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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G568 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 10/14/2011 |
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| NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC | STREET ADDRESS, CITY, STATE, ZIP CODE 7740 ALLISONVILLE RD INDIANAPOLIS, IN46250 |
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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 |
|--------------------|---|---------------|---|----------------------|
| W0000 | <p>This visit was for an investigation of complaint #IN00097769.</p> <p>Complaint #IN00097769: Substantiated, federal and state deficiency related to the allegation(s) is cited at W438.</p> <p>Dates of Survey: 10/12/11, 10/13/11 and 10/14/11.</p> <p>Facility Number: 001082 Provider Number: 15G568 Aim Number: 100245520</p> <p>Surveyor: Robert Bauermeister, Medical Surveyor III.</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 11/1/11 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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| W0438 | <p>The facility must develop and implement detailed written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing clients. Based on interview and record review, the facility failed to develop a detailed written plan and procedure to ensure the 8 of 8 clients (A, B, C, D, E, F, G, and H) residing in the home were free of an infestation of Cimex lectularius (bed bugs) and procedures were in place to eradicate the infestation.</p> <p>Findings include:</p> <p>On 10/12/11 at 1:00 PM Administrative Staff #1 indicated a bed bug had been discovered by a staff member (unidentified) crawling up the wall in the dining room on 09/28/11. The facility was not sure of the source of the infestation but the bed bugs were seen only this one time. An exterminator was called and came out on 09/29/11, verified the presence of bedbugs and sprayed on 09/30/11 and the clients moved back in the group home 8 hours later on 09/30/11. Administrative Staff #1</p> | W0438 | <p>The Emergency Evacuation Plan/Procedures was updated to specifically address Bed Bug Infestations. This plan/procedure directly instructs the staff on how to handle the infestation and who to call. See attachment A.All Home Managers and Program Directors will be retrained on Indiana MENTOR's Bed Bug Infestation Plan/Procedure.Ongoing, all Home Managers and Program Director will implement the Emergency Evacuation Plan/Procedure and Bed Bug Infestation Plan/Procedure whenever an allegation of a bed bug is made.Responsible Party: Area Director, Program Director, and Home Manager</p> | 11/13/2011 |

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| | <p>indicated clients A, B, C, D, E, F, G, and H were affected by the action taken since they were temporarily evacuated to a hotel or went home.</p> <p>On 10/12/11 at 1:00 PM the facility policy, "Evacuation Plan/Procedures," dated 9/14/07 was reviewed. The plan did not indicate a procedure for bug infestation.</p> <p>On 10/12/11 at 1:00 PM Administrative Staff #1 was unable to provide a copy of an emergency plan for insect (bed bug) infestation.</p> <p>This federal tag relates to complaint IN00097769.</p> <p>9-3-7(a)</p> | | | | |