

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G230	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1221 WARREN DR LAFAYETTE, IN 47905
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00176602.</p> <p>Complaint #IN00176602: Substantiated, Federal and state deficiency related to the allegation(s) is cited at W148.</p> <p>Survey dates: July 27 and July 28, 2015.</p> <p>Facility Number: 000754 Provider Number: 15G230 AIM Number: 100243370</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0148 Bldg. 00	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on interview and record review for 1 of 4 sampled clients (C), the facility failed to inform the client's guardian of the client's missing funds.</p> <p>Findings include:</p>	W 0148	The facility has policies and procedures in place to ensure parents or guardians are notified whenever a there is a significant incident, or changes in the client's condition. These policies direct the QIDP to notify the parent or guardian of clients whenever there is a BDDS reportable	08/16/2015

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>The facility's reportable incident reports and/or investigations were reviewed on 7/28/15 at 10:45 AM. The facility's 6/23/15 reportable incident report indicated "Staff were getting ready to take consumers on an outing and were counting the petty cash and noticed that [client C] was missing \$23. It is unclear where the money is at this time. An investigation is underway. One of [client C's] housemates was found to have money on her person earlier in the day that was from an unknown source and has a history of stealing...." The 6/23/15 reportable incident report indicated "N/A" (Non Applicable) was checked for "Legal Guardian."</p> <p>Interview with the Area Director (AD) and the Qualified Intellectual Disabilities Professional (QIDP) on 7/28/15 at 1:05 PM indicated client C had a legal guardian. The QIDP indicated she did not notify client C's guardian of client C's missing funds. The AD indicated client C's guardian should have been informed of client C's missing funds from the group home.</p> <p>This federal tag relates to complaint #IN00176602.</p> <p>9-3-2(a)</p>		<p>incident.</p> <p>The QIDP was retrained on the facility's policy regarding notifying the parents or guardians of a client when there is a BDDS reportable incident. The Area Director will review the next three BDDS reportable incidents by the QIDP to ensure compliance with the parent/guardian notification. Responsible Party: Area Director Date of Completion: August 16, 2015</p>		

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

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