

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G418	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/02/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5105 N GUION RD INDIANAPOLIS, IN 46254
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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W000000	<p>This visit was for the Post Certification Revisit (PCR) to the annual recertification and state licensure survey completed on 4/25/14.</p> <p>This visit was in conjunction with the PCR to the PCR to the investigation of complaint #IN00144956.</p> <p>Date of Survey: 6/2/14</p> <p>Facility Number: 000932 Provider Number: 15G418 AIMS Number: 100244560</p> <p>Surveyor: Keith Briner, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 6/10/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise</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>their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview for 1 of 4 sampled clients (A), the facility failed to secure a surrogate to assist client A with making informed choices and decisions.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 6/2/14 at 4:40 PM. Client A's ISP (Individual Support Plan) dated 2/26/14 indicated client A did not have a guardian or HCR (Health Care Representative). Client A's ISP indicated client A's diagnoses included, but were not limited to, moderate intellectual disability, depression and autistic disorder. Client A's ISP indicated, "[Client A] (is) currently emancipated but pursuing state appointed guardian to assist [client A] in making decisions." Client A's ISP indicated, "[Client A] lacks the cognitive ability to provide informed consent." Client A's ISP indicated, "[Client A] lacks the ability to manage his own finances." Client A's CFA (Comprehensive Functional Assessment) dated 2/27/14 indicated client A required 24 hour supervision and was not able to independently manage his own finances. The CFA indicated client A required</p>	W000125	<p>Some of Client A's family members have recently made contact with the Home Manager and have expressed interest in becoming Client A's guardian. Area Director has been in contact with the Adult Protective Services contact for Client A to exchange information so that the guardianship process can be explained to the family members and any paperwork can be completed. Indiana Mentor staff will continue to work with Client A's family as well as the Adult Protective Services staff to assist in any way in the guardianship process.</p> <p>The Program Director will receive retraining to include ensuring all consumers that are not able to fully make informed decisions on their own regarding healthcare needs and finances have a legal representative that can assist with making decisions on their behalf. Ongoing, the Program Director will ensure that upon admission and ongoing as circumstances change, all consumers that are not able to fully make informed decisions on their own have a legal representative that can assist in making decisions on their behalf. When reviewing consumers Individual Support Plans, the Area Director will review if all consumers that are</p>	07/02/2014

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	<p>assistance with maintaining personal skills of daily living and making health care decisions. The CFA indicated client A was unable to manage his financial needs independently.</p> <p>AD (Area Director) #1 was interviewed on 6/2/14 at 3:05 PM. AD #1 indicated client A had been admitted to the facility on 12/26/13. AD #1 indicated client A had been admitted to the facility with an open APS (Adult Protective Services) case. AD #1 indicated APS had advised the facility they would be coordinating securing client A a guardian. AD #1 indicated client A needed a guardian and was not able to provide informed consent. AD #1 indicated the facility would continue to cooperate with APS to secure a guardian for client A.</p> <p>This deficiency was cited on 4/25/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-2(a)</p>		<p>not able to fully make decisions on their own regarding healthcare or finances have legal representation and if not will follow up with the Program Director to ensure the process is started to obtain legal representation.</p> <p><i>Addendum: Client A's family and Adult Protective Services have been in contact with each other regarding completing the guardianship paperwork for Client A. All of the formal paperwork has not been finalized for guardianship, but Client A's aunt has signed the Health Care Representative Paperwork so she can function as a Healthcare Representative until the guardianship is finalized (See attachment) Client A's aunt has come to see Client A several times and has shown a vested interest in Client A's care. Indiana Mentor staff will continue to work with Client A family and Adult Protective Services to assist in whatever is needed to complete the guardianship process.</i></p> <p>Responsible Party: Home Manager, Program Director, Area Director</p>	