

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/24/2012
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1926 W 75TH PL INDIANAPOLIS, IN 46260		
(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 the investigation of complaint #IN00112797 which resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00112797: Substantiated, federal and state deficiencies related to the allegations are cited at W102, W104, W122, W144, W148, W149, W158, W186, W189, W240, W318 and W331.</p> <p>Dates of Survey: 8/14/12, 8/15/12, 8/16/12, 8/17/12, 8/20/12, 8/21/12 and 8/24/12.</p> <p>Facility Number: 000980 Provider Number: 15G466 AIMS Number: 100244620</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 8/31/12 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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W0102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) plus 3 additional clients (E, F and G), the governing body failed to meet the Condition of Participation: Governing Body. The governing body failed to implement its policy and procedures to ensure client B received needed medical services to prevent a ruptured appendix.</p> <p>The governing body failed to ensure there were adequate staff levels to meet the medical needs of client B. The governing body failed to ensure there were adequate staff in the group home during the evening shift for clients A, B, C, D, E, F and G.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure pages were returned in a timely manner for client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure pages and voice messages were returned timely regarding client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client B's</p>	W0102	<p>W120</p> <p>The Program Director and covering Home Manager were re trained on adequate staffing levels for the home as well as ensuring adequate staffing levels so that all medical appointments are kept.</p> <p>All staff were retrained on recognizing the signs and symptoms of illness and reporting procedures to the Home Manager as well as the nurse.</p> <p>All staff were retrained on documentation of medical and behavioral incidents and reporting these to the Home Manager and the program nurse.</p> <p>The program nurse was retrained on creating medical protocols to include when the nurse needs to be contacted.</p> <p>All consumer protocols were reviewed and updated as necessary to meet guidelines by the program nurse.</p> <p>All staff were trained on updated protocols.</p> <p>The program nurse, PD and covering HM were retrained on</p>	09/23/2012	

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	guardians were notified of an allegation of staff neglect and an incident of client to client aggression. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent abuse and neglect for client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure medical support for client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure there were adequate staff levels to meet the medical needs of client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure there were adequate staff in the group home during the evening shift for clients A, B, C, D, E, F and G. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure staff were trained to implement PIA (Physical Intervention) techniques for client A. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the BSP (Behavior Support Plan) specified how staff were to implement PIA (Physical Intervention) techniques for client A. The governing body failed to exercise general policy, budget and operating direction		necessary time frames for returning pages/messages received from staff. The Program Director and covering Home manager were retrained on notifying guardians of all BDDS reportable incidents including medical issues as well as behavioral issues. The BSP for client A was updated to include all necessary target behaviors including implementing PIA for client A. The Program Director and covering Home Manager were trained on safe alternate ways to use PIA on client A due to her being in a wheelchair. The Program Director and covering Home Manger will retrain all staff on safe alternate ways to implement PIA for client A. The Program Director will be completing observations 2X weekly for one month to ensure that adequate staffing is being provided, programming is being implemented per written plans, active treatment is being completed. Will also complete check of documentation to ensure it is complete including daily support records, medication administration records, staff communication records, and behavioral records.		

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	<p>over the facility to ensure the BSP included the needed supports/and or services regarding how staff was to address client A's false reporting and medication refusals. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility nursing services monitored the health condition of client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility nursing services ensured staff documented vitals or the use of PRN medication. The governing body failed to exercise general policy, budget and operating direction over the facility's to ensure the facility's health care services ensured client B's Celiac protocol included intervention timeframes.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure pages were returned in a timely manner for client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure pages and voice messages were returned timely regarding client A. The governing body failed to exercise general policy, budget and operating direction</p>		<p>The covering Home Manger will be completing observations 3X weekly for one month to ensure that adequate staffing is being provided, programming is being implemented per written plans, active treatment is being completed. Will also complete check of documentation to ensure it is complete including daily support records, medication administration records, staff communication records, and behavioral records.</p> <p>Ongoing the PD and HM will complete observations and record reviews per supervisory observation requirements.</p> <p>Responsible Party: Area Director, Program Director, Home Manager</p> <p>Completion Date: 9/23/2012</p>		

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	over the facility to ensure client B's guardians were notified of an allegation of staff neglect and an incident of client to client aggression. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent abuse and neglect for client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure medical support for client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure there were adequate staff levels to meet the medical needs of client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure there were adequate staff in the group home during the evening shift for clients A, B, C, D, E, F and G. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure staff were trained to implement PIA (Physical Intervention) techniques for client A. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the BSP (Behavior Support Plan) specified how staff were to implement PIA (Physical Intervention) techniques for client A. The governing body failed to exercise general				

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	<p>policy, budget and operating direction over the facility to ensure the BSP included the needed supports/and or services regarding how staff was to address client A's false reporting and medication refusals. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility nursing services monitored the health condition of client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility nursing services ensured staff documented vitals or the use of PRN medication. The governing body failed to exercise general policy, budget and operating direction over the facility's to ensure the facility's health care services ensured client B's Celiac protocol included intervention timeframes. Please see W104.</p> <p>2. The facility failed to implement its policy and procedures to ensure client B received needed medical services to prevent a ruptured appendix. Please see W122.</p> <p>3. The facility failed to ensure there were adequate staff levels to meet the medical needs of client B. The facility failed to ensure there were adequate staff in the group home during the evening shift for</p>			

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	<p>clients A, B, C, D, E, F and G. Please see W158.</p> <p>4. The governing body failed to ensure the facility's health care services monitored the health condition of client B. The governing body failed to ensure the facility's health care services ensured staff documented vitals or the use of PRN medication for client B. The facility's health care services failed to ensure client B's Celiac Disease Protocol included intervention timeframes. Please see W318.</p> <p>This federal tag relates to complaint #IN00112797. 9-3-1(a)</p>				

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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) plus 3 additional clients (E, F and G), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure pages were returned in a timely manner for client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure pages and voice messages were returned timely regarding client A. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client B's guardians were notified of an allegation of staff neglect and an incident of client to client aggression. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent abuse and neglect for client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure medical support for client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure there were adequate staff levels to meet the medical</p>	W0104	<p>W104 The Program Director and covering Home Manager were re trained on adequate staffing levels for the home as well as ensuring adequate staffing levels so that all medical appointments are kept. All staff were retrained on recognizing the signs and symptoms of illness and reporting procedures to the Home Manager as well as the nurse. All staff were retrained on documentation of medical and behavioral incidents and reporting these to the Home Manager and the program nurse. The program nurse was retrained on creating medical protocols to include when the nurse needs to be contacted. All consumer protocols were reviewed and updated as necessary to meet guidelines by the program nurse. All staff were trained on updated protocols. The program nurse, PD and covering HM were retrained on</p>	09/23/2012			

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	needs of client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure there were adequate staff in the group home during the evening shift for clients A, B, C, D, E, F and G. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure staff were trained to implement PIA (Physical Intervention) techniques for client A. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the BSP (Behavior Support Plan) specified how staff were to implement PIA (Physical Intervention) techniques for client A. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the BSP included the needed supports/and or services regarding how staff was to address client A's false reporting and medication refusals. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility nursing services monitored the health condition of client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility nursing services ensured staff documented vitals or the use of PRN medication. The governing body failed to		necessary time frames for returning pages/messages received from staff. The Program Director and covering Home manager were retrained on notifying guardians of all BDDS reportable incidents including medical issues as well as behavioral issues. The BSP for client A was updated to include all necessary target behaviors including implementing PIA for client A. The Program Director and covering Home Manager were trained on safe alternate ways to use PIA on client A due to her being in a wheelchair. The Program Director and covering Home Manger will retrain all staff on safe alternate ways to implement PIA for client A. The Program Director will be completing observations 2X weekly for one month to ensure that adequate staffing is being provided, programming is being implemented per written plans, active treatment is being completed. Will also complete check of documentation to ensure it is complete including daily support records, medication administration records, staff communication records, and behavioral records.	

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	<p>exercise general policy, budget and operating direction over the facility's to ensure the facility's health care services ensured client B's Celiac protocol included intervention timeframes.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The governing body failed to ensure pages were returned in a timely manner for client B. The governing body failed to ensure pages and voice messages were returned timely regarding client A. Please see W144. 2. The governing body failed to notify client B's guardians of an allegation of staff neglect and an incident of client to client aggression. Please see W148. 3. The governing failed to implement its policy and procedures to prevent abuse and neglect for client B. The governing body failed to ensure adequate medical support for client B. Please see W149. 4. The governing body failed to ensure there were adequate staff levels to meet the medical needs of client B. The governing body failed to ensure there were adequate staff in the group home during the evening shift for clients A, B, C, D, E, F and G. Please see W186. 		<p>The covering Home Manger will be completing observations 3X weekly for one month to ensure that adequate staffing is being provided, programming is being implemented per written plans, active treatment is being completed. Will also complete check of documentation to ensure it is complete including daily support records, medication administration records, staff communication records, and behavioral records.</p> <p>Ongoing the PD and HM will complete observations and record reviews per supervisory observation requirements.</p> <p>Responsible Party: Area Director, Program Director, Home Manager</p> <p>Completion Date: 9/23/2012</p>	

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	<p>5. The governing body failed to ensure staff were trained to implement PIA techniques for client A. Please see W189.</p> <p>6. The governing body failed to ensure the BSP specified how staff where to implement PIA techniques for client A. The governing body failed to ensure the BSP included the needed supports/and or services regarding how staff were to address client A's false reporting and medication refusals. Please see W240.</p> <p>7. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility nursing services monitored the health condition of client B. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility nursing services ensured staff documented vitals or the use of PRN medication. The governing body failed to exercise general policy, budget and operating direction over the facility's to ensure the facility's health care services ensured client B's Celiac protocol included intervention timeframes. Please see W331.</p> <p>This federal tag relates to complaint #IN00112797. 9-3-1(a)</p>						

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review, observation and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (B). The facility failed to implement its policy and procedures to ensure client B received needed medical services to prevent a ruptured appendix.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 7/22/12. The Immediate Jeopardy was identified on 8/16/12. The Regional Director, Quality Assurance Specialist and Area Directors were notified of the Immediate Jeopardy on 8/16/12 at 4:55 PM regarding the facility's system failure to prevent medical neglect for client B in regard to receiving emergency medical treatment following a ruptured appendix.</p> <p>On 8/22/12 at 11:34 AM the facility submitted the following plan of action to remove the immediate jeopardy: "The Facility nurse was retrained 8/21/12 by the Nursing Supervisor on medical protocols to include; providing specific instructions for identifying</p>	W0122	<p>W122</p> <p>The Program Director and covering Home Manager were re trained on adequate staffing levels for the home as well as ensuring adequate staffing levels so that all medical appointments are kept.</p> <p>All staff were retrained on recognizing the signs and symptoms of illness and reporting procedures to the Home Manager as well as the nurse.</p> <p>All staff were retrained on documentation of medical and behavioral incidents and reporting these to the Home Manager and the program nurse.</p> <p>The program nurse was retrained on creating medical protocols to include when the nurse needs to be contacted.</p> <p>All consumer protocols were reviewed and updated as necessary to meet guidelines by the program nurse.</p> <p>All staff were trained on updated protocols.</p> <p>The program nurse, PD and covering HM were retrained on necessary time frames for</p>	09/23/2012			

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	<p>signs/symptoms and when to contact the Nurse for further assistance. All medical protocols of the consumers residing in the home were reviewed on 8/21/12 to ensure all necessary components have been identified and to ensure protocols are present for all diagnoses for which they are required. The facility nurse revised [client B's] Celiac protocol on 8/21/12 to include recognizing signs and symptoms and proper reporting.</p> <p>On 8/23/12 staff will be retrained on identifying health status changes of consumers and the procedure for reporting the signs and symptoms of illness to the nurse, management and/or 911. On 8/23/12 staff will be retrained on incident reporting and immediately reporting BDDS (Bureau of Developmental Disabilities Services) reportable incidents to administration. Staff will be retrained on 8/23/12 regarding documentation standards related to consumers' health and safety status, incidents involving the consumer and medical support; including, directions given by the nurse and/or administration to address consumer medical concerns. Staff will also be retrained on the</p>		<p>returning pages/messages received from staff and/or guardians/family members.</p> <p>The Program Director and covering Home manager were retrained on notifying guardians of all BDDS reportable incidents including medical issues as well as behavioral issues and staff issues.</p> <p>The BSP for client A was updated to include all necessary target behaviors including implementing PIA for client A.</p> <p>The Program Director and covering Home Manager were trained on safe alternate ways to use PIA on client A due to her being in a wheelchair.</p> <p>The Program Director and covering Home Manger will retrain all staff on safe alternate ways to implement PIA for client A.</p> <p>The Program Director will be completing observations 2X weekly for one month to ensure that adequate staffing is being provided, programming is being implemented per written plans, active treatment is being completed. Will also complete check of documentation to ensure it is complete including daily support records, medication administration records, staff communication records, and</p>				

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	<p>implementation of all revised or newly written medical protocols.</p> <p>Home Manager and Program Director will be retrained 8/23/12 on necessary oversight to ensure there is adequate staff documentation concerning consumer programming; including, medication administration records, daily support records, behavioral data tracking and staff communication logs- to ensure all consumer incidents have been appropriately reported. Home Manager and Program Director will be retrained on providing necessary oversight to ensure there is adequate staff support and that all consumers' medical appointments are kept without interruption.</p> <p>Home Manager and Program Director will be retrained on 8/23/12 on completing in home observations to ensure adequate supervision is being provided to address individual consumer needs. Home Manager will complete documentation review 3 times weekly and Program Director 2 times weekly for the next 30 days. Ongoing, Home Manager will complete documentation review per minimum frequency required of 2 times per week. Ongoing, Program Director will</p>		<p>behavioral records.</p> <p>The covering Home Manger will be completing observations 3X weekly for one month to ensure that adequate staffing is being provided, programming is being implemented per written plans, active treatment is being completed. Will also complete check of documentation to ensure it is complete including daily support records, medication administration records, staff communication records, and behavioral records.</p> <p>Ongoing the PD and HM will complete observations and record reviews per supervisory observation requirements.</p> <p>Responsible Party: Area Director, Program Director, Home Manager</p> <p>Completion Date: 9/23/2012</p>		

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	<p>complete documentation review per minimum frequency required of once weekly.</p> <p>Observations of staff performance will be completed by Indiana Mentor management four times per week for 30 days at varying times to ensure adequate staff support and supervision is being provided to address individual consumer needs and medical protocols are being implemented appropriately per consumer incident."</p> <p>Observations were conducted at the group home on 8/21/12 from 4:50 PM through 5:50 PM. Clients A, C, D, E, F and G were observed in the home. The group home had two staff on duty throughout the observation period.</p> <p>Observations were conducted at the group home on 8/22/12 from 5:06 PM through 6:00 PM. Clients A, D, E, F and G were observed in the group home throughout the observation period. The group home had two staff on duty throughout the observation period.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #2 on 8/21/12 at 4:55 PM indicated there would be two staff working the evening shift. QMRP #2 indicated HM (Home Manager) #1 would</p>			

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	<p>be ensuring coverage for the shift.</p> <p>AS (Administrative Staff) #1 was interviewed on 8/24/12 at 12:40 PM. AS #1 indicated the facility nurse, staff, HM #1 and QMRP #2 had been trained as described in the Plan for Removal of Immediate Jeopardy dated 8/22/12. AS #1 indicated AS #1, AS #2, QAC (Quality Assurance Coordinator) #1 and RD (Regional Director) #1 would coordinate onsite monitoring and observations as described in the Plan of Removal of Immediate jeopardy dated 8/22/12.</p> <p>Interview with DSP (Direct Support Professional) #1 on 8/22/12 at 5:15 PM indicated the group home staffing for the shift was two staff. DSP #1 indicated there would be two staff on duty through the shift.</p> <p>The facility's Plan for Removal of Immediate Jeopardy documents were reviewed on 8/24/12 at 12:40 PM. The review indicated the facility's nurse, direct support staff, HM #1 and QMRP #1 had been trained regarding reporting signs and symptoms of illness, staffing ratios in the group home, medical monitoring, documentation and follow up of nursing directives.</p> <p>The Immediate Jeopardy was removed on</p>				

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	<p>8/24/12 at 12:45 PM through observation, record review and interview. It was determined the facility's implemented a plan of action to removed the Immediate Jeopardy and the steps taken remove the immediacy of the problem. While the immediate jeopardy was removed on 8/24/12, the facility's remained out of compliance at the Condition level(s) in that the facility needed to demonstrate continued implementation of the safeguards.</p> <p>This federal tag relates to complaint #IN00112797.</p> <p>9-3-2(a)</p>			

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W0144	<p>483.420(c)(2) COMMUNICATION WITH CLIENTS, PARENTS & The facility must answer communications from clients' families and friends promptly and appropriately.</p> <p>Based on record review and interview for 2 of 4 sampled clients (A and B), the facility failed to ensure pages were returned in a timely manner for client B. The facility failed to ensure pages and voice messages were returned timely regarding client A.</p> <p>Findings include:</p> <p>1. Written statement dated 8/16/12 was reviewed on 8/17/12 at 1:00 PM. The written statement indicated the following:</p> <p>"[Client B's guardian] first become (sic) aware of [client B's] illness Wednesday evening, July 25 when [Client B's guardian] went to visit her and pick up her medications and ID (Identification) for the visit. [Client B] was in bed complaining about stomach pains. [Client B's guardian] learned from the staff that she had stayed home from work at [day program], the sheltered workshop on [name] Avenue, on Monday and Tuesday, July 23rd and 24th, but had gone to work that day, Wednesday, July 25. [Client B] did not look well. [Client B's guardian] said that if she was still sick in the</p>	W0144	<p>W144</p> <p>The program nurse, PD and covering HM were retrained on necessary time frames for returning pages/messages received from staff and/or guardians/family members.</p> <p>The Program Director and covering Home manager were retrained on notifying guardians of all BDDS reportable incidents including medical issues as well as behavioral issues and staff issues.</p> <p>Responsible Party: Area Director, Program Director, Home Manager.</p> <p>Completion Date: 9/23/2012</p>	09/23/2012	

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	<p>morning call and [Client B's guardian] would cancel the visit. The home did not call. [Client B's guardian] picked [client B] up at the workshop about 1:00 PM. [Client B] did not look at all well, but she wanted to see her friend. [Client B's guardian] took her to visit her friend but she became worse. [Client B's guardian] pages the in charge nurse for the group home, [RN (Registered Nurse) #1]. [RN #1] did not return our page so we took her to our house as planned. When we arrived home, [client B] said she could not get out of the car and wanted to go back to the group home. [Client B's guardian] returned to the group home about 9:30 PM. [Client B's guardian] asked [DSP #2], the staff person, to check her temperature. It was 101.1 degrees. [DSP #2] paged the on call nurse, which was [RN #1] and called the house manager, [HM (Home Manager) #1]. [HM #1] also paged the on call nurse. When the nurse had not returned the pages, the house manager instructed the staff person to give [client B] two Tylenol and agreed to obtain an appointment with the doctor. The house manager called Friday morning, July 27th; [HM #1] stated, '[Client B] had an appointment at 11:15 AM.' [Client B's guardian] were to receive a call with the result of the appointment. When [Client B's guardian] had heard nothing by 2:00 PM, [Client B's</p>						

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	<p>guardian] called the home and learned that the staff had not been able to keep the appointment, but would take her to the Immediate Care that evening when the van with the rest of the residents returned from work."</p> <p>The written statement indicated the following:</p> <p>"Our complaint is twofold; inattention to a sick person and non-response to pages. [Client B's guardian] have since learned that [client B] was first sick on Thursday, July 19th. [Client B] was fine Sunday, July 21st in the morning at church and in the afternoon at a retirement center... However, by Sunday night she was vomiting and continued to be sick through the week. The doctors had stated that [client B] was very sick when she came in. [Client B] has a shunt that drains into the peritoneum. The shunt was temporarily draining to the outside while the infection in the peritoneum was clearing and a hole in the intestine healing. [Client B] is still in the Trauma ICU (Intensive Care Unit) at [hospital]. On Wednesday, August 15, 2012, [client B] had the shunt drain reinserted internally. However, it now drains into the heart since the infection in the abdomen has been so great that the neurosurgeon can no longer use it to drain</p>				

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	<p>the shunt. [Client B] is likely to be here for another two weeks at least. [Client B's guardian] believe that this drastic situation could have been avoided with better attention to [client B's] complaint and response to pages."</p> <p>Client B's guardians were interviewed on 8/16/12 at 12:30 PM. Client B's guardian indicated the nurse had not returned their pages regarding client B's medical needs.</p> <p>RN (Registered Nurse) #1 was interviewed on 8/15/12 at 1:25 PM. RN #1 indicated pages should be returned. RN #1 indicated parents/guardians should be notified of changes in the client's medical status, doctor appointments and other things that they ask for.</p> <p>2. Client A's parent was interviewed on 8/17/12 at 1:00 PM. Client A's parent indicated the group home HM (Home Manager) #1 did not return her calls or answer her pages. Client A's parent indicated HM #1 did not return her calls or pages on a weekly basis.</p> <p>HM (Home Manager) #1 was interviewed on 8/14/12 at 5:23 PM. HM #1 stated, "I think they (parents/guardians) want there to be more communication in general. They want to know more." HM #1 indicated pages and calls should be</p>				

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	<p>returned to parents and guardians within 24 hours.</p> <p>AD (Administrative Staff) #1 was interviewed on 8/14/12 at 3:00 PM. AD #1 indicated pages should be returned within 15 minutes if possible and voice messages returned within an hour if possible.</p> <p>This federal tag relates to complaint #IN00112797. 9-3-2(a)</p>			

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W0148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & 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 record review and interview for 2 of 23 allegations of abuse, neglect or mistreatment reviewed, the facility failed to notify client B's guardians of an allegation of staff neglect and an incident of client to client aggression.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 8/14/12 at 1:20 PM. The review indicated the following:</p> <p>-BDDS report dated 6/7/12 indicated on 6/5/12, "On 6/7/12, [client G], gave the [HM #1] a handwritten note. The note described that she observed [staff #5] sleeping on 6/5/12."</p> <p>-BDDS report dated 7/17/12 indicated on 7/17/12, "[Client A] became angry without cause while sitting in her wheelchair in the common area. At that time she took a word search book and hit [client B] in the face."</p>	W0148	<p>W148</p> <p>The program nurse, PD and covering HM were retrained on necessary time frames for returning pages/messages received from staff and/or guardians/family members.</p> <p>The Program Director and covering Home manager were retrained on notifying guardians of all BDDS reportable incidents including medical issues as well as behavioral issues and staff issues.</p> <p>Responsible Party: Area Director, Program Director, Home Manager.</p> <p>Completion Date: 9/23/2012</p>	09/23/2012

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	<p>Interview with client B's guardian on 8/16/12 at 9:35 AM indicated client B's guardian was not aware of the 6/5/12 allegation of staff neglect or the 7/17/12 incident of client A hitting client B.</p> <p>HM (Home Manager) #1 was interviewed on 8/14/12 at 5:23 PM. HM #1 indicated guardians should be notified of BDDS reported incidents.</p> <p>AD (Administrative Staff) #1 was interviewed on 8/14/12 at 3:00 PM. AD #1 indicated guardians should be notified of BDDS reported incidents.</p> <p>QMRP #1 (Qualified Mental Retardation Professional) was interviewed on 8/14/12 at 5:15 PM. QMRP #1 indicated guardians should be notified of BDDS reported incidents.</p> <p>This federal tag relates to complaint #IN00112797. 9-3-2(a)</p>				

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W0149	<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 record review, observation and interview for 1 of 4 sampled clients (B), the facility failed to implement its policy and procedures to prevent abuse and neglect for client B. The facility failed to ensure adequate medical support for client B to prevent a ruptured appendix.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 8/14/12 at 1:20 PM. The review indicated the following:</p> <p>-BDDS report dated 7/27/12 indicated on 7/27/12, "[DSP (Direct Support Professional) #1] received voice mail from [client B's guardian], [client B] to call ASAP (As Soon As Possible). [DSP #1] contacted [client B's guardian]. [Client B's guardian] indicated she could not speak because [client B] was being transported to [hospital] via ambulance. [Client B's guardian] indicated she is on her way to [hospital], [Client B's guardian] indicated [client B] was supposed to have MD (Medical Doctor) appointment, but was never taken to MD</p>	W0149	<p>W149</p> <p>The Program Director and covering Home Manager were re trained on adequate staffing levels for the home as well as ensuring adequate staffing levels so that all medical appointments are kept.</p> <p>All staff were retrained on recognizing the signs and symptoms of illness and reporting procedures to the Home Manager as well as the nurse.</p> <p>All staff were retrained on documentation of medical and behavioral incidents and reporting these to the Home Manager and the program nurse.</p> <p>The program nurse was retrained on creating medical protocols to include when the nurse needs to be contacted.</p> <p>All consumer protocols were reviewed and updated as necessary to meet guidelines by the program nurse.</p> <p>All staff were trained on updated protocols.</p> <p>The program nurse, PD and covering HM were retrained on</p>	09/23/2012			

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	<p>appointment. [Client B's guardian] was very upset. [Client B's guardian] indicated there is gross neglect and abuse at the group home that needs to be investigated. [Client B's guardian] indicated [staff #1] needed to contact [AD (Area Director) #1] at Indiana Mentor. [Staff #1] left voice mail on [AD #1's] pager. [Staff #1] sent email to [AD #1] regarding status updated on [client B]. [Staff #1] has not received a response from [AD #1]."</p> <p>-BDDS report dated 7/27/12 indicated on 7/27/12, "[Client B] was taken to the emergency room due to complaints of stomach aches. [Client B] was scheduled for a doctor visit today with her PCP (Primary Care Physician) but missed the appointment due to housemates' appointment running past time. Per parents request has ask (sic) to have [client B] treated in the emergency room for stomach pains."</p> <p>-Summary of Internal Investigation Report dated 8/1/12 indicated, "Conclusion: (1) Evidence supports [client B] started showing signs/symptoms of the illness the evening of 7/11/12; (2) Evidence supports the Home Manager did not ensure appropriate staffing levels to meet [client B's] medical needs; (3) Evidence supports the nurse provided guidance at the start of [client</p>		<p>necessary time frames for returning pages/messages received from staff.</p> <p>The Program Director and covering Home manager were retrained on notifying guardians of all BDDS reportable incidents including medical issues as well as behavioral issues.</p> <p>The BSP for client A was updated to include all necessary target behaviors including implementing PIA for client A.</p> <p>The Program Director and covering Home Manager were trained on safe alternate ways to use PIA on client A due to her being in a wheelchair.</p> <p>The Program Director and covering Home Manger will retrain all staff on safe alternate ways to implement PIA for client A.</p> <p>The Program Director will be completing observations 2X weekly for one month to ensure that adequate staffing is being provided, programming is being implemented per written plans, active treatment is being completed. Will also complete check of documentation to ensure it is complete including daily support records, medication administration records, staff communication records, and behavioral records.</p>		

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	<p>B's] illness; (4) Evidence supports lack of documentation of vitals obtained by staff or the use of PRN (As Needed) medication."</p> <p>Written statement dated 8/16/12 was reviewed on 8/17/12 at 1:00 PM. The written statement indicated the following:</p> <p>"[Client B's guardian] first become (sic) aware of [client B's] illness Wednesday evening, July 25 when [Client B's guardian] went to visit her and pick up her medications and ID (Identification) for the visit. [Client B] was in bed complaining about stomach pains. [Client B's guardian] learned from the staff that she had stayed home from work at [day program], the sheltered workshop on [name] Avenue, on Monday and Tuesday, July 23rd and 24th, but had gone to work that day, Wednesday, July 25. [Client B] did not look well. [Client B's guardian] said that if she was still sick in the morning call and [Client B's guardian] would cancel the visit. The home did not call. [Client B's guardian] picked [client B] up at the workshop about 1:00 PM. [Client B] did not look at all well, but she wanted to see her friend. [Client B's guardian] took her to visit her friend but she became worse. [Client B's guardian] pages the in charge nurse for the group home, [RN (Registered Nurse) #1]. [RN</p>		<p>The covering Home Manger will be completing observations 3X weekly for one month to ensure that adequate staffing is being provided, programming is being implemented per written plans, active treatment is being completed. Will also complete check of documentation to ensure it is complete including daily support records, medication administration records, staff communication records, and behavioral records.</p> <p>Ongoing the PD and HM will complete observations and record reviews per supervisory observation requirements.</p> <p>Responsible Party: Area Director, Program Director, Home Manager</p> <p>Completion Date: 9/23/2012</p>	

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	<p>#1] did not return our page so we took her to our house as planned. When we arrived home, [client B] said she could not get out of the car and wanted to go back to the group home. [Client B's guardian] returned to the group home about 9:30 PM. [Client B's guardian] asked [DSP #2], the staff person, to check her temperature. It was 101.1 degrees. [DSP #2] paged the on call nurse, which was [RN #1] and called the house manager, [HM (Home Manager) #1]. [HM #1] also paged the on call nurse. When the nurse had not returned the pages, the house manager instructed the staff person to give [client B] two Tylenol and agreed to obtain an appointment with the doctor. The house manager called Friday morning, July 27th; [HM #1] stated, '[Client B] had an appointment at 11:15 AM.' [Client B's guardian] were to receive a call with the result of the appointment. When [Client B's guardian] had heard nothing by 2:00 PM, [Client B's guardian] called the home and learned that the staff had not been able to keep the appointment, but would take her to the Immediate Care that evening when the van with the rest of the residents returned from work. [DSP #2], the staff person on duty, then stated, '[Client B] had been vomiting and had had diarrhea all day and was sitting on the couch and looked awful.' [Client B's guardian] urged her to</p>			

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	<p>call 911 and take her to the emergency room. [DSP #2] said she had to make a phone call and would get back to us. A few minutes later [DSP #2] asked if we were insisting we have her call 911.</p> <p>[Client B's guardian] said yes we are insisting she call 911. [DSP #1] did and [client B] arrived at [hospital] between 3:30 PM and 4:00 PM, Friday, July 27th. [Client B] was diagnosed with a ruptured appendix and needed surgery immediately. The surgeon was ready but needed a list of her medications. When the decision was made to take [client B] to surgery, it was discovered that [client B's] medication list that they had brought with them was not up to date. The staff still at the group home was unable to fax the list of medications. When they had not arrived by about 8:00 PM [Client B's guardian] called the group home and had them read the list to the surgeon. When they were almost finished reading medications on the list, the [HM #1] returned with a copy of the list. [Client B] finally got to surgery about 9:30 PM. Our complaint is twofold; inattention to a sick person and non-response to pages. [Client B's guardian] have since learned that [client B] was first sick on Thursday, July 19th. [Client B] was fine Sunday, July 21st in the morning at church and in the afternoon at a retirement center... However, by Sunday night she was</p>			

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	<p>vomiting and continued to be sick through the week. The doctors had stated that [client B] was very sick when she came in. [Client B] has a shunt that drains into the peritoneum. The shunt was temporarily draining to the outside while the infection in the peritoneum was clearing and a hole in the intestine healing. [Client B] is still in the Trauma ICU (Intensive Care Unit) at [hospital]. On Wednesday, August 15, 2012, [client B] had the shunt drain reinserted internally. However, it now drains into the heart since the infection in the abdomen has been so great that the neurosurgeon can no longer use it to drain the shunt. [Client B] is likely to be here for another two weeks at least. [Client B's guardians] believe that this drastic situation could have been avoided with better attention to [client B's] complaint and response to pages."</p> <p>Client B was observed in the Trauma ICU on 8/16/12 from 12:15 PM through 2:30 PM.</p> <p>Client B's ICU chart was reviewed on 8/16/12 at 1:00 PM. Client B's emergency room intake form dated 7/27/12 indicated client B had arrived at the emergency department at 3:40 PM. The emergency intake form indicated client B was seen for pain lasting for five days with</p>			

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	<p>vomiting and diarrhea. Client B's emergency room intake form indicated client B's abdomen was distended. Client B's General Surgery Form dated 7/27/12 indicated client B's abdomen was distended, had a ruptured appendix with, "large area/fluid extraluminal (abdominal tissue) cavity and extraluminal debris" and was in need of "urgent" surgery. Client B's Indication for procedure form dated 7/28/12 indicated, "This 29 year old Caucasian female with history of cerebral palsy who was a resident of group home presented to ER (Emergency Room) with 5 day history of abdominal pain, fever and not feeling well. The [client B] had history of VP (Ventriculoperitoneal) shunt and on the CT scan, there was large abscess in the right lower quadrant and the VP shunt was very close. [Client B] had very high white count, was hypotensive and appeared to have sepsis. There was concern for the patient getting infected. "</p> <p>Client B's guardians were interviewed on 8/16/12 at 12:30 PM. Client B's guardians indicated client B had arrived at the ER on 7/27/12 and had remained in the trauma ICU through the time of the interview. Client B's guardians indicated client B would remain in the hospital for an unknown period of time for recovery from a ruptured appendix, sepsis and complications with a shunt that was</p>			

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	<p>surgically repositioned after illness. Client B's guardians indicated client B had been sick since 7/19/12. Client B's guardians indicated the nurse had not returned their pages regarding client B's medical needs. Client B's guardians indicated client B was not taken to her PCP appointment. Client B's guardians stated, "[Client B] was not taken to her 11:15 AM appointment because the group home did not have enough staff. There were two other clients that had appointments that morning and not enough staff to take [client B] when the appointments had not returned." Client B's guardian stated, "When we called, [DSP #2] told us [client B] missed her appointment and [client B] would be taken to the Immediate Care center after the other clients in the home were picked up from work at 4:30 PM." Client B's guardians indicated client B's stomach was distended, she could not walk upright, complained of pain and was not eating. Client B's guardians #1 stated, "[Client B]'s stomach was distended, she looked like she was pregnant it was so large." Client B's guardians indicated client B should have received medical treatment prior to 7/27/12.</p> <p>HM #1 was interviewed on 8/16/12 at 3:30 PM. HM #1 indicated client B should have received medical services prior to 7/27/12. HM #1 indicated there</p>						

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	<p>were not enough staff to transport client B to the PCP while her housemates were at their dental appointments. HM #1 indicated the guardians should be informed regarding client B's medical concerns and return calls/pages. HM #1 indicated the facility's nurse had not completed a physical assessment of client B.</p> <p>Quality Assurance Specialist (QAS) #1 was interviewed on 8/16/12 at 4:00 PM. QAS #1 indicated she had completed the 8/1/12 Summary of Internal Investigation. QAS #1 indicated she substantiated client B started to show signs/symptoms of the illness the evening of 7/11/12. QAS #1 indicated she substantiated the Home Manager did not ensure appropriate staffing levels to meet client B's medical needs. QAS #1 indicated she substantiated staff did not follow the nurses instructions for PRN medication, the monitoring of client B's status or communicate client B's medical concerns to the home manager or the nurse. QAS #1 indicated client B should have received medical services prior to 7/27/12. QAS #1 indicated the failure to provide needed medical services was considered neglect. QAS #1 indicated the facility nurse had not completed a physical assessment of client B.</p>				

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	<p>AS #2 was interviewed on 8/16/12 at 4:15 PM. AS #2 indicated client B should have received medical treatment prior to 7/27/12.</p> <p>The facility's policy and procedures were reviewed on 8/17/12 at 3:00 PM. The facility's 4/2011 policy and procedure entitled Quality and Risk Management indicated, "Alleged, suspected, or actual abuse, neglect or exploitation may include:</p> <p>4. A service delivery site that compromises the health and safety of an individual while the individual is receiving services from the following causes:</p> <p>P. Inadequate staff support for an individual, including inadequate supervision with the potential for</p> <p>1. Significant harm or injury to an individual...</p> <p>Q. Inadequate medical support for an individual, including failure to obtain:</p> <p>1. Necessary medical services."</p> <p>This federal tag relates to complaint #IN00112797.</p> <p>9-3-2(a)</p>				

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W0158	<p>483.430 FACILITY STAFFING The facility must ensure that specific facility staffing requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Facility Staffing for 4 of 4 sampled clients (A, B, C and D) plus 3 additional clients (E, F and G), the facility failed to ensure there were adequate staff levels to meet the medical needs of client B. The facility failed to ensure there were adequate staff in the group home during the evening shift for clients A, B, C, D, E, F and G. The facility failed to ensure staff were trained to implement PIA (Physical Intervention) techniques for client A.</p> <p>Findings include:</p> <p>1. The facility failed to ensure there were adequate staff levels to meet the medical needs of client B. The facility failed to ensure there were adequate staff in the group home during the evening shift for clients A, B, C, D, E, F and G. Please see W186.</p> <p>2. The facility failed to ensure staff were trained to implement PIA (Physical Intervention) techniques for client A. Please see W189.</p> <p>This federal tag relates to complaint #IN00112797.</p>	W0158	<p>W158 The Program Director and covering Home Manager were re trained on adequate staffing levels for the home as well as ensuring adequate staffing levels so that all medical appointments are kept. The staffing levels of the home are based on the needs and schedules of the consumers in the home. The original training was re-completed due to the previous HM not following the original training on staffing levels.</p> <p>The staffing needs may change based on appointments for consumers and the HM was re-trained on monitoring when medical appointments are scheduled and ensuring that there is adequate staff in the home based on what medical appointments are scheduled from week to week.</p> <p>All staff were re-trained on notifying the HM or on call HM if there are not enough staff in the home immediately, which is how we ensure that all staff who are scheduled have arrived. Additionally all staff were re-trained on notifying the HM or on call HM if they are going to be late for a scheduled shift or are calling off for a scheduled shift.</p>	09/23/2012	

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	9-3-3(a)		<p>The schedule is being reviewed weekly by the Program Director to ensure that adequate staffing is being scheduled based on the needs and schedules of the consumers for that week.</p> <p>The covering HM has been re-trained on responsibilities to go and provide additional staffing in emergency situations (behavioral or medical) to ensure all health and safety needs of the consumers are met.</p> <p>All staff have been re-trained on immediately notifying the HM regarding any medical or behavioral emergencies.</p> <p>All staff were retrained on recognizing the signs and symptoms of illness and reporting procedures to the Home Manager as well as the nurse. All staff were retrained on documentation of medical and behavioral incidents and reporting these to the Home Manager and the program nurse. The program nurse was retrained on creating medical protocols to include when the nurse needs to be contacted. All consumer protocols were reviewed and updated as necessary to meet guidelines by the program nurse. All staff were trained on updated protocols. The program nurse, PD and covering HM were retrained on necessary time frames for returning pages/messages received from</p>	

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			staff. The Program Director and covering Home manager were retrained on notifying guardians of all BDDS reportable incidents including medical issues as well as behavioral issues. The BSP for client A was updated to include all necessary target behaviors including implementing PIA for client A. The Program Director and covering Home Manager were trained on safe alternate ways to use PIA on client A due to her being in a wheelchair. The Program Director and covering Home Manger will retrain all staff on safe alternate ways to implement PIA for client A. The Program Director will be completing observations 2X weekly for one month to ensure that adequate staffing is being provided, programming is being implemented per written plans, active treatment is being completed. Will also complete check of documentation to ensure it is complete including daily support records, medication administration records, staff communication records, and behavioral records. The covering Home Manger will be completing observations 3X weekly for one month to ensure that adequate staffing is being provided, programming is being implemented per written plans, active treatment is being completed. Will also complete check of documentation to ensure it is complete including daily		

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			support records, medication administration records, staff communication records, and behavioral records. Ongoing the PD and HM will complete observations and record reviews per supervisory observation requirements. Responsible Party: Area Director, Program Director, Home Manager Completion Date: 9/23/2012	

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W0186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) plus 3 additional clients, the facility failed to ensure there were adequate staff levels to meet the medical needs of client B. The facility failed to ensure there were adequate staff in the group home during the evening shift for clients A, B, C, D, E, F and G.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 8/14/12 at 1:20 PM. The review indicated the following:</p> <p>-BDDS report dated 7/27/12 indicated on 7/27/12, "[Client B] was taken to the emergency room due to complaints of stomach aches. [Client B] was scheduled for a doctor visit today with her PCP (Primary Care Physician) but missed the appointment due to housemates'</p>	W0186	<p>W186 The Program Director and covering Home Manager were re trained on adequate staffing levels for the home as well as ensuring adequate staffing levels so that all medical appointments are kept.</p> <p>The staffing levels of the home are based on the needs and schedules of the consumers in the home. The original training was re-completed due to the previous HM not following the original training on staffing levels.</p> <p>The staffing needs may change based on appointments for consumers and the HM was re-trained on monitoring when medical appointments are scheduled and ensuring that there is adequate staff in the home based on what medical appointments are scheduled from week to week.</p> <p>All staff were re-trained on notifying the HM or on call HM if there are not enough staff in the home immediately, which is how we ensure that all staff who are</p>	09/23/2012	

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	<p>appointment running past time. Per parents request has ask (sic) to have [client B] treated in the emergency room for stomach pains."</p> <p>-Summary of Internal Investigation Report dated 8/1/12 indicated, "Conclusion: (2) Evidence supports the Home Manager did not ensure appropriate staffing levels to meet [client B's] medical needs."</p> <p>Client B's guardians were interviewed on 8/16/12 at 12:30 PM. Client B's guardians indicated client B was not taken to her PCP appointment. Client B's guardian stated, "[Client B] was not taken to her 11:15 AM appointment because the group home did not have enough staff. There were two other clients that had appointments that morning and not enough staff to take [client B] when the appointments had not returned." Client B's guardian stated, "When we called, [DSP #2] told us [client B] missed her appointment and [client B] would be taken to the Immediate Care center after the other clients in the home were returned home from work at 4:30 PM."</p> <p>HM #1 was interviewed on 8/16/12 at 3:30 PM. HM #1 indicated there were not enough staff to transport client B to the PCP while her housemates were at their</p>		<p>scheduled have arrived. Additionally all staff were re-trained on notifying the HM or on call HM if they are going to be late for a scheduled shift or are calling off for a scheduled shift.</p> <p>The schedule is being reviewed weekly by the Program Director to ensure that adequate staffing is being scheduled based on the needs and schedules of the consumers for that week.</p> <p>The covering HM has been re-trained on responsibilities to go and provide additional staffing in emergency situations (behavioral or medical) to ensure all health and safety needs of the consumers are met.</p> <p>All staff have been re-trained on immediately notifying the HM regarding any medical or behavioral emergencies.</p> <p>All staff were retrained on recognizing the signs and symptoms of illness and reporting procedures to the Home Manager as well as the nurse. All staff were retrained on documentation of medical and behavioral incidents and reporting these to the Home Manager and the program nurse. The program nurse was retrained on creating medical protocols to include when the nurse needs to be contacted. All consumer protocols were reviewed and updated as</p>		

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	<p>dental appointments.</p> <p>Quality Assurance Specialist (QAS) #1 was interviewed on 8/16/12 at 4:00 PM. QAS #1 indicated she had completed the 8/1/12 Summary of Internal Investigation. QAS #1 indicated she substantiated the Home Manager did not ensure appropriate staffing levels to meet client B's medical needs.</p> <p>2. Interview with AD #1 (Administrative Staff) on 8/14/12 at 2:45 PM indicated the group home should have 2 direct care staff working the evening shift. AD #1 indicated the evening shift at the group home was 2:00 PM through 10:00 PM. AD #1 indicated the HM was expected to cover open shifts during the evening and other times to ensure the staffing ratios were met.</p> <p>The group home's time detail forms from 7/14/12 through 8/9/12 were reviewed on 8/14/12 at 2:19 PM. The review indicated the following:</p> <p>-7/14/12, one staff on duty from 4:30 PM through 10:00 PM.</p> <p>-7/15/12, one staff on duty from 2:00 PM through 10:00 PM.</p> <p>-7/16/12, one staff on duty from 3:00 PM</p>		<p>necessary to meet guidelines by the program nurse. All staff were trained on updated protocols. The program nurse, PD and covering HM were retrained on necessary time frames for returning pages/messages received from staff. The Program Director and covering Home manager were retrained on notifying guardians of all BDDS reportable incidents including medical issues as well as behavioral issues. The BSP for client A was updated to include all necessary target behaviors including implementing PIA for client A. The Program Director and covering Home Manager were trained on safe alternate ways to use PIA on client A due to her being in a wheelchair. The Program Director and covering Home Manger will retrain all staff on safe alternate ways to implement PIA for client A. The Program Director will be completing observations 2X weekly for one month to ensure that adequate staffing is being provided, programming is being implemented per written plans, active treatment is being completed. Will also complete check of documentation to ensure it is complete including daily support records, medication administration records, staff communication records, and behavioral records. The covering Home Manger will be completing observations 3X weekly for one month to ensure that adequate</p>				

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	<p>through 10:00 PM.</p> <p>-7/19/12, one staff on duty from 8:00 PM through 10:00 PM.</p> <p>-7/20/12, one staff on duty from 3:00 PM through 10:00 PM.</p> <p>-7/21/12, one staff on duty from 3:00 PM through 10:00 PM.</p> <p>-7/22/12, one staff on duty from 2:00 PM through 10:00 PM.</p> <p>-7/23/12, no staff 3:00 PM through 10:00 PM listed for this location.</p> <p>-7/25/12, one staff on duty from 3:00 PM through 10:00 PM.</p> <p>-7/26/12, one staff on duty from 3:00 PM through 10:00 PM.</p> <p>-7/28/12, no staff 3:00 PM through 10:00 PM listed for this location.</p> <p>-7/29/12, no staff 3:00 PM through 10:00 PM listed for this location.</p> <p>-7/30/12, one staff on duty from 3:00 PM through 10:00 PM.</p> <p>-7/31/12, one staff on duty from 8:30 PM through 10:00 PM.</p>		<p>staffing is being provided, programming is being implemented per written plans, active treatment is being completed. Will also complete check of documentation to ensure it is complete including daily support records, medication administration records, staff communication records, and behavioral records. Ongoing the PD and HM will complete observations and record reviews per supervisory observation requirements. Responsible Party: Area Director, Program Director, Home Manager Completion Date: 9/23/2012</p>		

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	<p>-8/1/12, one staff on duty from 3:00 PM through 10:00 PM.</p> <p>-8/2/12, one staff on duty from 3:00 PM through 10:00 PM.</p> <p>-8/4/12, one staff on duty from 7:00 PM through 10:00 PM.</p> <p>-8/5/12, one staff on duty from 7:00 PM through 10:00 PM.</p> <p>-8/9/12, no staff 3:00 PM through 10:00 PM listed for this location.</p> <p>Interview with AS #1 on 8/14/12 at 4:00 PM indicated a time detail print out would not be available for this group home for 8/10/12, 8/11/12, 8/13/12 or 8/14/12 due to the time keeping system. AS #1 indicated additional shift information would be available on the DSR (Daily Support Record). AS #1 indicated the HM would document the shifts that she covered on the SDCL (Supervisor Direct Care Log). AS #1 indicated if staff coverage was not indicated on these documents then no additional documents would be available to review in regard to determining how many staff were working during the 2:00 PM through 10:00 PM shift.</p>			

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	<p>The group homes DSRs dated 7/1/12 through 8/9/12 were reviewed on 8/20/12 at 2:44 PM. The review did not indicate additional staffing for the 3:00 PM through 10:00 PM shift for 7/14/12, 7/15/12, 7/16/12, 7/19/12, 7/20/12, 7/21/12, 7/22/12, 7/23/12, 7/25/12, 7/26/12, 7/28/12, 7/29/12, 7/30/12, 7/31/12, 8/1/12, 8/2/12, 8/4/12, 8/5/12 and/or 8/9/12.</p> <p>The group home's SDCLs dated 7/1/12 through 8/12/12 were reviewed on 8/20/12 at 2:49 PM. The review did not indicate additional staffing for the 3:00 PM through 10:00 PM shift for 7/14/12, 7/15/12, 7/16/12, 7/19/12, 7/20/12, 7/21/12, 7/22/12, 7/23/12, 7/25/12, 7/26/12, 7/28/12, 7/29/12, 7/30/12, 7/31/12, 8/1/12, 8/2/12, 8/4/12, 8/5/12 and/or 8/9/12.</p> <p>HM #1 was interviewed on 8/14/12 at 5:15 PM. HM #1 indicated the group home should have 2 staff on duty from 2:00 PM through 10:00 PM. HM #1 indicated she was responsible for filling open shifts or providing coverage for open shifts.</p> <p>DSP (Direct Support Professional) #1 was interviewed on 8/14/12 at 5:30 PM. DSP #1 indicated the group home should have two staff on duty during the 3:00 PM</p>			

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	<p>through 10:00 PM shift. DSP #1 indicated there were days during the week which only had one staff on duty. DSP #1 stated, "One staff is not enough. Not really. Not with the behaviors in this home. Especially if one of the girls tries to walk off."</p> <p>DSP #3 was interviewed on 8/14/12 at 5:40 PM. DSP #3 indicated the group home should have two staff on duty for the evening shift 3:00 PM through 10:00 PM. DSP #3 indicated there were days through the week with only one staff on duty. When asked if there were enough staff to provide needed care and services so the individuals do not injure themselves, others or destroy property, DSP #3 stated, "We have had instances of those types of things. So, no we didn't have enough staff."</p> <p>Client A's guardian was interviewed on 8/17/12 at 12:45 PM. Client A's guardian stated, "There are not enough staff working in the group home in the evening. I don't think there are enough staff to take care of [client A]. [Client A] has behaviors and one staff can't deal with [client A] and the other clients."</p> <p>Client B's guardian was interviewed on 8/16/12 at 1:00 PM. Client B's guardian stated, "Most of the time in the evenings</p>			

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	<p>when we have been there for [client B] there was only one staff. I don't think the girls get to do as much. We have made suggestions for places to take [client B] and the other girls that were free events. The staff keep telling us they don't have enough staff to take the clients out. If there are any girls that don't want to go on an outing then somebody has to stay at the house with them and then one staff has to go on the outing. They don't have enough people."</p> <p>This federal tag relates to complaint #IN00112797. 9-3-3(a)</p>				

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W0189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure staff were trained to implement PIA (Physical Intervention) techniques for client A.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 8/15/12 at 11:59 AM. Client A's BSP (Behavior Support Plan) dated 8/30/11 indicated the following:</p> <p>-Physical Assault, "3. If [client A] pursues and reinitiates physical assault, use the minimum amount of physical guidance necessary to stop the aggression; use techniques taught in your agency approved program."</p> <p>-Suicide Precautions, "1. Use the minimum amount of physical guidance necessary to stop the behavior. Use the techniques taught in the agency approved program."</p> <p>Client A's ISP (Individual Support Plan) dated 10/18/11 indicated client A utilized</p>	W0189	<p>W189 The BSP for client A was updated to include all necessary target behaviors including implementing PIA for client A.</p> <p>The Program Director and covering Home Manager were trained on safe alternate ways to use PIA on client A due to her being in a wheelchair.</p> <p>The Program Director and covering Home Manger will retrain all staff on safe alternate ways to implement PIA for client A. Responsible Party: Area Director, Program Director, Home Manager Completion Date: 9.23.12</p>	09/23/2012

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	<p>a wheelchair for mobility.</p> <p>HM (Home Manager) #1 was interviewed on 8/14/12 at 5:23 PM. HM #1 stated, "I'm not really sure how we are supposed to deal with [client A's] behaviors. We use PIA but it's not really applicable for people with wheelchairs." HM #1 indicated the PIA training did not address how to provide physical intervention to clients in wheelchairs. HM #1 indicated there were instances when client A's behavior needed to be managed with physical intervention but staff were not able to implement PIA as taught during training. HM #1 indicated she had requested additional training on PIA implementation for client A. HM #1 indicated she had requested additional training from her supervisor but had not received a response.</p> <p>Interview with DSP (Direct Support Professional) #1 on 8/14/12 at 5:30 PM indicated client A used a wheelchair for mobility. DSP #1 stated, "I don't know how we are supposed to do the PIA on [client A]. It's not designed for people that are in a wheelchair. We don't really know how to stop her when she's using her wheelchair to run people over or trying to throw things. We can't do PIA." When asked if she had requested any additional training on PIA for client A, DSP #1 stated, "We asked [HM #1] and she said</p>						

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	<p>to basically, like wrap your arms around her. But that's about it. We didn't have any more training or get any answers."</p> <p>This federal tag relates to complaint #IN00112797. 9-3-3(a)</p>			

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W0240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure the BSP (Behavior Support Plan) specified how staff were to implement PIA (Physical Intervention) techniques for client A. The facility failed to ensure the BSP included the needed supports/and or services regarding how staff was to address client A's false reporting and medication refusals.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 8/14/12 at 1:20 PM. The review indicated the following:</p> <p>-BDDS report dated 7/3/12 indicated on 7/2/12, "[Client A] became angry after she was redirected to stop eating food in the work area. In an attempt to divert her supervisor's attention away from her she threw a plastic bottle at a co-worker thus angering the co-worker and causing the supervisor to focus on de-escalating the co-worker's disruptive behavior. Writer and [manager] were walking by the area and observed [client A] pick up a blue</p>	W0240	<p>W240</p> <p>The BSP for client A was updated to include all necessary target behaviors including implementing PIA for client A.</p> <p>The Program Director and covering Home Manager were trained on safe alternate ways to use PIA on client A due to her being in a wheelchair.</p> <p>The Program Director and covering Home Manger will retrain all staff on safe alternate ways to implement PIA for client A.</p> <p>Ongoing the Program Director will review and convene the IDT as necessary as behavioral incidents arise.</p> <p>Responsible Party: Area Director, Program Director, Home Manager.</p> <p>Completion Date: 9/23/2012</p>	09/23/2012	

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	<p>parts bin and heave it in the direction of another co-worker... Writer questioned [client A] as to why she would do such a thing and [client A] denied throwing the parts bin. As [manager] and [supervisor] were discussing the incident [client A] used her wheelchair to ram a trash barrel and knock it over spilling the contents all over the floor. [Client A] was then observed moving behind a co-worker and attempting to choke the co-worker. [Manager] responded immediately and intervened by blocking [client A's] actions and redirecting her away from the situation." The 7/3/12 BDDS report indicated, "There will be an interruption of services until an IDT (Interdisciplinary Team) meeting can be held to discuss the situation and formulate a plan to ensure [client A's] safety and the safety of her co-workers."</p> <p>-BDDS report dated 7/9/12 indicated on 7/9/12, "Staff was assisting [client A] in the bedroom. Staff was verbally prompting [client A] to put in her catheter. [Client A] was refusing and hit her staff in the arm. [Client A] continued to be physically aggressive towards staff and began to mobilize around the home in her wheel chair and threw household property at staff. [Client A] threw a coffee pot, sugar canister and a DVD (Digital Video Disc) player. The canister did hit</p>			

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	<p>staff in the foot."</p> <p>-BDDS report dated 7/18/12 indicated on 7/17/12, "[Client A] became angry without cause while sitting in her wheelchair in the common area. At that time she took a word search book and hit [client B] in the face. " The 7/18/12 BDDS report indicated, "[Client A] continued to have behavior outburst with her staff." The 7/18/12 BDDS report indicated, "[Client A] continued to try to hit staff and attempts (sic) to hurt staff. A parent of a consumer living in the home came to the home to pick up her daughter and scene (sic) staff struggling with [client A] and she phoned the police. Police came to the home and had [client A] transported by ambulance to [hospital]...." The 7/18/12 BDDS report indicated, "Evaluation is recommended at this time. As well as an emergency IDT (Interdisciplinary Team) with legal guardian to determine what the team can do to assist with the severity of behaviors."</p> <p>-BDDS report dated 7/22/12 indicated on 7/21/12, "[Client A] was agitated and refused to take her 9:00 PM medication... Staff waited five minutes then asked [client A] to take her medication-she refused. Staff again asked [client A] to take her medication-she refused again. Staff continued to ask [client A] every 5 minutes, if she wanted to take her medication. She continued to refuse."</p> <p>-BDDS report dated 7/22/12 indicated on 7/22/12, "[Client A] was agitated and targeted other residents. [Client A] hit [client C], (sic) with the telephone in the chest."</p> <p>-BDDS report dated 7/22/12 indicated on 7/22/12, "[Client A] was agitated and targeted other residents. [Client A] hit [client B] on the forehead with her hand/arm."</p>						

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	<p>-BDDS report dated 7/29/12 indicated on 7/28/12, "[Client A] was having a behavioral episode and became physically aggressive toward staff- hitting. The on-call manager was called and spoke to [client A] to try to de-escalate her. While on the phone with on call, [client A] alleged that staff had hit her. Staff was suspended pending the outcome of the investigation. [Client A] has IDT (Interdisciplinary Team Meeting) scheduled on 7/2/12 to discuss increases in physical aggression, refusals as well as false reporting supported through previous investigations."</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 8/14/12 at 5:15 PM indicated client A needed to have false reporting and medical refusals added to her BSP. QMRP #1 indicated client A needed additional supports due to an increase in behaviors and refusals. QMRP #1 indicated the IDT had met on 8/2/12 and discussed additional supports for client A and revisions to be made to client A's 8/30/11 BSP.</p> <p>Interview with HM (Home Manager) #1 on 8/14/12 at 5:23 PM indicated the IDT had met on 8/2/12 to discuss client A's behavioral issues. HM #1 indicated the team had not met prior to 8/2/12 to discuss the behavioral issues of client A. HM #1 stated, "I'm not really sure how we are supposed to deal with [client A's] behaviors. We use PIA but it's not really applicable for people with wheelchairs." HM #1 indicated client A utilized a wheelchair for mobility. HM #1 indicated client A's BSP did not address how staff were to physically intervene using PIA to prevent property destruction, physical aggression or self harm. HM #1 indicated client A's BSP did not address false reporting or medical refusals. HM #1 indicated client A's BSP needed to address client A's behavior of false reporting and medical refusals.</p>			

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	<p>Interview with DSP (Direct Support Professional) #1 on 8/14/12 at 5:30 PM indicated client A's BSP did not address how staff were to implement PIA with her wheelchair. DSP #1 indicated client A's BSP did not address false reporting or medical refusal. DSP #1 indicated client A's BSP needed to indicate how to intervene physically with client A while she is in her wheelchair and address her false reporting and medical refusals.</p> <p>Interview with AS (Administrative Staff) #1 on 8/14/12 at 3:00 PM indicated client A's BSP needed to be revised to address client A's false reporting and medical refusals. AS #1 indicated the IDT had met on 8/2/12 and discussed revisions to be made to client A's BSP. AS #1 indicated the behavior consultant would provide the revised BSP and staff would be trained on the new plan.</p> <p>Client A's record was reviewed on 8/15/12 at 11:59 AM. Client A's IDT note dated 8/2/12 indicated the team recommended the BSP be updated to include false reporting, medication refusals and placing an alarm on client A's bedroom window. Client A's IDT note dated 8/2/12 did not indicate discussion regarding how staff were to implement PIA during physical aggression, self injurious behavior or property destruction while client A was seated in her wheelchair.</p> <p>Client A's BSP dated 8/30/11 indicated the following:</p> <p>-Physical Assault, "3. If [client A] pursues and reinitiates physical assault, use the minimum amount of physical guidance necessary to stop the aggression; use techniques taught in your agency approved program."</p>			

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	<p>-Suicide Precautions, "1. Use the minimum amount of physical guidance necessary to stop the behavior. Use the techniques taught in the agency approved program."</p> <p>Client A's ISP (Individual Support Plan) 10/18/11 indicated client A utilized a wheelchair for mobility.</p> <p>Electronic communication with AS #1 on 8/22/12 indicated client A's current BSP was 8/30/11. AS #1 indicated client A's BSP had not been updated and implemented.</p> <p>This federal tag relates to complaint #IN00112797. 9-3-4(a)</p>			

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W0318	<p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Health Care Services for 1 of 4 sampled clients (B). The facility's health care services failed to monitor the health condition of client B. The facility's health care services failed to ensure staff documented vitals or the use of PRN (As Needed) medication for client B. The facility's health care services failed to ensure client B's Celiac Protocol included intervention timeframes.</p> <p>Findings include:</p> <p>1. The facility nursing services failed to monitor the health condition of client B. The facility nursing services failed to ensure staff documented vitals or the use of PRN medication. Please see W331.</p> <p>This federal tag relates to complaint #IN00112797. 9-3-6(a)</p>	W0318	<p>W318 All staff were retrained on recognizing the signs and symptoms of illness and reporting procedures to the Home Manager as well as the nurse. All staff were retrained on documentation of medical and behavioral incidents and reporting these to the Home Manager and the program nurse. The program nurse was retrained on creating medical protocols to include when the nurse needs to be contacted. All consumer protocols were reviewed and updated as necessary to meet guidelines by the program nurse. All staff were trained on updated protocols. The program nurse was retrained on completing monthly nursing assessment to include reviewing documentation to ensure that all medical interventions are documented and addressed. Responsible Party: Nursing supervisor, program nurse. Completion date: 9/23/2012</p>	09/23/2012	

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (B), the facility nursing services failed to monitor the health condition of client B. The facility nursing services failed to ensure staff documented vitals or the use of PRN (As Needed) medication. The facility nursing services failed to ensure client B's Celiac (Gluten Intolerance) protocol included intervention timeframes.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 8/14/12 at 1:20 PM. The review indicated the following:</p> <p>-BDDS report dated 7/27/12 indicated on 7/27/12, "[DSP (Direct Support Professional) #1] received voice mail from [client B's guardian], [client B] to call ASAP (As Soon As Possible). [DSP #1] contacted [client B's guardian]. [client B's guardian] indicated she could not speak because [client B] was being transported to [hospital] via ambulance. [Client B's guardian] indicated she is on her way to [hospital], [client B's guardian] indicated [client B] was supposed to have</p>	W0331	<p>W331</p> <p>The program nurse was retrained on creating medical protocols to include when the nurse needs to be contacted.</p> <p>All consumer protocols were reviewed and updated as necessary to meet guidelines by the program nurse.</p> <p>All staff were trained on updated protocols.</p> <p>The program nurse, PD and covering HM were retrained on necessary time frames for returning pages/messages received from staff.</p> <p>The program nurse was retrained on completing monthly nursing assessment to include reviewing documentation to ensure that all medical interventions are documented and addressed.</p> <p>Responsible Party: Nursing supervisor, program nurse.</p> <p>Completion date: 9/23/2012</p>	09/23/2012			

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	<p>MD (Medical Doctor) appointment, but was never taken to MD appointment. [Client B's guardian] very upset. [Client B's guardian] indicated there is gross neglect and abuse at the group home that needs to be investigated. [Client B's guardian] indicated [staff #1] needed to contact [AD (Area Director) #1] at Indiana Mentor. [Staff #1] left voice mail on [AD #1's] pager. [Staff #1] sent email to [AD #1] regarding status updated on [client B]. [Staff #1] has not received a response from [AD #1]."</p> <p>-BDDS report dated 7/27/12 indicated on 7/27/12, "[Client B] was taken to the emergency room due to complaints of stomach aches. [Client B] was scheduled for a doctor visit today with her PCP (Primary Care Physician) but missed the appointment due to housemates' appointment running past time. Per parents request has ask (sic) to have [client B] treated in the emergency room for stomach pains."</p> <p>-Summary of Internal Investigation Report (IIR) dated 8/1/12 indicated client B had reported not feeling well, had vomited and had diarrhea on 7/23/12. The IIR dated 8/1/12 indicated client B complained of stomach pain through 7/23/12, 7/24/12, 7/25/12, 7/26/12 and 7/27/12. The IIR dated 8/1/12 indicated</p>						

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	<p>HM #1, "Said she assumed [client B] had been exposed to some gluten, which dramatically effects her." The IIR dated 8/1/12 indicated client B was, "very sensitive to Gluten. A small crumb of gluten can cause diarrhea." The IIR dated 8/1/12 regarding client B's stomach pain indicated, "assumed it could be a Celiac response, a response to her shunt, or something else." The IIR dated 8/1/12 indicated the facility nurse was notified on 7/23/12 client B had vomited and had a temperature of 100.5. The IIR dated 8/1/12 indicated on 7/23/12 the facility nurse, "Directed staff to follow the PRN (As Needed) list, give her the clear liquid diet and notify [nurse #1] if [client B] does not improve." The IIR dated 8/1/12 indicated facility staff had not notified the facility nurse of client B's complaints of stomach pain on 7/23/12, 7/24/12, 7/25/12 or 7/26/12. The IIR dated 8/1/12 indicated facility's staff had not implemented the facility nurse's directions from 7/23/12 through 7/27/12. The IIR dated 8/1/12 indicated the facility nurse had not performed a physical assessment of client B from 7/23/12 through 7/27/12. The IIR dated 8/1/12 indicated facility staff had not obtained further medical treatment for client B from 7/23/12 through 7/26/12. The IIR dated 8/1/12 indicated, "Appendix likely burst on Tuesday or Wednesday." The IIR dated</p>			

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	<p>8/1/12 indicated, "Conclusion: (1) Evidence supports [client B] started showing signs/symptoms of the illness the evening of 7/11/12." The IIR dated 8/1/12 indicated, " (4) Evidence supports lack of documentation of vitals obtained by staff or the use of PRN medication."</p> <p>Client B's record was reviewed on 8/15/12 at 1:25 PM. Client B's Medication Administration Order forms dated from July 1, 2012 through July 31, 2012 did not indicate staff had monitored client B's vitals or documented client B's complaints of stomach pain. Client B's Medication Administration Order forms indicated client B's diagnosis included Celiac Disorder.</p> <p>Written Statement dated 8/16/12 was reviewed on 8/17/12 at 1:00 PM. The written statement indicated the following:</p> <p>"[Client B's guardian] first become (sic) aware of [client B's] illness Wednesday evening, July 25 when [client B's guardian] went to visit her and pick up her medications and ID (Identification) for the visit. [Client B] was in bed complaining about stomach pains. [Client B's guardian] learned from the staff that she had stayed home from work at [day program], the sheltered workshop on [name] Avenue, on Monday and Tuesday,</p>				

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	<p>July 23rd and 24th, but had gone to work that day, Wednesday, July 25. [Client B] did not look well. [Client B's guardian] said that if she was still sick in the morning call and [client B's guardian] would cancel the visit. The home did not call. [Client B's guardian] picked [client B] up at the workshop about 1:00 PM. [Client B] did not look at all well, but she wanted to see her friend. [Client B's guardian] took her to visit her friend but she became worse. [Client B's guardian] pages the in charge nurse for the group home, [RN (Registered Nurse) #1]. [RN #1] did not return our page so we took her to our house as planned. When we arrived home, [client B] said she could not get out of the car and wanted to go back to the group home. [Client B's guardian] returned to the group home about 9:30 PM. [Client B's guardian] asked [DSP #2], the staff person, to check her temperature. It was 101.1 degrees. [DSP #2] paged the on call nurse, which was [RN #1] and called the house manager, [HM (Home Manager) #1]. [HM #1] also paged the on call nurse. When the nurse had not returned the pages, the house manager instructed the staff person to give [client B] two Tylenol and agreed to obtain an appointment with the doctor. The house manager called Friday morning, July 27th; [HM #1] stated, '[Client B] had an appointment at 11:15</p>			

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	<p>AM.' [Client B's guardian] was to receive a call with the result of the appointment. When [client B's guardians] had heard nothing by 2:00 PM, [client B's guardian] called the home and learned that the staff had not been able to keep the appointment, but would take her to the Immediate Care that evening when the van with the rest of the residents returned from work. [DSP #2], the staff person on duty, then stated, '[Client B] had been vomiting and had had diarrhea all day and was sitting on the couch and looked awful.' [Client B's guardian] urged her to call 911 and take her to the emergency room. [DSP #2] said she had to make a phone call and would get back to us. A few minutes later [DSP #2] asked if we were insisting we have her call 911. [Client B's guardian] said yes we are insisting she call 911. [DSP #1] did and [client B] arrived at [hospital] between 3:30 PM and 4:00 PM, Friday, July 27th. [Client B] was diagnosed with a ruptured appendix and needed surgery immediately. The surgeon was ready but needed a list of her medications. When the decision was made to take [client B] to surgery, it was discovered that [client B's] medication list that they had brought with them was not up to date. The staff still at the group home was unable to fax the list of medications. When they had not arrived by about 8:00 PM [client B's</p>			

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	<p>guardian] called the group home and had them read the list to the surgeon. When they were almost finished reading medications on the list, the [HM #1] returned with a copy of the list. [Client B] finally got to surgery about 9:30 PM. Our complaint is twofold; inattention to a sick person and non-response to pages. [Client B's guardian] since learned that [client B] was first sick on Thursday, July 19th. [Client B] was fine Sunday, July 21st in the morning at church and in the afternoon at a retirement center... However, by Sunday night she was vomiting and continued to be sick through the week. The doctors had stated that [client B] was very sick when she came in. [Client B] has a shunt that drains into the peritoneum. The shunt was temporarily draining to the outside while the infection in the peritoneum was clearing and a hole in the intestine healing. [Client B] is still in the Trauma ICU (Intensive Care Unit) at [hospital]. On Wednesday, August 15, 2012, [client B] had the shunt drain reinserted internally. However, it now drains into the heart since the infection in the abdomen has been so great that the neurosurgeon can no longer use it to drain the shunt. [Client B] is likely to be here for another two weeks at least. [Client B's guardians] believe that this drastic situation could have been avoided with</p>			

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	<p>better attention to [client B's] complaint and response to pages."</p> <p>Client B's guardians were interviewed on 8/16/12 at 12:30 PM. Client B's guardians indicated client B had arrived at the ER on 7/27/12 and had remained in the trauma ICU through the time of the interview. Client B's guardians indicated client B would remain in the hospital for an unknown period of time for recovery from a ruptured appendix, sepsis and complications with a shunt that was surgically repositioned after illness. Client B's guardians indicated client B had been sick since 7/19/12. Client B's guardians indicated the nurse had not returned their pages regarding client B's medical needs. Client B's guardians indicated client B was not taken to her PCP appointment. Client B's guardians indicated client B's stomach was distended, she could not walk upright, complained of pain and was not eating. Client B's guardians stated, "[Client B]'s stomach was distended, she looked like she was pregnant it was so large." Client B's guardians indicated client B should have received medical treatment prior to 7/27/12. Client B's guardians stated, "The staff must have thought that she was just having issues with her gluten. [Client B] is very sensitive to gluten. If [client B] gets just a little it will make her sick."</p>			

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	<p>HM #1 was interviewed on 8/16/12 at 3:30 PM. HM #1 indicated client B should have received medical services prior to 7/27/12. HM #1 indicated the facility's nurse had not completed a physical assessment of client B.</p> <p>Quality Assurance Specialist (QAS) #1 was interviewed on 8/16/12 at 4:00 PM. QAS #1 indicated she had completed the 8/1/12 Summary of Internal Investigation. QAS #1 indicated the IIR dated 8/1/12 had a typing error in that it indicated the date of knowledge of client B's symptoms was 7/11/12 when the correct date was 7/23/12. QAS #1 indicated she substantiated client B started showing signs/symptoms of the illness the evening of 7/23/12. QAS #1 indicated she substantiated staff did not follow the nurse's instructions for PRN medication, the monitoring of client B's status or communicate client B's medical concerns to the home manager or the nurse. QAS #1 indicated client B should have received medical services prior to 7/27/12. QAS #1 indicated failure to provide needed medical services was considered neglect. QAS #1 indicated the facility nurse had not completed a physical assessment of client B. QAS #1 indicated client B's Celiac Disease Protocol form did not indicate how staff</p>			

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	<p>were to intervene and/or report when signs and symptoms are present. QAS #1 indicated if staff suspected client B's signs and symptoms of illness were Celiac related they should have reported their suspicions as the symptoms persisted. QAS #1 indicated client B's Celiac Disease Protocol should have indicated interventions and reporting guidelines for persistent signs and symptoms of illness.</p> <p>Client B's record was reviewed on 8/15/12 at 1:25 PM. Client B's Celiac Disease Protocol dated 7/8/10 did not indicate timeframes for persistence of signs and symptoms in the interventions of, "What to do if the problem occurs."</p> <p>AS #2 was interviewed on 8/16/12 at 4:15 PM. AS #2 indicated client B should have received medical treatment prior to 7/27/12.</p> <p>The facility nurse was interviewed on 8/15/12 at 1:25 PM. The facility nurse indicated staff had contacted her on 7/23/12 regarding client B complaining of stomach pain. The facility nurse indicated she advised staff to monitor client B's temperature and call back if she continues to vomit or her condition worsens. The facility nurse indicated facility staff had not notified her regarding any further medical concerns for client B. The facility</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/24/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1926 W 75TH PL INDIANAPOLIS, IN 46260
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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
	nurse indicated she had not completed a physical assessment of client B. This federal tag relates to complaint #IN00112797. 9-3-6(a)			