

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G264	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906
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W0000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of survey: June 5, 6, 7, and 8, 2012.</p> <p>Surveyors: Tracy Brumbaugh, Medical Surveyor III-Team Leader Claudia Ramirez, RN, Public Health Nurse Surveyor III</p> <p>Facility number: 000784 Provider number: 15G264 AIM number: 100243500</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/15/12 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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, the governing body failed to exercise operating direction over the facility for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) to ensure the home was kept in good repair and failed to develop a policy to include what measures to take in the case of an accident.</p> <p>Findings include:</p> <p>1. On 6-5-12 from 3:45 p.m. until 6:15 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7 was conducted. The flooring in the kitchen by the stove was bubbled and not sealed at the seams. Client #7 had no closet doors and client #6 had a 3 inch by 3 inch hole in his ceiling. The downstairs living room area had a 3 inch by 3 inch hole in the ceiling. The vent above the couch in the downstairs living room was soiled. The baseboards in the living room had chipped paint. The wall by the fireplace was scratched and dented and the door frame going into the dining room was scratched with the wood finish missing. The vent in the hallway bathroom was soiled and rusted. The front door was soiled and dented, and the baseboard in</p>	W0104	<p>The governing body exercises general policy, budget, and operating direction over the facility. Maintenance staff have aquired a vendor to replace the damaged flooring in the kitchen. The closet door for client #7 has been replaced. A hole in the ceiling in the bedroom of client #6 has been repaired. The vent above the couch in the downstairs living room has been cleaned. The baseboards in the living room have been repainted. Scratches and dents in the wall by the fireplace have been repaired. The door frame going into the dining room has been repaired. The rusted vent in the hallway bathroom has been replaced. The front door has been replaced. All baseboards, in the home have been repainted in areas that have chipped paint. Any chipped wood and paint in the the walls or entry has been repaired. A hole in the entry way, has been repaired. The Home Manager will complete a visual walk through of the home to address maintenance concerns, and will document on the monthly Home Manager checklist. The Program Director will document any maintenance needs on the Quarterly Health and Safety Assessment. Maintenance</p>	07/08/2012			

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	<p>the entry way was soiled with chipped paint. The walls had chipped wood and a hole in the entry way 8 inches by 2 inches.</p> <p>On 6-6-12 at 1:40 p.m. an interview with the Qualified Mental Retardation Professional indicated the maintenance issues in the home of clients #1, #2, #3, #4, #5, #6, and #7 should be addressed. She also indicated she currently had no maintenance person to report these concerns to.</p> <p>2. On 6-5-12 at 12:00 p.m. a review of the facility's Bureau of Developmental Disability Services (BDDS) reports indicated on 12-30-11 clients #1, #2, #3, #4, #5, #6, and #7 were riding in the van when another vehicle turned left into the intersection to hit the bumper of client #1, #2, #3, #4, #5, #6, and #7's van. None of the clients was taken to the hospital to ensure no injuries were sustained.</p> <p>On 6-5-12 at 12:25 p.m. a review of the vehicle safety policy dated 12-06 was conducted. The policy failed to indicate what steps were to be taken by the direct care staff in the event of an accident.</p> <p>On 6-6-12 at 1:40 p.m. an interview with the Qualified Mental Retardation Professional indicated the policy did not include what precautions staff were to</p>		<p>requests will be submitted to maintenance personnel, as needed for facilitation of repair. The Nursing Supervisor will retrain the facility nurse on policy for Nursing Assessment for Non-Life Threatening Injuries, in order to ensure that appropriate precautions are taken in the event of an automobile accident.</p> <p>Responsible Parties: Maintenance staff, Program Director, Home Manager, Nursing Supervisor, and Facility Nurse</p> <p>Completion Date: 7/8/12</p>				

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	take in the event of an automobile accident. 9-3-1(a)			

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W0120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #2) to ensure communication between the day program and the group home was established for client #2's wandering/vacating.</p> <p>Findings include:</p> <p>On 6-5-12 from 2:15 p.m. until 3:15 p.m. an observation at the day program for client #2 was conducted. At 2:15 p.m. client #2's day program staff #22 and #23 stated client #2 enjoyed doing plugs (paid work) but had vacating episodes "almost everyday."</p> <p>On 6-5-12 at 3:20 p.m. a review of client #2's behavior data sheet from the day program was conducted. The data sheets indicated client #2 had attempted to vacate or wander away 105 times in a 5 month period (1-12/5-12).</p> <p>On 6-5-12 at 3:20 p.m. an interview with the day program case coordinator indicated client #2 had 105 incidents of wandering away or attempting to vacate from January 2012 to May 2012. The case coordinator indicated he did not</p>	W0120	<p>The facility assures that outside services meet the needs of each client. A meeting was held between Residential supervisors and Day services supervisors on June 11, 2012. This meeting was held to discuss communication and other potential issues that may exist. During this meeting several things were decided regarding client #2, including the following: - client #2 has a high number of incidents of wandering away from his work station, or attempting to vacate the premises. - day service and residential services must be in frequent communication regarding and issues relating to their shared clients. The following changes in procedure and communication will be in effect immediately: 1) all behavior data for the client will be scanned and emailed to the QMRP weekly. 2) If the client exhibits the behavior of vacating, day service staff will contact the House Manager, or QMRP the same day that the incident occurred, so that residential staff is aware of the incident. The Home Manager and Program Director will conduct Day Service observations two times per week, for the next 30 days. Ongoing, the Home Manager and/or</p>	07/08/2012			

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	<p>think any changes had been made to client #2's behavior plan to address the multiple numbers of attempts to vacate.</p> <p>On 6-6-12 at 1:40 p.m. an interview with the Qualified Mental Retardation Professional indicated she was not aware client #2 had so many attempts to vacate from the day program. She also indicated there was a lack of communication between the day program and client #2's provider.</p> <p>9-3-1(a)</p>		<p>Program Director will complete a day service observation at least monthly. Responsible Parties: Program Director, Home Manager Completion Date: 7/8/12</p>		

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview, the facility failed for 2 of 4 sampled clients (clients #3 and #4) by not ensuring representation of legally sanctioned representatives to assist them in making informed health or financial decisions.</p> <p>Findings include:</p> <p>Client #3's records were reviewed on 06/06/12 at 11:00 AM. Client #3's Individual Support Plan (ISP) dated 06/08/11 indicated he was emancipated, did not have a legally sanctioned representative and had diagnoses including, but not limited to: Mental Retardation, Seizure Disorder and Autism. Client #3's Comprehensive Functional Assessment (CFA) dated 06/08/12 indicated client #3 required 24 hour supervision and was not able to independently manage his own finances. The CFA indicated client #3 required assistance with maintaining personal skills of daily living and needed physical assistance to identify money values, to have awareness of the value of money,</p>	W0125	<p>The facility ensures the rights of all clients. The facility encourages individual clients to exercise their rights as clients of the United States, including the right to file complaints and the right to due process. The facility Program Director will locate appropriate guardians for client #3, and client #4. The facility will facilitate the process to ensure that legal guardianship is obtained. Please note that the guardianship process can be lengthy and may not be complete by the 7/8/12 completion date. Responsible Parties: Program Director Completion Date: 7/8/12</p>	07/08/2012			

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	<p>and to make small purchases. The CFA indicated client #3 was unable to manage his financial needs independently.</p> <p>On 06/06/12 at 1:40 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated client #3 was emancipated, did not have a legal representative and was not able to fully make informed decisions on his own regarding finances.</p> <p>Client #4's records were reviewed on 06/06/12 at 12:04 PM. Client #4's Individual Support Plan (ISP) dated 03/07/12 indicated he was emancipated, did not have a legally sanctioned representative and had diagnoses including, but not limited to: Mental Retardation, Depression, Hyperactive and Organic Mental Syndrome with Psychosis. Client #4's Comprehensive Functional Assessment (CFA) dated 03/07/12 indicated client #4 required 24 hour supervision and was not able to independently manage his own finances. The CFA indicated client #4 required assistance with maintaining personal skills of daily living and needed physical assistance to identify money values, to have awareness of the value of money, and to make small purchases. The CFA indicated client #4 was unable to manage</p>			

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	<p>his financial needs independently.</p> <p>On 06/06/12 at 1:40 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated client #4 was emancipated, did not have a legal representative and was not able to fully make informed decisions on his own regarding finances.</p> <p>9-3-2(a)</p>				

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W0136	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on record review and interview, the facility failed to ensure for 4 of 4 clients (clients #1, #2, #3 and #4) who lived in the home by not developing a documentation system to verify all clients had opportunity to participate in activities in the community on a regular and/or ongoing basis.</p> <p>Findings include:</p> <p>1. On 06/06/12 at 11:00 AM a record review for client #3 was conducted. The record contained no documentation to indicated client #3 had participated in activities in the community from 06/2011 through 06/06/12. A list of of community outings was not available for review.</p> <p>On 06/06/12 at 1:40 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated there was no documentation to review to indicate client #3 was given the opportunity to go into the community on a regular basis.</p> <p>2. On 06/06/12 at 12:04 PM a record</p>	W0136	<p>The facility ensures the rights of all clients. The facility will ensure that clients have the opportunity to participate in social, religious, and community group activities. The staff will be retrained to complete the Activity Summary. The activity summary will list any community activity that all clients participate in, other than going to work daily. The staff will also document any community outings in the daily support record, for the clients. The Home Manager will review the activity summary at least monthly, and will document the completion of it in the Home Manager monthly checklist. Responsible Parties: Home Manager, Program Director Completion Date: 7/8/12</p>	07/08/2012			

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	<p>review for client #4 was conducted. The record contained no documentation to indicate client #4 had participated in activities in the community from 06/2011 through 06/06/12. A list of of community outings was not available for review.</p> <p>On 06/06/12 at 1:40 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated there was no documentation to review to indicate client #4 was given the opportunity to go into the community on a regular basis.</p> <p>3. On 6-6-12 at 11:40 a.m. a record review for client #1 was conducted. The record review contained no documentation to indicate client #1 had participated in grocery shopping for his home, banking for himself, or other community activities from 7-11 through 6-6-12. A list of community outings was not available for review.</p> <p>On 6-5-12 at 5:50 p.m. an interview with client #1 indicated his staff usually went to the grocery store and bank for him but he did let them know if the house was out of a certain item.</p> <p>On 6-6-12 at 10:30 a.m. a record review for client #2 was conducted. The record review contained no documentation to</p>				

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	<p>indicate client #2 had participated in grocery shopping for his home, banking for himself, or other community activities from 7-11 through 6-6-12. A list of community outings was not available for review.</p> <p>On 6-5-12 at 5:30 p.m. the House Manager indicated she did the big portion of the grocery shopping while clients #1, #2, #3, and #4 were at work.</p> <p>On 6-6-12 at 1:40 p.m. an interview with the Qualified Mental Retardation Professional indicated clients #1 and #2 did not have a documentation system in place to track and ensure they were getting out into the community between 7-11 to 6-12.</p> <p>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.</p> <p>Based on record review and interview for 10 of 10 client to client aggression incidents reviewed, for 2 of 4 sampled clients (clients #2 and #3), and 2 additional clients (clients #6 and #7), the facility failed to implement policies which ensured clients were monitored so as to prevent client to client abuse and to prohibit staff to client neglect for clients #1, #2, #4, #5, #6, and #7 to ensure staff did not leave clients unsupervised.</p> <p>Findings include:</p> <p>On 06/05/12 at 12:00 PM a record review of the BDDS (Bureau of Developmental Disabilities Services) reports from 06/01/11 to 06/05/12 was conducted and included the following incidents:</p> <p>1. A BDDS report submitted 07/26/11 for an incident on 07/26/11 at 8:30 AM indicated, "[Client #7] had become upset over a seat that she usually like (sic) to sit in on the van...[Client #7] quickly went to grab her housemate and accidentally scratched [client #3] in the process which made [client #3] upset and in urn he hit [client #7]...A team meeting was held to discuss the incident...advised to continue</p>	W0149	<p>The facility will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. The staff will be retrained on the abuse/neglect policy. In addition staff will be retrained on client behavior support plans to ensure that staff understand supervision levels and to better identify antecedents to possible physical altercations between clients. The Home Manager and Program Director will conduct three active treatment observations in the home per week, for 30 days. These will include one morning observation, one evening observation and one weekend observation, per week, for 30 days. These are to provide the opportunity for supervisors to ensure that staff are practicing appropriate interventions, supervision and active treatment to prevent client to client aggression, and to model appropriate implementation of behavior plans, and redirection prior to an aggressive episode. The Home Manager and Program Director will ensure that a supervisor is present for a portion of the overnight shift two times per month, for 90 days to ensure that overnight staff are</p>	07/08/2012			

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	<p>to implement [client #7's] BSP (Behavior Support Plan) for physical assault and Temper Outbursts and to monitor her interactions with others closely."</p> <p>2. A BDDS report submitted 10/09/11 for an incident on 10/08/11 at 9:30 AM indicated, "Staff were assisting residents clean up after breakfast and heard noise coming from the living room. They immediately went to go to check it out and found that [client #4] and [client #2] were hitting each other... We will continue to implement behavior plans as necessary for physical assault and or/instigating. Staff were advised to continue to monitor [client #2] and [client #4] closely."</p> <p>3. A BDDS report submitted 11/23/11 for an incident on 11/23/11 at 8:30 AM indicated, "...Then out of nowhere, [client #6] began to yell and hit [client #8] who was in front of him... Staff immediately intervened and got [client #6] to stop hitting but he continued to yell at [client #8]... We will continue to monitor his interactions with others and report any issues to his psychiatrist as necessary."</p> <p>4. A BDDS report submitted 12/07/11 for an incident on 12/05/11 at 6:00 PM indicated, "[Client #2] and [client #8] were in the kitchen and staff were assisting residents to clean up after</p>		<p>awake and that the clients in the home are receiving appropriate supervision. Active treatment observations will be reviewed by the Area Director monthly. Responsible Parties: Area Director, Program Director, Home Manager. Completion Date: 7/8/12</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G264		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/08/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906			
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	<p>dinner. Staff was on their way in the kitchen and heard [client #8] tell [client #2] to put his 'cup in the dishwasher.' Before they could get to them [client #2] told [client #8] to 'shut up b-----' and in turn they hit each other...Staff were advised to implement [client #2's] BSP for physical assault and verbal abuse and [client #8's] BSP for physical assault and bossing. Staff were also advised to closely monitor their interactions with each other."</p> <p>5. A BDDS report submitted 12/27/11 for an incident on 12/26/11 at 4:15 PM indicated, "Staff were with him in the kitchen and out of nowhere, [client #6] quickly ran into the dining room where [client #2] was sitting and began to hit him and yell 'I don't like you.' Staff were advised to monitor [client #6's] interactions with others closely and to implement his BSP for physical assault and verbal abuse."</p> <p>6. A BDDS report submitted 12/31/11 for an incident on 12/30/11 at 4:45 PM indicated, "[Client #6] and [client #2] had just been in an accident on the group home van as stated in a previous incident. When they arrived home, they were both very anxious to get inside the house...staff followed them but before they could get inside the house, [client #6] and [client</p>						

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906			
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	<p>#2] had hit each other. Client #6's nose began to bleed...[Client #6] was checked out at urgent care and an xray was taken...Staff were advised to implement [client #2's] and [client #6's] BSP for physical aggression as necessary."</p> <p>7. A BDDS report submitted 01/04/12 for an incident on 01/03/12 at 12:00 PM indicated, "[Client #3] sat down in another consumer's chair after finishing lunch. Staff prompted him to move to his sear. [Client #3] was assisted to his chair. After sitting down, [client #3] pushed the table, hitting a peer [dayservice client #9] in the stomach. [Client #3] was moved away from peers for a sensory break. On the way there, he spit, and kicked another consumer, [client #5] in the ankle...Will follow [client #3's] behavior support plan as written."</p> <p>8. A BDDS report submitted 02/07/12 for an incident on 02/06/12 at 3:45 PM indicated, "[Client #3] and [client #2] were riding home on the group home van. [Client #3] began hitting staff repeatedly with a pamphlet...Staff encouraged [client #3] to make better choices and to stop hitting. [Client #2] was sitting behind [client #3] and out of nowhere (client #2) hit [client #3] on the back of the head and told him to stop...Staff were advised to implement both [client #3's] and [client</p>						

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906			
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	<p>#2's] BSPs for physical assault as necessary...[client #3] and [client #2] to sit far away from each other on the van."</p> <p>9. A BDDS report submitted 04/05/12 for an incident on 04/05/12 at 7:00 AM indicated, "Staff were assisting residents wake and get ready for the day. [Client #6] had just come up from his downstairs bedroom and was sitting in the living room. [Client #2] had been sitting in the dining room when staff went to get (sic) get the rest of breakfast to sit on the table. Staff then heard [client #2] yell out 'you m-----' and quickly ran in to find that [client #2] was hitting [client #6] who apparently just gotten into the dining room...Staff were advised to continue to implement [client #2's] BSP for physical aggression as needed and to monitor his interactions with others closely."</p> <p>10. A BDDS report submitted 05/04/12 for an incident on 05/04/12 at 8:15 AM indicated, "Staff were assisting the residents to load the van to get ready to go to day placement. [Client #7] was already on the van and [client #2] got in and sat in the front seat which she was right behind...[Client #7] then began to scream and point to [client #2] as soon as she got in and started to grab him and attempted to bite him...[client #2] had a small scratched (sic) on his hand...Staff were</p>						

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906
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	<p>counseled to continue to implement [client #7's] BSP as necessary for physical assault."</p> <p>11. A BDDS report dated 5-18-12 at 3:00 a.m. for clients #1, #2, #4, #5, #6, and #7 indicated the House Manager had arrived at the home to find the overnight staff sleeping. The investigation dated 5-21-12 for clients #1, #2, #4, #5, #6, and #7 indicated the staff had been sleeping and had not provided "adequate supervision for the clients living in the home."</p> <p>On 06/05/12 at 11:00 AM review of the agency's "Endangered Adult Issues" Policy dated 1/2005 indicated, "Indiana MENTOR follow all laws and regulations involving Endangered Adult. This includes, but is not limited to, regulations surrounding these topics: abuse, neglect, exploitation, Endangered Adult laws and guardianship/representative. Useful Definitions: Abuse - is the intentional, non-therapeutic infliction of pain or injury. It may also be repeated words or actions intended to cause emotional or mental harm. Common types of abuse are sexual (non-consensual sex - taking advantage), verbal, physical and/pr emotional. This abuse may occur on an individual-to-individual basis, or a staff-to-individual basis. Neglect - is failure to meet any basic need of an</p>			

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906		
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	<p>individual."</p> <p>On 06/06/12 at 1:40 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated the facility prohibited staff neglect and client to client abuse. The QMRP indicated the staff that was sleeping on duty no longer worked at the group home.</p> <p>9-3-2(a)</p>				

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906			
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W0220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, record review and interview for 1 of 1 non-verbal sample clients (client #4), the facility failed to ensure a speech assessment was completed for a client with identified communication needs.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 06/06/12 from 7:00 AM until 8:30 AM. During the observation time client #4 was observed to be nonverbal and did not speak.</p> <p>Client #4's records were reviewed on 06/06/12 at 12:04 PM. Client #4's Individual Support Plan (ISP) dated 03/07/12 indicated he was nonverbal. Client #4's record did not contain a speech evaluation.</p> <p>On 06/06/12 at 1:40 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated there was not a speech evaluation for client #4 and she did not know when the last evaluation had been conducted. She indicated client #4 needed to have an updated speech</p>	W0220	<p>The facility ensures that comprehensive functional assessment includes speech and language development. The QMRP will document, annually, in the comprehensive functional assessment, any individual who may have a communication need. The facility nurse will review the medical chart for any client who has a communication need, as identified in their comprehensive functional assessment. The facility nurse will communicate to the QMRP, if any person with a communication need requires a speech evaluation. The QMRP will ensure that a speech evaluation is scheduled for that individual. The facility nurse will document in the monthly nurses notes, that this has occurred. Responsible parties: Facility nurse, Program Director Completion Date: 7/8/12</p>	07/08/2012			

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906
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	evaluation. 9-3-4(a)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G264		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/08/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906			
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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview, the facility failed for 2 of 4 sampled clients (clients #1 and #2) to ensure the eating of inedible items was addressed in the Individualized Support Plan (ISP) and a flossing goal was incorporated into the ISP per the dentist's recommendation.</p> <p>Findings include:</p> <p>1. On 6-5-12 at 12:00 p.m. a review of the facility's Bureau of Developmental Disability Services (BDDS) reports indicated the following:</p> <p>-A BDDS report dated 5-25-12 for client #2 indicated he was in the cleaning supply cabinet attempting to drink dish soap.</p> <p>-A BDDS report dated 7-25-11 for client #2 indicated he swallowed a rivet (small metal screw).</p> <p>On 6-6-12 at 10:30 a.m. a record review for client #2 was conducted. The nursing appointment form indicated there was a history of ingesting non edibles with a date of 4-20-11 which indicated he drank</p>	W0227	<p>The facility ensures that the individual program plan states specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment annually. The Area Director will retrain the Program Director on development of the Comprehensive Functional Assessment. The Program Director will address any needs of the individual and document these needs in the Comprehensive Functional Assessment and Risk Management Plan. In addition, any area of need, per the CFA, or by physician recommendation will be addressed in the ISP, and a addressed in goal format, or on the MAR. Needs that are determined to be behaviorally based will be communicated by the Program Director, to the behavior consultant for implementation into the behavior support plan. The Program Director met with the behavior consultant on 6/28/12 to ensure that non-edible items is included in the behavior support plan. The Program Director will ensure that a goal to address flossing is implemented into the ISP of client #1. The Program Director will</p>	07/08/2012			

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906		
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	<p>toilet bowl cleaner. The ISP dated 2-15-12 and the Behavior Support Plan (BSP) dated 8-5-11 did not address the eating of non edibles.</p> <p>2. On 6-6-12 at 11:40 a.m. a record review for client #1 was conducted. The review indicated client #1 went to the dentist on 11-30-11. The dentist made recommendations to floss daily. The ISP dated 1-11-12 did not incorporate a flossing objective to assist client #1 with his flossing needs.</p> <p>On 6-6-12 at 1:40 p.m. an interview with the Qualified Mental Retardation Professional indicated client #2's ISP/BSP did not address the ingesting of non edibles and client #1 did not have a flossing goal to assist him with his dental hygiene.</p> <p>9-3-4(a)</p>		<p>document progress and revision of all goals, and behavior data on the monthly review form. All staff will be retrained on the ISP goal, and revised BSP. Responsible Parties: Area Director, Program Director Completion Date: 7/8/12</p>		

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906			
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W0231	<p>483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) the facility failed to ensure the clients' training objectives included measurable criteria to determine performance.</p> <p>Findings include:</p> <p>1. Client #3's record was reviewed on 06/06/12 at 11:00 AM. Client #3's 06/08/11 Individual Support Plan (ISP) utilized monthly goal tracking sheets. The goal tracking sheets failed to contain measurable criteria for the following objectives:</p> <p>-will wash his body with ___prompts or less from staff, ___% of the time for 3 consecutive months by ____.</p> <p>-will pick up and put away his belongings throughout the house and his bedroom with ___verbal prompts or less, ___% of the time by ____.</p> <p>-will allow staff to assist with toothbrushing and use a dental mirror to examine his mouth with ___verbal prompts or less ___% of the time by ____.</p> <p>-will remain with his group of peer/staff during outings in the community with</p>	W0231	<p>The facility will express objectives in behavioral terms that provide measurable indices of performance. The Area Director will retrain the Program Director on the appropriate development of behaviorally based goals and objectives, as derived from the Individual Support plan. The Area Director will ensure that the Program Director implents goal tracking sheets that contain measurable criteria for following objectives. The Program will document the criteria on the monthly review. Responsible Parties: Area Director, Program Director Completion Date: 7/8/12</p>	07/08/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G264		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/08/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906			
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	<p>___ verbal prompts, ___% of the time for 3 consecutive months by ____.</p> <p>-will sort coins by value and arrange them into amounts with ___ verbal prompts or less, ___% of the time for three consecutive months by ____.</p> <p>-will learn and practice a new sign with staff assistance with ___ verbal prompts or less from staff, ___% of the time for three consecutive months by ____.</p> <p>-will sign the spelling of one of his medications with ___ verbal prompt or less ___% of the time for 3 consecutive months by ____.</p> <p>Client #3's 06/08/11 ISP objectives did not indicate any measurable criteria for the client's objectives. There were blanks where numbers should have been written.</p> <p>2. Client #4's record was reviewed on 06/06/12 at 12:04 PM. Client #4's 03/07/12 ISP utilized monthly goal tracking sheets. The goal tracking sheets failed to contain measurable criteria for the following objectives:</p> <p>-will wash his body with ___ verbal/physical prompts, ___% of the time for three consecutive months.</p> <p>-will choose a form of exercise and participate in it for a minimum of 10 minutes with ___ verbal prompts or less, ___% of the time for three consecutive months.</p> <p>-will prepare a side dish with ___ verbal</p>						

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906
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	<p>prompts or less ____% of the time by ____.</p> <p>-will use the restroom every two house as needed, with ___ verbal prompts or less, ____% of the time for 3 consecutive months by ____.</p> <p>-will point to his named medication with ____ verbal prompt or less ____% of the time for three consecutive months by ____.</p> <p>Client #4's 03/07/12 ISP objectives did not indicate any measurable criteria for the client's objectives.</p> <p>3. Client #1's record was reviewed on 6-6-12 at 11:40 a.m. Client #1's 1-11-12 Individual Support Plan (ISP) utilized monthly goal tracking sheets. The goal tracking sheets failed to contain measurable criteria for the following objectives:</p> <p>-will wash laundry with ___ prompts or less from staff, ____% of the time for 3 consecutive months by ____.</p> <p>-will complete his back stretching exercises with ___ verbal prompts or less, ____% of the time by ____.</p> <p>-will assist with meal preparation with ____ verbal prompts or less ____% of the time by ____.</p> <p>-will participate in 10 minutes of exercise with ___ verbal prompts, ___% of the time for 3 consecutive months by ____.</p> <p>-will sort coins into amounts with</p>			

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906			
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	<p>___ verbal prompts or less, ___% of the time for three consecutive months by _____.</p> <p>-will complete his AM task list with ___ verbal prompts or less from staff, ___% of the time for three consecutive months by _____.</p> <p>Client #1's 1-11-12 ISP objectives did not indicate any measurable criteria for the client's objectives.</p> <p>4. Client #2's record was reviewed on 6-6-12 at 10:30 a.m. Client #2's 2-15-12 ISP utilized monthly goal tracking sheets. The goal tracking sheets failed to contain measurable criteria for the following objectives:</p> <p>-will discuss safety and use of cleaning products body with ___ verbal/physical prompts, ___% of the time for three consecutive months.</p> <p>-will discuss his specialized diet with ___ verbal prompts or less, ___% of the time for three consecutive months.</p> <p>-will discuss cigarette and lighter safety with ___ verbal prompts or less ___% of the time by _____.</p> <p>-will prepare his nectar thickened drinks with ___ verbal prompts or less, ___% of the time for 3 consecutive months by _____.</p> <p>-will complete his laundry with ___ verbal prompt or less ___% of the time for three consecutive months by _____.</p>						

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906		
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	<p>_____.</p> <p>-will balance his checkbook with _____ verbal prompts or less, _____% of the time for three consecutive months.</p> <p>-will stay away from others during behaviors with _____ verbal prompts or less _____% of the time by _____.</p> <p>-will participate in financial class with _____ verbal prompts or less, _____% of the time for 3 consecutive months by _____.</p> <p>Client #2's 2-15-12 ISP objectives did not indicate any measurable criteria for the client's objectives.</p> <p>On 6-6-12 at 1:40 p.m. an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated there was not a clear measurable criteria for the clients' objectives.</p> <p>9-3-4(a)</p>				

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906			
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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #2) to ensure his dining goal was implemented per his Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>On 6-5-12 from 3:45 p.m. until 6:15 p.m. an observation at the home of client #2 was conducted. Client #2 was observed to eat his supper meal. Direct care staff #1, #2, #3, #4, #5, the House Manager and the Qualified Mental Retardation Professional (QMRP) did not prompt client #2 to discuss reasons why he was on his mechanical soft diet with thickened liquids and the risks of not staying on the prescribed diet.</p> <p>On 6-6-12 at 10:30 a.m. a record review for client #2 was conducted. The ISP dated 2-15-12 indicated client #2 had a goal/objective to discuss reasons why he is on a special diet and the risks of not staying on it. Client #2's dietary review</p>	W0249	The facility ensures that each client receives continuous active treatment consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. The staff will be retrained on current ISP goals for the clients in the home. The Home Manager and Program Director will conduct three active treatment observations in the home per week, for 30 days. These will include one morning observation, one evening observation and one weekend observation, per week, for 30 days. These are to provide the opportunity for supervisors to ensure that staff are practicing appropriate interventions, supervision and active treatment to ensure appropriate implementation of ISP goals, including the dietary goal implementation for client #2. The Program Director will monitor progress of goals and objectives and document on the monthly review. Responsible Parties: Home Manager and Program	07/08/2012			

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	<p>dated 5-12 indicated he was on a mechanical soft diet with ground meat and thickened liquids.</p> <p>On 6-6-12 at 1:40 p.m. an interview with the QMRP indicated client #2's goals/objectives should be implemented per his ISP as he continued to need teaching and training.</p> <p>9-3-4(a)</p>		DirectorCompletion Date: 7/8/12		

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W0322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #4) to follow-up a recommendation for medication adjustment and changes.</p> <p>Findings include:</p> <p>Client #4's records were reviewed on 06/06/12 at 12:04 PM. A review of client #4's Psychotropic Medication Review dated 04/03/12 indicated client #4 was seen by the psychiatrist on 04/03/12 and the psychiatrist ordered the following medication changes: "Sertraline HCL (hydrochloride) (Zoloft) (antidepressant) 150 mg (milligram)/day to be decreased to 75 mg for 1 week then discontinue. Start in 1 week Fluoxetine (Prozac) 20 mg. Switch from Sertraline HCL to Fluoxetine re (regarding) inability to accept transition in daily activity. Maybe an OCD (Obsessive Compulsive Disorder) type behavior." The April 2012 MAR (Medication Administration Record) did not include any medication changes for these medication.</p> <p>On 06/06/12 at 1:40 PM an interview with the RN (Registered Nurse) was</p>	W0322	<p>The facility will provide or obtain preventive and general medical care. The Area Director will retrain the Program Director on policy pertaining to follow up from recommendation for medication adjustment and changes. The Program Director will provide the Area Director with Psychiatric Medication Review forms, after each appointment. The Area Director will ensure that recommended medication changes are completed within policy guidelines. Responsible Parties: Area Director, Program Director Completion Date: 7/8/12</p>	07/08/2012			

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	<p>conducted. The RN indicated client #4's medication changes still had not been made as of 06/06/12. She indicated the agency had not followed the psychiatrist's recommendation for the medication changes.</p> <p>9-3-6(a)</p>			

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #3) to have an annual physical.</p> <p>Findings include:</p> <p>Client #3's records were reviewed on 06/06/12 at 11:00 AM. Client #3's record did not contain any documentation of an annual physical.</p> <p>On 06/06/12 at 1:40 PM an interview with the RN (Registered Nurse) was conducted. The RN indicated client #3 did not have a current physical.</p> <p>9-3-6(a)</p>	W0323	<p>The facility provides annual physical examinations of each client that includes an evaluation of vision and hearing. The Nursing Supervisor will retrain the facility nurse on policies related to requirements for physical examinations and vision and hearing evaluations. This will include ensuring that the annual physical is scheduled within one year of the physical prior to it. The facility nurse will provide the Program Director with a client appointment list, for follow up to ensure that all appointments are scheduled within the required time limits. Responsible Parties: Nursing supervisor, Facility nurse, Program Director Completion date: 7/8/12</p>	07/08/2012	

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W0327	<p>483.460(a)(3)(iv) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #3) to ensure he had a current mantoux test.</p> <p>Findings include:</p> <p>Client #3's records were reviewed on 06/06/12 at 11:00 AM. Client #3's record did not contain any documentation of a mantoux test or any additional documentation to indicate he was free from communicable disease.</p> <p>On 06/06/12 at 1:40 PM an interview with the RN (Registered Nurse) was conducted. The RN indicated client #3 did not have a mantoux test.</p> <p>9-3-6(a)</p>	W0327	<p>The facility ensures that each client obtains an annual physical which includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics or both. The Nursing Supervisor will retrain the facility nurse on policy regarding providing a mantoux test, as well as documentation of the mantoux test. The Program Director will document, annually in the Comprehensive Functional Assessment, that mantoux test was administered to the clients. Responsible Parties: Nursing Supervisor, Facility Nurse, Program Director Completion Date: 7/8/12</p>	07/08/2012			

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W0475	<p>483.480(b)(2)(iv) MEAL SERVICES Food must be served with appropriate utensils.</p> <p>Based on observation, record review, and interview, the facility failed for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) who lived in the home, to ensure tableware was free of cuts in the plates.</p> <p>Findings include:</p> <p>On 6-5-12 from 3:45 p.m. until 6:15 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7 was conducted. The plates were plastic with over 15 cuts/slits in the plates.</p> <p>On 6-6-12 at 1:40 p.m. an interview with the Qualified Mental Retardation Professional indicated plates should be free of cuts.</p> <p>9-3-8(a)</p>	W0475	<p>The facility ensures that food is served with appropriate utensils. The Home Manager will purchase new plates for the home, which are of a sturdy construction, as to not easily show wear and cuts. The Program Director will check the condition of the utensils in the home and will document such on the Quarterly Health and Safety Assessment. Responsible Parties: Home Manager, Program Director Completion Date: 7/9/12</p>	07/09/2012	