STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G443	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	7310 E 55TH ST INDIANAPOLIS, IN 46226

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W0000	This visit was for the fundamental annual recertification and state licensure survey. Dates of Survey: 8/29/12, 8/30/12, 9/4/12 and 9/7/12. Facility number: 000957 Provider number: 15G443 AIM number: 100244630 Surveyor: Keith Briner, Medical Surveyor III These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/14/12 by Ruth Shackelford, Medical Surveyor III.	W0000		

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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W0210	483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview for 2 of 4 sampled clients (#2 and #4), the facility failed to ensure clients #2 and #4 had CFAs (Comprehensive Functional Assessment) completed. Findings include: 1. Client #2's record was reviewed on 9/4/12 at 11:04 AM. Client #2's record did not have a CFA. 2. Client #4's record was reviewed on 9/4/12 at 11:29 AM. Client #4's record did not have a CFA. Interview with AS (Administrative Staff) #2 on 9/4/12 at 12:30 PM indicated CFAs should be completed annually. AS #2 indicated client #2 and #4's records should contain CFAs for review. 9-3-4(a)	W0210	Comprehensive Functional Assessments for all consumers, including Client #2 and #4 will be completed and placed in the consumers file. The Program Director will receive retraining on ensuring that all consumers have Comprehensive Functional Assessments completed annually in accordance with the annual Individual Support plan. For the next 3 months, the Area Director will review all ISPs written by this Program Director to ensure that Comprehensive Functional Assessments are being completed and the data collected is being utilized in the development of training goals and objectives. Responsible Party: Program Director, Area Director.	10/07/2012

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W0252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on interview and record review for 3 of 4 sampled clients (#1, #2 and #4), the facility failed to ensure data was collected for clients' programs. Findings include: 1. Client #1's record was reviewed on 9/4/12 at 12:30 PM. Client #1's Participant Monthly Status Summary (PMSS) dated July 2012 indicated client #1 had a 6/25/12 ISP (Individual Support Plan) objective to sign his initials on a mock medication sheet daily during the AM medication pass independently in 50% of trials. Client #1's goal tracking binder was reviewed on 8/30/12 at 7:35 AM. The review did not indicate goal tracking sheets for the goal mentioned for 8/12 or 7/12. Client #1's PMSS dated July 2012 indicated client #1 had a 6/25/12 ISP objective to learn to identify currency to make a purchase for leisure activities with one or no verbal prompts. Client #1's goal tracking sheets did not indicate goal tracking sheets for the goal mentioned for 8/12 or 7/12.	W0252	An audit will be completed on all clients (Including Clients #1, #2 and #4) Individual Service Plans and Program Goals/Objectives to ensure that the clients' most current program objectives are being implemented by staff and match what is written in the ISP. Updated goal tracking sheets will be provided to staff as needed and staff will be retrained on implementing any new program goals. Program Director will be retrained on QMRP responsibilities including up to date and accurate goal tracking sheets being provided to the staff monthly and ensuring that updated program plan objectives are make available to staff as soon as possible after the ISP is completed/updated. Home Manager and Program Director will review all consumers' program books to ensure all goals are being documented and tracked as written in the ISP. Responsible Party: Home Manager, Program Director, Area Director.	10/07/2012

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	Client #1's PMSS dated July 2012 indicated client #1 had a 6/25/12 ISP objective to choose a different chore to complete independently. Client #1's goal tracking sheets did not indicate goal tracking sheets for the goal mentioned for 8/12 or 7/12. Client #1's PMSS dated July 2012 indicated client #1 had a 6/25/12 ISP objective to wear his hearing aid with two or fewer verbal prompts daily. Client #1's goal tracking sheets did not indicate goal tracking sheets for the goal mentioned for 8/12 or 7/12. Client #1's PMSS dated July 2012 indicated client #1 had a 6/25/12 ISP objective to choose an exercise to do for at least 20 minutes per day with one or fewer verbal prompts. Client #1's goal tracking sheets did not indicate goal tracking sheets for the goal mentioned for 8/12 or 7/12. 2. Client #2's record was reviewed on 9/4/12 at 11:04 AM. Client #2's PMSS dated July 2012 indicated client #2 had a 6/25/12 ISP objective to plan a group activity using two verbal prompts in 60% of trials weekly. Client #2's goal tracking binder was reviewed on 8/30/12 at 7:35 AM. The review did not indicate goal			

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	tracking sheets for the goal mentioned for 8/12 or 7/12. Client #2's PMSS dated July 2012 indicated client #2 had a 6/25/12 ISP objective to fill out a mock check with one or no verbal prompts in 60% of trials given weekly. Client #2's goal tracking sheets did not indicate goal tracking sheets for the goal mentioned for 8/12 or 7/12. Client #2's PMSS dated July 2012 indicated client #2 had a 6/25/12 ISP objective to sign his initial on a mock medication sheet independently in 100% of trials. Client #2's goal tracking sheets did not indicate goal tracking sheets for the goal mentioned for 8/12 or 7/12. 3. Client #3's record was reviewed on 9/4/12 at 10:17 AM. Client #3's PMSS dated July 2012 indicated client #3 had a 12/20/11 ISP objective to independently sign his initials on the mock medication sheet daily at PM medication pass with one or fewer verbal prompts in 80% of trials. Client #3's goal tracking binder was reviewed on 8/30/12 at 7:35 AM. The review did not indicate goal tracking sheets for the goal mentioned for 8/12, 7/12 or 6/12. Client #3's PMSS dated July 2012			

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	indicated client #3 had a 12/20/11 ISP objective to twice a week determine the amount needed to make a purchase with two or fewer verbal prompts in 80% of trials. Client #3's goal tracking sheets did not indicate goal tracking sheets for the goal mentioned for 8/12, 7/12 or 6/12. Client #3's PMSS dated July 2012 indicated client #3 had a 12/20/11 ISP objective to twice a week hold a two minute conversation with staff or his peers about his day with two or fewer verbal prompts in 75% of trials. Client #3's goal tracking sheets did not indicate goal tracking sheets for the goal mentioned for 8/12, 7/12 or 6/12. Client #3's PMSS dated July 2012 indicated client #3 had a 12/20/11 ISP objective to weekly, choose a group leisure activity with two or fewer verbal prompts in 70% of trials. Client #3's goal tracking sheets did not indicate goal tracking sheets for the goal mentioned for 8/12, 7/12 or 6/12. Administrative staff #1 was interviewed on 8/30/12 at 7:35 AM. AS #1 indicated clients' ISP objectives should have data collection/tracking sheets for each ISP goal. 9-3-4(a)			

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W0264	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE 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.			
	Based on record review and interview for 2 of 4 sampled clients (#3 and #4), the facility failed to ensure their HRC (Human Rights Committee) reviewed the use of psychotropic medication used for behavior management. Findings include: 1. Client #3's record was reviewed on 9/4/12 at 10:17 AM. Client #3's physician's order form dated 8/27/12 included Risperidone (schizophrenia) 1 milligram tablet. Client #3's BSP (Behavior Support Plan) dated 2/25/12 did not indicate the use of risperidone 1 milligram tablet for behavior management. Client #3's HRC form dated 3/2/11 did not indicate HRC approval for the use of risperidone 1 milligram tablet for behavior management. 2. Client #4's record was reviewed on 9/4/12 at 11:29 AM. Client #4's physician's order form dated 8/27/12	W0264	Client #3 and #4 Behavior support plans will be updated to include the psychotropic medications they are taking for behavior management. Behavior Support Plans will also be updated to include titration plans for these medications. After the Behavior Support Plans are updated, the Program Director will obtain guardian and Human Rights Committee approval for the updates. The Program Director will receive retraining on ensuring that any psychotropic medications that consumers are receiving for behavior management are included in the consumers Behavior Support Plans and Guardian and Human Rights Committee approvals are obtained as needed. The Program Director will also receive retraining to ensure that titration plans for any psychotropic medications being taken are included in the Behavior Support Plans.	10/07/2012

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	included the order of olanzapine/zyprexa (schizophrenia) 10 milligram tablet. Client #4's BSP dated 3/15/12 did not indicate the use of psychotropic medication for behavior management. Client #4's record did not indicate HRC approval for the use of olanzapine/zyprexa 10 milligram tablets for behavior management. Interview with AS (Administrative Staff) #1 on 9/4/12 at 12:15 PM indicated client #3 received risperidone 1 milligram tablet for behaviors. AS #1 indicated client #4 received olanzapine 10 milligram tablet for behavior control. Interview with AS #1 on 9/7/12 at 10:45 AM indicated HRC approval was needed for clients to receive psychotropic medications. AS #1 indicated client #3 and client #4's medications had not been approved by the facility's HRC. 9-3-4(a)		Ongoing, the Program Director will work with the Behavior Consultant to notify them of any changes or additions to all consumers psychotropic medications so that they can be included in the Behavior Support Plans and titration plans can be developed for the medications. Responsible Party: Program Director, Behavior Specialist	

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W0312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 2 of 4 sampled clients (#3 and #4), the clients' programs failed to include the use of and withdrawal criteria for psychotropic medication used for behavior management. Findings include: 1. Client #3's record was reviewed on 9/4/12 at 10:17 AM. Client #3's physician's order form dated 8/27/12 included Risperidone (schizophrenia) 1 milligram tablet. Client #3's BSP (Behavior Support Plan) dated 2/25/12 did not indicate the use of risperidone 1 milligram tablet for behavior management. Client #3's record and/or BSP did not indicate a medication titration plan regarding the use of Risperidone 1 milligram tablet. 2. Client #4's record was reviewed on 9/4/12 at 11:29 AM. Client #4's physician's order form dated 8/27/12 included the order of olanzapine/zyprexa (schizophrenia) 10 milligram tablet. Client #4's BSP dated 3/15/12 did not indicate the use of psychotropic medication for behavior management. Client #4's record and/or BSP did not indicate a medication titration plan regarding the use of olanzapine/zyprexa 10 milligram tablet. Interview with AS (Administrative Staff) #1 on	W0312	Client #3 and #4 Behavior support plans will be updated to include the psychotropic medications they are taking for behavior management. Behavior Support Plans will also be updated to include titration plans for these medications. After the Behavior Support Plans are updated, the Program Director will obtain guardian and Human Rights Committee approval for the updates. The Program Director will receive retraining on ensuring that any psychotropic medications that consumers are receiving for behavior management are included in the consumers Behavior Support Plans and Guardian and Human Rights Committee approvals are obtained as needed. The Program Director will also receive retraining to ensure that titration plans for any psychotropic medications being taken are included in the Behavior Support Plans. Ongoing, the Program Director will work with the Behavior Consultant to notify them of any	10/07/2012

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	9/4/12 at 12:15 PM indicated client #3 received risperidone 1 milligram tablet for behaviors. AS #1 indicated client #4 received olanzapine 10 milligram tablet for behavior control. AS #1 indicated a plan for the use of and withdrawal criteria for psychotropic medication should be included in the clients' BSPs. 9-3-5(a)		changes or additions to all consumers psychotropic medications so that they can be included in the Behavior Support Plans and titration plans can be developed for the medications. Responsible Party: Program Director, Behavior Specialist	

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W0331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 2 of 4 sampled clients (#1 and #4), the facility nurse failed to identify preventative measures for client #1's fall risk protocol. The facility nurse failed to develop a care plan for client #4's oxygen tubing while in the group home including how staff were to monitor client #4's oxygen tubing. Findings include: 1. Client #1's record was reviewed on 9/4/12 at 12:30 PM. Client #1's fall risk plan, undated, did not list preventative measures to be implemented in the sections entitled, "Preventions." AS (Administrative Staff) #1 was interviewed on 9/4/12 at 12:50 PM. When asked how staff were to implement client #1's fall risk plan, AS #1 stated, "Not sure, there are no preventions listed." AS #1 indicated client #1's fall risk plan should identify preventative measures for staff to implement to support client #1's ambulation. 2. Observations were conducted at the group home on 8/29/12 from 4:30 PM through 5:45 PM. Clients #1, #2, #3, #4,	W0331	1. Client #1 Fall Risk Protocol will be updated to identify preventative measures. The Program Nurse will be retrained on ensuring preventative measures are included in any protocols that clients may have and that staff are trained on these preventative measures to support Client #1 ambulation. Ongoing, the Program Nurse will ensure that preventative measures are identified in any protocols that consumers may have and staff are trained on these preventative measures. 2. A plan will be put into place for Client #4 that he uses his portable oxygen tank around the house during the peak times when all clients are at home to prevent the oxygen tubing being a tripping hazard for all of the other consumers. To give Client #4 a break from carrying the portable tank around all day, during the day time when no other consumers are at home Client #4 can use the stationary tank. To address the issue of the care plan to monitor the integrity of Client #4 oxygen tubing, the Program Nurse has written on the Physician Orders “if the saturation is less than 92% the staff are to check the tubing for holes or kinks and increase oxygen flow to 2.5 LPM. They are then to	10/07/2012

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	#5, #6, and #7 were observed in the group home throughout the observation period. At 4:30 PM client #4 was prompted to come to the medication administration area located in the family room area of the group home. Client #4 came from his bedroom to the medication area to receive his medication. Client #4 was wearing oxygen breathing tubes in both nostrils with tubing from his person tethered to the oxygen machine located in his bedroom. Client #4's oxygen tubing was stretched from his bedroom to client #4, who was in the medication administration area, 30 feet in distance. Client #4's tubing was stretched through the group home hallway, kitchen and family room area where clients #1, #2, #3, #5, #6 and #7 were participating in the group home's programming. Throughout the observation period, as client #4 walked throughout the house the oxygen tubing was dragging along the floor as he was tethered to the oxygen tank located in his bedroom. Throughout the observation period clients #1, #2, #3, #5, #6 and #7 were stepping over the tubing and on the tubing as they walked throughout the house. Observations were conducted at the group home on 8/30/12 from 6:10 AM through 8:00 AM. Clients #1, #2, #3, #4, #5, #6, and #7 were observed in the group home		recheck the oxygen saturation in 15 minutes. If the saturation remains less than 92%, they are to increase the flow to 3 LPM and recheck in 15 minutes. They are to then gradually increase the oxygen to a maximum of 4 L and call the nurse for further instructions." (see attachment) In addition, the nurse will visually check the tubing a minimum of monthly to ensure the integrity remains intact. Responsible Party: Program Nurse, Nursing Supervisor	

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	throughout the observation period. Client #4 was wearing oxygen breathing tubes in both nostrils with tubing from his person tethered to the oxygen machine located in his bedroom. Client #4's oxygen tubing was stretched from his bedroom to client #4 as he walked throughout the house. Throughout the observation period clients #1, #2, #3, #5, #6 and #7 were stepping over the tubing and on the tubing as they walked throughout the house. At 7:10 AM client #4 was walking in the group home kitchen with his oxygen tubing stretching through the group home hallway where client #6 was walking. Client #6 stepped on the oxygen tubing that was tethered to client #4. Client #4 was walking when client #6 stepped on the tubing and caused client #4's oxygen tubing to pull client #4's head back and it came out of his nostrils as the slack in the tubing ran out. Interview with HM #1 (House Manager) on 8/29/12 at 4:40 PM indicated client #4's oxygen tubing was attached to client #4 and the oxygen machine located in his bedroom. HM #1 indicated client #4's oxygen tubing was stretched on the floor of the group home while client #4 walked throughout the group home. HM #1 indicated clients #1, #2, #3, #5, #6, and #7 walked over the tubing or on the tubing as they walked throughout the			

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	home. When asked if it was okay to walk on the oxygen tubing, HM #1 stated, "Well, not sure. The tubing is soft plastic but I'm not sure." Interview with AS (Administrative Staff) #2 on 8/30/12 at 7:00 AM indicated client #4's oxygen machine was located in his bedroom. AS #2 indicated client #4 wore the oxygen tubing on his nostrils and was tethered to the oxygen machine as he walked throughout the group home. AS #2 indicated the oxygen tubing was stretched across the group home floor as client #4 would walk throughout the house. AS #2 indicated client #6 was visually impaired in that he was blind. AS #2 indicated client #1 had a fall risk plan. AS #2 indicated clients #1, #2, #3, #5, #6 and #7 walked over and on the oxygen tubing as they walked throughout the group home. Client #4's record was reviewed on 9/4/12 at 11:29 AM. Client #4's record indicated he was on full time oxygen use since June 2012. Client #4's record did not indicate a care plan to address how staff were to monitor client #4's oxygen tubing with regard to clients #1, #2, #3, #5, #6 or #7 walking on the tubing. 9-3-6(a)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G443	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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