

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G369	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/20/2013
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NAME OF PROVIDER OR SUPPLIER REM- INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7044 CASTLE MANOR INDIANAPOLIS, IN 46214
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: 3/12/13, 3/13/13, 3/14/13, 3/18/13, 3/19/13 and 3/20/13.</p> <p>Facility Number: 000883 Provider Number: 15G369 AIMS Number: 100244300</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 26, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000		

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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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 2 of 4 sampled clients (#3 and #4), the governing body failed to exercise operating direction over the facility to ensure clients #3 and #4's finances were not in excess of predetermined maximum amounts allowed by Medicaid.</p> <p>Findings include:</p> <p>1. Client #3's financial record was reviewed on 3/14/13 at 9:08 AM. Client #3's facility based account ledger dated 1/1/13 through 3/14/13 indicated the following:</p> <p>-1/3/13, deposit of \$815.00 with an ending balance of \$3,533.39.</p> <p>-1/16/13, withdrawal of \$785.00 with an ending balance of \$2,748.39.</p> <p>-2/1/13, deposit of \$815.00 with an ending balance of \$3,563.39.</p> <p>-2/1/13, withdrawal of \$100.00 with an ending balance of \$3,463.39.</p> <p>-2/14/13, withdrawal of \$785.00 with an ending balance of \$2,678.39.</p> <p>-3/1/13, deposit of \$815.00 with an ending balance of \$3,493.39.</p>	W000104	The Program Director and Home Manager will be retrained on Client Finances, including ensuring that the client is not over resources at any time. All financial transactions are monitored by the Home Manager, reconciled on a monthly basis by the Program Director, and then reviewed by the Client Finance Specialist at the completion of each month. Once a month the Client Finance Specialist will notify the Area Director of all clients, if any, that are over resources, so that the Area Director can follow up on the plan of correction. Ongoing, the Area Director will complete quarterly reviews of a random sample of client finances to ensure that all is completely accurately and correctly. Completion Date: April 19, 2013 Responsible Party: Home Manager, Program Director, Client Finance Specialist, and Area Director.	04/19/2013			

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	<p>-3/13/13, withdrawal of \$785.00 with an ending balance of \$2,708.39.</p> <p>2. Client #4's financial record was reviewed on on 3/14/13 at 9:15 AM. Client #4's facility based account ledger dated 1/1/13 through 3/14/13 indicated the following:</p> <p>-1/3/13, deposit of \$387.00 with an ending balance of \$7,873.46.</p> <p>-1/3/13, deposit of \$898.00 with an ending balance of \$8,771.46.</p> <p>-1/16/13, withdrawal of \$1,234.00 with an ending balance of \$7,537.46.</p> <p>-2/1/13, deposit of \$898.00 with an ending balance of \$8,435.46.</p> <p>-2/1/13, deposit of \$387.00 with an ending balance of \$8,822.46.</p> <p>-2/14/13, withdrawal of \$1,234.00 with an ending balance of \$7,588.46.</p> <p>-2/22/13, withdrawal of \$475.00 with an ending balance of \$7,113.46.</p> <p>-2/26/13, withdrawal of \$125.00 with an ending balance of \$6,988.46.</p> <p>-3/1/13, deposit of \$898.00 with an ending balance of \$7,886.46.</p> <p>-3/1/13, deposit of \$387.00 with an ending balance of \$8,273.46.</p>						

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	<p>-3/13/13, withdrawal of \$1,234.00 with an ending balance of \$7,039.46.</p> <p>AS (Administrative Staff) #1 was interviewed on 3/14/13 at 10:58 AM. AS #1 indicated the maximum allowable Medicaid amount for client finances was \$1,500.00. AS #1 indicated clients #3 and #4's accounts were in excess of the Medicaid limit.</p> <p>9-3-1(a)</p>			

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W000156	<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 1 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to report the results of the investigation of clients #2, #4 and #5's missing psychotropic medications in a timely manner.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/12/13 at 12:36 PM. The review indicated the following:</p> <p>-BDDS report dated 1/29/13 indicated on 1/28/13, "...received a call that the clients (sic)medication was missing from the home. Clients were not affected by this because there was February's supply in the home already. Clients did not miss any medication. [Client #4] is missing her clonazepam 0.5 milligrams (bipolar). [Client #5] is missing her hydrocodone 500 milligram (pain management). [Client #2] is missing her Vimpat 50 milligram, Vimpat 100 milligrams (epilepsy) and diazepam 10 milligrams (panic/epilepsy)."</p> <p>-investigation dated 1/30/13 regarding clients</p>	W000156	<p>The Program Director will be retrained on ensuring that all investigations are reported and reviewed by an administrator within 5 business days. The investigation for the incident dated 1/28/2013 was completed within the 5 day period; however, it was not given to the administrator for final approval. Ongoing, the Program Director will complete all investigations within the 5 day period. Ongoing, the Administrator will review all investigations within the 5 day period. Completion Date: April 19, 2013 Responsible Party: Program Director and Area Director and Quality Assurance Specialist.</p>	04/19/2013

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	<p>#2, #4 and #5's missing psychotropic medications did not indicate the administrator had reviewed the findings. The 1/30/13 investigation was not signed by the administrator as being reviewed.</p> <p>AS (Administrative Staff) #1 was interviewed on 3/14/13 at 2:35 PM. AS #1 indicated the 1/30/13 investigation was not signed by an administrator. AS #1 indicated the 1/30/13 investigation results had not been reported to an administrator. AS #1 indicated the results of investigations should be reported to the administrator within 5 days of the incident.</p> <p>9-3-2(a)</p>			

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W000252	<p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to monitor client #2's program in regard to data collection.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 3/14/13 at 9:22 AM. Client #2's ISP (Individual Support Plan) dated 1/31/13 indicated the following goals:</p> <p>- "Twice a week, [client #2] will point to a quarter with 2 verbal prompts or less...." Client #2's record did not indicate documentation of data tracking for the month of March 2013.</p> <p>- "Daily, [client #2] will put on her socks with 2 verbal prompts or less...." Client #2's record did not indicate documentation of data tracking for the month of March 2013.</p> <p>- "[Client #2] will wash her face with gestures or less in...." Client #2's record did not indicate documentation of data tracking for the month of March 2013.</p>	W000252	<p>All staff will be retrained on completing and properly documenting all goals. The Home Manager will complete two weekly observations to ensure that all staff are completing the objectives correctly with the clients. The Home Manager will be retrained on completing documentation reviews weekly. Along with the observations, the Home Manager will also complete weekly random documentation reviews to ensure that all staff are completing the documentation to record the completion of the objectives. The Program Director will review all documentation reviews and completed observations to ensure that they are being completed correctly by both the staff and the Home Manager. Ongoing, the Area Director will complete random quarterly audits to ensure that all documentation is being completed and correctly. Completion Date: 4-19-2012 Responsible Party: Home Manager , Program Director, and Area Director</p>	04/19/2013	

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	<p>- "Daily, [client #2] will hand out napkins for dinner using modeling...." Client #2's record contained a data tracking sheet for March 2013. Client #2's data tracking sheet for March 2013 was missing data for the following dates: 1, 2, 3, 9 and 10.</p> <p>- "[Client #2] will pour her mouth wash with 3 verbal prompts...." Client #2's record did not indicate documentation of data tracking for the month of March 2013.</p> <p>- "At 5:00 PM medications pass, [client #2] will pour the water to take her medication with gestures...." Client #2's record did not indicate documentation of data tracking for the month of March 2013.</p> <p>AS #1 was interviewed on 3/14/13 at 3:25 PM. AS #1 indicated each client's ISP objectives should have tracking sheets.</p> <p>9-3-4(a)</p>				

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W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to obtain the client's or guardian's approval before the use of behavior medications for 2 of 2 sampled clients (#2 and #4) with restrictive programs.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 3/14/13 at 9:22 AM. Client #2's dental examination report notes dated 12/10/12 indicated, "Patient sedated with Halcion 0.25 milligrams (sedative) tablet half an hour prior to appointment- NPO (nothing by mouth) midnight by home." Client #2's physician's prescription dated 11/5/12 indicated, "halcion 0.25 milligrams 1 tablet 30 minutes before dental appointment on 12/10/12." Client #2's dental examination report notes dated 4/3/12 indicated, "Patient was pre-sedated for appointment with halcion 0.25 milligram...." Client #2's ISP (individual support plan) dated 1/31/13 indicated client #2 had a guardian. Client #2's record did not indicate documentation of written informed consent by client #2's</p>	W000263	<p>The Program Director will be trained on the correct process for retrieving the appropriate approvals for the Behavior Support Plans, behavior controlling medications, and the use of sedatives before appointments. The Program Director will seek guardian approvals for all psychotropic medications for client #4. Ongoing, the new Program Director will correctly retrieve the approvals for all future Behavior Controlling/Sedatives from the Guardian/Health Care Representative first, then once received, will get the appropriate approval from the Human Rights Committee, before implementing. Ongoing, the Area Director will complete random quarterly audits to ensure that all of the proper approvals are in place from the IDTs. Completion Date: 4-19-2013 Responsible Party: Program Director and Area Director</p>	04/19/2013	

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	<p>guardian for the use of halcion 0.25 milligrams for medical/dental procedure sedation.</p> <p>2. Client #4's record was reviewed on 3/14/13 at 10:54 AM. Client #4's BSP (behavior support plan) dated 5/29/12 indicated client #4 received clonazepam 0.5 milligrams (anxiety) and risperdone tablet 0.5 milligrams (bipolar). Client #4's ISP dated 1/21/13 indicated client #4 had a guardian. Client #4's record did not indicate documentation of written informed consent from client #4's guardian for the use of clonazepam 0.5 milligrams and/or risperdone tablet 0.5 milligrams.</p> <p>AS #1 was interviewed on 3/14/13 at 3:25 PM. AS #1 indicated written informed consent from the client's guardian was needed prior to the use of psychotropic medications.</p> <p>9-3-4(a)</p>			

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W000264	<p>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.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the facility's HRC (human rights committee) failed to review, monitor and approve the use of psychotropic medication for management of client #2's behavior in regard to medical/dental procedures.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 3/14/13 at 9:22 AM. Client #2's dental examination report notes dated 12/10/12 indicated, "Patient sedated with Halcion 0.25 milligrams (sedative) tablet half an hour prior to appointment- NPO (nothing by mouth) midnight by home." Client #2's physicians script dated 11/5/12 indicated, "Halcion 0.25 milligrams 1 tablet 30 minutes before dental appointment on 12/10/12." Client #2's dental examination report notes dated 4/3/12 indicated, "Patient was pre-sedated for appointment with Halcion 0.25 milligram...." Client #2's record did not indicate documentation of HRC review or approval for the use of Halcion 0.25 milligrams prior to dental appointments.</p>	W000264	<p>The Program Director will be trained on the correct process for retrieving the appropriate approvals for the Behavior Support Plans, behavior controlling medications, and the use of sedatives before appointments. The Program Director will seek guardian approvals for all psychotropic medications for client #4. Ongoing, the new Program Director will correctly retrieve the approvals for all future Behavior Controlling/Sedatives from the Guardian/Health Care Representative first, then once received, will get the appropriate approval from the Human Rights Committee, before implementing. Ongoing, the Area Director will complete random quarterly audits to ensure that all of the proper approvals are in place from the IDTs. Completion Date: 4-19-2013 Responsible Party: Program Director and Area Director</p>	04/19/2013	

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	<p>AS #1 was interviewed on 3/14/13 at 3:25 PM. AS #1 indicated the facility HRC did not review/approve the use of Halcion 0.25 milligrams for client #2 prior to dental procedures. AS #1 indicated HRC approval was needed prior to the use of psychotropic medications.</p> <p>9-3-4(a)</p>			

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W000312	<p>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 1 of 4 sampled clients (#2), who used behavior controlling medications, the facility failed to ensure the client's program included the use of and withdrawal criteria for psychotropic medication used for behavior management.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 3/14/13 at 9:22 AM. Client #2's dental examination report notes dated 12/10/12 indicated, "Patient sedated with Halcion 0.25 milligrams (sedation) tablet half an hour prior to appointment- NPO (nothing by mouth) midnight by home." Client #2's physicians script dated 11/5/12 indicated, "Halcion 0.25 milligrams 1 tablet 30 minutes before dental appointment on 12/10/12." Client #2's dental examination report notes dated 4/3/12 indicated, "Patient was pre-sedated for appointment with Halcion 0.25 milligram...." Client #2's ISP dated 1/31/13 did not include the use of Halcion 0.25 milligrams as a PRN or titration criteria. Client #2's BSP dated 7/30/12 did not include the use of Halcion 0.25 milligrams as a PRN or titration criteria.</p>	W000312	<p>The Program Director will be retrained on ensuring the team is aware of the use of sedatives before appointments. The Program Director will also be retrained on ensuring that this is included in the Behavior Support Plan. The Behavior Specialist will add in the use of Halcion to client #2's current Behavior Support Plan. Ongoing, the Program Director, in conjunction with the team, will ensure that the use of sedatives is included in the Behavior Support Plan. Ongoing, the new Program Director will correctly retrieve the approvals for all future Behavior Controlling/Sedatives from the Guardian/Health Care Representative first, then once received, will get the appropriate approval from the Human Rights Committee, before implementing. Ongoing, the Area Director will complete random quarterly audits to ensure that all of the proper approvals are in place from the IDTs. Completion Date: 4-19-2013 Responsible Party: Program Director and Area Director</p>	04/19/2013			

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	<p>AS #1 was interviewed on 3/14/13 at 3:25 PM. AS #1 indicated client #2's ISP/BSP did not include the use of Halcion 0.25 milligrams as a PRN prior to medical/dental procedures or withdrawal criteria.</p> <p>9-3-5(a)</p>			

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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			
W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure nursing services met the needs of client #3.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/14/13 from 6:15 AM to 8:00 AM. At 6:45 AM client #3 participated in the group home's family style breakfast. Client #3's breakfast included a bowl of cereal with milk. HM (Home Manager) #1 was present in the home throughout the observation period.</p> <p>Client #3's record was reviewed on 3/14/13 at 12:31 PM. Client #3's Group Home Quarterly Nutrition Assessment form dated 1/13 indicated client #3's current diet order was, "Regular diet with NCS (no concentrated sweets), NEP (no extra portions), NAS (no added salt) and no milk." Client #3's Physician's Order form dated 2/26/13 indicated, "No Milk." Client #3's ISP (Individual Support Plan) dated 8/10/12 indicated, "No milk products, may have soy."</p> <p>AS #1 (Administrative Staff) and HM #1 were interviewed on 3/14/13 at 2:50 PM.</p>	W000331	<p>After visiting the Primary Care Physician on 3-15-2013, it was noted that Client #3 is not lactose intolerant. The team agreed to this decision. The Program Director will ensure that the updates are included in the Individualized Support Plan. The Program Director will ensure that the staff are retrained on this change in client #3's plan. Ongoing, the Program Nurse will ensure that the appropriate diagnosis is on each Med Sheet quarterly. The Program Nurse will complete monthly meal time observations to ensure that all staff are following the appropriate diets. Ongoing, the Area Director will complete random quarterly audits to ensure that all documentation is correct. Completion Date: April 5, 2013 Responsible Party: Home Manager and Program Director</p>	04/19/2013			

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	<p>HM #1 indicated client #3 had lactose free milk with her cereal during breakfast on 3/14/13. HM #1 indicated client #3 had been receiving lactose free milk.</p> <p>AS #1 and nurse #1 were interviewed on 3/14/13 at 3:10 PM. Nurse #1 indicated client #3 had been receiving lactose free milk. Nurse #1 indicated client #3's PCP (Primary Care Physician) had not been consulted to confirm if client #3 could have lactose free milk or should have soy products. AS #1 indicated the facility nurse should clarify if client #3 should receive lactose free dairy products or should receive soy products.</p> <p>9-3-6(a)</p>			

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W009999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division (Use of any PRN (as needed) medication related to an individual's behavior).</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 2 of 2 incidents of use of PRN behavioral medication reviewed, the facility failed to immediately notify the BDDS (Bureau of Developmental Disabilities Services) regarding two PRN administrations for sedation prior to dental procedures.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 3/14/13 at 9:22 AM. Client #2's dental examination report notes dated 12/10/12 indicated, "Patient sedated with Halcion</p>	W009999	<p>The Program Director will be retrained on BDDS reportable incidents. Going forward, the Program Director will be ensure that a BDDS report will be completed after a client is sedated for any medical appointment. Ongoing, the Area Director will complete random quarterly audits to ensure that all incidents are reported appropriately to BDDS. Completion Date: 4-5-2013 Responsible Party: Program Director and Area Director.</p>	04/19/2013	

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	<p>0.25 milligrams (sedative) tablet half an hour prior to appointment- NPO (nothing by mouth) midnight by home." Client #2's physician's prescription dated 11/5/12 indicated, "Halcion 0.25 milligrams 1 tablet 30 minutes before dental appointment on 12/10/12." Client #2's dental examination report notes dated 4/3/12 indicated, "Patient was pre-sedated for appointment with Halcion 0.25 milligram...."</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 3/12/13 at 12:36 PM. The review did not indicate the 4/3/12 or 12/10/12 use of Halcion 0.25 milligram PRN had been reported to BDDS.</p> <p>Interview with AS #1 (administrative staff) on 3/20/13 at 3:30 PM indicated the 4/3/12 and 12/10/12 use of Halcion 0.25 milligram PRN for dental procedure sedation was not reported to BDDS.</p> <p>9-3-1(b)</p>				