

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G498	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/13/2012
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 OAKTREE CT LOGANSPORT, IN 46947
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W0000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of survey: April 9, 10, 11, 12 and 13, 2012.</p> <p>Facility Number: 001012 AIM Number: 100239780 Provider Number: 15G498</p> <p>Surveyors: Christine Colon, Medical Surveyor III/QMRP-Team Leader</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review was completed on April 25, 2012 by Dotty Walton, Medical Surveyor III.</p>	W0000		

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed for 5 of 5 clients living at the group home (clients #1, #2, #3, #4 and #5) to exercise operating direction over the facility to complete routine maintenance.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 4/9/12 from 3:30 P.M. until 5:40 P.M.. Upon entering client #1, #2, #3, #4 and #5's home, the kitchen floor was observed to have 28 white pieces of tile with worn black spots on each piece. The 2 plug electrical socket located next to the kitchen table, did not have a covering. The main bathroom located off the hallway leading to the clients' bedrooms, shower head was dripping continuously.</p> <p>An interview with the Program Director (PD) was conducted at the group home on 4/10/12 at 12:55 P.M.. The PD indicated the kitchen tile needed to be replaced, the 2 plug electrical socket needed a cover and the shower needed to be fixed. When</p>	W0104	<p><b>W104:</b> The governing body will exercise general policy, budget and operation direction over the facility. The Program Director has contacted vendors requesting a bid for replacement of the kitchen flooring. Once the 2 bids have been obtained, a decision will be made and the vendor of choice will be contacted to complete the work.</p> <p>The electrical socket covers have been replaced in the kitchen and the shower head in the bathroom has been repaired and is no longer leaking.</p> <p>A walk through of the home has been completed to ensure there are no other maintenance issues needing attention.</p> <p>The Home Manager will complete a weekly walk through of the home to ensure that that any maintenance issues have been addressed. The Program Director will complete a monthly walk through to ensure that maintenance issues have been addressed in an appropriate time frame.</p> <p>Responsible Party: Program Director Completion date: 5/13/12</p>	05/13/2012	

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	asked how often maintenance repair checks were conducted at the group home, the PD stated "Weekly." No further documentation was available for review to indicate when the floor maintenance concerns would be addressed.  9-3-1(a)				

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W0112	<p>483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation and interview, the facility failed for 5 of 5 clients who resided in the home (clients #1, #2, #3, #4 and #5) to keep client information confidential.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 4/9/12 from 12:00 P.M. until 12:30 P.M.. Upon entering the group home, clients #1, #2, 3, #4 and #5's individual program books with their first name and last initial and contained each clients documented goals and tracking of their goals and a "Fifteen Minute Bed check" binder were on a cabinet located in the open kitchen/living/dining area where visitors to the group home could see.</p> <p>An evening observation was conducted at the group home on 4/9/12 from 3:30 P.M. until 5:40 P.M.. Upon entering the group home, clients #1, #2, 3, #4 and #5's individual program books with their first name and last initial and contained each clients documented goals and tracking of their goals and a "Fifteen Minute Bed check" binder were on a cabinet located in</p>	W0112	<p><b>W112:</b> The facility keeps confidential information contained in the clients' records regardless of the form of storage method for the records. All staff will be trained to store the clients' records and any other identifying information in a cabinet at times when staff are not recording information in or reviewing the client record. In addition, all staff will be trained in Client Rights. The Home Manager or Program Director will complete an observation at least weekly for one month to ensure that staff is keeping the clients' records stored in the cabinet. Responsible Party: Program Director Completion Date: 5/13/12</p>	05/13/2012			

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	<p>the open kitchen/living/dining area where visitors to the group home could see.</p> <p>A morning observation was conducted at the group home on 4/10/12 from 6:10 A.M. until 7:45 A.M.. Upon entering the group home, clients #1, #2, 3, #4 and #5's individual program books with their first name and last initial and contained each clients documented goals and tracking of their goals and a "Fifteen Minute Bed check" binder were on a cabinet located in the open kitchen/living/dining area where visitors to the group home could see.</p> <p>An interview with the Program Director (PD) was conducted on 4/10/12 at 12:55 P.M.. The PD indicated the clients' records should not be in the open area where visitors to the group home would see.</p> <p>9-3-1(a)</p>						

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W0120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation and interview, the outside day program failed to provide appropriate activities for 2 of 3 sampled clients (clients #1 and #2) and 1 additional client (client #5).</p> <p>Findings include:</p> <p>An observation was conducted at the outside day program on 4/9/12 from 1:30 P.M. until 2:30 P.M.. During the entire observation, clients #1, #2 and #5 were only offered children's toys for activities. The children's toy activities were children's music boxes, children's large wooden peg puzzles, children's stack up toys, children's wooden pegs and children's beads.</p> <p>An interview with the Program Director (PD) was conducted on 4/10/12 at 12:55 P.M. The PD indicated clients #1, #2 and #5 should be offered appropriate day program activities.</p> <p>9-3-1(a)</p>	W0120	<p><b>W120:</b> The facility will assure that outside services meet the needs of each client.</p> <p>The Program Director met with the day program on 5/3/12 to discuss alternative activities to be offered that are age appropriate for clients 1, 2 and 5.</p> <p>The Day Program will purchase new activities that are age appropriate and offer to these new activities to the clients. The Day Program will also train their staff in giving choices and active treatment.</p> <p>The Program Director will complete a weekly observation at the day program to ensure that age appropriate activities are being offered to the clients.</p> <p>Responsible Party: Program Director Completion Date: 5/13/12</p>	05/13/2012			

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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to provide age appropriate activities for 1 additional client (client #4).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 4/9/12 from 3:30 P.M. until 5:40 P.M.. During the entire observation period client #4 was only offered Fisher Price children's toys for activities. The children's toy activities were musical toys that played Hickory Dickory Dock, Mary Had a Little Lamb, London Bridge and other children's songs.</p> <p>An interview with the Program Director (PD) was conducted on 4/10/12 at 12:55 P.M.. The PD indicated client #4 should be offered age appropriate activities.</p> <p>9-3-2(a)</p>	W0137	<p><b>W137:</b> The facility ensures the rights of all clients. The facility ensures that clients have the right to retain and use appropriate personal possessions and clothing. Several new age appropriate activities and games have been purchased and staff has been trained to offer the client's these age appropriate activities. All staff will be trained in Client Rights. The Home Manager or Program Director will complete weekly observations for 1 month to ensure that staff is offering age appropriate activities. Responsible Party: Program Director Completion date: 5/13/12</p>	05/13/2012			

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 5 of 5 sampled clients residing at the group home(clients #1, #2, #3, #4 and #5).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 4/9/12 from 3:30 P.M. until 5:40 P.M.. From 3:55 P.M. until 5:20 P.M., clients #1 and #2 sat in the living room without activity. Client #4 sat as staff would occasionally play with Fisher Price children's toys and then leave. Client #3 walked around the home manipulating a plastic pop can holder. Client #5 paced up and down the hallway. During the noted time periods, Direct Support Professional (DSP) #2, #3 and #4 would occasionally walk through and visually check on clients #1, #2, #3, #4</p>	W0249	<p><b>W249:</b> As soon as the interdisciplinary team has formulated that client's individual support plan, each client will receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Staff has been trained in the goals and objectives for clients 1, 2, 3, 4 and 5. In addition staff has been trained in active treatment and to implement goals and objectives at times of opportunity.</p> <p>The Home Manager or Program Director will complete observations for 1 month to ensure that staff are implementing client goals at times of opportunity as well as providing continuous active treatment.</p> <p>Responsible Party: Program Director Completion date: 5/13/12</p>	05/13/2012			

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	<p>and #5 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>A review of client #1's records was conducted on 4/10/12 at 10:10 A.M.. A review of the client's 4/20/11 Individual Support Plan indicated the following objectives which could have been implemented during the 4/9/12 evening observation period: "Will sign bathroom on a daily basis...will learn to identify the quarter from three objects on a daily basis...will initiate and participate in an activity with her housemates...help prepare meals with assistance as needed."</p> <p>A review of client #2's records was conducted on 4/10/12 at 10:50 A.M.. A review of the client's 8/2/11 Individual Support Plan indicated the following objectives which could have been implemented during the 4/9/12 evening observation period: "Will improve communication skills by learning to sign yes and no...will be able to identify a penny from three objects laid on a table...will shake hands with one staff and one housemate."</p> <p>A review of client #3's records was conducted on 4/10/12 at 11:30 A.M.. A review of the client's 1/5/12 Individual Support Plan indicated the following</p>				

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	<p>objectives which could have been implemented during the 4/9/12 evening observation period: "Will increase his communication skills by signing eat...will identify the penny and quarter from a pile of coins on the table...will interact with his housemates in an activity of his choosing...will do exercise...."</p> <p>A review of client #4's records was conducted on 4/10/12 at 11:50 A.M.. A review of the client's 4/20/11 Individual Support Plan indicated the following objectives which could have been implemented during the 4/9/12 evening observation period: "Will point to the smallest to largest coins as staff states the name of the coin...Will sign eat."</p> <p>A review of client #5's records was conducted on 4/10/12 at 12:05 P.M.. A review of the client's 2/28/12 Individual Support Plan indicated the following objectives which could have been implemented during the 4/9/12 evening observation period: "Will sign eat...will select a penny and quarter from a pile of coins on the table."</p> <p>The Program Director (PD) was interviewed on 4/10/12 at 12:55 P.M.. The PD stated client objectives should be implemented "during times of opportunity." The PD further indicated</p>						

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	clients #1, #2,#3, #4 and #5 should have had been provided with meaningful active treatment activities during the 4/9/12 evening observation period.  9-3-4(a)				

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W0382	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for 2 of 18 medications observed for 1 of 5 clients (#4), observed during medication administration, the facility failed to ensure the client's insulin was kept locked when not being readied for administration.</p> <p>Findings include:</p> <p>On the morning of 4/10/12 at 7:05 A.M., Direct Support Professional #5 was observed retrieving an unlocked box from the kitchen refrigerator. DSP #5 was then observed administering 13 units of Novolog and 10 units of Levimere insulin to client #4.</p> <p>An interview with the Program Director (PD) was conducted on 4/10/12 at 12:55 P.M.. The PD indicated the insulin was supposed to be kept locked in the facility's refrigerator. No nurse was available for interview.</p> <p>9-3-6(a)</p>	W0382	<p><b>W382:</b> The facility currently keeps all drugs and biological locked except when being prepared for administration.</p> <p>Staff were trained on 5/3/12 to put the lock on the case which contains the insulin for client 4 after each administration.</p> <p>The Home Manager or Program Director will complete observations for 1 month to ensure that staff is adhering to the medication administration policies regarding storage of medications.</p> <p>Responsible Party: Program Director Completion date: 5/13/12</p>	05/13/2012

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W0383	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area.</p> <p>Based on observation and interview, the facility failed for 5 of 5 clients residing at the group home (clients #1, #2, #3, #4 and #5), to ensure only authorized persons had access to the keys to the medication closet.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 4/9/12 from 3:30 P.M. until 5:40 P.M. During the entire observation period clients #3 and #5 were observed pacing back and forth down the hallway leading to the medication closet. At 5:15 P.M., Direct Support Professional (DSP) #4 was observed retrieving the group home medication closet keys out of the top drawer of the white cabinet located in the open, unsecured hallway in front of the medication closet. After he administered client #4's insulin he was observed placing the keys to the medication closet back in the top drawer of the unsecured cabinet located in the unsecured hallway.</p> <p>A morning observation was conducted at</p>	W0383	<p><b>W383:</b> Only authorized person have access to the keys to the drug storage area. Staff were trained on 5/3/12 that one staff person per shift will carry the medication storage keys on their person. The Home Manager or Program Director will complete observations for 1 month to ensure that staff is adhering to the medication administration policies regarding storage of medications. Responsible Party: Program Director Completion date: 5/13/12</p>	05/13/2012	

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	<p>the group home on 4/02/12 from 6:10 A.M. until 7:45 A.M.. During the entire observation period clients #3 and #5 were observed pacing back and forth down the hallway leading to the medication closet. At 6:40 A.M., DSP #5 was observed retrieving the group home medication closet keys out of the top drawer of the white cabinet located in the open, unsecured hallway in front of the medication closet. At 7:30 A.M., DSP #5 was observed placing the keys to the medication closet back in the top drawer of the unsecured cabinet located in the unsecured hallway.</p> <p>An interview with the Program Director (PD) was conducted on 4/10/12 at 12:55 P.M.. The PD indicated the keys should only be available to authorized persons and further indicated the person responsible for administering medications should have the keys on them at all times.</p> <p>9-3-6(a)</p>			

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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 102 OAKTREE CT LOGANSPORT, IN 46947			
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W0388	<p>483.460(m)(1)(i) DRUG LABELING Labeling for drugs and biologicals must be based on currently accepted professional principles and practices.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 5 clients (client #4), who received medications, to have the medications labeled from the pharmacy.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 4/10/12 from 6:10 A.M. until 7:45 A.M.. Client #4's medications were administered by Direct Support Professional (DSP) #5 at 7:10 A.M. A bottle of Fluticasone Propionate was taken from client #4's medication bin. The bottles did not contain client #4's name or instructions for administration. The bottles did not contain a pharmacy label.</p> <p>A review of client #4's record was conducted on 4/10/12 at 10:45 A.M.. Client #4's April 2012, Physicians Orders (PO) indicated: "Fluticasone Propionate...give 2 sprays in each nostril daily."</p> <p>An interview with the Program Director (PD) was conducted on 4/10/12 at 12:55</p>	W0388	<p><b>W388:</b> Labeling for drugs and biological is based on currently accepted professional principles and practices.</p> <p>The label has been obtained for client #4's medication which was not labeled.</p> <p>Staff were trained on 5/3/12 that when there is a label missing they should notify the Home Manager or the Program Director.</p> <p>The facility nurse has reviewed with the Home Manager the med cycle fill training and check in med procedure.</p> <p>The Home Manager has checked all client medications to ensure they are labeled appropriately.</p> <p>The Home Manager will check the medications at least monthly to ensure that all medications contain appropriate labeling.</p> <p>Responsible Party: Program Director Completion date: 5/13/12</p>	05/13/2012			

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	<p>P.M.. The PD indicated all medications should have a pharmacy label on them. No Nurse was available for interview.</p> <p>9-3-6(a)</p>			

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W0390	<p>483.460(m)(2)(i) DRUG LABELING The facility must remove from use outdated drugs.</p> <p>Based on observation, record review and interview for 1 of 18 medications observed for 1 of 5 clients (client #4) observed during medication administration, the facility failed to ensure the client's outdated nasal spray was removed from use.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 4/10/12 from 6:10 A.M. until 7:45 A.M.. At 7:10 A.M., Direct Support Professional #5 was observed administering client #4's unlabeled "Fluticasone Propionate" spray (allergies). Review of the unlabeled bottle indicated an expiration date of 3/2012.</p> <p>An interview with the Program Director was conducted on 4/10/12 at 12:55 P.M.. The PD indicated all expired medications should be removed from the client's medication supply. No Nurse was available for interview.</p>	W0390	<p><b>W390:</b> The facility will remove from use outdated drugs.</p> <p>The nasal spray for client #5 which was expired has been discarded and replaced with a new supply.</p> <p>The Home Manager has checked all client medications to ensure that any which are expired are discarded of.</p> <p>The Home Manager will check the all client medications monthly to ensure that any expired medications are disposed of and a new supply if ordered.</p> <p>Responsible Party: Program Director Completion date: 5/13/12</p>	05/13/2012	

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed for 5 of 5 clients (clients #1, #2, #3, #4 and #5), to assure client #1 washed her hands prior to setting the dining table.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 4/9/12 from 3:30 P.M. until 5:40 P.M.. At 5:05 P.M., Direct Support Professional (DSP) #3 prompted client #1 to assist in putting the milk on the dining table. Client #1 stood up, put her hands inside the back of her pants, walked to DSP #3, went into the refrigerator, retrieved a gallon of milk, and placed the milk on the dining table. Client #1 did not wash her hands and was not prompted to wash her hands. During the meal observation, clients #1, #2, #3, #4 and #5 poured and drank the milk with their meal.</p> <p>An interview with the Program Director (PD) was conducted at the group home on 4/10/12 at 12:55 P.M. The PD indicated client #1 should have washed her hands prior to setting the milk on the dining table.</p>	W0455	<p><b>W455:</b> The facility has an active program in place to prevent, control and investigation of infection and communicable diseases. Staff was trained on 5/3/12 in infection control which includes encouraging and prompting the clients to wash their hands prior to mealtime and setting the table for mealtime.</p> <p>The Home Manager or Program Director will complete an observation at least weekly for 1 month to ensure staff is encouraging the clients to wash their hands prior to mealtime activities including preparing, setting the table and eating.</p> <p>Responsible Party: Program Director Completion date: 5/13/12</p>	05/13/2012

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	9-3-7(a)			

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W0488	<p>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.</p> <p>Based on observation and interview, the facility failed to assure 5 of 5 clients residing at the group home (clients #1, #2, #3, #4 and #5), were involved in meal preparation.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group on 4/9/12 from 3:30 P.M. until 5:40 P.M.. Upon entering clients #1, #2, #3, #4 and #5's home, the evening meal which consisted of shredded pork tenderloin (prepared in a crock pot), baked potatoes, tossed salad and broccoli was being cooked by Direct Support Professional #3. At 3:45 P.M., clients #1, #2, #4 and #5 returned home from their day programming. At 5:20 P.M., clients #1, #2, #3, #4 and #5 ate their meal independently. Clients #1, #2, #3, #4 and #5 did not assist in meal preparation.</p> <p>An interview with the Program Director (PD) was conducted at the group home on 4/10/12 at 12:55 P.M. The PD indicated</p>	W0488	<p><b>W488:</b> The facility will ensure that each client eats in a manner consistent with his or her developmental level. Staff has been trained in active treatment and mealtime behavior, specifically to participate in mealtime behavior. The Program Director will write and implement cooking goals for client 1, 2, 3, 4 and 5 and staff will be trained in these new goals. The Home Manager or Program Director will complete observations for 1 month to ensure that staff are implementing client cooking goals as well as providing continuous active treatment. Responsible Party: Program Director Completion date: 5/13/12</p>	05/13/2012	

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	<p>clients #1, #2, #3, #4 and #5 were capable of assisting in meal preparation and further indicated they should be assisting in meal preparation at meal times.</p> <p>9-3-8(a)</p>			