

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G712	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/06/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8337 N COLLEGE AVE INDIANAPOLIS, IN 46240
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W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: August 27, 28, 30, September 5, 6, 2012</p> <p>Facility number: 001089 Provider number: 15G712 Aim number: 100239940</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/17/12 by Ruth Shackelford, 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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W0126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview, the facility failed for 2 of 4 sampled clients (#3, #4) to ensure clients #3 and #4 had a training program for their identified finances training needs.</p> <p>Findings include:</p> <p>The record of client #3 was reviewed on 8/30/12 at 11:08a.m. Client #3's 6/4/12 individual support plan (ISP) indicated client #3 lacked financial knowledge and was in need of goals developed for money management. Client #3 did not have any money skills training programs currently in place.</p> <p>The record of client #4 was reviewed on 8/30/12 at 9:32a.m. Client #4's 6/4/12 individual support plan (ISP) indicated client #4 lacked financial knowledge and was in need of goals developed for money management. Client #4 did not have any money skills training programs currently in place.</p> <p>Interview of staff #1 on 8/30/12 at 11:45a.m. indicated clients #3 and #4 had</p>	W0126	<p>The Program Director will be retrained on writing client goals and objectives based on their individual needs.</p> <p>The Program Director, in conjunction with the Interdisciplinary teams, will create finance goals for clients 3 and 4.</p> <p>Ongoing, the Program Director will work with the interdisciplinary teams to ensure that each client has training goal to identify their specific areas of need.</p> <p>Ongoing, all Individualized Support Plans will be reviewed by the Area Director and/or Quality Assurance Manager, to ensure accuracy and to ensure that all areas of need are met for each client.</p> <p>Responsible Party: Program Director, Area Director, and Quality Assurance Manager.</p>	10/06/2012			

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	money training needs and did not have current money training programs in place. 9-3-2(a)			

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W0130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed for 1 of 4 sampled clients (#3) and one non-sample client (#7) to ensure the clients' privacy during dressing and bathing.</p> <p>Findings include:</p> <p>An observation was done on 8/27/12 from 4:54p.m. to 6:40p.m. at the group home. At 5:15p.m., client #7 was bathing with the bathroom door open and could be observed from the hallway. Staff #5 was in the bathroom with client #7. After bathing, client #7 was naked and drying off in his bedroom with the bedroom door open. Staff #5 was in the bedroom with client #7 and did not prompt client #7 to shut the door for privacy. An observation was done on 8/28/12 from 5:45a.m. to 7:44a.m. At 6:08a.m., staff #6 assisted client #3 with getting dressed in client #3's bedroom. The bedroom door was open. Client #3's bedroom was visible from the living room. Client #3 could be seen naked from the living room.</p> <p>Interview of staff #1 on 8/30/12 at 11:45a.m. indicated the bedroom door</p>	W0130	<p>All staff will be retrained on client dignity especially ensuring that all clients have privacy when they are assisting them with dressing and/or bathing.</p> <p>Ongoing, the Home Manager and/or Program Director will complete active treatment observations twice per week for four weeks to observe if staff are maintaining consumers dignity when they are assisting clients with dressing and/or bathing. After four weeks the Home Manager and/or PD will complete active treatment observations once per week to observe if staff are maintaining consumers' dignity when they are assisting clients with dressing and/or bathing.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p>	10/06/2012	

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	should be shut when staff are assisting clients with the changing of clothes. Staff #1 indicated staff should have the bathroom door shut during bathing. 9-3-2(a)			

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure client #1's individual support plan (ISP) had training programs in place to address the identified needs of hygiene with drooling and dental hygiene needs.</p> <p>Findings include:</p> <p>During the facility observations on 8/27/12 from 4:54p.m. to 6:40p.m. and on 8/28/12 from 5:45a.m. to 7:44a.m. client #4 had drool from her bottom lip. Staff were not prompting client #1 to wipe her mouth.</p> <p>Record review for client #1 was done on 8/30/12 at 10:24a.m. Client #1 had an 11/9/11 dental exam that indicated "heavy plaque" and assist with brushing. Client #1 had physician notes which indicated on 2/22/11 "drooling a lot" and on 5/5/12 "drooling same as before." Client #1 had a 9/15/11 ISP. Client #1's ISP did not address her identified drooling and tooth brushing needs.</p>	W0227	<p>The Program Director, in conjunction with Client #1's IDT will develop goals so that staff could assist Client #1 with oral hygiene needs as recommended by the dentist and also assist Client #1 with drooling.</p> <p>Client #1 ISP will be updated to reflect the new goals.</p> <p>The Program Director will be retrained on the need to ensure that goals/objectives are developed as needed based on dentist/doctor recommendations and client needs such as drooling</p> <p>Ongoing the Area Director will review the next 3 ISPs written by the Program Director to ensure that goals/objectives are developed as needed regarding communication needs</p> <p>Responsible Party: Program Director, Area Director</p>	10/06/2012

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	Staff #1 was interviewed on 8/30/12 at 11:45a.m. Staff #1 indicated client #1 often drooled. Staff #1 indicated client #1 did not have training programs in place to address the identified need regarding dental hygiene and drooling. 9-3-4(a)			

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W0312	<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, the facility failed for 1 of 3 sampled clients (client #3) who took behavior control drugs, to ensure the behavior control medications were part of client #3's individual support plan (ISP).</p> <p>Findings include:</p> <p>Review of the record of client #3 was done on 8/30/12 at 11:08a.m. Client #3's 6/4/12 ISP indicated client #3's diagnoses included, but were not limited to, Depression and Insomnia. Physician orders on 7/30/12 indicated client #3 received the behavior control medications Celexa and Buspar. The ISP failed to include the behavior control medications in a plan of reduction.</p> <p>Interview of staff #1 on 8/30/12 at 11:45a.m. indicated client #3 did not have his current behavior control medications addressed in a plan of reduction.</p> <p>9-3-5(a)</p>	W0312	<p>Client #3's Behavior support plan will be updated to include the psychotropic medications they are taking for behavior management. The Behavior Support Plan will also be updated to include titration plans for these medications. After the Behavior Support Plan is updated, the Program Director will obtain guardian and Human Rights Committee approval for the updates.</p> <p>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.</p> <p>Ongoing, the Program Director will work with the Behavior Consultant to notify them of any</p>	10/06/2012			

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			<p>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.</p> <p>Responsible Party: Program Director, Behavior Specialist</p>	

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W0449	<p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills and take corrective action. Based on record review and interview, the facility failed for 1 of 7 clients (#6) residing in the group home, to ensure client #6's refusal to evacuation drills was addressed. Findings include: Record review of the facility's evacuation drills for clients #1, #2, #3, #4, #5, #6 and #7 was done on 8/27/12 at 3:52p.m. Evacuation drill reports were reviewed for the time period from 8/1/11 through 8/27/12. The following was indicated (for client #6) from the reports: 11/7/11 "refused"; 12/9/11 "refused;" 5/10/12 "refused"; 6/12/12 "refused." Staff #1 was interviewed on 8/30/12 at 11:45a.m. Staff #1 indicated client #6 had some refusals during evacuation drills. Staff #1 indicated the facility had not addressed client #6's refusals to evacuation drills and indicated client #6 was need of a training program for this. 9-3-7(a)</p>			W0449	<p>The Program Director, in conjunction with Client #6's IDT will develop a goal so that staff could assist Client #6 with refusals to evacuation drills. Client #1 ISP will be updated to reflect the new goals. The Program Director will be retrained on the need to ensure that goals/objectives are developed as needed based on consumers responses/refusals to evacuation drills. Ongoing the Area Director will review the next 3 ISPs written by the Program Director to ensure that goals/objectives are developed as needed based on consumers responses/refusals to evacuation drills. Responsible Party: Program Director, Area Director</p>		10/06/2012