

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G378	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/13/2011
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4002 N MOLLER RD INDIANAPOLIS, IN46254
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W0000	<p>This visit was for investigation of complaint #IN00097933.</p> <p>Complaint #IN00097933 - Substantiated, Federal and state deficiency related to the allegation is cited at W157.</p> <p>Survey Dates: October 3, 4, 5, 6 and 13, 2011</p> <p>Facility Number: 000892 Provider Number: 15G378 Aim Number: 100244290</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 11/9/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0157	<p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client A), the facility failed to provide appropriate correction action to ensure the client did not have pictures taken without his</p>	W0157	<p>The pictures in questions were deleted from the Supported Living client's cell phone. The Supported Living Client's IDT met and agreed that he could only have a cell phone that did not have a</p>	11/21/2011

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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	<p>permission.</p> <p>Findings include:</p> <p>Review of the Bureau of Developmental Disabilities Services (BDDS) incident reports was conducted on 10/3/11 at 1:20 PM. The BDDS report dated 9/16/11 indicated Client A had a graphic picture taken while he was sitting on the toilet. The picture was taken with a phone camera by a peer while at the day program. The peer taking the picture does not live in a group home, but is in the supported living program. The investigation dated 9/20/11 of the incident at the work shop indicated the following: "[Day program staff #1] stated that as she was passing by [name of client from supported living] he had something in his hands that he appeared to be looking at, but also keeping from the sight of others. [Day program staff #1] said that when she asked [name of client from supported living] what he was looking at he closed a cell phone and placed it in his pocket. [Day program staff #1] said she knew that this was not good based on previous behaviors from client. She asked him if she could see his phone, which he willingly gave to her. The first picture [day program staff #1] pulled up was a picture of [client A] in the [name of day program] bathroom without any clothes</p>		<p>camera on it so future pictures could not be taken. The Supported Living client is not currently attending Client A's day placement, so contact with each other will be minimal. The Quality Assurance Specialist will be retrained on the need to ensure development of appropriate recommendations for all consumers involved in an investigation based on the results of the investigation. (see Attachment) All investigations and recommendations developed by the Quality Assurance Specialist will be reviewed by either the Area Director or the Quality Assurance Director to ensure they are accurate, thorough and include recommendations for all consumers involved in the incident as needed. Responsible Party: Program Director, Area Director, Regional Quality Assurance Specialist, Quality Assurance Director</p>		

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	<p>on fondling his penis. [Day program staff #1] said she closed the phone and took it to [day program staff #2]." The investigation dated 9/20/11 indicated "[Day program staff #2] stated that there were quite a few pictures on [name of client from supported living] cell phone. He did not review all the pictures before he deleted them, but stated that there was (sic) at least 4 pictures of [client A] sitting on the toilet with all his clothes off fondling his penis." The investigation indicated "[Client A] is a pleasant man that will do what he is asked in order to please others. He has no history of taking off his clothes inappropriately or engaging in sexual misconduct. He has a history of saying 'yes' to everything." The investigation indicated the client from supported living did take pictures of others without their consent. The investigation did not include any recommendations. The facility did provide recommendations for the client from supported living, but did not have any for client A.</p> <p>Interview with staff #2, Home Manager (HM), on 10/3/11 at 4:35 PM indicated staff had talked to client A about the incident, but no corrective action had been taken. Staff #2, HM, indicated she was not aware of client A having any history of taking off his clothes inappropriately.</p>				

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	<p>Interview with staff #1, Area Manager, on 10/3/11 at 3:00 PM indicated there had not been any recommendations for client A.</p> <p>This federal tag relates to complaint #IN00097933.</p> <p>9-3-2(a)</p>				