

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G282	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/14/2011
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 ROCKFORD LN KOKOMO, IN46902
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W0000	<p>This visit was for the investigation of complaint #IN00098996.</p> <p>COMPLAINT #IN00098996: SUBSTANTIATED, Federal and State deficiency related to the allegations is cited at W120.</p> <p>Dates of Survey: November 7, 10, and 14, 2011.</p> <p>Surveyor: Susan Eakright, Medical Surveyor III</p> <p>Facility number: 000802 Provider number: 15G282 AIM number: 100243610</p> <p>The following deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 11/24/11 by Tim Shebel, Medical Surveyor III.</p>	W0000	Mentor contracts with day programs under the agreement that the day program will follow all the State and Federal Guidelines required and that the clients will be properly cared for in all areas.	
W0120	The facility must assure that outside services meet the needs of each client.			

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>Based on record review and interview, for 1 of 3 sample clients (client A) who attended the outside contracted workshop, the facility failed to ensure outside services provided services based on client A's identified need.</p> <p>Findings include:</p> <p>On 11/7/11 at 9am, the BDDS (Bureau of Developmental Disability Services) Reports from 8/1/11 through 11/7/11 were reviewed for the facility from the contracted workshop. -A 10/21/11 BDDS report for an incident on 10/20/11 at 12:30pm, indicated the workshop staff (CWS) #1 stated client A "did not get out of the van on their outing" on 10/20/11. The report indicated client A "often will refuse to get out of the van once they reach their destination." The report indicated CWS #1 stated "her (CWS #1) and [CWS #2] took turns and rotated sitting with [client A] in the van." The report indicated eleven other clients were on the same outing with staff. The report indicated CWS #4 who was on the same outing indicated during the investigation "that she did not see [CWS #1] nor [CWS #2] ever leave the center, [CWS #4] had no idea that [client A] was on the outing until [CWS #4] went to load up the pumpkins that they had just decorated. When [CWS #4] opened the van door with [CWS #2] that [client A] was heard crying and in the back of the van."</p> <p>On 11/7/11 at 9am, the contracted workshop 10/24/11 "investigation notes" were reviewed and indicated CWS #1 and CWS #2's witness statements were reviewed. The review indicated neither staff could identify the length of time they took turns checking and sitting with client A on the van. Both statements indicated the group was</p>	W0120	All Mentor staff are trained on client supervision levels and on BDDS reportable incidents which includes adequate staffing levels required for clients. Day programs are given all client specific training information upon a clients admission to the day program. This training includes client supervision levels as well as all medical needs and diagnosis. Day program facilities are required to report any violation of client supervision immediately to Indiana MENTOR residential provider and complete an investigation. Mentor will monitor the adequate supervision at day program by completing on sight observations weekly for the next 3 months to ensure that proper supervision levels are adhered to for each Mentor client in attendance of the day program. In the future, in the event of an incident regarding client supervision, the Program Director will schedule a meeting with day program to address the concern with the day program supervisors and determine how the day program will resolve the concerns. The residential facility will ensure ongoing observations are conducted at least twice monthly to monitor day program client safety.	12/14/2011	

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	<p>inside a building painting pumpkins from 12:30pm until 2:30pm on 10/20/11 and the facility van could not be observed from the building.</p> <p>On 11/7/11 at 9am, the contracted workshop 10/24/11 "investigation notes" were reviewed and indicated CWS #5 who was staff attending the outing on 10/20/11 indicated client A refused to get off the van to go inside and she was not aware client A was left alone on the van.</p> <p>On 11/7/11 at 9am, the contracted workshop 10/24/11 "investigation notes" were reviewed and indicated CWS #4's witness statement indicated she did not observe staff to check on client A when client A was left on the van alone on 10/20/11.</p> <p>On 11/7/11 at 9am, an interview with the contracted outside workshop director (COWD) was completed. The COWD indicated client A was left alone on the van during a community outing from the contracted workshop on 10/20/11 from 12:30pm until 2:30pm. The COWD stated "it's neglect," the staff involved was terminated, and other staff was retrained to prevent this from reoccurring. The COWD indicated the contracted workshop staff #1, #2, #3, #4, and #5 did not immediately report the incident to the administrator on 10/20/11. The COWD stated she discovered the 10/20/11 incident on 10/21/11 when the unidentified workshop staff "made a passing" comment during another client's meeting. The COWD stated client A "should never have been left alone anywhere, let alone in the van" without staff supervision.</p> <p>On 11/7/11 from 9:15am until 10am, client A was observed to be non verbal, sat at a table sorting plastic poker chips, and required staff supervision to empty and refill her poker chips inside bowls in</p>				

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	<p>the classroom at the contracted workshop. At 9:45am, CWS #4 was interviewed and indicated client A communicated by facial expressions and was non verbal. CWS #4 indicated client A "should not be left alone because [client A] has a heart condition, a short life expectancy, and has fainted before because of [client A's] weak heart. [Client A] cries hard for pain or discomfort and cannot walk on her own."</p> <p>On 11/7/11 from 7:25am until 8:42am, observation and interview was completed at the group home and client A was observed to be non verbal and required the assistance of the group home staff to walk to the van, clear her dishes from the table, and select leisure activity to sort cards. At 7:50am, DCS (Direct Care Staff) #1 stated client A "had to be supervised at all times." At 7:50am, DCS #1 stated client A "had hip displasia (walked stiff legged), stiffens [client A's] body when she walked, and has spells of fainting." At 8:10am, the Program Director (PD) stated client A "had been refusing to get out of the van because she doesn't want to get up to walk." The PD stated client A "had been refusing at times to get out of the van for over a year." The PD stated client A "should not be left alone and needs twenty-four hour supervision by the facility staff."</p> <p>Client A's record was reviewed 11/7/11 at 11:20am. Client A's record indicated an 8/8/11 ISP (Individual Support Plan) indicated she was non verbal and client A "must be supervised at all times in the community." Client A's ISP indicated client A had identified needs for communication, dressing, bathing, walking, and dining. Client A's record indicated client A had medical problems with pain control in September and October, 2011 in which client A had refused to walk at times because of pain and discomfort. Client A's record</p>				

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	<p>indicated on 10/21/11 at 6:30pm, client A "fainted related to a heart" problem and lost consciousness.</p> <p>This federal tag relates to complaint #IN00098996.</p> <p>9-3-1(a)</p>				