

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G599	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  07/01/2015
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 860 W 65TH LN MERRILLVILLE, IN 46410
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00175734.</p> <p>This survey was in conjunction with a post-certification revisit (PCR) survey to the PCR completed on 4/2/15 to the recertification and state licensure survey completed on 1/16/15.</p> <p>Complaint #IN00175734: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122, W149, W154, W157, W210, W242 and W287.</p> <p>Survey dates: June 22, 24, 25 and July 1, 2015.</p> <p>Facility Number: 001113 Provider Number: 15G599 AIM Number: 100245610</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific</p>			

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>governing body and management requirements are met.</p> <p>Based on interview and record review, the facility failed to meet the Condition of Participation: Governing Body for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H). The governing body failed to ensure clients were not neglected by staff. The governing body failed to ensure the facility conducted thorough investigations regarding allegations of neglect (toileting of clients and a medication error). The governing body failed to ensure the facility put corrective measures in place in regard to training staff, monitoring and supervising staff to ensure clients were not being neglected.</p> <p>Findings include:</p> <p>1. The governing body failed to ensure the facility met the Condition of Participation: Client Protections for clients A, B, C, D, E, F, G and H. The governing body failed to ensure the facility implemented its written policy and procedures to prevent neglect of clients A, B, C, D, E, F, G and H. The governing body failed to ensure the facility conducted a thorough investigation in regard to an allegation of staff to client neglect and in regard to an allegation of possible neglect in regard to</p>	W 0102	<p>Indiana Mentor has policies and procedures in place in regards to abuse and neglect. Every staff is trained in these policies upon hire and annually thereafter. Indiana Mentor has policies and procedures in place in regards to the health and welfare of individuals in care as well. All investigators are trained in interviewing methods and standards prior to conducting any investigations and included are what incidents warrants investigations. All managers are additionally trained on ensuring client specific trainings are conducted prior to staff working. The agency has retrained all group home staff, managers, day program staff and additionally supported living staff in regards to abuse and neglect including what constitutes abuse and neglect and reporting procedires. The staff involved in the toileting neglect allegation has been removed from the program by the agency. The staff and managers have been trained on proper toileting checks and procedures including implementation of sign off sheet for checks. An assessment was completed on clients A - H to determine incontinence needs and risk plans were updated accordingly. The agency audited the client specific training for staff who had worked in the program and addressed</p>	07/29/2015

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	<p>a medication error. The governing body failed to put in place corrective measures in regard to monitoring facility staff to ensure clients were toileted, to ensure an alleged staff was monitored/supervised, to ensure facility staff were retrained in regard to abuse and neglect, and to ensure staff were trained before being allowed to work in the group home. Please see W122.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent neglect of clients in regard to allowing clients to lay in their urine over night. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility conducted a thorough investigation in regard to the allegation of neglect (clients not being changed/toileted at night) in that the facility neglected to substantiate the allegation. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility investigated an allegation of neglect in regard to client G not receiving a prescribed medication which was ordered. The governing body failed to exercise general policy and operating direction over the facility to implement</p>		<p>any outstanding needs. Management was retrained on this system as well and proof of training for new staff is being sent to the Area Director for the next 3 months prior to working shift. Assigned investigators have been retrained in conducting thorough and complete investigations and what incidents need investigated. Staff are being inserviced in regards to abuse and neglect at next 3 house meetings and quarterly there after for the year. Management is conducting 5 observations per week for the next 3 months on various shifts, which includes incontinence checks and ensuring tracking has been completed. After 3 months management will complete at least 3 observations a week. The new staff client specific training will be reviewed by the Area Director for the next 3 months and then reviewed monthly after that time. For investigations and IRs they will be tracked and logged in an internal system that the QA department will review to ensure for completeness and thoroughness. Responsible Party: Area Director, Program Director, Program Coordinator Complete Date: 7/29/2015</p>	

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	<p>its written policy and procedures to prevent potential neglect of clients, in regard to toileting clients, as the facility failed to address a systemic issue of not toileting clients at night. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility put in place corrective actions/measures which monitored the alleged night shift staff to ensure clients would not be neglected again.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility conducted an investigation and/or conducted a thorough investigation in regard to the allegations of staff to client neglect and/or in regard to a medication error for clients A, B, C, D, E, F, G and H. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility put corrective actions in place which monitored the alleged staff and facility staff to prevent potential neglect of clients, and/or to ensure staff were trained in regard to client specific needs prior to working in the group home and re-trained to identify neglect and/or abuse of clients for clients A, B, C, D, E, F, G and H. Please see W104.</p> <p>This federal tag relates to complaint</p>			

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W 0104 Bldg. 00	#IN00175734.  9-3-1(a)  483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on interview and record review for 4 of 4 sampled clients (A, B, C and D), and for 4 additional clients (E, F, G and H), the governing body failed to exercise general policy and operating direction over the facility to ensure clients were not neglected in regard to laying in urine and/or soiled clothes. The governing body failed to ensure clients who were independent in toileting were not placed in adult diapers unless there was determined need. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility completed investigations and/or completed thorough investigations in regard to allegations of neglect in regard to overnight staff not toileting clients, and in regard to a medication error. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility put in place corrective measures which monitored alleged staff to ensure clients would not be neglected	W 0104	Indiana Mentor has policies and procedures in place in regards to abuse and neglect. Every staff is trained in these policies upon hire and annually thereafter. Indiana Mentor has policies and procedures in place in regards to the health and welfare of individuals in care as well. All investigators are trained in interviewing methods and standards prior to conducting any investigations and included are what incidents warrants investigations. All managers are additionally trained on ensuring client specific trainings are conducted prior to staff working. The agency has retrained all group home staff, managers, day program staff and additionally supported living staff in regards to abuse and neglect including what constitutes abuse and neglect and reporting procedires. The staff involved in the toileting neglect allegation has been removed from the program by the agency. The staff and managers have been trained on proper toileting checks and procedures	07/29/2015

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	<p>again, to ensure the facility addressed/supervised facility staff in regard to the systemic issue of not toileting clients at night, and to ensure staff were re-trained/understood what abuse and/or neglect were. The governing body failed to exercise general policy and operating direction over the facility to ensure staff were trained in regard to clients' specific programs/needs prior to working with the clients.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent neglect of clients in regard to allowing clients to lay in their urine over night. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility conducted a thorough investigation in regard to the allegation of neglect (clients not being changed/toileted at night) in that the facility neglected to substantiate the allegation. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility investigated an allegation of neglect in regard to client G not receiving a prescribed medication which was</p>		<p>including implementation of sign off sheet for checks. An assessment was completed on clients A - H to determine incontinence needs and risk plans were updated accordingly. The agency audited the client specific training for staff who had worked in the program and addressed any outstanding needs. Management was retrained on this system as well and proof of training for new staff is being sent to the area director for the next 3 months prior to working shift. Assigned investigators have been retrained in conducting thorough and complete investigations and what incidents need investigated. Staff are being inserviced in regards to abuse and neglect at next 3 house meetings and quarterly there after for the year. Management is conducting 5 observations per week for the next 3 months, which includes incontinence checks and ensuring tracking has been completed. After 3 months management will complete at least 3 observations a week. The new staff client specific training will be reviewed by the area director for the next 3 months and then reviewed monthly after that time. For investigations and IRs they will be tracked and logged in an internal system that the QA department will review to ensure for completeness and thoroughness. Responsible</p>	

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	<p>ordered. The governing body failed to exercise general policy and operating direction over the facility to implement its written policy and procedures to prevent potential neglect of clients, in regard to toileting clients, as the facility failed to address a systemic issue of not toileting clients at night. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility put in place corrective actions/measures which monitored the alleged night shift staff to ensure clients would not be neglected again. Please see W149.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility conducted an investigation and/or conducted a thorough investigation in regard to the allegations of staff to client neglect and/or in regard to a medication error for clients A, B, C, D, E, F, G and H. Please see W154.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility put corrective actions in place which monitored the alleged staff and facility staff to prevent potential neglect of clients, and/or to ensure staff were trained in regard to client specific needs</p>		<p>Party: Area Director, Program Director, Program Coordinator Complete Date: 7/29/2015</p>	

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W 0122 Bldg. 00	<p>prior to working in the group home and re-trained to identify neglect and/or abuse of clients for clients A, B, C, D, E, F, G and H. Please see W157.</p> <p>This federal tag relates to complaint #IN00175734.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H). The facility failed to implement its written policy and procedures to prevent neglect of clients A, B, C, D, E, F, G and H. The facility failed to conduct a thorough investigation in regard to an allegation of staff to client neglect and in regard to an allegation of possible neglect in regard to a medication error. The facility failed to put in place corrective measures in regard to monitoring facility staff to ensure clients were toileted, to ensure an alleged staff was monitored/supervised, to ensure facility staff were retrained in regard to abuse and neglect, and to ensure staff were</p>	W 0122	<p>Indiana Mentor has policies and procedures in place in regards to abuse and neglect. Every staff is trained in these policies upon hire and annually thereafter. Indiana Mentor has policies and procedures in place in regards to the health and welfare of individuals in care as well. All investigators are trained in interviewing methods and standards prior to conducting any investigations and included are what incidents warrants investigations. All managers are additionally trained on ensuring client specific trainings are conducted prior to staff working. The agency has retrained all group home staff, managers, day program staff and additionally supported living staff in regards to abuse and neglect including what constitutes abuse and neglect and reporting procedires. The</p>	07/29/2015

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	<p>trained before being allowed to work in the group home.</p> <p>Findings include:</p> <p>1. The facility neglected to implement its written policy and procedures to prevent neglect of clients in regard to allowing clients to lay in their urine over night. The facility neglected to conduct a thorough investigation in regard to the allegation of neglect (clients not being changed/toileted at night) in that the facility neglected to substantiate the allegation. The facility also neglected to investigate an allegation of neglect in regard to client G not receiving a prescribed medication which was ordered. The facility neglected to implement its written policy and procedures to prevent potential neglect of clients, in regard to toileting clients, as the facility neglected to address a systemic issue of not toileting clients at night. The facility neglected to put in place corrective actions/measures which monitored the alleged night shift staff to ensure clients would not be neglected again for clients A, B, C, D, E, F, G and H. Please see W149.</p> <p>2. The facility failed to conduct an investigation and/or conduct a thorough investigation in regard to the allegations</p>		<p>staff involved in the toileting neglect allegation has been removed from the program by the agency. The staff and managers have been trained on proper toileting checks and procedures including implementation of sign off sheet for checks. An assessment was completed on clients A - H to determine incontinence needs and risk plans were updated accordingly. The agency audited the client specific training for staff who had worked in the program and addressed any outstanding needs. Management was retrained on this system as well and proof of training for new staff is being sent to the area director for the next 3 months prior to working shift. Assigned investigators have been retrained in conducting thorough and complete investigations and what incidents need investigated. Staff are being inserviced in regards to abuse and neglect at next 3 house meetings and quarterly there after for the year. Management is conducting 5 observations per week for the next 3 months, which includes incontinence checks and ensuring tracking has been completed. After 3 months management will complete at least 3 observations a week. The new staff client specific training will be reviewed by the area director for the next 3 months and then reviewed monthly after that time.</p>	

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W 0149 Bldg. 00	<p>of staff to client neglect and/or in regard to a medication error for clients A, B, C, D, E, F, G and H. Please see W154.</p> <p>3. The facility failed to put in place corrective actions which monitored the alleged staff and facility staff to prevent potential neglect of clients, and/or to ensure staff were trained in regard to client specific needs prior to working in the group home for clients A, B, C, D, E, F, G and H. Please see W157.</p> <p>This federal tag relates to complaint #IN00175734.</p> <p>9-3-2(a)</p> <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 interview and record review for 4 of 4 sampled clients (A, B, C and D), and for 4 additional clients (E, F, G and H), the facility neglected to implement its written policy and procedures to prevent neglect of clients in regard to allowing clients to lay in their urine over night. The facility neglected to conduct a thorough investigation in regard to the allegation of neglect (clients not being</p>	W 0149	<p>For investigations and IRs they will be tracked and logged in an internal system that the QA department will review to ensure for completeness and thoroughness. For staff alleged of abuse/neglect which in not substantiated agency will provide additional training to staff and have additional observation conducted on that staffs shift. Responsible Party: Area Director, Program Director, Program Coordinator Complete Date: 7/29/2015</p> <p>Indiana Mentor has policies and procedures in place in regards to abuse and neglect. Every staff is trained in these policies upon hire and annually thereafter. Indiana Mentor has policies and procedures in place in regards to the health and welfare of individuals in care as well. All investigators are trained in interviewing methods and standards prior to conducting any</p>	07/29/2015

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	<p>changed/toileted at night) in that the facility neglected to substantiate the allegation. The facility also neglected to investigate an allegation of neglect in regard to client G not receiving a prescribed medication which was ordered. The facility neglected to implement its written policy and procedures to prevent potential neglect of clients, in regard to toileting clients, as the facility neglected to address a systemic issue of not toileting clients at night. The facility neglected to put in place corrective actions/measures which monitored the alleged night shift staff to ensure clients would not be neglected again.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports and/or investigations were reviewed on 6/24/15 at 9:43 AM. The facility's reportable incident reports indicated the following (not all inclusive):</p> <p>-6/15/15 "On 06/15/21015, Program Director (PD) was contacted by two separate staff that work two separate shifts Sunday and Monday, both scheduled from 7am to 3pm, complaining 3 clients being soaked in urine, indicating that they (clients) (clients A, B and C)</p>		<p>investigations and included are what incidents warrants investigations. Agency has policies and procedures in place in regards to medication administration which staff are trained on Core A and B and must pass the class prior to administering medications. They are retrained on this annually. The agency has retrained all group home staff, managers, day program staff and additionally supported living staff in regards to abuse and neglect including what constitutes abuse and neglect and reporting procedires. The staff involved in the toileting neglect allegation has been removed from the program by the agency. The staff and managers have been trained on proper toileting checks and procedures including implementation of sign off sheet for checks. An assessment was completed on clients A - H to determine incontinence needs and risk plans were updated accordingly. All staff have been trained in each clients needs regarding toileting issues. All staff were retrained on medication administration procedures. Assigned investigators have been retrained in conducting thorough and complete investigations and what incidents need investigated. Staff are being inserviced in regards to abuse and neglect at next 3 house meetings and quarterly there after for the year.</p>	

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	<p>had not been changed through out the night. The same staff worked both nights. Staff suspended pending allegation of neglect."</p> <p>-6/15/15 "On 06/15/2015, Program Director received a call regarding [client C] laying in urine. Staff [staff #5] reported that when she arrived to work at 7am, Sunday 06/14/2015, she found 3 clients (A, B and C) lying soaked in urine as if they had not been toilet (sic) throughout the night. Around 11:30 am on 06/15/2015, Staff [staff #3] reported that when she arrived for her scheduled shift on Monday 06/15/2015, that she found the same three clients (A, B and C) laying in urine also. Staff has been suspended pending allegations of neglect."</p> <p>The facility's 6/22/15 Summary of Internal Investigation Report indicated the following (not all inclusive):</p> <p>-"...[Client B] is able to communicate but at times chooses to not respond to questions being asked if he thinks he might be in trouble. [Client B] is capable of toileting without assistance but at times has accidents, mostly at night.... [Client C] is unable to communicate effectively. [Client C] relies on staff prompting, monitoring and assistance</p>		<p>Management is conducting 5 observations per week for the next 3 months, which includes incontinence checks, med checks, and ensuring tracking has been completed. After 3 months management will complete at least 3 observations a week. . For investigations and IRs they will be tracked and logged in an internal system that the QA department will review to ensure for completeness and thoroughness. Responsible Party: Area Director, Program Director, Program Coordinator Complete Date: 7/29/2015</p>	

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	<p>with toileting....[Client A] is able to communicate her wants and needs. [Client A] does need assistance with toileting due to being in a wheelchair and needing assistance with transferring...."</p> <p>-"...[Staff #5] reported to [name of PD] that when (sic) came in on Sunday morning, June 14th, [staff #4] met her at the door and told her the clients were wet and that her body is too broke (sic) down and that she wasn't going to do it and made very negative comments about the company in general. [Name of PD] said that she called [staff #4] on Monday, June 2014 to talk to her about the state the clients were left in and why they were wet. [The PD] said that [staff #4] asked 'Wasn't the Manager supposed to come in and help her?' [The PD] said that [staff #4] went on to say that she was doing the work of 2 people and she wasn't going to do the work of 2 people. [The PD] stated [staff #4] told her that she doesn't change [client A] and will never change [client A] because she wouldn't be able to get her up if she fell. [The PD] said that she told [staff #4] that if she were to fall, then on-call would need to be called and come help if one person wasn't able to get her up...[The PD] said that all the clients wear depends or pull ups (at night). [The PD] stated that she wasn't sure why and it had been that way since she started. [The</p>			
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	<p>PD] said that she is not aware of there being any type of documentation being completed for toileting at the current time...."</p> <p>-[Staff #3's] undated statement indicated "[Staff #3] stated that when she walked in to work on Monday, June 15th she walked in on a mess. [Staff #3] stated that the clients should not be soiled to the point that their beds are soaked to their necks when the night shift is available to help them. [Staff #3] stated that she arrived to the group home at 6am. The midnight person hadn't touched anyone prior to her arrival...[Staff #3] stated that [client A] was soiled, soaked through to her bed and smelled as if she hadn't had a bath all weekend. [Staff #3] stated that [client C] was soiled, soaked through to the point of drop of urine coming off of her attend (adult diaper) when she stood up. [Staff #3] stated that all of the guys (clients A, B, C, D, E, F, G and H) were in attends...[Staff #3] stated that she asked [staff #4] to help her with waking the clients up since the clients didn't really know her. [Staff #3] stated that [staff #4] did go in with her to wake [client B]. [Staff #3] did not say anything to her (staff #4) about changing the clients through the night. [Staff #3] stated she was not sure if people were supposed to be gotten up through the</p>			

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	<p>night so she felt she should call [the PD] and report the issues. [Staff #3] stated that no one has sat down with her to go over the client information, but she has been when she has down time going through the books to learn about the clients (sic). [Staff #3] stated that she hasn't signed off on CST (Client Specific training)."</p> <p>-Staff #2's undated statement indicated "...[staff #2] stated that she has not known of people getting the clients up in the middle of the night to toilet or be changed. [Staff #2] stated that during the awake hours generally the clients are checked every 3 hours so. [Staff #2] stated that she came in on Sunday at 7am and the staff that came in at 6am, [staff #5] was upset because the midnight shift person did not help her get people up and said that the other 6am person would help her. [Staff #2] stated that [staff #5] said that [client G] was soaked up her back. [Staff #2] stated that to her knowledge there is no goal in place for toileting or checking the clients. [Staff #2] stated that she has no concerns about abuse or neglect happening at the home...[Staff #2] is not aware of any specific time that clients are to be toileted and stated that they should be checked on periodically and changed if wet."</p>			

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	<p>-Staff #5's undated statement indicated staff #5 did not normally work in the group home and was helping out at the group home. Staff #5's undated statement indicated staff #5 worked from 7 AM to 3 PM on 6/14/15. Staff #5's statement indicated "...[Staff #5] stated that [staff #4] said they are wet and told her that she had to get them up and shower them. [Staff #5] said that the client (sic) were wet head to toe. [Staff #5] stated that [staff #4] said she isn't doing it because they need an additional staff. [Staff #5] stated that [staff #4] put breakfast on and then left. [Staff #5] stated that [client E] was not wet and [client B] had on a pull up. [Staff #5] stated that everyone else had on an Attend...."</p> <p>-Staff #1's undated statement indicated staff #1 had just started working at the group home on 6/8/15. Staff #1's statement indicated staff #1 worked until 11 PM on Sunday night, and client C was last toileted around 8:30 or 9 PM by staff #2. The statement indicated "...[Staff #1] stated that he communicated with [staff #4] when she came in that he hadn't checked her (client C) since when [staff #2] checked her before she left...." Staff #1's statement indicated "...that there is no written direction on how to handle incontinence on the overnight shift...."</p>			

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	<p>-Staff #6's undated witness statement indicated "[Staff #6] states that when she works, she checks on the clients throughout her shift periodically but she isn't checking to see if they are wet or if they need to use the restroom, she is checking to make sure they are still sleeping and on their general well-being. [Staff #6] stated that she will help get the client up and help them with changing, showering if needed and changing their bed...[Staff #6] stated that [client B], [client H] and [client D] all are capable of using the restroom with independence for the most part. [Staff #6] stated that [client B] will has (sic) soiled the bed at times so he wears pull ups. [Staff #6] stated that [client B] would likely refuse to get up if they prompted him through the night. [Staff #6] stated that [client G] and [client A] need some assistance but can use the restroom. [Staff #6] stated that [client A] needs assistance with transferring and [client G] sometimes needs assistance when walking because of an unsteady gait. [Staff #6] stated that [client F] and [client E] are independent in toileting. [Staff #6] stated that [client E] might be wet occasionally because she will have a seizure. [Staff #6] stated that [client C] is wet most of the time and she wears a diaper...."</p>			

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	<p>-Staff #7's undated statement indicated it was "better" when two staff came in at 6 AM. Staff #7's statement indicated "... [Staff #7] stated that it is normal that the clients are wet. [Staff #7] stated that the clients are not gotten up every two hours and there is nothing in place regarding getting them up to her knowledge. [Staff #7] stated that there is nothing in place as far as documentation of when the clients are checked/changed to her knowledge. [Staff #7] stated that there is no specific timeframe as to how often or when the clients should be checked/changed." Staff #7's statement indicated "[Staff #7] stated that she has no concerns regarding abuse or neglect and if she did she would report immediately to a supervisor."</p> <p>-Staff #8's undated statement indicated "...[Staff #8] stated that you are supposed to check on the clients every so often and prompt them to go to the restroom."</p> <p>-Staff #9's undated statement indicated the group home now had a toileting check sheet in place. Staff #9's statement indicated "...staff usually would prompt/assist the clients upon getting ready for the day, after meals and before bed. [Staff #9] stated that in the past her experience was that they would be wet at times in the morning when she would wake them up...."</p>			

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	<p>-Staff #4's undated statement indicated "...[Staff #4] stated that the night shift responsibilities are to clean the house, when 6am staff to arrive, to help with hygiene tasks, medications, take to day services. [Staff #4] stated that she came in on Sunday, June 14th to work her midnight shift. [Staff #4] stated that she got [client A] up and took her to the bathroom upon arrival to her shift around 11pm...[Staff #4] stated that [the PD] has (sic) called her on Monday and said that all 8 clients were soaked to their necks. [Staff #4] stated that was not correct because [client D] wasn't even there, so there would have only been 7 clients. [Staff #4] stated that [client F] and [client E] were both up and not wet...[Staff #4] stated that she has never been told of there being a schedule to get clients up and she is not aware of any toileting goals in place. [Staff #4] stated that [client C] doesn't participate in any way with toileting and she has come in and found that [client C] has on two attends. [Staff #4] stated that she did not make any comment about not tending to a client who is wet. [Staff #4] stated that she did help get the clients with getting up so she is not sure why someone would say that she didn't. [Staff #4] stated that she did not tell the morning staff that she wasn't going to get the clients up. [Staff</p>			

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	<p>#4] stated that she did help get the clients up on Monday...."</p> <p>The facility's 6/22/15 investigation indicated "There are no written plans on how to handle incontinence throughout the night. [Client C], [client E] and [client B] were not able to provide any information regarding the allegation. [Client F], [client B], [client D] and [client A] were asked if they felt safe and if staff assisted them when they needed assistance and they all said they were fine. [Client G] stated that the staff does help her and she likes all the staff...Conclusion: -On June 14th and 15th, evidence supports that clients were wet upon awakening for the day which is typically the case. -Evidence could not be found to support that [staff #4] stated she was not going to complete client care and there are inconsistent information regarding exactly what was said."</p> <p>The facility's undated page entitled Recommendations resulting from an Investigation indicated the facility conducted an investigation in regard to an allegation of neglect. The recommendation page indicated "HR (Human Resources) and RD (Regional Director) to consult regarding the</p>			

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	<p>outcome of the investigation. Review all client's (sic) ISP/RMAP (Individual Support Plans/Risk Management Assessment and Plans) to determine if a plan should be put in place regarding their toileting needs. Determine appropriate frequency for staff (sic) to be toileted/checked for wetness and train all staff."</p> <p>Interview with the PD on 6/24/15 at 10:40 AM indicated the PD just received the recommendations from the investigation on 6/24/15. The PD stated the recommendations were "To bring back and retrain." The PD indicated she did not agree with the decision. The PD stated "It occurred with different staff on on different nights." The PD indicated staff #4 was to return to work on 6/25/15 on the midnight shift. When asked if staff #4 had been retrained to not allow clients to lay wet and/or soiled, the PD stated "No." The PD indicated staff #4 would need to be retrained. When asked how staff #4 was going to be monitored/supervised to ensure she did not neglect clients again, the PD stated "Nothing is in place yet."</p> <p>The facility neglected to conduct a thorough investigation in that the facility did not clearly ask clients if they were being toileted or changed at night. The</p>			

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	<p>facility also failed to conduct a thorough investigation in regard to why all clients were being placed in Attends (an adult diaper) and/or pull up at night to ensure clients' rights were not being violated, and/or to ensure it was not being done for convenience of staff. The facility neglected to specifically indicate the allegations of neglect were substantiated as it was determined the clients were wet and not changed during the night shift. The facility's 6/22/15 investigation neglected to ensure how staff #4 was to be monitored/supervised to prevent neglect of clients in regard to toileting and/or changing clients during the overnight shift. The facility's investigation indicated the facility neglected to indicate any corrective action in regard to how the facility's management/administration was going to monitor the group home to ensure all staff toileted and/or changed clients when needed. The facility's 6/22/15 investigation also indicated the facility neglected to indicate all staff would need to be retrained in regard to what was considered neglect and/or abuse of clients. The facility neglected to address and/or put in place corrective actions to ensure new staff received client specific training prior to working with clients A, B, C, D, E, F, G and H at the group home.</p>			

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	<p>Staff #4's personnel record was reviewed on 6/24/15 at 3:30 PM. Staff #4's personnel record indicated the staff had been working since 6/1/09. Staff #4's personnel record indicated staff #4 had received 7 disciplinary actions/Records of Discussion since 6/1/09. Staff #4's personnel record indicated 6 of the 7 Records of Discussion were in regard to client care, not documenting clients' behavioral incidents, mixing clients' clothes when doing laundry, and/or displaying unprofessionalism in front of clients.</p> <p>The facility's inservice/training records were reviewed on 6/24/15 at 3:24 PM. The Client Specific Training Log for #445132 (65th street group home) indicated the facility neglected to ensure staff #3 had received Client Specific training prior to working with clients A, B, C, D, E, F, G and H as no client specific training log was provided for staff #3.</p> <p>Client A's record was reviewed on 6/24/15 at 12:40 PM. Client A's 11/4/14 RMAP indicated "...[Client A] is incontinent of bowel and bladder and lack of mobility which will cause skin breakdown...Staff will toilet [client A] every two hours...."</p>			

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	<p>Client A's 4/16/15 ISP indicated in regard to client A's independent living skills, client A's "...Assessment of ability/limitations to care for personal hygiene: Needs staff assistance. Assessment of ability/assessments to groom self: Needs staff assistance..." Client A's ISP indicated client A wore a gait belt, utilized a wheelchair and wore leg braces.</p> <p>Client A's 2/12/13 Impaired Skin Integrity Protocol indicated client A was "Incontinent of Bowel &amp; (and) Bladder &amp; lack of mobility." The skin integrity protocol indicated staff were to "Position change every 2 hours PRN (as needed)." The 2/12/13 protocol indicated at the bottom "Toilet [client A] every 2 hours while awake." The 2/12/13 protocol and/or 4/16/15 ISP indicated the facility neglected to indicate how/when client A was to be toileted at night. The 2/12/13 protocol and/or ISP also neglected to indicate client A was to wear Depends and/or pull ups, at night, due to her incontinence.</p> <p>Client A's 2/21/13 Gait Belt Protocol indicated "...[Client A] has unsteady gait &amp; requires assist with transfers...." The protocol indicated facility staff were to "Always assist client when they are</p>			

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	<p>walking or transferring...."</p> <p>Client A's 2/11/15 Fall Protocol indicated client A was a fall risk. The protocol indicated "...[Client A] has unsteady gait and right hemiplegia...."</p> <p>Client C's record was reviewed on 6/24/15 at 1:11 PM. Client C's 12/19/13 Camelot Behavioral Checklist indicated client C was not independent in toileting.</p> <p>Client C's 4/6/15 ISP indicated client C's diagnoses included, but were not limited to, Profound Intellectual Disability and Diabetes (Non-Insulin Type). Client C's ISP indicated "...She (client C) still needs assistance with her hygiene, and formal programs are in place to assist her...."</p> <p>Client C's 4/6/15 ISP indicated "...Assessment of ability/limitations to groom self: Relies on staff assistance...."</p> <p>Client C's 4/6/15 ISP indicated the facility neglected to address the client's identified basic training need in regard to toileting. Client C's ISP also indicated the facility neglected to indicate when and/how client C was to be toileted/changed at night.</p> <p>Client D's record was reviewed on 6/24/15 at 1:30 PM. Client D's 8/30/14 Camelot Behavioral Checklist indicated client D was independent in toileting.</p>			

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	<p>Client D's 11/4/14 RMAP and/or ISP did not indicate the client was incontinent at night. The RMAP and/or ISP indicated the facility neglected to indicate client D had a need to wear Depends and/or a pull up at night due to incontinence.</p> <p>Client B's record was reviewed on 6/24/15 at 2:00 PM. Client B's 1/9/15 Camelot Behavioral Checklist indicated client B was independent in toileting.</p> <p>Client B's 10/24/14 ISP indicated "...Staff is to make sure [client B] goes to the toilet every two hours and cleanse his peri area and buttocks after toileting..." The ISP indicated "...[Client B] also requires assistance when toileting and should be prompted by staff..."</p> <p>Client B's 10/24/13 Impaired Skin Integrity Protocol indicated "[Client B] is at risk for skin breakdown due to incontinence of bowel &amp; bladder &amp; depend wear...." The protocol indicated "Position change every ___ hours...." The "Interventions" section of the protocol indicated a check mark was by "Change when incontinent." Client B's 10/24/13 protocol indicated an attached toileting schedule which was to be used with client B. The Day Service toileting schedule indicated Day Service staff was</p>			

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	<p>to toilet the client at 9 AM, 11 AM, 1 PM and 3 PM. The attached group home toileting schedule indicated client B was to be toileted at 5 AM, 7 AM, 9 AM, 11 AM, 1 PM, 3 PM, 5 PM, 7 PM, 9 PM and 1 AM. The facility neglected to follow and/or implement client B's toileting schedule. The facility also neglected to conduct an accurate assessment in regard to client B's toileting needs.</p> <p>Client G's record was reviewed on 6/24/15 at 2:10 PM. Client G's 11/4/14 RMAP indicated client G's diagnosis included, but was not limited to, Impaired Skin Integrity. The RMAP indicated client G wore a gait belt and "...[Client G] can only walk with staff assistance...." The RMAP indicated client G was at risk for falls. The 11/4/14 RMAP indicated "...Staff will assist [client G] while taking a shower and completing hygiene tasks..." The RMAP indicated "...[Client G] is incontinent which will cause skin breakdown. Staff will monitor by assisting with making sure [client G] showers, and making sure [client G] is clean and dry...."</p> <p>Client G's 1/14/14 Camelot Behavioral Checklist indicated client G required staff assistance to toilet. The assessment indicated client G was otherwise</p>			

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	<p>independent.</p> <p>Client G's 1/29/13 Impaired Skin Integrity Protocol indicated client G was "at risk D/T (due to) being W/C (wheelchair) bound &amp; occasional incontinence...Position change every ___ hours...." The 1/29/13 protocol indicated "...Change client when incontinent." The 1/29/13 protocol and/or 11/4/14 RMAP neglected to indicate how often client G was to be checked to be toileted and/or changed. Client G's 1/29/13 protocol neglected to indicate client G was to wear depends and/or pull ups at night.</p> <p>Client H's record was reviewed on 6/24/15 at 2:15 PM. Client H's 10/24/13 Impaired Skin Integrity Protocol indicated client H was "Incontinent of bowel and Bladder @ (at) times. Wears Depends." The protocol indicated "Position change every ___ hours...." The 10/24/13 protocols Interventions section indicated "Change client when incontinent." Client H's 10/24/13 protocol neglected to indicate how often client H was to be checked to be toileted and/or changed.</p> <p>Client H's 4/16/15 ISP indicated client H was able to care for his personal hygiene, but required staff assistance in regard to grooming himself. Client H's ISP</p>			

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	<p>indicated client H did not have a toileting objective.</p> <p>Client E's record was reviewed on 6/24/15 at 2:30 PM. Client E's 2/14/14 Camelot behavioral Checklist indicated client E was independent in toileting.</p> <p>Client E's 11/4/14 RMAP indicated client E's diagnoses included, but were not limited to, Epilepsy and Cerebral Palsy. Client E's 11/4/14 RMAP indicated client E had a hearing loss in both ears and was a fall risk due to an unsteady gait.</p> <p>Client E's 1/15/15 ISP indicated client E "...Relies on staff's assistance" to care for the client's personal care needs. Client E's 1/15/15 ISP and/or 11/4/14 RMAP neglected to indicate client E needed to wear Depends and/or a pull up at night due to incontinence.</p> <p>Client F's record was reviewed on 6/24/15 at 2:40 PM. Client F's 8/24/14 Camelot Behavioral Checklist indicated client F was independent in toileting.</p> <p>Client F's 11/4/14 RMAP indicated client F's diagnoses included, but were not limited to, Glaucoma and Legally Blind.</p> <p>Client F's 4/16/15 ISP and/or 11/4/14 RMAP neglected to indicate client F</p>			

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	<p>needed to wear Depends and/or a pull up at night due to incontinence.</p> <p>Interview with client A on 6/22/15 at 4:09 PM indicated the client was assisted by staff to toilet/change. When specifically asked if facility staff checked to see if the client was wet or soiled at night, client A did not answer. When asked if staff changed her and/or toileted her, client A stated "They change me." When asked if she was changed at night, client A did not answer. When asked if client A had any problems being left wet, client A stated "No."</p> <p>Interview with client B on 6/22/15 at 4:21 PM indicated client B liked the group home. Client B would not answer any additional questions.</p> <p>Interview with Quality Assurance (QA) staff, by phone, on 6/24/15 at 10:40 AM when asked if the investigation was substantiated and/or unsubstantiated, the QA staff stated "[Staff #4] was not doing anything any different from the other staff. Routine to be normal occurrence for clients to be wet and soaked through." The QA staff stated "No one instructed them (staff) to get them (clients) up at night to check them." When asked if the facility systemically looked at staff neglecting the clients in regard to</p>			

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	<p>incontinence, The QA staff stated "Not systemically looked at. There is not a systemic procedure in place regarding incontinence/toileting." When asked why all clients wear Depends, the QA staff stated "One client was placed in double depends in past." The QA staff indicated clients A, B, C, D, E, F, G and H's team would assess the need to not wake clients at night to toilet. The QA stated "I did a sample of ISP to look for assessments." When asked how the facility's recommendations addressed staff not being trained prior to working with clients, the QA staff stated "I missed that." The QA staff indicated some clients were interviewed and their statements/comments should be in the investigation summary/report.</p> <p>Interview with staff #1 on 6/24/15 at 2:49 PM indicated facility staff should check clients every 2 hours to see if they need to be toileted and/or changed. Staff #1 indicated he was not sure facility staff did checks at night. Staff #1 indicated a toileting schedule was put in place last week as the group home did not have any before. When asked why all clients wore Depends and/or pull ups at night, staff #1 stated "Not sure. Maybe because of accident even though they can go on own." Staff #1 indicated he had been at the group home for 2 weeks. Staff #1</p>			

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	<p>stated "No problems since I started with leaving clients wet. I have been checking on clients and coming to check in the mornings." Staff #1 indicated he felt staff #6 (another night staff) checked on clients at night.</p> <p>Confidential interview Q indicated the staff was new to the group home. Confidential interview Q indicated clients were not changed at night. Confidential interview Q stated they came into work one day and "5 out 8 clients were wet or soiled." Confidential interview Q stated "[Clients A, B and C] were wet from head to toe."</p> <p>Confidential Interview R indicated clients A, C and G had problems with incontinence. Confidential interview R stated "Others (B, D, E, F and H) occasionally."</p> <p>Confidential interview S indicated clients A, B, C, G and H had problems with incontinence. Confidential interview S indicated client D would sometimes have a bowel movement on himself. When asked how clients were to be toileted and/or changed, Confidential S stated "Every 2 hours." When asked how often clients were checked at night, confidential interview S stated "I don't know."</p>			

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	<p>Confidential interview T indicated confidential interview T was not aware of any neglect and/or abuse of clients at the group home. When asked if clients were toileted at night, confidential interview stated "There is no toilet schedule." Confidential interview T stated "[Client B] requires toileting every 2 hours." Confidential interview T indicated clients A, B, C, D, E, F, G and H were checked at night (to make sure present and OK) but not to see if they needed to be toileted and/or changed. Confidential interview T indicated clients A and G could tell staff when they had to be toileted and/or changed. Confidential interview stated "All wear Depends and/or pull ups at night." Confidential interview T indicated client E could get up and go to the bathroom.</p> <p>Interview with the PD on 6/24/15 at 10:40 AM when asked how staff treated clients A, B, C, D, E, F, G and H at the group home, the PD stated "I hope pretty good but not good all the time." The PD indicated there was an investigation in regard to staff neglecting clients laying wet. The PD stated clients were to be toileted "every 2 hours or as needed. They should be asked/checked on a 2 hour basis. There is no rule as to when clients need to be toileted at night." The</p>			

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	<p>PD also stated "There is no policy on when clients should be changed." The PD indicated a toileting schedule was located after the allegations were made. The PD indicated facility staff did not use the toileting schedule. The PD stated "The current schedule does not address nights. Common sense to check and toilet clients." When asked why did the facility feel it was typical for clients to be wet, the PD stated "It's not typical to be wet from head to toe." When asked why all clients wore Depends and/or a pull up at night, the PD stated "Because they are incontinent." The PD did not know if the clients' ISPs assessed and/or included the need to wear/use Depends and/or a pull up at night for clients A, B, C, D, E, F, G and H.</p> <p>Interview with the Area Director (AD) on 6/24/15 at 3:20 PM and on 6/25/15 at 2:05 PM, by phone, when asked how the facility defined neglect, the AD stated "Not providing required services and needs for individual health and well being." When asked how facility staff were being monitored at the group home, the AD stated "Doing observation on all staff. Routinely do pop in visits and looking at documentation." The AD stated the facility was in the process of "revising observation schedules to target, focus on issues in the home." The AD</p>			

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	<p>stated the facility was going to have a "cluster meeting" on 6/25/15 in regard to inservicing staff on abuse, neglect and toileting clients. The AD stated "Some staff " did not like staff #4 and did not care to work with her. The AD stated facility staff "Were not getting along with each other." The AD stated he was not aware of staff #4 "bullying" other staff who worked with clients A, B,C, D, E, F, G and H at the group home.</p> <p>The facility's June 2015 toileting schedules were reviewed on 6/24/15 at 3:20 PM. The June 2015 toileting schedules indicated the facility started documenting when clients were toileted and/or changed on 6/17/15 for clients A, B and C at 5 AM, 7 AM, 9 AM, 11 AM, 1 PM, 3 PM, 5 PM, 7 PM, 9 PM and 1 AM. The facility's 6/15 toileting schedules indicated the following:</p> <p>-Client A was not checked/toileted on 6/18 and/or 6/19/15 at 7 AM, 9 AM, 11 AM, 1 PM, 3 PM, 5 PM, 7 PM, 9 PM and/or at 1 AM. Client A was not checked/toileted on 6/20 and 6/21/15 at 5 PM, 7 PM, 9 PM, and 1 AM. On 6/22/15, client A was not checked and/or toileted at 5 AM, 7 AM, 9 AM, 11 AM, 1 PM and 3 PM.</p> <p>-Client B was not toileted on 6/18, 19 and</p>			

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	<p>6/21/15. The June toileting schedule indicated client B was not checked and/or toileted on 6/20/15 at 5 AM, 7 AM, 5 PM, 7 PM, 9 PM and at 1 AM. On 6/22/15, client B was not checked and/or toileted at 5 AM, 7 AM, 11 AM, and at 1 PM.</p> <p>-Client C was not checked/toileted/changed on 6/18/15 and 6/19/15 except for at 5 AM and 1 AM. Client C was not checked/toileted/changed at 5 AM, 7 AM, 5 PM, 7 PM, 9 PM and at 1 AM. There was no documentation client C was checked/toileted/changed on 6/22/15.</p> <p>2. The facility failed to conduct an investigation in regard to an allegation of possible neglect regarding client G's medication errors and in regard to allegations of neglect for clients A, B, C, D, E, F, G and H. Please see W154.</p> <p>3. The facility failed to put in place corrective actions which monitored the alleged staff and facility staff to prevent potential neglect of clients, and/or to ensure staff were trained in regard to client specific needs prior to working in the group home for clients A, B, C, D, E, F, G and H. Please see W157.</p>			

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	The facility's policy and procedures were reviewed on 6/24/15 at 9:36 AM and at 3:22 PM. The facility's December 2012 policy entitled Quality and Risk Management indicated "Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed...." The facility's December 2012 policy indicated the facility as to "...provide appropriate supervision, care or training, ...a safe, clean and sanitary environment...." The facility's December 2012 policy indicated the facility would investigate allegations of neglect, abuse, or exploitation of clients in their group homes. The policy also indicated the facility's investigation would document "...If rights have been violated, if services and/or care ere not provided or were not appropriate (sic) provided, if agency policies/and or procedures were not followed, and/or if any federal or state regulations were not followed. i. A clear statement of substantiation or non-substantiation of any allegations that includes a description/summary of the evidence that resulted in the finding. j. A definitive			

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W 0154 Bldg. 00	<p>description of all corrective action developed and implemented and/or to be implemented as a result of the investigation or review, including dates for each corrective action...."</p> <p>The facility's April 2011 policy entitled Oversight Of Individuals Receiving Services indicated the facility neglected to develop a policy and procedure in regard to how the facility would care for/provide care for clients who were incontinent.</p> <p>This federal tag relates to complaint #IN00175734.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 3 of 4 allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to conduct an investigation and/or conduct a thorough investigation in regard to the allegations of staff to client neglect and/or in regard to a medication error for clients A, B, C, D, E, F, G and H.</p>	W 0154	Indiana Mentor has policies and procedures in place in regards to abuse and neglect. Every staff is trained in these policies upon hire and annually thereafter. All investigators are trained in interviewing methods and standards prior to conducting any investigations and included are what incidents warrants investigations. The agency has retrained all group home staff, managers, day program staff and	07/29/2015

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	<p>Findings include:</p> <p>1. The facility's reportable incident reports and/or investigations were reviewed on 6/24/15 at 9:43 AM. The facility's reportable incident reports indicated the following (not all inclusive):</p> <p>-6/15/15 "On 06/15/21015, Program Director (PD) was contacted by two separate staff that work two separate shifts Sunday and Monday, both scheduled from 7am to 3pm, complaining 3 clients being soaked in urine, indicating that they (clients) (clients A, B and C) had not been changed through out the night. The same staff worked both nights. Staff suspended pending allegation of neglect."</p> <p>-6/15/15 "On 06/15/2015, Program Director received a call regarding [client C] laying in urine. Staff [staff #5] reported that when she arrived to work at 7am, Sunday 06/14/2015, she found 3 clients (A, B and C) lying soaked in urine as if they had not been toilet (sic) throughout the night. Around 11:30 am on 06/15/2015, Staff [staff #3] reported that when she arrived for her scheduled shift on Monday 06/15/2015, that she found the same three clients (A, B and C) laying in urine also. Staff has been</p>		<p>additionally suported living staff in regards to abuse and neglect including what constitutes abuse and neglect and reporting procedures. Assigned investigators have been retrained in conducting thourough and complete investigations and what incidents need investigated. This training included how to identify potential witness, talking with clients, asking specific questions in regards to the allegation, and including this information as part of the investigation. Also included will be documentation reviews. The QMRP was retrained on what incidents constiutue investigations inlcuding med errors.For investigations and IRs they will be tracked and logged in an internal system that the QA department will review to ensure for completeness and thoroughness.Responsible Party: Area Director, Program Director, Program CoordinadorComplete Date: 7/29/2015</p>	

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	<p>suspended pending allegations of neglect."</p> <p>The facility's 6/22/15 Summary of Internal Investigation Report indicated the following (not all inclusive):</p> <p>"...[Client B] is able to communicate but at times chooses to not respond to questions being asked if he thinks he might be in trouble. [Client B] is capable of toileting without assistance but at times has accidents, mostly at night.... [Client C] is unable to communicate effectively. [Client C] relies on staff prompting, monitoring and assistance with toileting....[Client A] is able to communicate her wants and needs. [Client A] does need assistance with toileting due to being in a wheelchair and needing assistance with transferring...."</p> <p>"...[Staff #5] reported to [name of PD] that when (sic) came in on Sunday morning, June 14th, [staff #4] met her at the door and told her the clients were wet and that her body is too broke (sic) down and that she wasn't going to do it and made very negative comments about the company in general. [Name of PD] said that she called [staff #4] on Monday, June 2014 to talk to her about the state the clients were left in and why they were wet. [The PD] said that [staff #4] asked</p>			

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	<p>'Wasn't the Manager supposed to come in and help her?' [The PD] said that [staff #4] went on to say that she was doing the work of 2 people and she wasn't going to do the work of 2 people. [The PD] stated [staff #4] told her that she doesn't change [client A] and will never change [client A] because she wouldn't be able to get her up if she fell. [The PD] said that she told [staff #4] that if she were to fall, then on-call would need to be called and come help if one person wasn't able to get her up...[The PD] said that all the clients wear depends or pull ups (at night). [The PD] stated that she wasn't sure why and it had been that way since she started. [The PD] said that she is not aware of there being any type of documentation being completed for toileting at the current time...."</p> <p>-[Staff #3's] undated statement indicated "[Staff #3] stated that when she walked in to work on Monday, June 15th she walked in on a mess. [Staff #3] stated that the clients should not be soiled to the point that their beds are soaked to their necks when the night shift is available to help them. [Staff #3] stated that she arrived to the group home at 6am. The midnight person hadn't touched anyone prior to her arrival...[Staff #3] stated that [client A] was soiled, soaked through to her bed and smelled as if she hadn't had a</p>			

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	<p>bath all weekend. [Staff #3] stated that [client C] was soiled, soaked through to the point of drop of urine coming off of her attend (adult diaper) when she stood up. [Staff #3] stated that all of the guys (clients A, B, C, D, E, F, G and H) were in attends...[Staff #3] stated that she asked [staff #4] to help her with waking the clients up since the clients didn't really know her. [Staff #3] stated that [staff #4] did go in with her to wake [client B]. [Staff #3] did not say anything to her (staff #4) about changing the clients through the night. [Staff #3] stated she was not sure if people were supposed to be gotten up through the night so she felt she should call [the PD] and report the issues. [Staff #3] stated that no one has sat down with her to go over the client information, but she has been when she has down time going through the books to learn about the clients (sic). [Staff #3] stated that she hasn't signed off on CST (Client Specific training)."</p> <p>-Staff #2's undated statement indicated "...[staff #2] stated that she has not known of people getting the clients up in the middle of the night to toilet or be changed. [Staff #2] stated that during the awake hours generally the clients are checked every 3 hours so. [Staff #2] stated that she came in on Sunday at 7am</p>			

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	<p>and the staff that came in at 6am, [staff #5] was upset because the midnight shift person did not help her get people up and said that the other 6am person would help her. [Staff #2] stated that [staff #5] said that [client G] was soaked up her back. [Staff #2] stated that to her knowledge there is no goal in place for toileting or checking the clients. [Staff #2] stated that she has no concerns about abuse or neglect happening at the home...[Staff #2] is not aware of any specific time that clients are to be toileted and stated that they should be checked on periodically and changed if wet."</p> <p>-Staff #5's undated statement indicated staff #5 did not normally work in the group home and was helping out at the group home. Staff #5's undated statement indicated staff #5 worked from 7 AM to 3 PM on 6/14/15. Staff #5's statement indicated "...[Staff #5] stated that [staff #4] said they are wet and told her that she had to get them up and shower them. [Staff #5] said that the client (sic) were wet head to toe. [Staff #5] stated that [staff #4] said she isn't doing it because they need an additional staff. [Staff #5] stated that [staff #4] put breakfast on and then left. [Staff #5] stated that [client E] was not wet and [client B] had on a pull up. [Staff #5] stated that everyone else had on an</p>			

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	<p>Attend...."</p> <p>-Staff #1's undated statement indicated staff #1 had just started working at the group home on 6/8/15. Staff #1's statement indicated staff #1 worked until 11 PM on Sunday night, and client C was last toileted around 8:30 or 9 PM by staff #2. The statement indicated "...[Staff #1] stated that he communicated with [staff #4] when she came in that he hadn't checked her (client C) since when [staff #2] checked her before she left...." Staff #1's statement indicated "...that there is no written direction on how to handle incontinence on the overnight shift...."</p> <p>-Staff #6's undated witness statement indicated "[Staff #6] states that when she works, she checks on the clients throughout her shift periodically but she isn't checking to see if they are wet or if they need to use the restroom, she is checking to make sure they are still sleeping and on their general well-being. [Staff #6] stated that she will help get the client up and help them with changing, showering if needed and changing their bed...[Staff #6] stated that [client B], [client H] and [client D] all are capable of using the restroom with independence for the most part. [Staff #6] stated that [client B] will has (sic) soiled the bed at times so he wears pull ups. [Staff #6]</p>			

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	<p>stated that [client B] would likely refuse to get up if they prompted him through the night. [Staff #6] stated that [client G] and [client A] need some assistance but can use the restroom. [Staff #6] stated that [client A] needs assistance with transferring and [client G] sometimes needs assistance when walking because of an unsteady gait. [Staff #6] stated that [client F] and [client E] are independent in toileting. [Staff #6] stated that [client E] might be wet occasionally because she will have a seizure. [Staff #6] stated that [client C] is wet most of the time and she wears a diaper...."</p> <p>-Staff #7's undated statement indicated it was "better" when two staff came in at 6 AM. Staff #7's statement indicated "... [Staff #7] stated that it is normal that the clients are wet. [Staff #7] stated that the clients are not gotten up every two hours and there is nothing in place regarding getting them up to her knowledge. [Staff #7] stated that there is nothing in place as far as documentation of when the clients are checked/changed to her knowledge. [Staff #7] stated that there is no specific timeframe as to how often or when the clients should be checked/changed." Staff #7's statement indicated "[Staff #7] stated that she has no concerns regarding abuse or neglect and if she did she would report immediately to a supervisor."</p>			

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	<p>-Staff #8's undated statement indicated "...[Staff #8] stated that you are supposed to check on the clients every so often and prompt them to go to the restroom."</p> <p>-Staff #9's undated statement indicated the group home now had a toileting check sheet in place. Staff #9's statement indicated "...staff usually would prompt/assist the clients upon getting ready for the day, after meals and before bed. [Staff #9] stated that in the past her experience was that they would be wet at times in the morning when she would wake them up...."</p> <p>-Staff #4's undated statement indicated "...[Staff #4] stated that the night shift responsibilities are to clean the house, when 6am staff to arrive, to help with hygiene tasks, medications, take to day services. [Staff #4] stated that she came in on Sunday, June 14th to work her midnight shift. [Staff #4] stated that she got [client A] up and took her to the bathroom upon arrival to her shift around 11pm...[Staff #4] stated that [the PD] has (sic) called her on Monday and said that all 8 clients were soaked to their necks. [Staff #4] stated that was not correct because [client D] wasn't even there, so there would have only been 7 clients. [Staff #4] stated that [client F] and [client</p>			

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	<p>E] were both up and not wet...[Staff #4] stated that she has never been told of there being a schedule to get clients up and she is not aware of any toileting goals in place. [Staff #4] stated that [client C] doesn't participate in any way with toileting and she has come in and found that [client C] has on two attends. [Staff #4] stated that she did not make any comment about not tending to a client who is wet. [Staff #4] stated that she did help get the clients with getting up so she is not sure why someone would say that she didn't. [Staff #4] stated that she did not tell the morning staff that she wasn't going to get the clients up. [Staff #4] stated that she did help get the clients up on Monday...."</p> <p>The facility's 6/22/15 investigation indicated "There are no written plans on how to handle incontinence throughout the night. [Client C], [client E] and [client B] were not able to provide any information regarding the allegation. [Client F], [client B], [client D] and [client A] were asked if they felt safe and if staff assisted them when they needed assistance and they all said they were fine. [Client G] stated that the staff does help her and she likes all the staff...Conclusion: -On June 14th and 15th, evidence supports that clients were wet upon</p>			

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	<p>awakening for the day which is typically the case.</p> <p>-Evidence could not be found to support that [staff #4] stated she was not going to complete client care and there are inconsistent information regarding exactly what was said."</p> <p>The facility's undated page entitled Recommendations resulting from an Investigation indicated the facility conducted an investigation in regard to an allegation of neglect. The recommendation page indicated "HR (Human Resources) and RD (Regional Director) to consult regarding the outcome of the investigation. Review all client's (sic) ISP/RMAP (Individual Support Plans/Risk Management Assessment and Plans) to determine if a plan should be put in place regarding their toileting needs. Determine appropriate frequency for staff (sic) to be toileted/checked for wetness and train all staff."</p> <p>Interview with the PD on 6/24/15 at 10:40 AM indicated the PD just received the recommendations from the investigation on 6/24/15. The PD stated the recommendations were "To bring back and retrain." The PD indicated she did not agree with the decision. The PD stated "It occurred with different staff on</p>			

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	<p>on different nights." The PD indicated staff #4 was to return to work on 6/25/15 on the midnight shift.</p> <p>The facility failed to conduct a thorough investigation in that the facility did not clearly ask clients if they were being toileted or changed at night. The facility also failed to conduct a thorough investigation in regard to why all clients were being placed in Attends (an adult diaper) and/or pull ups at night to ensure clients' rights were not being violated, and/or to ensure it was not being done for convenience of staff. The facility failed to specifically indicate the allegations of neglect were substantiated as it was determined the clients were wet and not changed during the night shift. The facility's 6/22/15 investigation failed to include recommendations in regard to how staff #4 was to be monitored/supervised to prevent neglect of clients in regard to toileting and/or changing clients on the overnight shift.</p> <p>Interview with client A on 6/22/15 at 4:09 PM indicated the client was assisted by staff to toilet/change. When specifically asked if facility staff checked to see if the client was wet or soiled at night, client A did not answer. When asked if staff changed her and/or toileted her, client A stated "They change me."</p>			

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	<p>When asked if she was changed at night, client A did not answer. When asked if client A had any problems being left wet, client A stated "No."</p> <p>Interview with client B on 6/22/15 at 4:21 PM indicated client B liked the group home. Client B would not answer any additional questions.</p> <p>Interview with Quality Assurance (QA) staff, by phone, on 6/24/15 at 10:40 AM when asked if the investigation was substantiated and/or unsubstantiated, the QA staff stated "[Staff #4] was not doing anything any different from the other staff. Routine to be normal occurrence for clients to be wet and soaked through." The QA staff stated "No one instructed them (staff) to get them (clients) up at night to check them." When asked if the facility systemically looked at staff neglecting the clients in regard to incontinence, The QA staff stated "Not systemically looked at. There is not a systemic procedure in place regarding incontinence/toileting." When asked why all clients wear Depends, the QA staff stated "One client was placed in double depends in past." The QA staff indicated clients A, B, C, D, E, F, G and H's team would assess the need to not wake clients at night to toilet. The QA stated "I did a sample of ISP to look for assessments."</p>			

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	<p>The QA staff indicated some clients were interviewed and their statements/comments should be in the investigation summary/report.</p> <p>Interview with staff #1 on 6/24/15 at 2:49 PM indicated facility staff should check clients every 2 hours to see if they need to be toileted and/or changed. Staff #1 indicated he was not sure facility staff did checks at night. Staff #1 indicated a toileting schedule was put in place last week as the group home did not have any before. When asked why all clients wore Depends and/or pull ups at night, staff #1 stated "Not sure. Maybe because of accident even though they can go on own." Staff #1 indicated he had been at the group home for 2 weeks. Staff #1 stated "No problems since I started with leaving clients wet. I have been checking on clients and coming to check in the mornings." Staff #1 indicated he felt staff #6 (another night staff) checked on clients at night.</p> <p>Confidential interview Q indicated the staff was new to the group home. Confidential interview Q indicated clients were not changed at night. Confidential interview Q stated they came into work one day and "5 out 8 clients were wet or soiled." Confidential interview Q stated "[Clients A, B and C]</p>			

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	<p>were wet from head to toe."</p> <p>Confidential Interview R indicated clients A, C and G had problems with incontinence. Confidential interview R stated "Others (B, D, E, F and H) occasionally."</p> <p>Confidential interview S indicated clients A, B, C, G and H had problems with incontinence. Confidential interview S indicated client D would sometimes have a bowel movement on himself. When asked how clients were to be toileted and/or changed, Confidential S stated "Every 2 hours." When asked how often clients were checked at night, confidential interview S stated "I don't know."</p> <p>Confidential interview T indicated confidential interview T was not aware of any neglect and/or abuse of clients at the group home. When asked if clients were toileted at night, confidential interview stated "There is no toilet schedule." Confidential interview T stated "[Client B] requires toileting every 2 hours." Confidential interview T indicated clients A, B, C, D, E, F, G and H were checked at night (to make sure present and ok) but not to see if they needed to be toileted and/or changed. Confidential interview T indicated clients A and G could tell staff</p>			

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	<p>when they had to be toileted and/or changed. Confidential interview stated "All wear Depends and/or pull ups at night." Confidential interview T indicated client E could get up and go to the bathroom.</p> <p>Interview with the PD on 6/24/15 at 10:40 AM when asked how staff treated clients A,B, C, D, E, F, G and H at the group home, the PD stated "I hope pretty good but not good all the time." The PD indicated there was an investigation in regard to staff neglecting clients laying wet. The PD stated clients were to be toileted "every 2 hours or as needed. They should be asked/checked on a 2 hour basis. There is no rule as to when clients need to be toileted at night." The PD also stated "There is no policy on when clients should be changed." The PD indicated a toileting schedule was located after the allegations were made. The PD indicated facility staff did not use the toileting schedule. The PD stated "The current schedule does not address nights. Common sense to check and toilet clients." When asked why did the facility feel it was typical for clients to be wet, the PD stated "It's not typical to be wet from head to toe." When asked why all clients wore Depends and/or a pull up at night, the PD stated "Because they are incontinent." The PD did not know if the</p>			

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	<p>clients' ISPs included an assessment/need to wear and/or use Depends and/or a pull up at night for clients A, B, C, D, E, F, G and H.</p> <p>Interview with the Area Director (AD) on 6/24/15 at 3:20 PM and on 6/25/15 at 2:05 PM, by phone, when asked how the facility defined neglect, the AD stated "Not providing required services and needs for individual health and well being." The AD stated "Some staff " did not like staff #4 and did not care to work with her. The AD stated facility staff "Were not getting along with each other."</p> <p>2. The facility's reportable incident reports and/or investigations were reviewed on 6/24/15 at 9:43 AM. The facility's 6/1/15 reportable incident report indicated "On 06-01-15 Program Director (PD) received a phone call from Home manager [staff #12] about a 7 am med (medication) (Ciprofloaxcin (antibiotic) 500mg (milligrams) given every 12 hours (7am &amp; (and) 7pm) that was not initialed for 5 days. The tablets are still present in the med cabinet, therefore were not administered. Our nurse contacted [name of doctor] who is primary physician that prescribed the med. We will continue to ensure the health and safety of our clients." The 6/24/15 reportable incident report indicated no additional</p>			

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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 860 W 65TH LN MERRILLVILLE, IN 46410
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W 0157 Bldg. 00	<p>information and/or documentation of an investigation was conducted in regard to client G's allegation of possible neglect.</p> <p>Interview with the PD on 6/24/15 at 10:40 AM indicated she did not look at the medication error as possible neglect. The PD indicated she thought her supervisor looked into the incident, but no additional documentation and/or information was provided in regard to the incident.</p> <p>This federal tag relates to complaint #IN00175734.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on interview and record review for 2 of 4 allegations of abuse and/or neglect reviewed, the facility failed to put in place corrective actions which monitored the alleged staff and facility staff to prevent potential neglect of clients, to ensure staff were trained in regard to client specific needs prior to working in the group home, and to re-train facility staff to identify neglect and/or abuse of clients for clients A, B, C, D, E, F, G and H.</p>	W 0157	<p>Indiana Mentor has policies and procedures in place in regards to allegations of abuse and neglect. All staff are trained on this policy upon hire and annually thereafter. All investigations are conducted by trained investigators and recommendations are formed in consultation with HR, QA, and operations staff. The staff alleged in the toileting incident is no longer at the program. All staff have been retrained on the abuse and neglect policy, and investigators have been retrained</p>	07/29/2015

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	<p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 6/24/15 at 9:43 AM. The facility's reportable incident reports indicated the following (not all inclusive):</p> <p>-6/15/15 "On 06/15/21015, Program Director (PD) was contacted by two separate staff that work two separate shifts Sunday and Monday, both scheduled from 7am to 3pm, complaining 3 clients being soaked in urine, indicating that they (clients) (clients A, B and C) had not been changed through out the night. The same staff worked both nights. Staff suspended pending allegation of neglect."</p> <p>-6/15/15 "On 06/15/2015, Program Director received a call regarding [client C] laying in urine. Staff [staff #5] reported that when she arrived to work at 7am, Sunday 06/14/2015, she found 3 clients (A, B and C) lying soaked in urine as if they had not been toilet (sic) throughout the night. Around 11:30 am on 06/15/2015, Staff [staff #3] reported that when she arrived for her scheduled shift on Monday 06/15/2015, that she found the same three clients (A, B and C) laying in urine also. Staff has been</p>		<p>on conducting thorough and complete investigations. The training included the need to put corrective measures in place to prevent reoccurrence when an alleged voilation has been determined.For staff that are brought back after an allegation the staff will recieve additional training upon returning to work, agency will assess to determine if removal from current placement is warranted or not, and agency will conduct increase monitoring on that staff by observations which frequency will be determined during the consultation with QA, HR, and Operations when they investigation has concluded.Responsible Party: Area Director, Program Director, Program CoordinatorComplete Date: 7/29/2015</p>	

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	<p>suspended pending allegations of neglect."</p> <p>The facility's 6/22/15 Summary of Internal Investigation Report indicated the following (not all inclusive):</p> <p>-"...[Staff #5] reported to [name of PD] that when (sic) came in on Sunday morning, June 14th, [staff #4] met her at the door and told her the clients were wet and that her body is too broke (sic) down and that she wasn't going to do it and made very negative comments about the company in general. [Name of PD] said that she called [staff #4] on Monday, June 2014 to talk to her about the state the clients were left in and why they were wet. [The PD] said that [staff #4] asked 'Wasn't the Manager supposed to come in and help her?' [The PD] said that [staff #4] went on to say that she was doing the work of 2 people and she wasn't going to do the work of 2 people. [The PD] stated [staff #4] told her that she doesn't change [client A] and will never change [client A] because she wouldn't be able to get her up if she fell. [The PD] said that she told [staff #4] that if she were to fall, then on-call would need to be called and come help if one person wasn't able to get her up...[The PD] said that all the clients wear depends or pull ups (at night). [The PD] stated that she wasn't sure why and it</p>			

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	<p>had been that way since she started. [The PD] said that she is not aware of there being any type of documentation being completed for toileting at the current time...."</p> <p>-[Staff #3's] undated statement indicated "[Staff #3] stated that when she walked in to work on Monday, June 15th she walked in on a mess. [Staff #3] stated that the clients should not be soiled to the point that their beds are soaked to their necks when the night shift is available to help them. [Staff #3] stated that she arrived to the group home at 6am. The midnight person hadn't touched anyone prior to her arrival...[Staff #3] stated that [client A] was soiled, soaked through to her bed and smelled as if she hadn't had a bath all weekend. [Staff #3] stated that [client C] was soiled, soaked through to the point of drop of urine coming off of her attend (adult diaper) when she stood up. [Staff #3] stated that all of the guys (clients A, B, C, D, E, F, G and H) were in attends...[staff #3] stated that she asked [staff #4] to help her with waking the clients up since the clients didn't really know her. [Staff #3] stated that [staff #4] did go in with her to wake [client B]. [Staff #3] did not say anything to her (staff #4) about changing the clients through the night. [Staff #3] stated she was not sure if people were supposed to</p>			

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	<p>be gotten up through the night so she felt she should call [the PD] and report the issues. [Staff #3] stated that no one has sat down with her to go over the client information, but she has been when she has down time going through the books to learn about the clients (sic). [Staff #3] stated that she hasn't signed off on CST (Client Specific training)."</p> <p>-Staff #2's undated statement indicated "...[staff #2] stated that she has not known of people getting the clients up in the middle of the night to toilet or be changed. [Staff #2] stated that during the awake hours generally the clients are checked every 3 hours so. [Staff #2] stated that she came in on Sunday at 7am and the staff that came in at 6am, [staff #5] was upset because the midnight shift person did not help her get people up and said that the other 6am person would help her. [Staff #2] stated that [staff #5] said that [client G] was soaked up her back. [Staff #2] stated that to her knowledge there is no goal in place for toileting or checking the clients. [Staff #2] stated that she has no concerns about abuse or neglect happening at the home...[Staff #2] is not aware of any specific time that clients are to be toileted and stated that they should be checked on periodically and changed if wet."</p>			

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	<p>-Staff #5's undated statement indicated staff #5 did not normally work in the group home and was helping out at the group home. Staff #5's undated statement indicated staff #5 worked from 7 AM to 3 PM on 6/14/15. Staff #5's statement indicated "...[Staff #5] stated that [staff #4] said they are wet and told her that she had to get them up and shower them. [Staff #5] said that the client (sic) were wet head to toe. [Staff #5] stated that [staff #4] said she isn't doing it because they need an additional staff. [Staff #5] stated that [staff #4] put breakfast on and then left. [Staff #5] stated that [client E] was not wet and [client B] had on a pull up. [Staff #5] stated that everyone else had on an Attend...."</p> <p>-Staff #1's undated statement indicated staff #1 had just started working at the group home on 6/8/15. Staff #1's statement indicated staff #1 worked until 11 PM on Sunday night, and client C was last toileted around 8:30 or 9 PM by staff #2. The statement indicated "...[Staff #1] stated that he communicated with [staff #4] when she came in that he hadn't checked her (client C) since when [staff #2] checked her before she left...." Staff #1's statement indicated "...that there is no written direction on how to handle incontinence on the overnight shift...."</p>			

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	<p>-Staff #6's undated witness statement indicated "[Staff #6] states that when she works, she checks on the clients throughout her shift periodically but she isn't checking to see if they are wet or if they need to use the restroom, she is checking to make sure they are still sleeping and on their general well-being. [Staff #6] stated that she will help get the client up and help them with changing, showering if needed and changing their bed...."</p> <p>-Staff #7's undated statement indicated it was "better" when two staff came in at 6 AM. Staff #7's statement indicated "... [Staff #7] stated that it is normal that the clients are wet. [Staff #7] stated that the clients are not gotten up every two hours and there is nothing in place regarding getting them up to her knowledge. [Staff #7] stated that there is nothing in place as far as documentation of when the clients are checked/changed to her knowledge. [Staff #7] stated that there is no specific timeframe as to how often or when the clients should be checked/changed."</p> <p>-Staff #9's undated statement indicated the group home now had a toileting check sheet in place. Staff #9's statement indicated "...staff usually would prompt/assist the clients upon getting</p>			

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	<p>ready for the day, after meals and before bed. [Staff #9] stated that in the past her experience was that they would be wet at times in the morning when she would wake them up...."</p> <p>-Staff #4's undated statement indicated "...[Staff #4] stated that the night shift responsibilities are to clean the house, when 6am staff to arrive, to help with hygiene tasks, medications, take to day services. [Staff #4] stated that she came in on Sunday, June 14th to work her midnight shift. [Staff #4] stated that she got [client A] up and took her to the bathroom upon arrival to her shift around 11pm...[Staff #4] stated that she has never been told of there being a schedule to get clients up and she is not aware of any toileting goals in place. [Staff #4] stated that [client C] doesn't participate in any way with toileting and she has come in and found that [client C] has on two attends...."</p> <p>The facility's 6/22/15 investigation indicated "There are no written plans on how to handle incontinence throughout the night. [Client C], [client E] and [client B] were not able to provide any information regarding the allegation. [Client F], [client B], [client D] and [client A] were asked if they felt safe and if staff assisted them when they needed</p>			

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	<p>assistance and they all said they were fine. [Client G] stated that the staff does help her and she likes all the staff...Conclusion:</p> <p>-On June 14th and 15th, evidence supports that clients were wet upon awakening for the day which is typically the case.</p> <p>-Evidence could not be found to support that [staff #4] stated she was not going to complete client care and there are inconsistent information regarding exactly what was said."</p> <p>The facility's undated page entitled Recommendations resulting from an Investigation indicated the facility conducted an investigation in regard to an allegation of neglect. The recommendation page indicated "HR (Human Resources) and RD (Regional Director) to consult regarding the outcome of the investigation. Review all client's (sic) ISP/RMAP (Individual Support Plans/Risk Management Assessment and Plans) to determine if a plan should be put in place regarding their toileting needs. Determine appropriate frequency for staff (sic) to be toileted/checked for wetness and train all staff."</p> <p>Interview with the PD on 6/24/15 at 10:40 AM indicated the PD just received</p>			

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	<p>the recommendations from the investigation on 6/24/15. The PD stated the recommendations were "To bring back and retrain." The PD indicated she did not agree with the decision. The PD stated "It occurred with different staff on on different nights." The PD indicated staff #4 was to return to work on 6/25/15 on the midnight shift. When asked if staff #4 had been retrained to not allow clients to lay wet and/or soiled, the PD stated "No." The PD indicated staff #4 would need to be retrained. When asked how staff #4 was going to be monitored/supervised to ensure she did not neglect clients again, the PD stated "Nothing is in place yet."</p> <p>The facility's 6/22/15 investigation failed to indicate how staff #4 was to be monitored/supervised to prevent neglect of clients in regard to toileting and/or changing clients during the overnight shift. The facility's investigation indicated the facility failed to indicate any corrective action in regard to how the facility's management/administration was going to monitor the group home to ensure all staff toileted and/or changed clients when needed. The facility's 6/22/15 investigation also indicated the facility failed to indicate all staff would need to be retrained in regard to what was considered neglect and/or abuse of</p>			

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	<p>clients. The facility failed to address and/or put in place corrective actions to ensure new staff received client specific training prior to working with clients A, B, C, D, E, F, G and H at the group home.</p> <p>Staff #4's personnel record was reviewed on 6/24/15 at 3:30 PM. Staff #4's personnel record indicated the staff had been working since 6/1/09. Staff #4's personnel record indicated staff #4 had received 7 disciplinary actions/Records of Discussion since 6/1/09. Staff #4's personnel record indicated 6 of the 7 Records of Discussion were in regard to client care, not documenting clients' behavioral incidents, mixing clients' clothes when doing laundry, and/or displaying unprofessionalism in front of clients.</p> <p>The facility's inservice/training records were reviewed on 6/24/15 at 3:24 PM. The Client Specific Training Log for #445132 (65th street group home) indicated the facility neglected to ensure staff #3 had received Client Specific training prior to working with clients A, B, C, D, E, F, G and H as no client specific training log was provided for staff #3.</p> <p>Interview with Quality Assurance (QA)</p>			

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	<p>staff, by phone, on 6/24/15 at 10:40 AM when asked if the investigation was substantiated and/or unsubstantiated, the QA staff stated "[Staff #4] was not doing anything any different from the other staff. Routine to be normal occurrence for clients to be wet and soaked through." The QA staff stated "No one instructed them (staff) to get them (clients) up at night to check them." When asked if the facility systemically looked at staff neglecting the clients in regard to incontinence, The QA staff stated "Not systemically looked at. There is not a systemic procedure in place regarding incontinence/toileting." When asked how the facility's recommendations addressed staff not being trained prior to working with clients, the QA staff stated "I missed that."</p> <p>Interview with the Area Director (AD) on 6/24/15 at 3:20 PM and on 6/25/15 at 2:05 PM, by phone, when asked how the facility defined neglect, the AD stated "Not providing required services and needs for individual health and well being." When asked how facility staff were being monitored at the group home, the AD stated "Doing observation on all staff. Routinely do pop in visits and looking at documentation." The AD stated the facility was in the process of "revising observation schedules to target,</p>			

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W 0210 Bldg. 00	<p>focus on issues in the home." The AD stated the facility was going to have a "cluster meeting" on 6/25/15 in regard to inservicing staff on abuse, neglect and toileting clients.</p> <p>This federal tag relates to complaint #IN00175734.</p> <p>9-3-2(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on 1 of 4 sampled clients (B), the facility to conduct an accurate assessment in regard to the client's toileting needs.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 6/24/15 at 9:43 AM. The facility's reportable incident reports indicated the following (not all inclusive):</p> <p>-6/15/15 "On 06/15/21015, Program Director (PD) was contacted by two separate staff that work two separate shifts Sunday and Monday, both scheduled from 7am to 3pm, complaining</p>	W 0210	Indiana Mentor has policies and procedures in place in regards to the health and welfare of the clients and their individuals needs. Within 30 days of admission to the facility the agency completes assessments on clients needs to determine which programming and procedures needed to be implemented. Agency has retrained the QMRP on completing client assessments accurately. Agency completed a new assessment on client B, and reassessed the needs of clients A, C, D, E, F, G, and H in addition. For client B and 5 others new plans were developed in regards to incontinence. All staff are to be trained in the updated	07/29/2015

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	<p>3 clients being soaked in urine, indicating that they (clients) (clients A, B and C) had not been changed through out the night. The same staff worked both nights. Staff suspended pending allegation of neglect."</p> <p>-6/15/15 "On 06/15/2015, Program Director received a call regarding [client C] laying in urine. Staff [staff #5] reported that when she arrived to work at 7am, Sunday 06/14/2015, she found 3 clients (A, B and C) lying soaked in urine as if they had not been toilet (sic) throughout the night. Around 11:30 am on 06/15/2015, Staff [staff #3] reported that when she arrived for her scheduled shift on Monday 06/15/2015, that she found the same three clients (A, B and C) laying in urine also. Staff has been suspended pending allegations of neglect."</p> <p>The facility's 6/22/15 Summary of Internal Investigation Report indicated the following (not all inclusive):</p> <p>-"...[Client B] is able to communicate but at times chooses to not respond to questions being asked if he thinks he might be in trouble. [Client B] is capable of toileting without assistance but at times has accidents, mostly at night...."</p>		<p>plans.For the next 4 reviews the QMRP will send the assessments to the Area Director for review prior to implementation. In addition quarterly for the next year the Area Director will conduct a sample audit on the programming in the program to ensure needs are being met. Complete Date: 7/29/15Responsible Party: Area Director, Program Coordinator, QMRP</p>	

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	<p>-[Staff #3's] undated statement indicated "[Staff #3] stated that when she walked in to work on Monday, June 15th she walked in on a mess. [Staff #3] stated that the clients should not be soiled to the point that their beds are soaked to their necks when the night shift is available to help them. [Staff #3] stated that she arrived to the group home at 6am. The midnight person hadn't touched anyone prior to her arrival...."</p> <p>-Staff #6's undated witness statement indicated [Staff #6] stated that [client B],...are (is) capable of using the restroom with independence for the most part. [Staff #6] stated that [client B] will has (sic) soiled the bed at times so he wears pull ups. [Staff #6] stated that [client B] would likely refuse to get up if they prompted him through the night...."</p> <p>Client B's record was reviewed on 6/24/15 at 2:00 PM. Client B's 1/9/15 Camelot Behavioral Checklist indicated client B was independent in toileting.</p> <p>Client B's 10/24/14 ISP (Individual Support Plan) indicated "...Staff is to make sure [client B] goes to the toilet every two hours and cleanse his peri area and buttocks after toileting...." The ISP indicated "...[Client B] also requires assistance when toileting and should be</p>			

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	<p>prompted by staff...."</p> <p>Client B's 10/24/13 Impaired Skin Integrity Protocol indicated "[Client B] is at risk for skin breakdown due to incontinence of bowel &amp; bladder &amp; depend wear...." The protocol indicated "Position change every ___ hours...." The "Interventions" section of the protocol indicated a check mark was by "Change when incontinent." Client B's 10/24/13 protocol indicated an attached toileting schedule which was to be used with client B. The Day Service toileting schedule indicated Day Service staff was to toilet the client at 9 AM, 11 AM, 1 PM and 3 PM. The attached group home toileting schedule indicated client B was to be toileted at 5 AM, 7 AM, 9 AM, 11 AM, 1 PM, 3 PM, 5 PM, 7 PM, 9 PM and 1 AM. The facility failed to conduct an accurate assessment in regard to client B's toileting needs.</p> <p>Confidential interview Q indicated the staff was new to the group home. Confidential interview Q indicated clients were not changed at night. Confidential interview Q stated they came into work one day and "5 out 8 clients were wet or soiled." Confidential interview Q stated "[Client B] was wet from head to toe."</p>			

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W 0242  Bldg. 00	<p>Confidential interview S indicated client B had problems with incontinence.</p> <p>Confidential interview T stated "[Client B] requires toileting every 2 hours. Confidential interview T stated "All (clients) wear Depends and/or pull ups at night."</p> <p>Interview with the PD on 6/24/15 at 10:40 AM indicated the PD did not know if client B had been assessed in regard to the need to wear Depends and/or a pull up at night. The PD indicated the client's ISP would indicate if client B was independent in toileting and/or needed to wear Depends.</p> <p>This federal tag relates to complaint #IN00176734.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p>			

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	<p>Based on interview and record review for 2 of 4 sampled clients (A and C) and for 1 additional client (H), the facility failed to address the clients' identified basic need in regard to toileting.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 6/24/15 at 9:43 AM. The facility's reportable incident reports indicated the following (not all inclusive):</p> <p>-6/15/15 "On 06/15/21015, Program Director (PD) was contacted by two separate staff that work two separate shifts Sunday and Monday, both scheduled from 7am to 3pm, complaining 3 clients being soaked in urine, indicating that they (clients) (clients A, B and C) had not been changed through out the night. The same staff worked both nights. Staff suspended pending allegation of neglect."</p> <p>-6/15/15 "On 06/15/2015, Program Director received a call regarding [client C] laying in urine. Staff [staff #5] reported that when she arrived to work at 7am, Sunday 06/14/2015, she found 3 clients (A, B and C) lying soaked in urine as if they had not been toilet (sic) throughout the night. Around 11:30 am</p>	W 0242	<p>Indiana Mentor has policies and procedures in place in regards to the health and welfare of the clients and their individuals needs. Within 30 days of admission to the facility the agency completes assessments on clients needs to determine which programming and procedures needed to be implemented. Agency has retrained the QMRP on completing client assessments accurately. Agency completed a new assessment on client B, and reassessed the needs of clients A, C, D, E, F, G, and H in addition. For client B and 5 others new risk plans were developed in regards to incontinence. For the next 4 reviews the QMRP will send the ISP to the Area Director for review prior to implementation. In addition quarterly for the next year the Area Director will conduct a sample audit on the programming in the program to ensure needs are being met. Complete Date: 7/29/15 Responsible Party: Area Director, Program Coordinator, QMRP</p>	07/29/2015

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	<p>on 06/15/2015, Staff [staff #3] reported that when she arrived for her scheduled shift on Monday 06/15/2015, that she found the same three clients (A, B and C) laying in urine also. Staff has been suspended pending allegations of neglect."</p> <p>The facility's 6/22/15 Summary of Internal Investigation Report indicated the following (not all inclusive):</p> <p>"...[Client C] is unable to communicate effectively. [Client C] relies on staff prompting, monitoring and assistance with toileting...[Client A] is able to communicate her wants and needs. [Client A] does need assistance with toileting due to being in a wheelchair and needing assistance with transferring..."</p> <p>Client A's record was reviewed on 6/24/15 at 12:40 PM. Client A's 11/4/14 RMAP indicated "...[Client A] is incontinent of bowel and bladder and lack of mobility which will cause skin breakdown...Staff will toilet [client A] every two hours..."</p> <p>Client A's 4/16/15 ISP indicated in regard to client A's independent living skills, client A's "...Assessment of ability/limitations to care for personal hygiene: Needs staff assistance.</p>			

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	<p>Assessment of ability/assessments to groom self: Needs staff assistance...." Client A's ISP indicated client A wore a gait belt, utilized a wheelchair and wore leg braces.</p> <p>Client A's 2/12/13 Impaired Skin Integrity Protocol indicated client A was "Incontinent of Bowel &amp; (and) Bladder &amp; lack of mobility." The skin integrity protocol indicated staff were to "Position change every 2 hours PRN (as needed)." The 2/12/13 protocol indicated at the bottom "Toilet [client A] every 2 hours while awake." The 2/12/13 protocol and/or 4/16/15 ISP indicated the facility did not address the client's basic training need in regard to toileting as the client did not have a toileting objective in place.</p> <p>Client C's record was reviewed on 6/24/15 at 1:11 PM. Client C's 12/19/13 Camelot Behavioral Checklist indicated client C was not independent in toileting.</p> <p>Client C's 4/6/15 ISP indicated client C's diagnoses included, but were not limited to, Profound Intellectual Disability and Diabetes (Non-Insulin Type). Client C's ISP indicated "...She (client C) still needs assistance with her hygiene, and formal programs are in place to assist her...." Client C's 4/6/15 ISP indicated "...Assessment of ability/limitations to</p>			

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	<p>groom self: Relies on staff assistance...." Client C's 4/6/15 ISP indicated the facility failed to address the client's identified basic training need in regard to toileting.</p> <p>Client H's record was reviewed on 6/24/15 at 2:15 PM. Client H's 10/24/13 Impaired Skin Integrity Protocol indicated client H was "Incontinent of bowel and Bladder @ (at) times. Wears Depends." The protocol indicated "Position change every ___ hours...." The 10/24/13 protocols Interventions section indicated "Change client when incontinent."</p> <p>Client H's 4/16/15 ISP indicated client H was able to care for his personal hygiene, but required staff assistance in regard to grooming himself. Client H's ISP indicated client H did not have a toileting objective.</p> <p>Confidential interview S indicated clients A, G and H had problems with incontinence.</p> <p>Interview with the PD on 6/24/15 at 10:40 AM stated clients were to be toileted "every 2 hours or as needed. They should be asked/checked on a 2 hour basis. There is no rule as to when clients need to be toileted at night." The</p>			

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W 0287 Bldg. 00	<p>PD indicated clients A,C and H's ISPs did not include a toileting objective to address the clients' identified basic training needs.</p> <p>This federal tag relates to complaint #IN00175734.</p> <p>9-3-4(a)</p> <p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client behavior must never be used for the convenience of staff.</p> <p>Based on interview and record review for 1 of 4 sampled clients (D) and for 3 additional clients (E, F and G), the facility failed to ensure staff woke and/or assisted clients who were independent in toileting, to go to the bathroom at night, instead of placing the clients in adult diapers and/or pullups for staff's convenience.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 6/24/15 at 9:43 AM. The facility's reportable incident report indicated "On 06/15/2015, Program Director receive a call regarding [client C] laying in urine.</p>	W 0287	Indiana Mentor has policies and procedures in place in regards to the health and welfare of individuals in care as well. The agency also conducts assessments in regards to the clients needs and addresses these in the individual support plans. The staff and managers have been trained on proper toileting checks and procedures including implementation of sign off sheet for checks. An assessment was completed on clients A - H to determine incontinence needs and risk plans were updated accordingly. Management is conducting 5 observations per week for the next 3 months, which includes incontinence checks and ensuring tracking has been completed.	07/29/2015

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	<p>Staff [staff #5] reported that when she arrived to work at 7am, Sunday 06/14/2015, she found 3 clients (A, B and C) lying soaked in urine as if they had not been toilet (sic) throughout the night. Around 11:30 am on 06/15/2015, Staff [staff #3] reported that when she arrived for her scheduled shift on Monday 06/15/2015, that she found the same three clients (A, B and C) laying in urine also. Staff has been suspended pending allegations of neglect."</p> <p>The facility's 6/22/15 Summary of Internal Investigation Report indicated the following (not all inclusive):</p> <p>"...[Client B] is able to communicate but at times chooses to not respond to questions being asked if he thinks he might be in trouble. [Client B] is capable of toileting without assistance but at times has accidents, mostly at night.... [Client C] is unable to communicate effectively. [Client C] relies on staff prompting, monitoring and assistance with toileting....[Client A] is able to communicate her wants and needs. [Client A] does need assistance with toileting due to being in a wheelchair and needing assistance with transferring...."</p> <p>"...[Staff #5] reported to [name of PD] that when (sic) came in on Sunday</p>		<p>After 3 months management will complete at least 3 observations a week. Responsible Party: Area Director, Program Director, Program Coordinator Complete Date: 7/29/2015</p>	

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	<p>morning, June 14th, [staff #4] met her at the door and told her the clients were wet and that her body is too broke (sic) down and that she wasn't going to do it and made very negative comments about the company in general. [Name of PD] said that she called [staff #4] on Monday, June 2014 to talk to her about the state the clients were left in and why they were wet. [The PD] said that [staff #4] asked 'Wasn't the Manager supposed to come in and help her?' [The PD] said that [staff #4] went on to say that she was doing the work of 2 people and she wasn't going to do the work of 2 people. [The PD] stated [staff #4] told her that she doesn't change [client A] and will never change [client A] because she wouldn't be able to get her up if she fell. [The PD] said that she told [staff #4] that if she were to fall, then on-call would need to be called and come help if one person wasn't able to get her up...[The PD] said that all the clients wear depends or pull ups (at night). [The PD] stated that she wasn't sure why and it had been that way since she started...."</p> <p>-[Staff #3's] undated statement indicated "[Staff #3] stated that when she walked in to work on Monday, June 15th she walked in on a mess. [Staff #3] stated that the clients should not be soiled to the point that their beds are soaked to their necks when the night shift is available to</p>			

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	<p>help them. [Staff #3] stated that she arrived to the group home at 6am. The midnight person hadn't touched anyone prior to her arrival...[Staff #3] stated that [client A] was soiled, soaked through to her bed and smelled as if she hadn't had a bath all weekend. [Staff #3] stated that [client C] was soiled, soaked through to the point of drop of urine coming off of her attend (adult diaper) when she stood up. [Staff #3] stated that all of the guys (clients A, B, C, D, E, F, G and H) were in attends...."</p> <p>-Staff #2's undated statement indicated "...[staff #2] stated that she has not known of people getting the clients up in the middle of the night to toilet or be changed. [Staff #2] stated that during the awake hours generally the clients are checked every 3 hours so. [Staff #2] stated that she came in on Sunday at 7am and the staff that came in at 6am, [staff #5] was upset because the midnight shift person did not help her get people up and said that the other 6am person would help her. [Staff #2] stated that [staff #5] said that [client G] was soaked up her back...."</p> <p>-Staff #5's undated statement indicated staff #5 did not normally work in the group home and was helping out at the group home. Staff #5's undated statement indicated staff #5 worked from</p>			

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	<p>7 AM to 3 PM on 6/14/15. Staff #5's statement indicated "...[Staff #5] stated that [staff #4] said they are wet and told her that she had to get them up and shower them. [Staff #5] said that the client (sic) were wet head to toe. [Staff #5] stated that [staff #4] said she isn't doing it because they need an additional staff. [Staff #5] stated that [staff #4] put breakfast on and then left. [Staff #5] stated that [client E] was not wet and [client B] had on a pull up. [Staff #5] stated that everyone else had on an Attend...."</p> <p>-Staff #6's undated witness statement indicated "[Staff #6] states that when she works, she checks on the clients throughout her shift periodically but she isn't checking to see if they are wet or if they need to use the restroom, she is checking to make sure they are still sleeping and on their general well-being. [Staff #6] stated that she will help get the client up and help them with changing, showering if needed and changing their bed...[Staff #6 stated that [client B], [client H] and [client D] all are capable of using the restroom with independence for the most part. [Staff #6] stated that [client B] will has soiled the bed at times so he wears pull ups. [Staff #6] stated that [client B] would likely refuse to get up if they prompted him through the</p>			

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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 860 W 65TH LN MERRILLVILLE, IN 46410
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	<p>night. [Staff #6] stated that [client G] and [client A] need some assistance but can use the restroom. [Staff #6] stated that [client A] needs assistance with transferring and [client G] sometimes needs assistance when walking because of an unsteady gait. [Staff #6] stated that [client F] and [client E] are independent in toileting. [Staff #6] stated that [client E] might be wet occasionally because she will have a seizure. [Staff #6] stated that [client C] is wet most of the time and she wears a diaper...."</p> <p>The facility's 6/22/15 investigation indicated "...Conclusion: -On June 14th and 15th, evidence supports that clients were wet upon awakening for the day which is typically the case...."</p> <p>Client D's record was reviewed on 6/24/15 at 1:30 PM. Client D's ISP indicated 8/30/14 Camelot Behavioral Checklist indicated client D was independent in toileting.</p> <p>Client D's 11/4/14 RMAP and/or ISP did not indicate the client was incontinent at night. The RMAP and/or ISP indicated the facility failed to indicate client D had a need to wear Depends and/or a pull up at night due to incontinence.</p>			

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	<p>Client G's record was reviewed on 6/4/15 at 2:10 PM. Client G's 11/4/14 RMAP indicated client G's diagnosis included, but was not limited to, Impaired Skin Integrity. The RMAP indicated client G wore a gait belt and "...[Client G] can only walk with staff assistance...." The RMAP indicated client G was at risk for falls. The 11/4/14 RMAP indicated "...Staff will assist [client G] while taking a shower and completing hygiene tasks...." The RMAP indicated "...[Client G] is incontinent which will cause skin breakdown. Staff will monitor by assisting with making sure [client G] showers, and making sure [client G] is clean and dry...."</p> <p>Client G's 1/14/14 Camelot Behavioral Checklist indicated client G required staff assistance to toilet. The assessment indicated client G was otherwise independent.</p> <p>Client G's 1/29/13 Impaired Skin Integrity Protocol indicated client G was "at risk D/T (due to) being W/C (wheelchair) bound &amp; occasional incontinence...." Position change every ___ hours...." The 1/29/13 protocol indicated "...Change client when incontinent." The 1/29/13 protocol and/or 11/4/14 RMAP did not indicate how often client G was to be checked</p>			

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	<p>and/or assisted to be toileted/changed. Client G's 1/29/13 protocol did not indicate client G was to wear depends and/or pull ups at night.</p> <p>Client E's record was reviewed on 6/24/15 at 2:30 PM. Client E's 2/14/14 Camelot behavioral Checklist indicated client E was independent in toileting.</p> <p>Client E's 11/4/14 RMAP indicated client E's diagnoses included, but were not limited to, Epilepsy and Cerebral Palsy. Client E's 11/4/14 RMAP indicated client E had a hearing loss in both ears and was a fall risk due to an unsteady gait.</p> <p>Client E's 1/15/15 ISP indicated client E "...Relies on staff's assistance" to care for the client's personal care needs. Client E's 1/15/15 ISP and/or 11/4/14 RMAP did not indicate client E needed to wear Depends and/or a pull up at night due to incontinence.</p> <p>Client F's record was reviewed on 6/24/15 at 2:40 PM. Client F's 8/24/14 Camelot Behavioral Checklist indicated client F was independent in toileting.</p> <p>Client F's 11/4/14 RMAP indicated client F's diagnoses included, but were not limited to, Glaucoma and Legally Blind.</p>			

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	<p>Client F's 4/16/15 ISP and/or 11/4/14 RMAP did not indicate client F needed to wear Depends and/or a pull up at night due to incontinence.</p> <p>Interview with staff #1 on 6/24/15 at 2:49 PM indicated facility staff should check clients every 2 hours to see if they need to be toileted and/or changed. Staff #1 indicated he was not sure facility staff did checks at night. When asked why all clients wore Depends and/or pull ups at night, staff #1 stated "Not sure. Maybe because of accident even though they can go on own."</p> <p>Confidential interview T indicated when asked if clients were toileted at night, confidential interview stated "There is no toilet schedule." Confidential interview T stated "[Client B] requires toileting every 2 hours." Confidential interview T indicated clients A, B, C, D, E, F, G and H were checked at night (to make sure present and OK) but not to see if they needed to be toileted and/or changed. Confidential interview T indicated clients A and G could tell staff when they had to be toileted and/or changed. Confidential interview stated "All" (clients) wear Depends and/or pull ups at night." Confidential interview T indicated client E could get up and go to the bathroom.</p>			

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	<p>Interview with the PD on 6/24/15 at 10:40 AM stated "They (clients) should be asked/checked on a 2 hour basis. There is no rule as to when clients need to be toileted at night." When asked why all clients wore Depends and/or a pull up at night, the PD stated "Because they are incontinent." The PD did not know if the clients' ISPs assessed and/or included the need to wear/use Depends and/or a pull up at night for clients D, E, F and G.</p> <p>This federal tag relates to complaint #IN00175734.</p> <p>9-3-5(a)</p>				