

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G506	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/25/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7085 ALLISONVILLE RD INDIANAPOLIS, IN 46220
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W0000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 4/16/12, 4/17/12, 4/18/12, 4/19/12, 4/24/12 and 4/25/12.</p> <p>Facility Number: 001020 Provider Number: 15G506 AIMS Number: 100244980</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/2/12 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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W0218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure a current/or accurate SA (Sensorimotor Assessment) had been completed to meet the client's needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/16/12 from 4:30 PM through 5:30 PM. Client #3 was observed in the home throughout the observation period. Client #3 was visually impaired in that he had no left eye and cataracts in his remaining right eye. At 5:00 PM client #3 was participating in the group home's family style dining for the evening meal. Client #3 had taco meat with seasoning, mixed vegetables, tortilla chips with salsa and diced cantaloupe. Client #3 used a standard dining plate with a fork. Client #3 consumed his meal by placing his face next to his plate and then used his fork to scoop the food from the plate to his mouth. Client #3 positioned his mouth against the edge of the plate before scooping the food into his mouth. Client #3 was bumping into his housemates and walls as he ambulated through the house</p>	W0218	<p>Appointments will be scheduled for Client #3 for an OT/PT assessment and vision assessment to evaluate his visual impairment needs, mobility needs and dining needs. Once evaluations are completed IDT meetings will be held to review recommendations and make any necessary changes and/or modifications based on Client #3 needs. Program Director and Home Manager will receive retraining that includes the need to ensure that all consumers receive appropriate assessments to evaluate the need for any adaptive equipment and/or modifications as needed. The Area Director will review the next 3 ISPs submitted by this Program Director to ensure that all necessary assessments have been completed and/or scheduled to evaluate each client's abilities as needed. Ongoing, the Program Director will ensure that all consumers receive appropriate assessments to evaluate the need for any adaptive equipment and/or modifications as needed. Responsible Staff: Home Manager, Program Director, Area Director</p>	05/25/2012			

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	<p>throughout the observation period.</p> <p>Observations were conducted at the group home on 4/17/12 from 6:15 AM through 8:00 AM. Client #3 was in the group home throughout the observation period. Client #3 was bumping into his housemates and walls of the group home as he ambulated through the house throughout the observation period.</p> <p>Client #3's record was reviewed on 4/18/12 at 12:20 PM. Client #3's ISP (Individual Support Plan) dated 3/30/12 indicated, "[Client #3] requires no special utensels (sic) or other adaptive equipment for meals. [Client #3] is independently ambulatory however [client #3's] eyesight is failing." Client #3's Monthly Health Care Coordination Summary dated March 2012, February 2012 and January 2012 indicated client #3 had no left eye and had a cataract in his remaining right eye. Client #3's record did not contain a sensorimotor assessment to address his visual impairment needs, mobility needs and dining needs.</p> <p>Interview with HM #1 (Home Manager) on 4/16/12 at 5:15 PM indicated client #3 was visually impaired. HM #1 stated, "[Client #3] is going blind. [Client #3] has one eye and it has cataracts that are getting worse. [Client #3's] guardian</p>						

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	<p>doesn't want the surgery. [Client #3] can't see though, he is having trouble getting through the house and keeps running into people. [Client #3] can't see to eat his food. He sticks his face to his plate so he can eat."</p> <p>Interview with QMRP #1 (Qualified Mental Retardation Professional) on 4/16/12 at 5:20 PM indicated client #3 had a visual impairment. QMRP #1 indicated client #3 placed his face to his plate during mealtime. QMRP #1 indicated client #3 had previously been assessed for his meal time needs and had an adaptive spoon. QMRP #1 indicated client #3 refused to use the adaptive spoon. QMRP #1 indicated client #3 walked into his peers while walking through the house. QMRP #1 indicated client #3 had walked into or bumped the walls through the house while he walked through the house.</p> <p>Interview with AS (Administrative Staff) #1 on 4/19/12 at 1:45 PM indicated client #3 should be assessed for dining supports and mobility.</p> <p>9-3-4(a)</p>			

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W0249	<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 1 of 4 sampled clients (#2) plus one additional client (#5), the facility failed to implement the clients' training objectives during formal and informal training opportunities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/16/12 from 6:15 AM through 8:00 AM. At 6:55 AM client #5 was prompted by staff #1 to come to the medication administration area. Client #5 came to the medication administration area and sat down. Staff #1 proceeded to administer client #5's morning medications. Staff #1 did not prompt or encourage client #5 to participate in the administration of his medicine. At 7:05 AM client #2 was prompted by staff #1 to come to the medication administration area. Client #2 came to the medication area and sat down. Staff #1 proceeded to administer client #2's morning medications. Staff #1 did not prompt or</p>	W0249	<p>All Direct Care staff will receive retraining on all consumers Medication Administration goals including Client #2 and #5, and the need to complete formal training goals as indicated, especially at Medication administration times.</p> <p>For the next four weeks, the Home Manager and/or Program Director will complete Medication Administration observations a minimum of twice weekly to ensure that all staff are completing all consumers Medication Administration goals as written. Ongoing, the Home Manager and/or Program Director will complete Medication Administration observations a minimum of once weekly to ensure that all staff are completing all consumers Medication Administration goals as written.</p> <p>Responsible Staff: Home Manager, Program Director</p>	05/25/2012			

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	<p>encourage client #2 to participate in the administration of his medicine.</p> <p>Client #2's record was reviewed on 4/18/12 at 9:33 AM. Client #2's ISP (Individual Support Plan) dated 8/19/11 indicated client #2 was not independent in medication administration and required additional training and supports. Client #2's ISP indicated a medication administration goal of getting his own glass of water for medication administration.</p> <p>Client #5's PSMS (Participant Status Monthly Summary) dated March 2012 was reviewed on 4/24/12 at 4:40 PM. The PSMS indicated client #5 was not independent in medication administration and required additional training and supports. Client #5's PSMS indicated the following medication administration training objective:</p> <p>"...[client #5] will get a glass of water independently 85% of trials."</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1, AS (Administrative Staff) #1 and HM (Home Manager) #1 on 4/19/12 at 1:45 PM indicated staff should train clients at every available opportunity. AS #1 indicated formal and informal training should be</p>				

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	<p>occurring during medication administration times.</p> <p>9-3-4(a)</p>				

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W0264	<p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (#2, #3 and #4), the facility failed to ensure the HRC (Human Rights Committee) reviewed and approved the facility's practice of restricting client #3 and client #4's access to tobacco. The facility failed to ensure the HRC reviewed and approved the use of a sedative for client #2 prior to a dental appointment.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 4/16/12 from 6:15 AM through 8:00 AM. At 7:20 AM client #3 requested his tobacco from HM (Home Manager) #1. HM #1 stated to client #3, "You need to wait to get your tobacco until [staff #1] is done passing medications. Then you can have your tobacco and go smoke." HM #1 then stated to client #4, "You guys need to wait until [staff #1] is passing medications. You know you don't get your tobacco</p>	W0264	<p>1. IDT meetings will be held for Client #3 and #4 to evaluate the need for their tobacco access to be restricted. If the IDTs determine and approve tobacco restriction for Client #3 and #4, the Program Director will obtain HRC approval for the recommended restrictions. The Program Director will also work with the Behavior Consultant to ensure any restrictions are included into the consumers Behavior Support Plans.</p> <p>2. The Program Director will have an IDT for Client #2 to determine there is a continued need for sedation prior to dental appointments. If the sedation is determined to still be needed, the Program Director will obtain HRC approval for the recommended restrictions. The Program Director will also work with the Behavior Consultant to ensure any restrictions are included into Client #2 Behavior Support Plans.</p> <p>The Program Director will receive</p>	05/25/2012			

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	<p>until medications are done." Client #4 was then prompted to mop her room until after staff #1 had finished passing the group home medications. At 7:30 AM HM #1 prompted client #3 and client #4 to a locked cabinet in the office area of the group home. HM #1 retrieved a metal lock box from the cabinet and gave client #3 and client #4 their tobacco for the morning. Client #4 was unable to reach the box as she was in a wheelchair. Client #3 and client #4 then exited the group home through the vacant medication administration area to the group home's back porch to smoke before the morning transport to day services.</p> <p>HM #1 was interviewed on 4/18/12 at 7:40 AM. HM #1 stated,"If we didn't put [client #3's] tobacco away he would smoke it all by the end of the day. [Client #4] is on a plan to quit. [Client #4] gets cigarettes in the morning and in the evening after her meal. I'm not sure how they do it at the workshop but she only gets three a day."</p> <p>Client #4 was interviewed on 4/19/12 at 11:30 AM. Client #4 indicated she could not reach the cigarettes from her wheelchair. Client #4 stated, "I would like to have more cigarettes for the day. Right now I only get three a day but I want one before I go to bed. My last one is after</p>		<p>retraining on the need to ensure that Human Rights Committee Approvals are obtained for any restrictions recommended for any consumer prior to the restrictions being implemented.</p> <p>Ongoing, the Program Director will ensure that Human Rights Committee Approvals are obtained for any restrictions recommended for any consumer prior to the restrictions being implemented.</p> <p>Responsible Staff: Program Director, Area Director</p>				

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	<p>dinner, so it's kinda bad right now. I miss having a cigarette before I go to bed at night."</p> <p>Client #3's record was reviewed on 4/18/12 at 1:18 PM. Client #3's record did not contain HRC approval or review for the restriction of his tobacco.</p> <p>Client #4's record was reviewed on 4/18/12 at 12:15 PM. Client #4's record did not contain HRC approval or review for the restriction of her tobacco.</p> <p>Interview with AS (Administrative Staff) #1 on 4/19/12 at 1:45 PM indicated client #2 and client #4's access to their tobacco was restricted. AS #1 indicated there was not a HRC approval or review for the restriction. AS #1 indicated tobacco restrictions should be reviewed and approved by HRC.</p> <p>2. Client #2's record was reviewed on 4/18/12 at 9:33 AM. Client #2's Dental Examination report dated 4/25/11 indicated, "...patient did well with sedation..." Client #2's ISP (Individual Support Plan) dated 8/20/11 indicated, "[Client #2] requires a sedative medication for his dental visits." Client #2's Script dated 9/8/09 indicated a standing order for valium (sedation) 5 milligrams one hour before appointment.</p>						

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	<p>Client #2's record did not contain HRC review or approval for the use of sedation prior to dental procedures.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1, AS #1 and HM (Home Manager) #1 on 4/19/12 at 1:45 PM indicated client #2 had been given a sedative prior to his dental appointment. QMRP #1, AS #1 and HM #1 indicated the HRC should have reviewed and approved the use of the sedative prior to the sedative being given.</p> <p>9-3-4(a)</p>			

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W0371	<p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure the client had medication administration training in place.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 4/18/12 at 1:20 PM. Client #1's ISP (Individual Support Plan) dated 3/25/11 indicated, "[Client #1] does not independently take her medications... [Client #1] has had a goal in the past to identify a specific med (sic)." Client #1's Monthly Goal Summary Sheet dated March 2012 indicated, "[Client #1] will increase her coping skills from requiring medications to manage her behavior to managing behaviors independently." Client #1's ISP did not indicate a medication administration training objective. Client #1's MAR (Medication Administration Record) dated 3/30/12 indicated client #1 was prescribed the following medications:</p> <p>-Abilify TAB (tablet) 15 MG (milligrams)</p>	W0371	<p>A Medication Administration goal has been developed for Client #1. All Direct Support staff will receive retraining on Client #1 Medication Administration goal and how to implement and document it. The Program Director will receive retraining to include the need to ensure that all consumers have Medication Administration goals developed and implemented based on their individual abilities. Ongoing, the Program Director will ensure that all consumers have Medication Administration goals developed and implemented based on their individual abilities. The Area Director will review the next 3 ISPs submitted by this Program Director to ensure that all consumers have Medication Administration goals developed and implemented based on their individual abilities. Responsible Staff: Program Director, Area Director</p>	05/25/2012			

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	<p>(OCD) (obsessive compulsive disorder)</p> <p>-Aspirin-Low TAB 81 MG (Prevention)</p> <p>-Bupropion TAB 150 MG XL (extended release) (Mood)</p> <p>-Chorhe GLU (unknown) SOL (Solution) 0.12% (Gingivitis)</p> <p>-Divalproex TAB 250 MG (Agitation/Aggression)</p> <p>-Glyburide TAB 5 MG (Diabetes)</p> <p>-Natural Fiber Powder Therapy (Constipation)</p> <p>-Oxybutynin TAB 10 MG (Urinary Incontinence)</p> <p>-Oyster Shell Calcium with vitamin D TAB 500 MG (Supplement)</p> <p>-Selenium (Dry Scalp)</p> <p>-Thera TAB (Supplement)</p> <p>Interview with AS (Administrative Staff) #1 on 4/25/12 at 9:30 AM indicated client #1's ISP did not have a medication administration goal. AS #1 indicated client #1 was not independent in administering her medications. AS #1</p>						

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	indicated client #1 should have a medication administration goal. 9-3-6(a)				

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W0436	<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 2 of 5 clients with adaptive equipment (#2 and #4), the facility failed to address client #2's refusal to use his prescription eyeglasses. The facility failed to address client # 4's refusal to use her wrist brace.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/16/12 from 4:30 PM through 5:30 PM and on 4/16/12 from 6:15 AM through 8:00 AM. Client #2 and client #4 were in the group home throughout the observation periods. Client #2 was not wearing prescription eyeglasses during the observation periods. Client #4 was not wearing wrist supports/braces during the observation periods. QMRP #1 (Qualified Mental Retardation Professional), HM #1 (Home Manager), staff #1, staff #2, staff #3 and/or staff #4 were not observed training or encouraging client #2 to use his prescription eyeglasses. QMRP #1, HM #1, staff #1, staff #2, staff #3 and/or</p>	W0436	<p>A training goal has been developed for Client #2 to prompt him to wear his eyeglasses. A training goal has been developed for Client #4 to prompt her to wear her wrist splints as directed by her doctor. All Direct Support Staff will receive training on implementing Client #2 and Client #3 training goals for their adaptive equipment.</p> <p>The Program Director will receive retraining to include the need to ensure that all consumers have training goals developed and implemented to provide support for them to use their adaptive equipment.</p> <p>Ongoing, the Program Director will ensure that all consumers have training goals developed and implemented to provide support for them to use their adaptive equipment. The Area Director will review the next 3 ISPs submitted by this Program Director to ensure that all consumers have training goals developed and implemented to provide support for them to use their adaptive equipment.</p>	05/25/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G506		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/25/2012	
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	<p>staff #4 were not observed training or encouraging client #4 to use her wrist supports/braces.</p> <p>Client #2's record was reviewed on 4/18/12 at 9:33 AM. Client #2's medical appointment form dated 11/9/10 indicated a prescription for eyeglasses. Client #2's ISP (Individual Support Plan) dated 8/19/11 did not indicate formal training or supports to teach or encourage client #2 to use his eyeglasses.</p> <p>Client #4's record was reviewed on 4/18/12 at 11:38 AM. Client #4's medical script dated 10/27/11 indicated left and right wrist splints for, "...intermittent use including sleep." Client #4's ISP dated 9/29/11 did not indicate training or support to wear her wrist splints.</p> <p>Interview with QMRP #1, AS (Administrative Staff) #1 and HM #1 on 4/19/12 at 1:45 PM indicated client #2 should wear prescription eyeglasses. HM #1 indicated client #2 refused to use his glasses. QMRP #1 indicated client #2 did not have any training to teach him to use his glasses. AS #1 indicated client #2 needed training and support to assist him use his adaptive equipment. HM #1 indicated client #4 should use wrist splints. HM #1 and QMRP #1 indicated client #4 refused to wear the wrist splints.</p>		Responsible Staff: Program Director, Area Director				

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	<p>QMRP #1 indicated client #4 did not have formal training to teach her to use the wrist splints. AS #1 indicated client #4 needed training and support to assist her use her adaptive equipment.</p> <p>9-3-7(a)</p>			