didn't want to go outside. He ended up running to basement. [Client #2] didn't want to get up or stand and yelled no at staff...[Client #2] didn't want to go out but finally did."</p> <p>-4/5/14 "[Client #2] refused to move, [Client #6] ran to basement (sic) refuse to leave."</p> <p>-6/9/14 "[Client #6] wouldn't exit house, ran to basement, staff couldn't get him to come back up."</p>		<p>monthly fire conducted with the clients to ensure they are prepared in case of emergencies. These drills are documented and kept in agency files. Staff were retrained on fire drills and fire safety and client participation in the drills. An additional drill was ran in July with 100% client participation. For clients 2,3, and 6 a formal goal has been developed to practice fire safty and drills throughout the month. In addition these clients will also take part in the monthly house drill. If client refusal occurs in monthly house drill another drill shall be ran in that month to ensure practice and active participation in drills.</p> <p>Complete Date: 8/30/2014 Responsible Party: HM/PD</p>	

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W000455	<p>-12/8/13 "[Client #6] and [Client #3] fought to leave bedrooms. Both refused to get up and go outside."</p> <p>-11/7/13 "[Client #6] tried to go to basement."</p> <p>-9/7/13 "[Client #6] got up and started to go out but then plugged ears and ran to basement and refused to go out."</p> <p>On 7/17/14 at 2:35 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated clients #2, #3, and #6 did not have ISP (Individual Support Plan) goals or BSP (Behavior Support Plan) goals for refusals of fire evacuation drills. The QIDP indicated she could understand clients #2, #3, and #6 need to learn to exit quickly during fire evacuation drills for their safety. The QIDP indicated clients #2, #3, and #6 could benefit from programs of teaching and training in their ISPs to address refusals during evacuation drills.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of</p>						

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	<p>infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to implement infection control practices during medication administration for 2 of 2 medication administrations observed for 1 of 3 sampled clients (#1) and 1 additional client (#4).</p> <p>Findings include:</p> <p>On 7/17/14 between 6:39 AM and 7:05 AM, observation of the group home medication administration was conducted. At 6:39 AM, DSP (Direct Support Professional) #1 assisted Client #4 with medication administration. DSP #1 popped each pill from the bubble pack into her bare hand and then placed the pills into a medication cup with her bare hand. DSP #1 used her bare hand to assist in administering 2 pills of Phenytoin SOD EX (extended release) 100 mg (milligram), 1 tablet of Ranitidine 150 mg, 1 pill of Vimpat 100mg, 1 tablet of Phenobarbital 64.8 mg, 1 tablet of Nabumetone 500mg, 1 tab of Lamotrigine 200mg, an Oysco 500mg tablet, a Vitamin D3 1,000 unit tablet, and 1 tablet of Sulfamethoxazole.</p> <p>At 6:52 AM, DSP #1 assisted Client #1 with her medication administration. DSP</p>	W000455	<p>Indiana Mentor has policies and procedures in place in regards to medication administration. Each staff must pass Core A and B prior to administering medications and medication administration is trained on annually with all staff. The staff who administered the medication was retrained on the medication procedures and infection control and all staff were retrained on the medication procedures as well including the infection controls. For the next quarter management is doing 4 random medication observation per month, and then 3 a month after that. In addition in the next two house meetings medication and infection control is being covered. Responsible Party: QMRP/House Manager Complete Date: 8/30/2014</p>	08/30/2014

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W000460	<p>#1 pushed each pill out of the bubble pack and into her bare hands. With her bare hand, DSP #1 put each pill into the medication cup for Client #1. DSP #1 administered the following pills using her bare hand: 1 tablet of Carbamazepine 100mg (milligrams) and 1 tablet of Carbamazepine 200mg, a tablet of Divalproex SOD (sodium) 125 mg, a tablet of Cetirizine HCL 10mg, a Docusate Sodium 100 mg, and a PRN (given as needed) Ibuprofen 400mg tablet.</p> <p>On 7/17/14 at 11:45 AM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated using bare hands to place clients #4 and #1's medications into their medication cups was not proper infection control methods. The QIDP indicated DSP #1 should have used a clean, gloved hand or popped the pills directly into the medication cup.</p> <p>9-3-7(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p>			

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	<p>Based on observation, record review, and interview, the facility failed to provide a diet texture as prescribed by the physician for 1 of 3 sampled clients (#2).</p> <p>Findings include:</p> <p>On 7/16/14 between 4:15 PM and 6:00 PM, group home observations were conducted. Between 5:21 PM and 6:00 PM, a dinner of enchiladas, creamed peas, salad, yogurt, and peaches was served. Client #2 was served a pureed meal which was thinner than pudding consistency. Client #2's pureed peaches were thin in consistency. Client #2 coughed several times during dinner observation.</p> <p>On 7/17/14 between 7:07 AM and 8:30 AM, group home observations were conducted. Client #2 was served cold cereal pureed and yogurt. Client #2's pureed cereal was watery in texture consistency. Client #2 coughed and cleared his throat throughout the breakfast observation. At 8:09 AM, Client #2 coughed excessively for 20 seconds with a productive, wet cough which had sounds of gagging and wheezing. Client #2 did not vomit.</p> <p>On 7/17/14 between 11:15 AM and 11:57</p>	W000460	<p>Indiana Mentor has policies and procedures in place regarding the health and safety for all clients. Each staff are trained on clients specific dietary orders prior to working with them. The diets are set by the dietician and monitored by the primary care, dietician, and agency nurse. For client #2 staff were retrained on the appropriate texture and observations were done by management to ensure proper consistency. Management also observed other clients meal prep to ensure all dining plans were followed correctly. Client will continue to be followed by dietician, nurse, and primary care for dietary needs. Management will conduct 4 meal observations per month for the next quarter to ensure proper plans are being followed, and then 3 a month thereafter. Dietary guidelines will be covered in the next two staff meetings. Responsible Party: Nurse/QMRP Complete Date: 8/30/2014</p>	08/30/2014

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	<p>AM, day program observations were conducted. At 11:30 AM, Client #2 was observed eating his lunch. Client #2's lunch consisted of pureed cream peas, applesauce, pudding, and pureed meat and cheese sandwich. Client #2's pureed items were thinner than pudding consistency. Client #2 coughed several times during the observation.</p> <p>Record review on 7/17/14 at 12:26 PM indicated Client #2's diagnoses, included but were not limited to, profound intellectual disabilities, Down's Syndrome, anxiety, and mild dysphagia (difficulty swallowing). Review of Client #2's signed physician orders dated 6/01/14 indicated Client #2's prescribed diet was pureed with thin liquids.</p> <p>On 7/17/14 at 1:55 PM during an interview, the QIDP (Qualified Intellectual Disability Professional) indicated Client #2's pureed diet should have been the consistency of pudding. The QIDP stated she noticed Client #2's pureed peaches at the dinner observation were "definitely too thin." The QIDP indicated staff have been trained on pureeing Client #2's diet to the correct consistency. The QIDP indicated staff should have pureed Client #2's diet to a pudding consistency and need to be retrained.</p>						

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

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	9-3-8(a)				