

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G538	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/07/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1221 E CR 75 N LOGANSPOORT, IN 46947
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W000000	<p>This visit was for the investigation of complaint #IN00131611.</p> <p>Complaint #IN00131611: SUBSTANTIATED, Federal and State deficiencies related to the allegation are cited at W148, W149, W153, W159, W227, W249, and W436.</p> <p>This visit was in conjunction with the PCR (Post Certification Revisit) to the extended recertification and state licensure survey.</p> <p>Dates of survey: July 30, 31, August 1, 2, 5, 6, and 7, 2013.</p> <p>Provider Number: 15G538 Facility Number: 001052 AIM Number: 100239830</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/21/13 by Ruth Shackelford, QIDP.</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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W000148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on observation, record review, and interview, for 1 of 3 sampled clients (client D), the facility failed to report to client D's guardian/family client D's injuries from SIB (Self Injurious Behavior).</p> <p>Findings include:</p> <p>On 7/30/13 at 1:55 PM, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 06/13/2013 through 07/30/2013 and did not include a BDDS report for client D.</p> <p>Observations were conducted at the group home on 7/30/13 from 3:30 PM through 6:10 PM. From 3:30 PM until 5:45 PM, client D was inside his bedroom. During the observation period GHS (Group Home Staff) #1, GHS #2, GHS #3, and the HM (House Manager) opened client D's door, looked at him, stated a few words to client D, and closed the door. On 7/30/13 at 5:10 PM, client D was laying in his bed, chewing and biting on</p>	W000148	<p>All Indiana Mentor staff are trained on incident reporting and reporting procedures. This training includes what is an incident, identifying BDDS reportable incidents, and timelines for reports. The staff receive training upon hire and annually thereafter. The staff have been retrained on reporting procedures including what are BDDS reportable incidents and incident timelines. Staff were also trained in communication with family and guardians in regards to incidents. The team will do training on incident reports at each of the next two staff meetings. The AD will also review and log the BDDS reports for the next 90 days to ensure proper contacts have been made after a report and they are submitted per state guidelines. Quality assurance will review these logs on a monthly basis After the 90 day period, the area director will continue to review the BDDS reports and track them to ensure guidelines are met. The Area Director will track these reports as well for monitoring purposes.</p>	09/04/2013

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	<p>his reddened right and left hands, without redirection from GHS #1 who had entered client D's bedroom.</p> <p>On 7/31/13 at 1:45 PM, client D's record was reviewed. Client D's 6/6/13 Admission nurses note indicated documentation of "L (Left) Scabs and rash on skin on hands from biting hand." Client D's 6/2013 and 7/2013 MAR (Medication Administration Record) indicated "...6/6(2013) 7am, gauze bit on left hand, gauze wound on right leg (sic)...6/14/13 Band-Aid antibiotic ointment applied to right and left hands for bleeding because of biting...6/24/13 bandage on left hand open wound from biting...." Client D's 6/2013 "Health Care Coordination/Monthly Health Review" by the agency LPN (Licensed Practical Nurse) indicated the following: -"Skin: Issue: Yes, Wound with MRSA (Methicillin-Resistant Staphylococcus Aureus Infection, a bacterial infection that is highly resistant to some antibiotics) R (right) calf healed...House PRN (as needed medications) antibiotic Oint. (Ointment) (for) bites on Knuckles." -6/28/13 returned from home visit yest. (yesterday)...Knuckles better and healing and per home caregiver, they don't bandage them regularly instead he likes to wear batting gloves and is ok (sic) offer him to wear them when he wants to and</p>		<p>Responsible Party: Program Director, Area Director Completion Date: 9/4/2013</p>	

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	<p>when is appropriate."</p> <p>-6/20/13 "Assessed knuckles with staff assist, removed bandaging. L knuckles area with scabbing bite marks. No s/s (signs/symptoms) infection. R knuckles on 2nd and 3rd knuckles with a long bitten area. No drng (drainage) or s/s infection present. Skin sl. (slight) red. Also a smaller bitten area btw. (between) thumb and index finger. Areas cleansed, antibiotic oint. applied and covered with bandages. Per staff and HM (House Manager) areas look better today cont. (continue) to heal. Constantly removes the bandages."</p> <p>-6/19/13 11:32 AM "per HM has R knuckles bitten up again. Doing tx (treatment) and keeping covered."</p> <p>-6/14/13 10:43 AM "per staff R knuckles healed. L knuckles all scabbed over."</p> <p>-6/11/13 8:54 AM, "assessed was uncooperative with assess, staff assisted. Refused to allow assess of area on R calf. Is covered with a Band-Aid. Per staff area is healed but keeping covered. Has new pink skin at area site, no topical tx. ordered and cont's (continues) with antibiotics for MRSA infection the original wound had (sic). Knuckles on both hands covered with gauze and taped, let assess them after he removed the bandages himself. R knuckles with one small scabbed bite mark, L knuckles covered with healing bite marks, are with</p>			

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	<p>some scabbing started (sic). Per staff bit self at home the morning before he moved in last week, came with them bitten up and are looking a lot better. Cleaning and applying antibiotic oint. Recover if he removes them. Bites at knuckles if agitated or stressed." No guardian/family notification was documented regarding client D's biting behaviors.</p> <p>On 7/31/13 at 1:45 PM, client D's record was reviewed. Client D's 5/1/13 ISP (Individual Support Plan) indicated he was admitted 6/1/13 and client D had an involved family support system with a guardian.</p> <p>On 7/31/13 at 7:30 PM, client D's guardian and family were interviewed. Client D's guardian and family members indicated they were not contacted by the group home regarding client D biting his right and left hands until his hands bled. Client D's guardian and family members indicated they picked client D up at the group home in June, 2013 and client D's right and left hands were wrapped with gauze and tape covered his hands to each wrist.</p> <p>Confidential Interview #1 (CI) indicated client D had his right and left hands covered in gauze and tape after he bit his right and left hands until each hand was</p>			

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	<p>bleeding.</p> <p>On 7/31/13 at 12:05 PM, an interview with the QIDP (Qualified Intellectual Disabilities Professional) and Site Director (SD) was conducted. The QIDP and the Site Director both indicated client D's family was not contacted regarding client D's injuries to his right and left hands.</p> <p>This federal tag relates to complaint #IN00131611.</p> <p>9-3-2(a)</p>				

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview, for 1 of 3 sampled clients (client D), the facility neglected to implement their policy and procedure to prevent abuse, neglect, and/or mistreatment to protect client D from injuries due to his SIB (Self Injurious Behavior), failed to notify client D's guardian/family of the SIB, failed to report client D's injuries immediately to BDDS (Bureau of Developmental Disabilities Services), and neglected to provide sufficient supervision to address client D's SIB.</p> <p>Findings include:</p> <p>On 7/30/13 at 1:55 PM, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 06/13/2013 through 07/30/2013 and did not include a BDDS report for client D.</p> <p>Observations were conducted at the group home on 7/30/13 from 3:30 PM through 6:10 PM. From 3:30 PM until 5:45 PM, client D was inside his bedroom. During the observation period GHS (Group Home Staff) #1, GHS #2, GHS #3, and</p>	W000149	<p>All staff recieve client specific training for individuals which include reveiwing targeted behaviors. Additionally for clients who have it staff are trained in individual behavior plans for individuals prior to working with them. Staff are also trained on incident reporting and procedures for injuries resutling from behavioral issues. All staff were retrained on clients D self injurous behavior. Training included identifying the behavior, redirection, and reactionary measures. Staff were also trained on documenting behaviors and reporting injury from behaviors. Management will do observations at least 4 x a month to ensure programs are being followed, and the Area Director will review all BDDS reports for the next 90 days and log them to ensure proper reporting procedures were followed. Quality assurance will review this log on a monthly basis. After 90 days the Area director will continue to review and log the BDDS reports to ensure procedures have been followed. Responsible Party: Program Director Completion Date: 9/5/2013</p>	09/05/2013

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	<p>the HM (House Manager) opened client D's door, looked at him, stated a few words to client D, and closed the door. On 7/30/13 at 5:10 PM, client D was laying in his bed, chewing and biting on his reddened right and left hands, without redirection from GHS #1 who had entered client D's bedroom. At 5:45 PM, client D came out of his room to the dining room table. Client D's plate was prefilled with Texas toast, cut up spaghetti with meat sauce, and cut up salad. Client D pushed the prefilled plate away from him and GHS #2 stated "You have to try it first." The QIDP told GHS #2 to allow client D have his four (4) bottles of Ensure and two containers of prepackaged chocolate pudding.</p> <p>On 7/31/13 at 1:45 PM, client D's record was reviewed. Client D's 6/6/13 Admission nurses note indicated documentation of "L (Left) Scabs and rash on skin on hands from biting hand." Client D's 6/2013 and 7/2013 MAR (Medication Administration Record) indicated "...6/6(2013) 7am, gauze bit on left hand, gauze wound on right leg (sic)...6/14/13 Band-Aid antibiotic ointment applied to right and left hands for bleeding because of biting...6/24/13 bandage on left hand open wound from biting...." Client D's 6/2013 "Health Care Coordination/Monthly Health Review" by</p>						

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	<p>the agency LPN (Licensed Practical Nurse) indicated the following:</p> <p>- "Skin: Issue: Yes, Wound with MRSA (Methicillin-Resistant Staphylococcus Aureus Infection, a bacterial infection that is highly resistant to some antibiotics) R (right) calf healed...House PRN (as needed medications) antibiotic Oint. (Ointment) (for) bites on Knuckles."</p> <p>-6/28/13 returned from home visit yest. (yesterday)...Knuckles better and healing and per home caregiver, they don't bandage them regularly instead he likes to wear batting gloves and is ok (sic) offer him to wear them when he wants to and when is appropriate."</p> <p>-6/20/13 "Assessed knuckles with staff assist, removed bandaging. L knuckles area with scabbing bite marks. No s/s (signs/symptoms) infection. R knuckles on 2nd and 3rd knuckles with a long bitten area. No drng (drainage) or s/s infection present. Skin sl. (slight) red. Also a smaller bitten area btw. (between) thumb and index finger. Areas cleansed, antibiotic oint. applied and covered with bandages. Per staff and HM (House Manager) areas look better today cont. (continue) to heal. Constantly removes the bandages."</p> <p>-6/19/13 11:32 AM "per HM has R knuckles bitten up again. Doing tx (treatment) and keeping covered."</p> <p>-6/14/13 10:43 AM "per staff R knuckles</p>			

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	<p>healed. L knuckles all scabbed over." -6/11/13 8:54 AM, "assessed was uncooperative with assess, staff assisted. Refused to allow assess of area on R calf. Is covered with a Band-Aid. Per staff area is healed but keeping covered. Has new pink skin at area site, no topical tx. ordered and cont's (continues) with antibiotics for MRSA infection the original wound had. Knuckles on both hands covered with gauze and taped, let assess them after he removed the bandages himself. R knuckles with one small scabbed bite mark, L knuckles covered with healing bite marks, are with some scabbing started. Per staff bit self at home the morning before he moved in last week, came with them bitten up and are looking a lot better. Cleaning and applying antibiotic oint. Recover if he removes them. Bites at knuckles if agitated or stressed." No guardian/family notification was documented regarding client D biting his hands.</p> <p>On 7/31/13 at 1:45 PM, client D's record was reviewed. Client D's 5/1/13 ISP (Individual Support Plan) indicated he was admitted 6/1/13. Client D's ISP did not indicate what level of supervision facility staff were to provide to prevent SIB injury. Client D's ISP did not indicate a dining goal. Client D's 6/10/13 "Speech/Swallow Evaluation" indicated</p>						

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	<p>client D had a "Self limiting diet characterized by oral aversion and oral sensory defensiveness. Not an aspiration risk. May need to present what he will tolerate now with food tastes of other items. Consider a wean and intensive feeding the way if a non (unreadable word) teenager diet is desired and dietary consult. for caloric and nutritional needs." Client D's 6/28/13 "Physician's Order" indicated "Please offer 4 pudding cups +/-or (and/or) yogurt each meal allowing client to choose which he wants along with ensure, allow him to eat at the table with others; also allow him to have 2 puddings/yogurt for snack twice a day. This is due to clients' chewing issues and aversion to textures." Client D's 6/20/13 Registered Dietician's (RD) review indicated recommendations to: "Follow ST (Speech Therapy) recommendations per introducing foods. (If) Baby foods are ever introduced only if place the food in a regular bowl (sic). Recommend that client receive a minimum of 9 ensure/day (per day) if meals (unreadable word) are to be refused. May also give ensure plus as an option only 6 1/2 bottles (of ensure plus) (per day)."</p> <p>On 7/31/13 at 1:45 PM, client D's 7/2013 BSP (Behavior Support Plan) was reviewed and did not include interventions for SIB (biting/chewing on</p>			

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	<p>client D's hands). Client D's BSP did include the behavior of aggression. Client D's BSP did not include a level of supervision to prevent SIB injury. Client D's BSP indicated the staff were to offer a choice of activity when client D became frustrated or agitated. Client D's 11/20/11 "Occupational therapy Initial Evaluation" (OT) indicated client D bit and chewed on his hands when client D was "stressed or agitated." The OT indicated "Goals: 1. Provide home program and instructions for caregivers. 2.) Will provide sensory diet home program. 3. [Client D] will demonstrate improve sensory organization, so that he may be more calm and attend to environment more appropriately. a.) He will be able to demonstrate a more organized sensory system for up to 1 hour after receiving his sensory diet. b.) he will decrease in his chewing and biting behaviors by 70%....." Client D's 5/20/12 "Initial Case Analysis" indicated "[Client D] requires close supervision for maladaptive behavior that includes the following: Aggression...Self Injurious behavior of biting his hand, can be severe enough to break the skin and occurs several times monthly...."</p> <p>On 7/31/13 at 7:30 PM, client D's guardian and family were interviewed. Client D's guardian and family members indicated they were not contacted by the</p>				

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	<p>group home regarding client D's behavior of biting his right and left hand until his hands bled. Client D's guardian and family members indicated they picked client D up at the group home in June, 2013 and client D's right and left hands were wrapped with gauze to each wrist.</p> <p>Confidential Interview #1 (CI) indicated client D had his right and left hands covered in gauze and tape after he bit his right and left hands until each was bleeding. CI #1 indicated the group home did not contact the family because client D bit his hands after the group home staff were told by the House Manager and the QIDP (Qualified Intellectual Disabilities Professional) to withhold client D's pudding cups.</p> <p>On 7/31/13 at 12:05 PM, an interview with the QIDP (Qualified Intellectual Disabilities Professional) and Site Director (SD) was conducted. The QIDP indicated the facility neglected to implement their policy and procedure to immediately report client D's injuries which required first aid to his right and left hands which were bleeding. The QIDP indicated the facility neglected to report client D's injuries to his right and left hands. The QIDP and the Site Director (SD) both indicated client D's family was not contacted regarding client</p>				

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	<p>D's injuries to his right and left hands.</p> <p>QIDP and the HM were interviewed on 7/31/13 at 12:05 PM. The QIDP indicated client D's pudding consumption was adjusted after admission. The HM stated "We cannot keep giving him pudding. It's not fair to the other consumers in the home who cannot always eat pudding." The QIDP indicated the facility was adjusting client D's pudding consumption and was introducing newer foods to client D. The QIDP indicated client D's orders for 2 pudding cups and ensure should be available at meals. The QIDP stated client D did not receive 4 pudding cups because "we are trying not to get him to just eat pudding." The QIDP indicated client D had a physician's order but stated "we are trying to wean him off pudding." The QIDP indicated client D did not have a dining goal and did not have a dining protocol in place. The QIDP indicated client D started biting himself after admission to the group home and reopened old bitten areas and had new bitten areas on client D's hands. The QIDP indicated client D bites himself when he was stressed or upset. When asked if client D was upset after his pudding consumption was limited, the QIDP did not respond. The QIDP indicated staff should have offered an activity and redirected client D's</p>			

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1221 E CR 75 N LOGANSPORT, IN 46947		
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	<p>biting/chewing behavior at the group home on 7/30/13. The SD indicated client D's injuries were not reported to BDDS. The QIDP indicated client D's BSP addressed biting/chewing when he became stressed or agitated for aggression.</p> <p>On 7/31/13 at 12:05 PM, a review of the 4/2003 BDDS "Reportable incidents to the Bureau of Developmental Disabilities Services" indicated "Reportable indicates are any event characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual or death of an individual...."</p> <p>This federal tag relates to complaint #IN00131611.</p> <p>9-3-2(a)</p>				

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on observation, record review, and interview, for 1 of 3 sampled clients (client D), the facility failed to report client D's SIB (Self Injurious Behavior) injuries immediately to BDDS (Bureau of Developmental Disabilities Services) in accordance with State Law.</p> <p>Findings include:</p> <p>On 7/30/13 at 1:55 PM, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 06/13/2013 through 07/30/2013 and did not include a BDDS report for client D.</p> <p>Observations were conducted at the group home on 7/30/13 from 3:30 PM through 6:10 PM. From 3:30 PM until 5:45 PM, client D was inside his bedroom. During the observation period GHS (Group Home Staff) #1, GHS #2, GHS #3, and the HM (House Manager) opened client D's door, looked at him, stated a few words to client D, and closed the door. On 7/30/13 at 5:10 PM, client D was</p>	W000153	<p>All Indiana Mentor staff are trained on incident reporting and reporting procedures. This training included what is a reportable incident, BDDS reporting procedures, who to contact, and timelines for reports. Staff receive this training upon hire and annually thereafter. Staff was retrained in reporting procedures, including what is reportable incidents, timelines, communication, and follow up reports. Staff will review these at each of the next two staff meetings. The Area Director will review all BDDS reports for the next 90 days and log them to ensure proper guidelines were followed. This log will be reviewed by quality assurance on a monthly basis. After 90 days the Area director will continue to review all the BDDS reports to ensure procedures are being followed. The area director will also continue to log all of the incident reports for monitoring and tracking. Responsible Party: Area Director, Program Director Completion Date: 9/5/2013</p>	09/05/2013			

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	<p>laying in his bed, chewing and biting on his reddened right and left hands, without redirection from GHS #1 who had entered client D's bedroom.</p> <p>On 7/31/13 at 1:45 PM, client D's record was reviewed. Client D's 6/6/13 Admission nurses note indicated documentation of "L (Left) Scabs and rash on skin on hands from biting hand." Client D's 6/2013 and 7/2013 MAR (Medication Administration Record) indicated "...6/6(2013) 7am, gauze bit on left hand, gauze wound on right leg (sic)...6/14/13 Band-Aid antibiotic ointment applied to right and left hands for bleeding because of biting...6/24/13 bandage on left hand open wound from biting...." Client D's 6/2013 "Health Care Coordination/Monthly Health Review" by the agency LPN (Licensed Practical Nurse) indicated the following: -"Skin: Issue: Yes, Wound with MRSA (Methicillin-Resistant Staphylococcus Aureus Infection, a bacterial infection that is highly resistant to some antibiotics) R (right) calf healed...House PRN (as needed medications) antibiotic Oint. (Ointment) (for) bites on Knuckles." -6/28/13 returned from home visit yest. (yesterday)...Knuckles better and healing and per home caregiver, they don't bandage them regularly instead he likes to wear batting gloves and is ok (sic) offer</p>			

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	<p>him to wear them when he wants to and when is appropriate."</p> <p>-6/20/13 "Assessed knuckles with staff assist, removed bandaging. L knuckles area with scabbing bite marks. No s/s (signs/symptoms) infection. R knuckles on 2nd and 3rd knuckles with a long bitten area. No drng (drainage) or s/s infection present. Skin sl. (slight) red. Also a smaller bitten area btw. (between) thumb and index finger. Areas cleansed, antibiotic oint. applied and covered with bandages. Per staff and HM (House Manager) areas look better today cont. (continue) to heal. Constantly removes the bandages."</p> <p>-6/19/13 11:32 AM "per HM has R knuckles bitten up again. Doing tx (treatment) and keeping covered."</p> <p>-6/14/13 10:43 AM "per staff R knuckles healed. L knuckles all scabbed over."</p> <p>-6/11/13 8:54 AM, "assessed was uncooperative with assess, staff assisted. Refused to allow assess of area on R calf. Is covered with a Band-Aid. Per staff area is healed but keeping covered. Has new pink skin at area site, no topical tx. ordered and cont's (continues) with antibiotics for MRSA infection the original wound had. Knuckles on both hands covered with gauze and taped, let assess them after he removed the bandages himself. R knuckles with one small scabbed bite mark, L knuckles</p>			

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	<p>covered with healing bite marks, are with some scabbing started. Per staff bit self at home the morning before he moved in last week, came with them bitten up and are looking a lot better. Cleaning and applying antibiotic oint. Recover if he removes them. Bites at knuckles if agitated or stressed."</p> <p>On 7/31/13 at 12:05 PM, an interview with the QIDP (Qualified Intellectual Disabilities Professional) and Site Director (SD) was conducted. The QIDP indicated the facility failed to immediately report client D's injuries from SIB to BDDS.</p> <p>This federal tag relates to complaint #IN00131611.</p> <p>9-3-2(a)</p>				

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review, and interview, for 1 of 3 sampled clients (client D), the facility QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate, and monitor client D's active treatment program to develop a behavior support plan (BSP) to include SIB (Self Injurious Behavior), active treatment needs for dining, and community integration.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 7/30/13 from 3:30 PM through 6:10 PM. From 3:30 PM until 5:45 PM, client D was inside his bedroom. During the observation period GHS (Group Home Staff) #1, GHS #2, GHS #3, and the HM (House Manager) opened client D's door, looked at him, stated a few words to client D, and closed the door. On 7/30/13 at 5:10 PM, client D was laying in his bed, chewing and biting on his reddened right and left hands, without redirection from GHS #1 who had entered client D's bedroom. At 5:45 PM, client D came out of his room to the dining room table. Client D's plate</p>	W000159	<p>Upon screening and admission the individuals IDT meets to formulate goals and plans to address areas of need and improvement. After assessment the QMRP completes the ISP for formal goal and skill development which is reviewed and approved by the IDT. The QMRP monitors, adjusts, and tracks these formal goals on a monthly basis and sends out monthly progress notes on these. The QMRP has added a formal dining plan and community goal for client D's plan. The staff have been trained on the new plans and are being implemented. The behavioralist was contacted and is adding the SIB to the new behavior plan and training staff on the SIB. The QMRP is reviewing the remaining ISP's to ensure active treatment goals are in place. The Management team will do at least 4 observations per month for six months to ensure active treatment is on going. New ISPs will be reviewed by the IDT and Area Director for next 6 months to ensure all goals are included. After 6 months management will continue to do observations at least 3x a month in the homes to ensure active treatment is on going. The IDT</p>	09/05/2013

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	<p>was prefilled with Texas toast, cut up spaghetti with meat sauce, and cut up salad. Client D pushed the prefilled plate away from him and GHS #2 stated "You have to try it first." The QIDP told GHS #2 to allow client D to have his four (4) bottles of Ensure and two containers of prepackaged chocolate pudding.</p> <p>On 7/31/13 at 1:45 PM, client D's record was reviewed. Client D's 6/6/13 Admission nurses note indicated documentation of "L (Left) Scabs and rash on skin on hands from biting hand." Client D's 6/2013 and 7/2013 MAR (Medication Administration Record) indicated "...6/6(2013) 7am, gauze bit on left hand, gauze wound on right leg (sic)...6/14/13 Band-Aid antibiotic ointment applied to right and left hands for bleeding because of biting...6/24/13 bandage on left hand open wound from biting...." Client D's 6/2013 "Health Care Coordination/Monthly Health Review" by the agency LPN (Licensed Practical Nurse) indicated the following: -"Skin: Issue: Yes, Wound with MRSA (Methicillin-Resistant Staphylococcus Aureus Infection, a bacterial infection that is highly resistant to some antibiotics) R (right) calf healed...House PRN (as needed medications) antibiotic Oint. (Ointment) (for) bites on Knuckles." -6/28/13 returned from home visit yest.</p>		will continue to meet annually to complete new goals and ensure proper programming is in place for each individual. Responsible Party: Program Director, Behavioralist Completion Date: 9/5/2013				

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	<p>(yesterday)...Knuckles better and healing and per home caregiver, they don't bandage them regularly instead he likes to wear batting gloves and is ok (sic) offer him to wear them when he wants to and when is appropriate."</p> <p>-6/20/13 "Assessed knuckles with staff assist, removed bandaging. L knuckles area with scabbing bite marks. No s/s (signs/symptoms) infection. R knuckles on 2nd and 3rd knuckles with a long bitten area. No drng (drainage) or s/s infection present. Skin sl. (slight) red. Also a smaller bitten area btw. (between) thumb and index finger. Areas cleansed, antibiotic oint. applied and covered with bandages. Per staff and HM (House Manager) areas look better today cont. (continue) to heal. Constantly removes the bandages."</p> <p>-6/19/13 11:32 AM "per HM has R knuckles bitten up again. Doing tx (treatment) and keeping covered."</p> <p>-6/14/13 10:43 AM "per staff R knuckles healed. L knuckles all scabbed over."</p> <p>-6/11/13 8:54 AM, "assessed was uncooperative with assess, staff assisted. Refused to allow assess of area on R calf. Is covered with a Band-Aid. Per staff area is healed but keeping covered. Has new pink skin at area site, no topical tx. ordered and cont's (continues) with antibiotics for MRSA infection the original wound had. Knuckles on both</p>			

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	<p>hands covered with gauze and taped, let assess them after he removed the bandages himself. R knuckles with one small scabbed bite mark, L knuckles covered with healing bite marks, are with some scabbing started. Per staff bit self at home the morning before he moved in last week, came with them bitten up and are looking a lot better. Cleaning and applying antibiotic oint. Recover if he removes them. Bites at knuckles if agitated or stressed."</p> <p>On 7/31/13 at 1:45 PM, client D's 7/2013 BSP (Behavior Support Plan) was reviewed and did not include interventions for biting/chewing hands. Client D's BSP did include the behavior of aggression. Client D's BSP indicated the staff were to offer a choice of activity when client D became frustrated or agitated. Client D's 11/20/11 "Occupational therapy Initial Evaluation" (OT) indicated client D bit and chewed on his hands when client D was "stressed or agitated." The OT indicated "Goals: 1. Provide home program and instructions for caregivers. 2.) Will provide sensory diet home program. 3. [Client D] will demonstrate improve sensory organization, so that he may be more calm and attend to environment more appropriately. a.) He will be able to demonstrate a more organized sensory</p>						

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	<p>system for up to 1 hour after receiving his sensory diet. b.) he will decrease in his chewing and biting behaviors by 70%....." Client D's 5/20/12 "Initial Case Analysis" indicated "[Client D] requires close supervision for maladaptive behavior that includes the following: Aggression...Self Injurious behavior of biting his hand, can be severe enough to break the skin and occurs several times monthly...." Client D's BSP did not include what type of supervision client D required to prevent his SIB (Self Injurious Behaviors). Client D's BSP did not include sensory guidelines.</p> <p>2. Observations were conducted at the group home on 7/30/13 from 3:30 PM through 6:10 PM. From 3:30 PM until 5:45 PM, client D was inside his bedroom. At 5:45 PM, client D came out of his room to the dining room table. Client D's plate was prefilled with Texas toast, cut up spaghetti with meat sauce, and cut up salad. Client D pushed the prefilled plate away from him and GHS (Group Home Staff) #2 stated "You have to try it first." The QIDP (Qualified Intellectual Disabilities Professional) told GHS #2 to allow client D to have his four (4) bottles of Ensure and two containers of prepackaged chocolate pudding. Client D independently fed himself four bottles of Ensure and two pudding cups.</p>			

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	<p>On 7/31/13 at 1:45 PM, client D's record was reviewed. Client D's 5/1/13 ISP (Individual Support Plan) indicated he was admitted 6/1/13. Client D's ISP did not indicate a dining goal and did not indicate client D had been out into the community. Client D's 6/10/13 "Speech/Swallow Evaluation" indicated client D had a "Self limiting diet characterized by oral aversion and oral sensory defensiveness. Not an aspiration risk. May need to present what he will tolerate now with food tastes of other items. Consider a wean and intensive feeding the way if a non (unreadable word) teenager diet is desired and dietary consult. for caloric and nutritional needs." Client D's 6/28/13 "Physician's Order" indicated "Please offer 4 pudding cups +/- (and/or) yogurt each meal allowing client to choose which he wants along with ensure, allow him to eat at the table with others; also allow him to have 2 puddings/yogurt for snack twice a day. This is due to client's chewing issues and aversion to textures." Client D's 6/20/13 Registered Dietician's (RD) review indicated recommendations to: "Follow ST (Speech Therapy) recommendations per introducing foods. (If) Baby foods are ever introduced only if place the food in a regular bowl (sic). Recommend that client receive a minimum of 9 ensure/day</p>			

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	<p>(per day) if meals (unreadable word) are to be refused. May also give ensure plus as an option only 6 1/2 bottles (of ensure plus) (per day)."</p> <p>Confidential Interview (CI) #1 indicated client D went grocery shopping while at his parents' home and had the skills to pick out pudding cups and hand money to the cashier.</p> <p>QIDP and the HM were interviewed on 7/31/13 at 12:05 PM. The QIDP indicated client D's pudding consumption was adjusted after admission. The HM stated "We cannot keep giving him pudding. It's not fair to the other consumers in the home who cannot always eat pudding." The QIDP indicated the facility was adjusting client D's pudding consumption and was introducing newer foods to client D. The QIDP indicated client D's orders for 2 pudding cups and ensure should be available at meals. The QIDP stated client D did not receive 4 pudding cups because "we are trying not to get him to just eat pudding." The QIDP indicated client D had a physician's order but stated "we are trying to wean him off pudding." The QIDP indicated client D did not have a dining goal and/or a dining protocol in place. The QIDP indicated client D started biting himself after admission to the group home and reopened areas on his</p>						

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	<p>hands and developed new areas on his hands. The QIDP indicated client D bites himself when he was stressed or upset. When asked if client D was upset after his pudding consumption was limited, the QIDP did not respond. The QIDP indicated staff should have offered an activity and redirected client D's biting/chewing behavior at the group home on 7/30/13. The QIDP indicated client D's BSP addressed biting/chewing when he became stressed or agitated. When asked where client D's SIB was documented, the QIDP indicated she would locate the information. The HM and the QIDP stated client D "was not appropriate" for attending grocery shopping because of his behaviors.</p> <p>On 8/1/13 at 10:04 AM, and on 8/7/13 at 2:57 PM, the SD indicated no additional information regarding client D's SIB behaviors and BSP documentation of SIB was available for review.</p> <p>Please refer to W227. The facility failed to develop an Individual Support Plan (ISP) goal/objective to address client D's dining needs and failed to develop a Behavior Support Plan (BSP) to address client D's SIB (Self Injurious Behavior) for 1 of 3 sample clients (client D).</p> <p>This federal tag relates to complaint</p>						

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	#IN00131611. 9-3-3(a)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G538		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/07/2013	
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W000227	<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, for 1 of 3 sample clients (client D), the facility failed to develop an Individual Support Plan (ISP) goal/objective to address client D's dining needs and failed to develop a Behavior Support Plan (BSP) to address client D's SIB (Self Injurious Behavior).</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 7/30/13 from 3:30 PM through 6:10 PM. From 3:30 PM until 5:45 PM, client D was inside his bedroom. At 5:45 PM, client D came out of his room to the dining room table. Client D's plate was prefilled with Texas toast, cut up spaghetti with meat sauce, and cut up salad. Client D pushed the prefilled plate away from him and GHS (Group Home Staff) #2 stated "You have to try it first." The QIDP (Qualified Intellectual Disabilities Professional) told GHS #2 to allow client D to have his four (4) bottles of Ensure and two containers of prepackaged chocolate pudding. Client D independently fed himself four bottles</p>	W000227	<p>Upon screening and admission the individuals IDT meets to formulate goals and plans to address areas of need and improvement. After assessment the QMRP completes the ISP for formal goal and skill developement which is reviewed and approved by the IDT. The QMRP monitors, adjusts, and tracks these formal goals on a monthly basis and sends out monthly progress notes on these. The QMRP has added a formal dining plan and community goal for client D's plan. The staff have been trained on the new plans and are being implemented. The behavioralist was contacted and is adding the SIB to the new behavior plan and training staff on the SIB. The QMRP is reviewing the remaining ISP's to ensure active treatment goals are in place. The Management team will do at least 4 observations per month for six months to ensure active treatment is on going. New ISPs will be reviewed by the IDT and Area Director for next 6 months to ensure all goals are included. After 6 months management will continue to do observations at least 3x a month in the homes to ensure active</p>	09/05/2013			

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	<p>of Ensure and two pudding cups.</p> <p>On 7/31/13 at 1:45 PM, client D's record was reviewed. Client D's 5/1/13 ISP (Individual Support Plan) indicated he was admitted 6/1/13. Client D's ISP did not indicate a dining goal. Client D's 6/10/13 "Speech/Swallow Evaluation" indicated client D had a "Self limiting diet characterized by oral aversion and oral sensory defensiveness. Not an aspiration risk. May need to present what he will tolerate now with food tastes of other items. Consider a wean and intensive feeding the way if a non (unreadable word) teenager diet is desired and dietary consult. for caloric and nutritional needs." Client D's 6/28/13 "Physician's Order" indicated "Please offer 4 pudding cups +/- (and/or) yogurt each meal allowing client to choose which he wants along with ensure, allow him to eat at the table with others; also allow him to have 2 puddings/yogurt for snack twice a day. This is due to client's chewing issues and aversion to textures." Client D's 6/20/13 Registered Dietician's (RD) review indicated recommendations to: "Follow ST (Speech Therapy) recommendations per introducing foods. (If) Baby foods are ever introduced only if place the food in a regular bowl (sic). Recommend that client receive a minimum of 9 ensure/day (per day) if meals (unreadable word) are</p>		<p>treatment is on going. The IDT will continue to meet annually to complete new goals and ensure proper programming is in place for each individual. Responsible Party: Program Director, Behavioralist Completion Date: 9/5/2013</p>	

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	<p>to be refused. May also give ensure plus as an option only 6 1/2 bottles (of ensure plus) (per day)."</p> <p>The QIDP was interviewed on 7/31/13 at 12:05 PM. The QIDP indicated client D did not have a dining goal and/or a dining protocol in place.</p> <p>2. Observations were conducted at the group home on 7/30/13 from 3:30 PM through 6:10 PM. From 3:30 PM until 5:45 PM, client D was inside his bedroom. During the observation period GHS (Group Home Staff) #1, GHS #2, GHS #3, and the HM (House Manager) opened client D's door, looked at him, stated a few words to client D, and closed the door. On 7/30/13 at 5:10 PM, client D was laying in his bed, chewing and biting on his reddened right and left hands, without redirection from GHS #1 who had entered client D's bedroom.</p> <p>On 7/31/13 at 1:45 PM, client D's record was reviewed. Client D's 6/6/13 Admission nurses note indicated documentation of "L (Left) Scabs and rash on skin on hands from biting hand." Client D's 6/2013 and 7/2013 MAR (Medication Administration Record) indicated "...6/6(2013) 7am, gauze bit on left hand, gauze wound on right leg (sic)...6/14/13 Band-Aid antibiotic</p>						

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	<p>ointment applied to right and left hands for bleeding because of biting...6/24/13 bandage on left hand open wound from biting...." Client D's 6/2013 "Health Care Coordination/Monthly Health Review" by the agency LPN (Licensed Practical Nurse) indicated the following:</p> <p>- "Skin: Issue: Yes, Wound with MRSA (Methicillin-Resistant Staphylococcus Aureus Infection, a bacterial infection that is highly resistant to some antibiotics) R (right) calf healed...House PRN (as needed medications) antibiotic Oint. (Ointment) (for) bites on Knuckles." -6/28/13 returned from home visit yest. (yesterday)...Knuckles better and healing and per home caregiver, they don't bandage them regularly instead he likes to wear batting gloves and is ok (sic) offer him to wear them when he wants to and when is appropriate." -6/20/13 "Assessed knuckles with staff assist, removed bandaging. L knuckles area with scabbing bite marks. No s/s (signs/symptoms) infection. R knuckles on 2nd and 3rd knuckles with a long bitten area. No drng (drainage) or s/s infection present. Skin sl. (slight) red. Also a smaller bitten area btw. (between) thumb and index finger. Areas cleansed, antibiotic oint. applied and covered with bandages. Per staff and HM (House Manager) areas look better today cont. (continue) to heal. Constantly removes</p>			

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	<p>the bandages." -6/19/13 11:32 AM "per HM has R knuckles bitten up again. Doing tx (treatment) and keeping covered." -6/14/13 10:43 AM "per staff R knuckles healed. L knuckles all scabbed over." -6/11/13 8:54 AM, "assessed was uncooperative with assess, staff assisted. Refused to allow assess of area on R calf. Is covered with a Band-Aid. Per staff area is healed but keeping covered. Has new pink skin at area site, no topical tx. ordered and cont's (continues) with antibiotics for MRSA infection the original wound had. Knuckles on both hands covered with gauze and taped, let assess them after he removed the bandages himself. R knuckles with one small scabbed bite mark, L knuckles covered with healing bite marks, are with some scabbing started. Per staff bit self at home the morning before he moved in last week, came with them bitten up and are looking a lot better. Cleaning and applying antibiotic oint. Recover if he removes them. Bites at knuckles if agitated or stressed."</p> <p>On 7/31/13 at 1:45 PM, client D's 7/2013 BSP (Behavior Support Plan) was reviewed and did not include interventions for biting/chewing his hands. Client D's BSP did include the behavior of aggression. Client D's BSP</p>				

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	<p>indicated the staff were to offer a choice of activity when client D became frustrated or agitated. Client D's 11/20/11 "Occupational therapy Initial Evaluation" (OT) indicated client D bit and chewed on his hands when client D was "stressed or agitated." The OT indicated "Goals: 1. Provide home program and instructions for caregivers. 2.) Will provide sensory diet home program. 3. [Client D] will demonstrate improve sensory organization, so that he may be more calm and attend to environment more appropriately. a.) He will be able to demonstrate a more organized sensory system for up to 1 hour after receiving his sensory diet. b.) he will decrease in his chewing and biting behaviors by 70%....." Client D's 5/20/12 "Initial Case Analysis" indicated "[Client D] requires close supervision for maladaptive behavior that includes the following: Aggression...Self Injurious behavior of biting his hand, can be severe enough to break the skin and occurs several times monthly...." Client D's BSP did not include what type of supervision client D required to prevent his SIB (Self Injurious Behaviors). Client D's BSP did not include sensory guidelines.</p> <p>The QIDP and the HM were interviewed on 7/31/13 at 12:05 PM. The QIDP indicated client D started biting himself</p>				

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	<p>after admission to the group home and reopened areas on his hands and developed new areas on his hands. The QIDP indicated client D bites himself when he was stressed or upset. The QIDP indicated staff should have offered an activity and redirected client D's biting/chewing behavior at the group home on 7/30/13. The QIDP indicated client D's BSP addressed biting/chewing when he became stressed or agitated. When asked where client D's SIB was documented, the QIDP indicated she would locate the information.</p> <p>On 8/1/13 at 10:04 AM, and on 8/7/13 at 2:57 PM, the SD indicated no additional information regarding client D's SIB behaviors and BSP documentation of SIB were available for review.</p> <p>This federal tag relates to complaint #IN00131611.</p> <p>9-3-4(a)</p>				

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W000249	<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, for 2 of 3 sampled clients (clients A and D), the facility failed to implement client A's toileting and client D's communication goals/objectives when opportunities existed.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 7/30/13 from 3:30 PM through 6:10 PM. During the observation period client A was seated in a wheelchair, was non verbal in that the client did not speak, and did not propel the wheelchair independently. During the observation period GHS (Group Home Staff) #1, GHS #2, GHS #3, and the HM (House Manager) assisted client A to manipulate puzzle pieces, painted client A's finger nails, and colored on paper. Client A was not toileted or assisted to the bathroom for toileting. At 5:45pm, client A was assisted to the bathroom by facility staff, client A did not use the toilet, client A was assisted to wash her hands, and</p>	W000249	<p>Upon screening and admission the individuals IDT meets to formulate goals and plans to address areas of need and improvement. After assessment the QMRP completes the ISP for formal goal and skill developement which is reviewed and approved by the IDT. The QMRP monitors, adjusts, and tracks these formal goals on a monthly basis and sends out monthly progress notes on these. The QMRP has added a formal communication goal for client D's plan and a formal toileting goal to client A's plan. The staff have been trained on the new plans and are being implemented. The QMRP is reviewing the remaining ISP's to ensure active treatment goals are in place. The Management team will do at least 4 observations per month for six months to ensure active treatment is on going. New ISPs will be reviewed by the IDT and Area Director for next 6 months to ensure all goals are included. After 6 months management will continue to do observations at least 3x a month</p>	09/05/2013			

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	<p>staff propelled the client's wheelchair to the dining room table. No toileting was observed.</p> <p>On 7/31/13 at 2:20pm, client A's record was reviewed. Client A's 2/22/13 ISP (Individual Support Plan) and 4/2013 "Physician's Order" indicated client A's diagnoses included but were not limited to: Scoliosis, Cerebral Palsy, and Osteoporosis. Both records indicated client A was non verbal and required assistance from staff to transfer her from the wheelchair to another position. Client A's ISP indicated a goal/objective to sit on the toilet for two (2) minutes.</p> <p>The QIDP was interviewed on 7/31/13 at 12:05 PM. The QIDP indicated client A should be assisted to the bathroom to sit on the toilet for two minutes every two hours. The QIDP indicated client A should be assisted to the bathroom because client A would not self initiate going to the bathroom herself and wore adult incontinence briefs because client A was incontinent of urine and bowel. The QIDP indicated client A's goal/objective was not implemented.</p> <p>2. Observations were conducted at the group home on 7/30/13 from 3:30 PM through 6:10 PM. From 3:30 PM until 5:45 PM, client D was inside his</p>		<p>in the homes to ensure active treatment is on going. The IDT will continue to meet annually to complete new goals and ensure proper programming is in place for each individual. Responsible Party: Program Director, Behavioralist Completion Date: 9/5/2013</p>				

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	<p>bedroom. During the observation period GHS (Group Home Staff) #1, GHS #2, GHS #3, and the HM (House Manager) opened client D's door, looked at him, stated a few words to client D, and closed the door. No augmented communication device or communication board/book was used. On 7/30/13 at 5:10 PM, client D was laying in his bed, chewing on his reddened right and left hands, without redirection from GHS #1 who had entered client D's bedroom. At 5:10pm, client D's dresser had a plastic bag with laminated pictures of items to use for communication and an augmented communication device sitting on top of the dresser. At 5:10 PM, GHS #1 stated "we don't use" the communication pictures to communicate with client D and the augmented communication device was not used to communicate with client D because "we (the staff) don't know how to use it." GHS #1 indicated no communication device/board/pictures were used by facility staff at the current time. GHS #1 stated "we just talk to him" and he "takes us where he wants" to show the staff what he wants. At 5:45 PM, client D came out of his room to the dining room table. Client D's plate was prefilled with Texas toast, cut up spaghetti with meat sauce, and cut up salad. Client D pushed the prefilled plate away from him and GHS #2 stated "You</p>			

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	<p>have to try it first." The QIDP told GHS #2 to allow client D to have his four (4) bottles of Ensure and two containers of prepackaged chocolate pudding. No communication device/board was used by client D and the staff.</p> <p>On 7/31/13 at 1:45 PM, client D's record was reviewed. Client D's 5/1/13 ISP (Individual Support Plan) indicated he was admitted 6/1/13. Client D's 6/11/12 "Psychological Report" indicated "Recommendations: 4. [Client D] may benefit from being provided with social and cognitive stimulation on a daily basis. This may include music, being talked to, or looking at books and pictures. He should be encouraged to communicate with others...8. [Client D] may benefit from having his behaviors monitored closely so that a professional could offer suggestions for reducing his maladaptive behaviors." Client D's 6/10/13 "Speech/Swallow Evaluation" indicated "...Communication skills less than 12 months, consider continued use of ABC (Augmented) device he already has. Use it usual supports, labels, picture schedules for ADL's (Activities of Daily Living)." Client D's 5/1/13 ISP indicated a goal/objective to use his communication board to communicate his needs to staff.</p> <p>QIDP was interviewed on 7/31/13 at</p>			

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	<p>12:05 PM. The QIDP indicated she was not aware of the augmented device. The QIDP indicated client D had a communication goal/objective to communicate his wants/needs and staff should have used the communication board. The QIDP indicated client D's goal/objective was not implemented.</p> <p>This federal tag relates to complaint #IN00131611.</p> <p>9-3-4(a)</p>			

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <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 3 sampled clients (client D) with adaptive equipment, the facility failed to teach and encourage client D to use his augmented device to communicate and failed to have a communication board available.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/30/13 from 3:30 PM through 6:10 PM. From 3:30 PM until 5:45 PM, client D was inside his bedroom. During the observation period GHS (Group Home Staff) #1, GHS #2, GHS #3, and the HM (House Manager) opened client D's door, looked at him, stated a few words to client D, and closed the door. No augmented communication device and/or communication board/book was used. On 7/30/13 at 5:10 PM, client D was laying in his bed, chewing on his reddened right and left hands, without redirection from GHS #1 who had entered client D's bedroom. At 5:10pm, client D's dresser had a plastic bag with laminated</p>	W000436	<p>Indiana Mentor has policies and procedures in place that outline use of adaptive equipment. The QMRP ensures that staff are trained on the use of any adaptive equipment and that it is used properly. This equipment is listed in the plans and should be kept in good repair. The QMRP added a formal goal outlining the use of the communication equipment. Staff have been trained on using the communication equipment both formally and informally. The QMRP is reviewing other ISPs to ensure all adaptive equipment is listed and in good use. Management will do four observations per month for 6 months to ensure programming is occurring as scheduled and ensure equipment is in good use. On going management will continue to do observations at least 3x a month in the homes to ensure active treatment is on going. The IDT will continue to meet annually to complete new goals and ensure proper programming is in place for each individual. Responsible Party: Program Director Completion Date: 9/5/2013</p>	09/05/2013			

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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			
	<p>pictures of items to use for communication and an augmented communication device sitting on top of the dresser. At 5:10 PM, GHS #1 stated "we don't use" the communication pictures to communicate with client D and the augmented communication device was not used to communicate with client D because "we (the staff) don't know how to use it." GHS #1 indicated no communication device/board/pictures were used by facility staff at the current time. GHS #1 stated "we just talk to him" and "he takes us where he wants to show" the staff what he wants. At 5:45 PM, client D came out of his room to the dining room table. Client D's plate was prefilled with texas toast, cut up spaghetti with meat sauce, and cut up salad. Client D pushed the prefilled plate away from him and GHS #2 stated "You have to try it first." The QIDP told GHS #2 to allow client D to have his four (4) bottles of Ensure and two containers of prepackaged chocolate pudding. No communication device/board was used by client D and/or the facility staff.</p> <p>On 7/31/13 at 1:45 PM, client D's record was reviewed. Client D's 5/1/13 ISP (Individual Support Plan) indicated he was admitted 6/1/13. Client D's 6/11/12 "Psychological Report" indicated "Recommendations: 4. [Client D] may</p>						

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	<p>benefit from being provided with social and cognitive stimulation on a daily basis. This may include music, being talked to, or looking at books and pictures. He should be encouraged to communicate with others...8. [Client D] may benefit from having his behaviors monitored closely so that a professional could offer suggestions for reducing his maladaptive behaviors." Client D's 6/10/13 "Speech/Swallow Evaluation" indicated client D had a "...Communication skills less than 12 months, consider continued use of ABC (Augmented) device he already has. Use it usual supports, labels, picture schedules for ADL's (Activities of Daily Living)." Client D's 5/1/13 ISP indicated a goal/objective use his communication board to communicate his needs to staff.</p> <p>The QIDP was interviewed on 7/31/13 at 12:05 PM. The QIDP indicated client D did not have a communication board and/or his augmented device used during the observation. The QIDP indicated she was not aware of the augmented device. The QIDP indicated client D had a communication goal/objective to communicate his wants/needs and staff should have used the communication board. The QIDP indicated client D's goal/objective was not implemented.</p>						

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	This federal tag relates to complaint #IN00131611. 9-3-7(a)				