

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/17/2012
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2560 GERMAN CHURCH RD INDIANAPOLIS, IN 46229
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: January 3, 4, 5, 6, 10 and 17, 2012</p> <p>Facility Number: 000836 Provider Number: 15G318 AIM Number: 100243940</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/3/12 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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W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the governing body failed to ensure the Qualified Mental Retardation Professional (QMRP) reviewed client goals at least quarterly and obtained approval of behavior support plans (BSP).</p> <p>Findings include:</p> <p>The record review for client #1 was conducted 1/4/12 at 2:14 PM. The record indicated the QMRP had done monthly reviews on the formal training goals in June, July and August, 2011. There was no indication the goals had been reviewed since August, 2011. The Behavior Support Plan (BSP) for client #1 dated 8/29/11 indicated the targeted behaviors were Resistance, Self-Injurious Behavior, Temper Outbursts, and Delusions/Paranoid Thoughts. The BSP indicated client #1 received Citalopram, Trazodone, Abilify and Risperidone for behavior. There was no documentation showing the guardian had approved the BSP and the use of the medications.</p> <p>The record review for client #2 was conducted on 1/5/12 at 9:58 AM. The ISP was dated 1/24/11.</p>			W0104	<p>Area Director will re-train Program Director on completing monthly reviews for all consumers by the 10 th of each month for the previous month.</p> <p>Area Director will re-train Program Director on obtaining Guardian approval for all programs including ISP's, BSP,'s and medications for behavior management.</p> <p>PD will complete January monthlies for all consumers in home by February 10 th .</p> <p>PD will obtain Guardian signatures on all BSP's and behavior medications.</p> <p>On-going PD will submit monthlies to the AD by the 10 th of the month for the previous month; and AD will review to ensure all are completed each month.</p>		02/17/2012

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	<p>The record included the tracking sheets of the formal goals for October, but there was no indication the QMRP had reviewed the goals since August, 2011.</p> <p>The record review for client #3 was conducted on 1/5/12 at 11:27 AM. The ISP was dated 1/25/11.</p> <p>The record included the December data tracking sheets of the formal goals, but there was no indication a quarterly review of the goals had been conducted since August, 2011. The BSP for client #3 dated 3/23/11 indicated the targeted behaviors were Verbal Abuse, Runs/Wanders Away, Destroys Property, Physical Assault, Self-Injurious Behavior, Suicide Threat/Behavior and Temper Outburst. The BSP for client #3 indicated he received Risperidone for the behaviors. There was no documentation showing the guardian had approved the BSP and the use of the medication.</p> <p>The record review for client #4 was conducted on 1/5/12 at 1:16 PM. The ISP was dated 10/15/11.</p> <p>The record did not include tracking sheets of training goals or a quarterly review by the QMRP since August, 2011. The BSP for client #4 dated 8/25/11 indicated the targeted behaviors were Resistance, Physical Assault, Destroys Property, Stealing, Verbal Abuse, Temper Outburst,</p>		<p>AD will complete random audits of PD's consumer files 1X per month for 3 months to ensure guardian signatures/approval has been obtained for all consumer programs.</p> <p>Responsible party: Area Director, Program Director</p>				

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	<p>Runs/Wanders Away. The BSP for client #4 indicated he received Seroquel, Buspar and Lamotrigine for the behaviors. There was no documentation showing the guardian had approve the BSP and the use of the medication.</p> <p>Interview with staff #2, Program Director (PD), on 1/5/12 at 3:00 PM indicated she had not done the quarterly reviews for the clients in the home. The PD indicated she had mailed the programs to the guardians in November, but the guardians had not returned the program approval forms.</p> <p>9-3-1(a)</p>			

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W0159	<p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the Qualified Mental Retardation Professional (QMRP) failed to ensure the Individualized Support Plans were reviewed quarterly.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>The record review for client #1 was conducted 1/4/12 at 2:14 PM. The Individualized Support Plan (ISP) dated 1/25/11 included the following formal training goals for client #1: <ol style="list-style-type: none"> <li>"Daily [client #1] will show staff he is keeping his key on him with 2 verbal prompts or less in 50% of trials for 3 months.</li> <li>Three times per week, [client #1] will identify the high value between a \$1 bill and a \$5 bill with 4 verbal prompts or less on 45% of trials within 3 months.</li> <li>[Client #1] will identify the purpose of his Abilify with 3 verbal prompts or less on 50% of trials within 3 months.</li> <li>[Client #1] will wash his hair with 4 verbal prompts or less on 50% of trials for 3 months.</li> <li>During each meal, [client #1] will take a sip between every 2 - 3 bites with 3</li> </ol> </li> </ol>			W0159	<p>Area Director will re-train the Program Director on reviewing objectives monthly in the form of a monthly review – and ensure they are updated as needed.</p> <p>PD will complete January monthlies for all consumers in home by February 10 th .</p> <p>On-going PD will submit monthlies to the AD by the 10 th of the month for the previous month; and AD will review to ensure all are completed each month.</p> <p>Area Director will complete random audits of PD's consumer files 1X per month for 3 months to ensure that objectives have been updated as needed per monthly reports.</p> <p>Responsible Party: Area Director, Program Director</p>		02/17/2012

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	<p>verbal prompts or less on 50% of trials.</p> <p>6. 2 times per week, [client #1] will prepare his lunch for day program with 3 or less verbal prompts in 45% of trials.</p> <p>7. [Client #1] will practice opening the egress from his room with 2 modeling prompts or less on 70% of trials in 3 months."</p> <p>The record indicated the QMRP had done monthly reviews on the above goals in June, July and August, 2011. The goal tracking sheets for September, October, November and December were not included in the records. There was no indication the goals had been reviewed since August, 2011.</p> <p>The record review for client #2 was conducted on 1/5/12 at 9:58 AM. The ISP dated 1/24/11 included the following formal training goals for client #2:</p> <p>1. "[Client #2] will be able to identify 3 coins correctly with 4 verbal prompts or less on 45% of trials.</p> <p>2. [Client #2] will identify his Nullo by pointing to it with 2 modeling prompts or less on 45% of trials.</p> <p>3. Twice daily [client #2] will brush his upper teeth thoroughly with 4 verbal prompts or less on 45% of trials.</p> <p>4. Three times a week, [client #2] will sign his name with 7 modeling prompts on 40% of trials.</p> <p>5. Two times weekly, [client #2] will</p>			
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	<p>turn on the oven for the evening meal with 3 modeling prompts or less on 45% of trials."</p> <p>6. One time per week, [client #2] will attend a community experience or outing with 5 verbal prompts or less on 100% of sessions."</p> <p>The record included the tracking sheets for October, but there was no indication the QMRP had reviewed the goals since October. The goal tracking sheets for November and December were not included in the records.</p> <p>Thee record review for client #3 was conducted on 1/5/12 at 11:27 AM. The ISP dated 1/25/11 included the following formal training goals for client #3:</p> <ol style="list-style-type: none"> <li>1. "Twice daily, [client #3] will eat his meals at a slow, safe pace with a verbal prompt or less on 50% of trials.</li> <li>2. Daily, [client #3] will use the handrail when going up and down the stairs. He will do this with 4 verbal prompts or less on 50% of trials.</li> <li>3. One time weekly, [client #3] will mop the kitchen floor with 4 verbal prompts or less on 30% of trials.</li> <li>4. [Client #3] will wash his hair with 3 verbal prompts or less on 50% of trials.</li> <li>5. After being shown two coins, [client #3] will correctly identify the quarter with 3 verbal prompts or less on 65% of trials.</li> </ol>			
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	<p>6. Twice a week, [client #3] will turn on the stove or oven settings for meal preparation on 45%of trials." The record included the December data tracking sheets, but there was no indication a quarterly review had been conducted. The record did not include the data tracking sheets for October and November. The last quarterly review conducted was in August, 2011.</p> <p>The record review for client #4 was conducted on 1/5/12 at 1:16 PM. The ISP dated 10/15/11 included the following formal training goals for client #4:</p> <ol style="list-style-type: none"> <li>1. [Client #4] will increase his self medication skills by naming at least one of his oral medications (Lamictal) and purpose for the medication daily with no more than 3 verbal prompts in 30% of trials.</li> <li>2. [Client #4] will state three of his rights (safety, meals, and finances) three times weekly with no more than 3 verbal prompts or less in 10% of trials.</li> <li>3. [Client #4] will brush his teeth twice daily with no more than 3 verbal prompts or less in 70% of trials.</li> <li>4. [Client #4] will make his bed daily with no more than 2 verbal prompts or less in 70% of trials.</li> <li>5. [Client #4] will place his glasses in the glasses case at night before bed with no more than 1 verbal prompt or less in</li> </ol>						

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	<p>10% of trials.</p> <p>6., [Client #4] will identify the value of quarters daily with no more than 3 verbal prompt or less in 10% of trials. The record did not include tracking sheets or a quarterly review by the QMRP since August, 2011.</p> <p>Interview with staff #2, Program Director, on 1/5/12 at 3:00 PM indicated she had not reviewed the tracking sheets for the clients in the home since August, 2011.</p> <p>9-3-3(a)</p>			
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W0217	<p>The comprehensive functional assessment must include nutritional status.</p> <p>Based on observation, record review and interview for 1 of 4 sample clients (client #4), the facility failed to assess client's posture while eating at the table.</p> <p>Findings include:</p> <p>During the observation period on 1/3/12 from 4:30 PM to 7:00 PM, the evening meal was served at 5:25 PM. The menu consisted of pork chop, salad with dressing, mixed vegetables and pears. Client #4 ate the meal with his face close to the plate. Client #4 was not prompted to sit up straight.</p> <p>During the observation period on 1/4/12 at 6:00 AM to 7:40 AM client #4 ate his breakfast consisting of cereal, juice and toast with his mouth almost touching the bowl as he ate the cereal.</p> <p>The record review for client #4 was conducted on 1/5/12 at 1:16 PM. The Individualized Support Plan (ISP) dated 10/15/11 indicated his dining skills assessment showed that client #4 ate from a regular plate, independently ate using a fork and spoon but needed some assistance when using a knife. The assessment indicated client #4 independently pours his own drinks and</p>	W0217	<p>The Area Director will re-train the Program Director on QMRP responsibility to have goals in place to address dining and nutritional needs.</p> <p>Program Director will create a goal for client #1 to address his dining needs.</p> <p>Home Manager will train staff on new goal for client #1.</p> <p>Home Manager will complete meal observations 3X per week for 1 month to ensure staff are implementing the new goal.</p> <p>On-going HM will complete observations per established frequency for HM observations</p> <p>Responsible Party: Area Director, Program Director, Home Manager.</p>	02/17/2012	

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	<p>drinks from a cup. The assessment indicated client #4 independently uses a napkin. The assessment did not indicate the posture client #4 used while eating.</p> <p>Interview with staff #3, House Manager (HM) on 1/4/12 at 7:25 AM indicated client #4 always eats with his face close to the plate. Staff #3 indicated they should prompt him to sit up straighter while he was eating. Staff #3 indicated she was not aware of client #4 being assessed for posture while eating.</p> <p>9-3-4(a)</p>			
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W0229	<p>The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome.</p> <p>Based on record review and interview for 3 of 4 sampled clients (clients #1, #2 and #3), the facility failed to ensure the formal objectives in clients' Individual Support Plans were the objectives the staff were documenting on the data sheets.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 1/4/12 at 2:14 PM. The formal data tracking sheets indicated the data collected was not the same as the objective. Client #1 had a formal objective to prepare his lunch for day program. The data collected was for pack lunch. The formal objective of identify the purpose of Abilify (for behavior) had data collected that said to help you sleep. The client's formal objective was to identify the high value between \$1.00 bill and a \$5.00 bill. The data collected was to identify a quarter.</p> <p>The record review for client #2 was conducted 1/5/12 at 9:58 AM. Client #2 had a formal objective to identify his Nullo (for body odor) and the data collected was consume his medication. The formal objective to sign his name had data collected on answered questions</p>			W0229	<p>Area Director will re-train Program Director that data being tracked must match the formal goals/objectives listed in ISP.</p> <p>Program Director will correct all data sheets for all consumers to correlate with ISP's.</p> <p>Area Director will complete random audits of PD's consumers goal tracking sheets 1X per month for 3 months to ensure data sheets are correct and correlate with ISP's.</p> <p>Responsible Party: Area Director, Program Director, Home Manager.</p>		02/17/2012

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	<p>correctly.</p> <p>The record review for client #3 was conducted on 1/5/12 at 11:27 AM. Client #3 had a formal objective to mop the kitchen floor. The data collected was for dusts furniture in the living room. Client #3 had a formal objective to wash his hair. The data collected was for washes upper body. Client #3 had a formal training objective to correctly identify the quarter. The data collected was for correctly identify the nickel. Client #3 had a formal training goal to turn on stove or oven settings for meal preparation. The data collected for the goal was obtains the correct items.</p> <p>Interview with staff #2, Program Director (PD), on 1/5/12 at 3:00 PM indicated she did not know why the training objectives were different from what data was being tracked. Staff #2, PD, stated the goal was "probably" changed and the data sheets to be documented on were not changed.</p> <p>9-3-4(a)</p>				

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W0247	<p>The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8), the facility failed to ensure the clients were allowed to choose what kind of cereal they wanted at breakfast.</p> <p>Findings include:</p> <p>The morning observation was conducted on 1/4/12 at 6:00 AM to 7:40 AM. The breakfast table was already set when morning observation was started. The orange juice was poured in the glasses and the cereal was in the clients' bowls. The only clients up and in the kitchen area were clients #1 and #5. Client #1 was sitting at the table eating and client #5 was looking for additional sugar. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not get to select the kind of cereal they wanted. The menu for 1/4/12 indicated the clients could select hot or cold cereal. Clients came to the table at different times and proceeded to eat the cereal that had been poured for them.</p> <p>Interview with staff #4 on 1/4/12 at 6:10 AM indicated most of the clients didn't get up until 6:30 AM and they had to</p>			W0247	<p>Program Director/Home Manager will re-train staff on clients choice at meals.</p> <p>Program Director/Home Manager will re-train staff on encouraging and providing opportunity for consumers to participate in meal preparation.</p> <p>Home Manager will complete active treatment/meal observations 3X per week for 1 month to ensure consumers are getting choices and opportunities to participate in meal preparation.</p> <p>On-going HM will complete observations per established frequency for HM observations</p> <p>Responsible Party: Area Director, Program Director, Home Manager.</p>		02/17/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/17/2012
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	<p>leave for the day program at 7:45 AM. Staff #4 indicated the cereal and juice were poured ahead to save time.</p> <p>9-3-4(a)</p>			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G318		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/17/2012	
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W0249	<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 for 1 of 4 sampled clients (client #1), the facility failed to implement the client's dining plan to ensure the client was supervised while eating.</p> <p>Findings include:</p> <p>During the morning observation on 1/4/12 at 6:00 AM to 7:40 AM, client #1 was eating his breakfast in the dining room by himself at 6:00 AM. Client #5 was going between the kitchen and the dining room looking for sugar. Staff #4 assisted client #5 in getting more sugar for his cereal. Staff #4 was in the kitchen area client #6 with making toast and making sure he prepared his drinks correctly. There was no one in the dining room observing client #1 from 6:00 AM to 6:25 AM.</p> <p>The record review for client #1 was conducted on 1/4/12 at 2:14 PM. Client #1 had a Dysphagia/Dining Plan dated 11/2/10 and updated on 9/15/11 indicating the food texture had been</p>	W0249	<p>Program Director/Home manager will re-train staff on client #1 dining plan and need for supervision while eating.</p> <p>Home Manager will complete meal observations 3X per week for 1 month to ensure staff are following all dining plans.</p> <p>On-going HM will complete observations per established frequency for HM observations</p> <p>Responsible Party: Area Director, Program Director, Home Manager.</p>	02/17/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/17/2012
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	<p>changed from Mechanical soft with ground meat to Pureed. The Dining Plan indicated client #1 was to be closely monitored while eating. Client #1 had a swallow study done on 9/8/11. The report indicated "Not Safe for Oral Diet" and "unsafe for oral medication."</p> <p>Interview with staff #2, Program Director (PD) on 1/5/12 at 3:00 PM indicated staff should be in the dining room while client #1 was eating. Staff #2, PD, indicated the Swallow Study for client #1 indicated he aspirated with every bite. Staff #2, PD, indicated client #1 should have supervision while eating.</p> <p>9-3-4(a)</p>			
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W0263	<p>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 for 3 of 4 sampled clients (clients #1, #3 and #4), the facility failed to provide documentation guardian approval had been obtained for their Behavior Support Plans (BSP) and the use of the medications.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 1/4/12 at 2:14 PM. The BSP for client #1 dated 8/29/11 indicated the targeted behaviors were as follows: Resistance, Self-Injurious Behavior, Temper Outbursts and Delusions/Paranoid Thoughts.</p> <p>The BSP for client #1 indicated he received Citalopram, Trazodone, Abilify and Risperidone for behavior. There was no documentation showing the guardian had approved the BSP and the use of the medications.</p> <p>The record review for client #3 was conducted on 1/5/12 at 11:27 AM. The BSP for client #3 dated 3/23/11 indicated the targeted behaviors were as follows: Verbal Abuse, Runs/Wanders Away, Destroys Property, Physical Assault,</p>	W0263	<p>Area Director will re-train Program Director on obtaining Guardian approval for all programs including ISP's, BSP,'s and medications for behavior management.</p> <p>Program Director will get Guardian approvals for all applicable programs.</p> <p>AD will complete random audits of PD's consumer files 1X per month for 3 months to ensure guardian signatures/approval has been obtained for all necessary consumer programs.</p> <p>Responsible Party: Area Director, Program Director</p>	02/17/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/17/2012
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2560 GERMAN CHURCH RD INDIANAPOLIS, IN 46229
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	<p>Self-Injurious Behavior, Suicide Threat/Behavior, and Temper Outburst.</p> <p>The BSP for client #3 indicated he received Risperidone for the above behaviors. There was no documentation showing the guardian had approved the BSP and the use of the Risperidone.</p> <p>The record review for client #4 was conducted on 1/5/12 at 1:16 PM. The BSP for client #4 dated 8/25/11 indicated the targeted behaviors were as follows: Resistance, Physical Assault, Destroys Property, Stealing, Verbal Abuse, Temper Outburst and Runs/Wanders Away.</p> <p>The BSP for client #4 indicated he received Seroquel, Buspar and Lamotrigine for the above behaviors. There was no documentation showing the health care representative had approved the BSP and the use of the medications.</p> <p>Interview with staff #2 on 1/5/12 at 3:00 PM indicated the BSPs and the Individualized Support Plans (ISP) had been sent for approval in November, but they had not gotten them back for any of the clients.</p> <p>9-3-4(a)</p>			
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W0331	<p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 2 of 4 sampled clients (clients #1 and #2), the nursing services failed to ensure the recommendation by the dentist for an electric toothbrush was followed and Boost Plus supplement was provided as recommended by the nutritionist.</p> <p>Findings include:</p> <p>The record review for client #2 was conducted on 1/5/12 at 9:58 AM. The record contained the Dental Examination Report dated 9/28/11. The report included oral hygiene instructions of "Bring electric toothbrush to next visit."</p> <p>The record review for client #1 was conducted on 1/4/12 at 2:14 PM. The nutrition assessment dated 10/12/11 had the following interventions:</p> <ol style="list-style-type: none"> <li>1. "Continue with pureed diet/Dysphagia Dining Plan and Aspiration Protocol.</li> <li>2. Supervise client at all meals and monitor for tolerance of diet consistency as well as for s/s (signs and symptoms) aspiration.</li> <li>3. Encourage fluids due to routine laxative use.</li> <li>4. Monitor weekly weights, BMS (bowel movements), labs as ordered.</li> </ol>			W0331	<p>Area Director will re-train Program Director on following all Dr's and dietician orders.</p> <p>Program Director/Home Manager will ensure that electric toothbrushes are purchased for client #1, and client #2.</p> <p>Home Manager will ensure that Boost Plus is present in the home for Client #1 and that he begins receiving Boost Plus.</p> <p>Area Director will complete random audit of consumers medical files 1X per month for 3 months to ensure that Dr's orders and nutritionist orders/recommendations are being followed.</p> <p>Responsible Party: Area Director, Program Director, Home Manager</p>		02/17/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/17/2012
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2560 GERMAN CHURCH RD INDIANAPOLIS, IN 46229
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	<p>5. Recommend to change supplements from Boost 1 can by mouth per day to Boost Plus, one can by mouth twice a day.</p> <p>6. Notify RD (nutritionist) of any further issues/concerns."</p> <p>Interview with staff #2, Program Director (PD), on 1/5/12 at 3:00 PM indicated she had talked with the nurse concerning the electric toothbrush. Staff #2, PD, indicated the toothbrush had not been purchased. Staff #2, PD, indicated client #1 did receive Boost, but he did not have Boost Plus.</p> <p>9-3-6(a)</p>			
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W0356	<p>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #2), the facility failed to schedule appointments for deep cleaning as recommended by the dentist.</p> <p>Findings include:</p> <p>The record review for client #2 was conducted on 1/5/12 at 9:58 AM. The record contained the Dental Examination Report dated 9/28/11. The report included oral hygiene instructions of "Bring electric toothbrush to next visit." In the additional comments section the report indicated "Needs full mouth (2 to 4 appointments) deep cleaning using local anesthetic (Novocain)." The report indicated the facility would call for a return visit. The September, 2011 Monthly Nursing Summary indicated "Staff took [client #2] to (name of doctor) after being referred to him by (name of doctor) for periodontal disease. Staff say they want him to return for deep cleaning." The October, 2011 Monthly Nursing Summary indicated on 10/17/11 "Left message to schedule [client #2] at School of Dentistry." The Quarterly Nursing Assessment dated December,</p>	W0356	<p>Area Director will re-train the Program Director and Home Manager on ensuring that all mandated and recommended physician and dental appointments are scheduled and kept.</p> <p>Home Manager will ensure that an appointment is made for client #2 to have deep cleaning completed is made and kept.</p> <p>Area Director will complete random audit of consumers medical files 1X per month for 3 months to ensure that all appointments have been scheduled and completed.</p> <p>Responsible Party: Area Director, Program Director, Home Manager</p>	02/17/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/17/2012
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2560 GERMAN CHURCH RD INDIANAPOLIS, IN 46229
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	<p>2011, indicated on 12/14/11 "Tried to get [client #2] into School of Dentistry but no ret. (return) call." The record did not have any other appointments noted for client #2 to have the deep cleaning as recommended.</p> <p>Interview with staff #2, Program Director (PD), on 1/5/12 at 3:00 PM indicated she had talked with the nurse concerning the electric toothbrush. Staff #2, PD, indicated the deep cleaning had not been scheduled.</p> <p>9-3-6(a)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G318		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/17/2012	
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W0369	<p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 2 of 26 medication doses observed, the facility failed to ensure the mouth rinse and foot creme were administered according to the physician's orders for 2 of 4 sampled clients (clients #3 and #4).</p> <p>Findings include:</p> <p>1. During the morning medication administration on 1/4/12 at 6:25 AM, client #3 received his medication at 7:15 AM. Client #3 received Chlorhexidine Rinse, 1/2 ounce, for gum disease. Client #3 put the rinse in his mouth and proceeded to leave the medication room. Staff #9 indicated client #3 would put the rinse in his mouth in the medication room and then go the restroom at the other end of the house to spit it out. Staff #9 indicated they did not watch client #3 dispose of the mouth rinse.</p> <p>Record review for client #3 was conducted on 1/5/12 at 11:27 AM. The physician order dated January 1 through January 31, 2012 indicated client #3 was to receive the 1/2 ounce of Chlorhexidine Rinse, swish and spit.</p>	W0369	<p>Program Director/Home Manager will re-train all staff on administering all medications per the Physician's Orders and Medication Administration Records – including oral rinses and topical creams.</p> <p>Home Manager will complete medication pass observations 3X per week for 1 month to ensure all medications are being passed as prescribed.</p> <p>On-going HM will complete observations per established frequency for HM observations.</p> <p>Responsible Party: Program Director, Home Manager</p>	02/17/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/17/2012
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2560 GERMAN CHURCH RD INDIANAPOLIS, IN 46229		
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	<p>2. Client #4 received Econazole Creme (for athletes foot) at 6:45 AM. Staff #9 handed the tube of creme to client #4 and he removed his shoes and socks and applied the creme to the top of his feet.</p> <p>Record review for client #4 was conducted on 1/5/12 at 1:16 PM. The physician order dated January 1 through January 31, 2012 indicated client #4 was to apply the creme between his toes.</p> <p>Interview with staff #2, Program Director (PD), on 1/5/12 at 3:00 PM indicated she was not aware the mouth rinse was administered with getting it in the medication room which is at the back of the house and the clients having to go to the restroom in the front of the house to spit it out. Staff #2, PD, indicated the staff should be observing the client to ensure it was done correctly. Staff #2, PD, indicated the foot creme should have been applied between the toes.</p> <p>9-3-6(a)</p>				

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W0436	<p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (client #3), the facility failed to ensure he had his adaptive spoon at mealtime.</p> <p>Findings include:</p> <p>During the observation period on 1/3/12 from 4:30 PM to 7:00 PM, the evening meal was started at 5:25 PM. Client #3 did not have any adaptive equipment at the meal and ate the meal with a regular fork and spoon. Client #3 had a tremor while eating and lost some of the food due to spilling. Staff #6 indicated client #3 usually used a weighted spoon and fork, but they were currently lost.</p> <p>The Individualized Support Plan (ISP) dated 1/25/11 was reviewed on 1/5/12 at 11:27 AM. The ISP indicated client #3 was on a regular diet with meats cut up small. The dietary restrictions listed were no added portions and no added salt. The ISP indicated the dietary equipment utilized was a weighted spoon and fork. The nutritional assessment dated 10/12/11 indicated a regular diet, no added</p>			W0436	<p>Area Director will re-train Program Director on following all Dr's and dietician orders.</p> <p>Program Director/Home Manager will ensure that adaptive spoon is purchased for client #3</p> <p>Home Manager will complete mealtime Observations 3xs per week for the next 1 month.</p> <p>On-going HM will complete observations per established frequency for HM observatio</p> <p>Responsible Party: Area Director, Program Director, Home Manager</p> <p>Completion Date: 02/17/2012</p>		02/17/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/17/2012
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2560 GERMAN CHURCH RD INDIANAPOLIS, IN 46229		
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	<p>portions, no added salt, and cut meat in small bites. The nutritional assessment did not indicate client #3 was to use a weighted spoon and fork.</p> <p>Interview with client #3 on 1/4/12 at 6:25 PM indicated he lost his fork and spoon. Client #3 indicated he had trouble keeping the food on his spoon and fork because his hand shook.</p> <p>Interview with staff #2, Program Director (PD) on 1/5/12 at 3:00 PM indicated the weighted spoon and fork had been lost. Staff #2, PD, indicated a replacement had been ordered, but she was not sure how long the utensils had been lost.</p> <p>9-3-7(a)</p>				