

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G498	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/21/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 OAKTREE CT LOGANSPORT, IN 46947
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W0000	<p>This visit was for the investigation of complaint #IN00119477.</p> <p>Complaint #IN00119477: SUBSTANTIATED, Federal and state deficiencies related to the allegations are cited at W122, W149, W157, W227, W249, and W289.</p> <p>Unrelated deficiency cited.</p> <p>Dates of survey: December 18, 19, 20, and 21, 2012.</p> <p>Provider Number: 15G498 Facility Number: 001012 AIM Number: 100239780</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 27, 2012 by Dotty Walton, Medical Surveyor III.</p>	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0112	<p>483.410(c)(2) CLIENT RECORDS</p> <p>The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation, record review, and interview, for 3 of 3 sample clients (clients A, B, and C), and 3 additional clients (clients D, E, and F) living in the group home, the facility failed to keep each client's personal information confidential by posting the clients' dining information on the bulletin board.</p> <p>Findings include:</p> <p>During observations on 12/18/12 from 3:10pm until 5:25pm, posted on the kitchen bulletin board were three sheets of paper "Diet Orders" for clients: A, B, C, D, E, and F which indicated the following:</p> <p>For client A: "Regular; Chopped; no added salt, CIB (Carnation Instant Breakfast) @ (at) lunch-Prune juice @ HS (night) snack, Fiber bar/Fiber Cereal @ HS snack, 8oz (ounces) whole milk @ all meals, extras, Plate guard & (and) clothing protector."</p> <p>For client B: "12/9/09 Dysphagia/Dining Plan, Diet Order: 1800 Calorie ADA (American Diabetic Association),</p>	W0112	<p>The facility has policy and procedures in place that directs client information to be kept confidential. All staff are trained upon hire and annually thereafter on HIPPA policies and keeping personal information confidential. The items for clients A, B, C, D, E and F that were in view have been removed have been removed and staff will be retrained on HIPPA policies and protecting client information bby keeping it confidential. The Home Manager or the Program Director will complete weekly checks in the home to ensure client information is being kept confidential and will do any additional training as needed. Responsible Person: Area Director</p>	01/20/2013	

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	<p>chopped, NAS (No Added Salt), Ground meat and moist breads, no seeds/nuts/popcorn, regular liquids," and use pictures of client B's adaptive equipment.</p> <p>For client C: "1800 calorie diabetic, chopped, no concentrated sweets, 4-6 (of) 8oz. glasses fluids & drinks @ meals, snacks @ 9am, 3pm, 8pm, plus 1 container apple sauce plus 8oz. skim milk, use Glucerna (diabetic nutritional substitute) if meal refusals, plate guard, clothing protector PRN (as needed), Accu Checks (blood sugar checks) & Insulin before meds and meals, sliding scale & Insulin (medication) as ordered."</p> <p>For client D: "Regular, chopped, extras of fruits & veggies only, plate guard & clothing protector, Choking Protocol."</p> <p>For client E: "Low fat, low Cholesterol, chopped, no extra portions, 3 8oz. glasses of fluids & drinks @ meals, clothing protector & Plate guard."</p> <p>For client F: "Regular, chopped, no extra portions, no caffeine, no chocolate, 1 cup skim milk @ HS snack, no plateguard or clothing protector."</p> <p>An interview with the Residential Manager (RM) was conducted on</p>			

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	12/18/12 at 3:45pm. At 3:45pm, the RM indicated client A, B, C, D, E, and F's personal information should not have been posted on the group home bulletin board where visitors to the home had access. 9-3-1(a)			

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview, and record review, for 3 of 3 sampled clients (A, B and C), and two additional clients (D, E), the facility failed to meet the Condition of Participation: Client Protections.</p> <p>The facility failed to implement systemic interventions and provide oversight supervision to ensure protection for clients to prevent staff abuse, neglect, and mistreatment. The facility failed to implement sufficient corrective action for substantiated allegations of staff to client abuse, neglect, and mistreatment and failed to ensure staff supervision for 5 of 6 clients (clients A, B, C, D, and E) living in the facility.</p> <p>Findings include:</p> <p>Please refer to W149. The facility neglected to implement their policy and procedure prohibiting abuse, neglect, and/or mistreatment of clients. The facility failed to implement their policy regarding corrective action as recommended by facility investigation results. The facility neglected to ensure sufficient staff supervision on 10/10/12 (clients A, B, C, D, and E) and neglected to supervise client A for his toileting</p>	W0122	Please refer to Tag W149 and W157Resonsible Person: Area Director	01/20/2013			

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	<p>need.</p> <p>Please refer to W157. The facility failed to take corrective action to ensure the facility staff implemented their policy and procedure prohibiting abuse, neglect, and/or mistreatment of clients after two substantiated allegations of neglect for sufficient staff supervision of clients A, B, C, D, and E.</p> <p>This federal tag relates to complaint #IN00119477.</p> <p>9-3-2(a)</p>				

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview, for 3 of 15 BDDS (Bureau of Developmental Disabilities Services) Reports reviewed, for 3 of 3 sampled clients, (A, B, C), and two additional clients (D, E) who lived in the group home, the facility failed to implement their policy and procedure prohibiting abuse, neglect, and/or mistreatment of clients. The facility failed to prevent staff neglect of clients (clients A, B, C, D, and E) by failing to ensure sufficient supervision and treatment of behavioral and personal care needs. The facility failed to implement their policy and procedure requiring corrective action of training on abuse, neglect, and/or mistreatment.</p> <p>Findings include:</p> <p>1. On 12/18/12 at 11:20am, the facility's BDDS Reports were reviewed for the period from 9/1/12 through 12/18/12 and indicated the following for clients A, B, C, D, and E:</p> <p>-A 10/10/12 BDDS report for an incident on 10/10/12 at 8:10am, indicated the QDDP (Qualified Developmental</p>	W0149	The facility has policy and procedures in place that prohibit mistreatment, neglect and abuse of the clients. Staff are trained in the policy upon hire and annually thereafter. All staff will be trained in the abuse and neglect policy. Staff will also receive training in the supervision level for each client. This training will be competency based training and provide specific examples and scenarios of what is considered abuse and neglect. The Home Manager will complete an observation at least 5 times weekly for two months and then 2x weekly thereafter to ensure that staff are implementing the abuse and neglect policy as well as following the client supervision levels. The program director will do at least 3 observations per week for the same period and then one weekly there after. The observations by the home manager and program director will be turned into the area director. The area director or another member of management will do a weekly observation as well for the next two month. These observations will cover all shifts to ensure aspects of the full day are reviewed. The home manager will turn in a weekly checklist to her program director	01/20/2013			

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	<p>Disabilities Professional) drove up to the facility and the Direct Care Staff (DCS) #8 and DCS #9 were observed by the QDDP to be outside the facility smoking. The report indicated the QDDP went inside and clients A, B, C, D, and E, were unsupervised inside the facility by facility staff.</p> <p>On 12/18/12 at 11:20am, the facility's 10/10/12 investigation was reviewed. The investigation indicated on 10/10/12 at 8:10am, the QDDP observed DCS #8 and DCS #9 outside the facility smoking and five clients (clients A, B, C, D, and E) were inside the facility alone. The investigation indicated clients A, B, C, D, and E, "All clients are non verbal (clients A, B, C, D, and E)." The investigation indicated:</p> <ul style="list-style-type: none"> -Clients A and D "have high behaviors that place both of them as well as other clients at risk of physical aggression." -Client A "is an elopement risk." -Clients B, C, E "all have seizure risks." -Client C "has Diabetes Type II that is difficult to maintain level blood sugars." -"All clients (Clients A, B, C, D, and E) are a choking risk. They are staffed with 24 hour waking staff and are to be within sight." <p>The results of the investigation indicated "Evidence supports that [DCS #8 and DCS #9] left 5 clients unattended in the</p>		<p>showing the environment and program needs have been reviewed and this will be on going. If the home manager discovers any deficiencies she will take appropriate action to correct while in home whether it be documented training or other means. The area director will conduct a monthly house review as well for the next quarter to ensure all clients needs have been met. Staff will receive additional abuse and neglect training at staff meetings over the next 6 months as well as annually per Indiana Mentor training guidelines. Responsible Party: Area Director</p>	

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	<p>house while they were outside on the patio smoking for an undetermined amount of time." No recommended corrective action was documented.</p> <p>On 12/18/12 at 12 noon, the QDDP and the RM (Residential Manager) were interviewed. Both professional staff stated clients A, B, C, D, and E had been on documented fifteen (15) minutes staff checks, "Since before April, 2012." Both professional staff indicated clients A, B, C, D, and E should have been supervised within eye sight of the facility staff on 10/10/12 because of their identified needs. Both professional staff stated when the 10/10/12 incident occurred it was "neglect."</p> <p>An interview was conducted on 12/20/12 at 12:10pm, with the RM. The RM indicated the allegations of staff leaving clients A, B, C, D, and E were reported immediately to the administrator. The RM indicated retraining was completed with the staff to supervise the clients and complete documented fifteen minute staff checks on each client "twenty-four hours" a day. The RM indicated management had provided oversight visits completed by the QMRP (Qualified Mental Retardation Professional) and the RM to monitor staff. When asked if the monitoring was effective. The RM did</p>			

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	<p>not respond. The RM indicated the staff were not retrained on the facility's policy and procedure for abuse, neglect, and/or mistreatment until 12/19/12.</p> <p>2. On 12/18/12 at 11:20am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed for the period from 9/1/12 through 12/18/12 and indicated the following for client A:</p> <p>-On 11/8/12 a BDDS report for an incident on 11/8/12 at 6am, indicated an allegation of abuse and neglect. Client A was "nude, covered in feces," and had been incontinent of bowel and bladder "which covered and was dried on [client A], his bedroom chair, and two piles of feces was (sic) on the floor." The report indicated the day shift staff reported the incident when she came on duty at the group home on 11/8/12. The report indicated Direct Care Staff (DCS) #7 was suspended and terminated after an investigation for substantiated neglect. No staff retraining after the incident on abuse, neglect, and/or mistreatment had been done.</p> <p>-On 9/13/12 a BDDS report for an incident on 9/13/12 at 6am, indicated staff went to wake client A up for the day. Client A was "wet" and had "stripped</p>						

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	<p>nude."</p> <p>Observation and interviews were conducted at the group home on 12/18/12 from 3:10pm until 5:25pm. At 3:45pm, client A's bedroom was observed to have four (4) cases of disposable incontinent pads sitting on the floor in the corner of the room. At 3:45pm, the Residential Manager (RM) stated client A's bedroom smelled of "urine faintly." At 3:45pm, the RM stated client A was incontinent of urine and feces "at night." The RM showed client A's closet and stated one clothing rack had "stacks of pull-up adult diapers" for client A "to wear at night." The RM stated "We put at least three (3) disposable incontinent pads on his bed, along with the mattress cover to protect the mattress, and [client A] wears a pull-up." The RM stated client A was incontinent of "urine (and/or) feces every night." The RM stated client A "goes to the bathroom during the day" with verbal prompts by facility staff. When asked if client A got up from bed to go to the bathroom at night. The RM stated "Why, he rips the pull-up off" during the night. The RM indicated client A was not assisted to the bathroom at night by the facility staff unless he was incontinent.</p> <p>Direct Care Staff (DCS) #1 and DCS #2 were interviewed on 12/18/12 at 5:10pm.</p>			
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	<p>Both staff indicated client A did not have a goal/objective to get up during the night to use the toilet. Both staff stated they were trained on abuse, neglect, and/or mistreatment "upon hire and then yearly." Both staff stated they "were not retrained" after the 9/13/12 or the 11/8/12 incidents.</p> <p>Client A's record was reviewed on 12/18/12 at 1pm, and on 12/19/12 at 3pm. Client A's record did not indicate an assessment for voiding or defecating into the toilet. Client A's 1/5/12 ISP (Individual Support Plan) indicated a toileting goal to wash his hands after using the restroom. Client A's 3/29/12 BDP (Behavior Development Plan) and a 3/2012 "Quick Reference Guide" for client A's BDP indicated targeted behaviors included, but were not limited to, Incontinence. Client A's "Incontinence" behavior was defined as: "Defecation or urination where the waste soils any area except the interior of a toilet. Evidence of the problem behavior would include sight of urine or feces on or close to the person, and/or an odor of urine or feces from the person not attributable to flatulence."</p> <p>On 12/18/12 at 12 noon, the QDDP (Qualified Developmental Professional) and the RM were interviewed. Both professional staff stated client A had been</p>						

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	<p>on fifteen (15) minute staff checks, "Since before April, 2012." Both professional staff indicated client A was incontinent during the overnight hours of urine and feces and required fifteen minute checks while in his bedroom or out of the bedroom.</p> <p>An interview was conducted on 12/20/12 at 12:10pm with the RM. The RM indicated the facility followed the BDDS policy and procedure for abuse, neglect, and/or mistreatment. The RM stated the allegation of staff leaving client A in his bedroom was "neglect." The RM indicated the investigation results recommended retraining staff on supervision of clients, 15 minute staff checks, and administrative monitoring. The RM indicated staff retraining was completed for the staff to supervise the clients and complete documented fifteen minute checks on each client "twenty-four hours" a day during a house meeting with staff. The RM indicated administrative management had provided oversight visits completed by the QMRP and the RM to monitor the staff. When asked if the monitoring was effective. The RM did not respond. The RM indicated the staff were not retrained on the facility's policy and procedure for abuse, neglect, and/or mistreatment until 12/19/12.</p>			

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	<p>On 12/18/12 at 11:30am, a record review of the facility's 7/2006 policy and procedure "Quality and Risk Management" indicated the company prohibited neglect of clients and indicated, "Neglect, means the failure by any staff members to supply or to ensure the supply of necessary food, clothing, shelter, health care, or supervision for an individual being served." The policy/procedure indicated the company, "Practices prohibited include the following..." which included leaving the clients unsupervised and "...6. C. Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employees." The policy indicated for investigations and corrective actions "...Indiana Mentor is committed to ensuring the individuals we serve are provided with a safe and quality living environment. In order to ensure the highest standard of services delivery specific staff will be assigned to the monitoring and review of Quality Assurance. These staff will assist in providing Individual Support Teams with corporate supports, recommendations, and resources for incident management and will review the effectiveness of the recommendations...review trends, ensure the effectiveness of recommendations,</p>			

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	<p>and address systemic problems."</p> <p>On 12/18/12 at 11:30am, a review was completed of the "Bureau of Developmental Disability Services Policy and Guidelines," dated 10/05. The BDDS policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual."</p> <p>On 12/18/12 at 11:30am, a review was completed of the "Bureau of Developmental Disability Services Policy and Guidelines," dated 10/05. The BDDS policy and procedure indicated "...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse by anyone including but not limited to facility staff."</p> <p>This federal tag relates to complaint #IN00119477.</p> <p>9-3-2(a)</p>				

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, for 3 of 15 BDDS (Bureau of Developmental Disabilities Services) Reports reviewed for 5 of 6 clients (clients A, B, C, D, and E) who lived in the group home, the facility failed to take corrective action to ensure the facility staff implemented their policy and procedure prohibiting abuse, neglect, and/or mistreatment of clients after three substantiated allegations of neglect for insufficient staff supervision of clients A, B, C, D, and E.</p> <p>Findings include:</p> <p>On 12/18/12 at 11:20am, the facility's BDDS Reports were reviewed for the period from 9/1/12 through 12/18/12 and indicated the following:</p> <p>1. A 10/10/12 BDDS report for an incident on 10/10/12 at 8:10am, indicated the QDDP (Qualified Developmental Disabilities Professional) drove up to the facility and the Direct Care Staff (DCS) #8 and DDS #9 were observed by the QDDP to be outside the facility smoking. The report indicated the QDDP went inside and clients A, B, C, D, and E were unsupervised inside the facility by facility staff. No staff retraining on abuse,</p>	W0157	Currently when alleged violations of neglect, maltreatment or abuse are verified, immediate protective measures are put in place and an investigation ensues. Upon completion of the investigation, recommendations are made to put additional measures in place to prevent reoccurrence. The Home Manager and Program Director will be trained to ensure that when there is an alleged allegation that is verified, staff will be trained in Indiana Mentor's abuse and neglect policy specifically defining each and going through reporting procedures. In addition staff will review the supervision levels for each consumer at the house. All staff will receive additional abuse and neglect training during the next 6 months as well as annually throughout employment. The Area Director will review all allegations of abuse, neglect and maltreatment to ensure that appropriate corrective action is put in place in a timely manner. In addition, the Quality Assurance Specialist reviews all allegations of abuse, neglect and maltreatment and will monitor that appropriate corrective action is taken. Respnosbile Party: Area Director	01/20/2013	

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	<p>neglect, and/or mistreatment was done.</p> <p>On 12/18/12 at 11:20am, the facility's 10/10/12 investigation was reviewed. The investigation indicated on 10/10/12 at 8:10am, the QDDP observed DCS #8 and DCS #9 outside the facility smoking and five clients (clients A, B, C, D, and E) were inside the facility alone. The investigation indicated clients A, B, C, D, and E "All clients (clients A, B, C, D, E, and F) are non verbal." The investigation indicated:</p> <ul style="list-style-type: none"> -Clients A and D "have high behaviors that place both of them as well as other clients at risk of physical aggression." -Client A "is an elopement risk." -Clients B, C, E "all have seizure risks." -Client C "has Diabetes Type II that is difficult to maintain level blood sugars." -"All clients (clients A, B, C, D, and E) are a choking risk. They are staffed with 24 hour waking staff and are to be within sight." <p>The results of the investigation indicated "Evidence supports that [DCS #8 and DCS #9] left 5 clients unattended in the house while they were outside on the patio smoking for an undetermined amount of time." No recommended corrective action was documented.</p> <p>On 12/18/12 at 12 noon, the QDDP and the RM (Residential Manager) were</p>			

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	<p>interviewed. Both professional staff stated clients A, B, C, D, and E, should have had fifteen (15) minute staff checks documented "since before April, 2012." Both professional staff stated when the 10/10/12 incident occurred it was "neglect."</p> <p>An interview was conducted on 12/20/12 at 12:10pm with the RM. The RM indicated retraining was completed with the staff after the incident to supervise the clients and complete documented fifteen minute staff checks on each client "twenty-four hours" a day. The RM indicated management had provided oversight visits completed by the QMRP (Qualified Mental Retardation Professional) and the RM to monitor staff. When asked if the monitoring was effective. The RM did not respond. The RM indicated the staff were not retrained on the facility's policy and procedure for abuse, neglect, and/or mistreatment until 12/19/12.</p> <p>2. A 11/8/12 BDDS report for an incident on 11/8/12 at 6am, indicated an allegation of abuse and neglect. Client A was "nude, covered in feces," and had been incontinent of bowel and bladder "which covered and was dried on [client A], his bedroom chair, and two piles of feces was (sic) on the floor." The report indicated</p>						

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	<p>the day shift staff reported the incident when she came on duty at the group home on 11/8/12. The report indicated Direct Care Staff (DCS) #7 was suspended and terminated after an investigation for substantiated neglect. No staff retraining after the incident on abuse, neglect, and/or mistreatment was done.</p> <p>3. A 9/13/12 BDDS report for an incident on 9/13/12 at 6am, indicated staff went to wake client A up for the day. Client A was "wet" and had "stripped nude." No corrective action was available for review.</p> <p>Direct Care Staff (DCS) #1 and DCS #2 were interviewed on 12/18/12 at 5:10pm. Both staff indicated client A did not have a goal/objective to get up during the night to use the toilet. Both staff stated they were trained on abuse, neglect, and/or mistreatment "upon hire and then yearly." Both staff stated they "were not retrained" after the 9/13/12 or the 11/8/12 incidents.</p> <p>Client A's record was reviewed on 12/18/12 at 1pm, and on 12/19/12 at 3pm. Client A's record did not indicate an assessment for voiding or defecating into the toilet. Client A's 1/5/12 ISP (Individual Support Plan) indicated a toileting goal to wash his hands after using the restroom. Client A's 3/29/12 BDP (Behavior Development Plan) and a</p>						

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	<p>3/2012 "Quick Reference Guide" for client A's BDP indicated targeted behaviors included, but were not limited to, Incontinence. Client A's "Incontinence" behavior was defined as "Defecation or urination where the waste soils any area except the interior of a toilet. Evidence of the problem behavior would include sight of urine or feces on or close to the person, and/or an odor of urine or feces from the person not attributable to flatulence."</p> <p>On 12/18/12 at 12 noon, the QDDP (Qualified Developmental Professional) and the RM were interviewed. Both professional staff stated client A had been on fifteen (15) minute staff checks "Since before April, 2012." Both professional staff indicated client A was incontinent during the overnight hours of urine and feces and required fifteen minute checks while in his bedroom or out of the bedroom.</p> <p>An interview was conducted on 12/20/12 at 12:10pm, with the RM. The RM stated the allegation of staff leaving client A in his bedroom was "neglect." The RM indicated retraining was completed with the staff during a house meeting. The RM indicated the staff retraining reviewed staff were to supervise the clients and complete documented fifteen minute staff</p>						

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	<p>checks on each client "twenty-four hours" a day. The RM indicated management had provided oversight visits completed by the QMRP (Qualified Mental Retardation Professional) and the RM to monitor staff. When asked if the monitoring was effective. The RM did not respond. The RM indicated the staff were not retrained on the facility's policy and procedure for abuse, neglect, and/or mistreatment until 12/19/12. No effective corrective actions were available for review after the 9/13/12 or the 11/8/12 incidents.</p> <p>This federal tag relates to complaint #IN00119477.</p> <p>9-3-2(a)</p>				

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review, and interview, the facility failed to ensure 1 of 3 sampled clients (client A's) Individual Support Plan (ISP) included a goal/objective for his identified need of voiding and defecating in the toilet.</p> <p>Findings include:</p> <p>On 12/18/12 at 11:20am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed for the period from 9/1/12 through 12/18/12 and indicated the following for client A:</p> <p>-On 11/8/12 a BDDS report for an incident on 11/8/12 at 6am, indicated an allegation of abuse/neglect. Client A was "nude, covered in feces," and had been incontinent of bowel and bladder "which covered and was dried on [client A], his bedroom chair, and two piles of feces was on the floor (sic)."</p> <p>-On 9/13/12 a BDDS report for an incident on 9/13/12 at 6am, indicated staff went to wake client A up for the day.</p>	W0227	<p>All individuals have annual meeting where goals are decided upon to help enhance the daily living skills of individuals in care. These goals are reviewed by all team members and then implemented into the ISP by the program director. The Program Director will write a goal to address toileting for Client A. This will include outlining procedures and checks during night-time due to history of incontinence. All staff will be trained in the new goal and instructed to begin implementaion at all times of opportunity. The Area Director will review the next two Individual Support Plans and supporting information to ensure that their are appropriate goals in place to address the any identified deficets. Ongoing, the team will review the ISP, BSP, and health assessments when completing goals for the individuals. PD will ensure there is programming in place for deficits outlined by the team and will have team members review goals before implementation. Responsible Person: Area Director</p>	01/20/2013

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	<p>Client A was "wet" and had "stripped nude."</p> <p>Observation and interviews were conducted at the group home on 12/18/12 from 3:10pm until 5:25pm. At 3:45pm, client A's bedroom was observed to have four (4) cases of disposable incontinent pads sitting on the floor in the corner of the room. At 3:45pm, the Residential Manager (RM) stated client A's bedroom smelled of "urine faintly." At 3:45pm, the RM stated client A was incontinent of urine and feces "at night." The RM showed client A's closet and stated one clothing rack had "stacks of pull-up adult diapers" for client A "to wear at night." The RM stated "We put at least three (3) disposable incontinent pads on his bed, along with the mattress cover to protect the mattress, and [client A] wears a pull-up." The RM stated client A was incontinent of "urine (and/or) feces every night." The RM stated client A "goes to the bathroom during the day" with verbal prompts by facility staff. When asked if client A got up from bed to go to the bathroom at night. The RM stated "Why, he rips the pull-up off" during the night. The RM indicated client A was not assisted to the bathroom at night by the facility staff unless he was incontinent.</p> <p>Direct Care Staff (DCS) #1 and DCS #2</p>			

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	<p>were interviewed on 12/18/12 at 5:10pm. Both staff indicated client A did not have a goal/objective to get up during the night to use the toilet. Both staff indicated client A did not have a goal/objective to ensure client A was clean and dry during the night. Both staff indicated client a did not have a goal/objective to void or defecate in the toilet.</p> <p>Client A's record was reviewed on 12/18/12 at 1pm, and on 12/19/12 at 3pm. Client A's record did not include a plan for toilet training. Client A's record did not indicate an assessment for voiding or defecating into the toilet. Client A's 1/5/12 ISP (Individual Support Plan) indicated a toileting goal to wash his hands after using the restroom. Client A's 3/29/12 BDP (Behavior Development Plan) and a 3/2012 "Quick Reference Guide" for client A's BDP indicated targeted behaviors included, but were not limited to, incontinence. Client A's "Incontinence" behavior was defined as, "Defecation or urination where the waste soils any area except the interior of a toilet. Evidence of the problem behavior would include sight of urine or feces on or close to the person, and/or an odor of urine or feces from the person not attributable to flatulence."</p> <p>On 12/18/12 at 12 noon, the QDDP</p>						

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	<p>(Qualified Developmental Disabilities Professional) and the RM were interviewed. Both professional staff indicated client A did not have a toileting goal, objective, or toileting schedule developed based on his incontinent needs during the overnight hours. Both professional staff indicated client A was incontinent during the overnight hours of urine and feces.</p> <p>This federal tag relates to complaint #IN00119477.</p> <p>9-3-4(a)</p>				

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, for 1 of 3 sampled clients (client A), the facility failed to implement client A's goals/objectives when opportunities existed.</p> <p>Findings include:</p> <p>On 12/18/12 from 3:10pm until 5:15pm, observation and interviews were conducted at the group home. From 3:15pm until 4:25pm and from 5pm until 5:15pm, client A was observed at the group home walking from room to room. He sat and stood then walked to the next room. Client A twirled a string, held an empty plastic holder for a six pack of pop, and was not offered activity. At 3:40pm, client A's elastic pants fell down below his hips and exposed a full view of his buttocks. At 3:42pm, Direct Care Staff (DCS) #1 walked behind client A and pulled up his pants. No training for client A to pull up his own pants was observed. At 4:20pm, client A sat down in the dark dining room and was not prompted to turn</p>	W0249	<p>Currently as soon as the IDT has formulated a client's Individual Support Plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the Individual Support Plan. All staff will be trained in Active Treatment including program implementation. Staff will be trained in client goals and objectives. This training will include specific examples of active treatment and going through formal and informal active treatment. There will be a competency based test on active treatment as well. The Home Manager or Program Director will complete an active treatment observation to ensure that staff are implementing each client's goals and providing active treatment at least 5 times weekly for 30 days and then 2x weekly thereafter. The program director will do observations at least 2x week for 30 days and then weekly there after. The area director will</p>	01/20/2013			

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	<p>on the lights nor was he offered an activity. At 4:25pm, DCS #1 left the facility to go on a community outing. Client A was not asked to sign "outside." DCS #1 indicated she had client A's money for the outing and they were going to the dollar store to purchase a Christmas present. DCS #1 zipped client A's coat, DCS #1 opened the kitchen door for client A to exit with her, and client A was not included in those tasks. At 5pm, client A returned to the group home with DCS #1. DCS #1 removed client A's coat, DCS #1 hung up client A's coat, and no activity was offered to client A. At 5:15pm, an interview with the RM (Residential Manager) was conducted. The RM indicated client A should have been prompted for activity and was not. The RM indicated client A could have assisted with getting his coat, zipping his coat, signing outside, opening the kitchen door, and pulling up his pants.</p> <p>Client A's record was reviewed on 12/18/12 at 1pm, and on 12/19/12 at 3pm. Client A's 1/5/12 ISP (Individual Support Plan) indicated goals/objectives to sign outside when he wants to go outside, to identify the coins penny and quarter, to participate in activity with housemates, to complete his physical therapy exercises daily, to wash his hands after using the restroom, and to prepare his drinks for</p>		<p>review these observations and the area director or another member of management will do a weekly observation as well to monitor active treatment. Responsible Person: Area Director</p>		

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	<p>dinner. Client A's 3/29/12 BDP (Behavior Development Plan) and a 3/2012 "Quick Reference Guide" for client A's BDP indicated client A "requires reminders" of the task needed to be completed and client A "that he may earn rewards for his cooperation." Client A's BDP indicated client A should be prompted for task completion and activity every 15 minutes.</p> <p>On 12/18/12 at 12 noon, an interview with the QDDP (Qualified Developmental Disabilities Professional) was conducted. The QDDP indicated client A should have been prompted for activity every 15 minutes.</p> <p>This federal tag relates to complaint #IN00119477.</p> <p>9-3-4(a)</p>				

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 102 OAKTREE CT LOGANSPORT, IN 46947		
(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	
W0289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on record review, and interview, for 1 of 2 sample clients (client A) who had physical interventions employed for behavior, the facility failed to have a written description in client A's plan for physical behavioral interventions/Physical Intervention Alternative (PIA) which were used for client A.</p> <p>Findings include:</p> <p>On 12/18/12 at 1pm and on 12/19/12 at 3pm, client A's 3/29/12 BDP (Behavior Development Plan), 1/5/12 ISP (Individual Support Plan), and a 3/2012 "Quick Reference Guide" for client A's BDP, indicated targeted behaviors included, but were not limited to Physical Assault, Resistance, Temper Outbursts, Extreme Irritability, Incontinence, Inappropriate Nudity, Vacating, and Food Stealing. Client A's "Physical Assault" was defined as "attempted or actual attacks directed at other people that may include hitting, kicking, biting, throwing things at people, or other attempts directed to harm others." Client A's plan</p>	W0289	Currently the use of systematic interventions to manage inappropriate client behavior is incorporated into the clients individual support plan. The Program Director will contact the Behavior Specialist to request that the behavior plan be for Client A be updated to include a written description for physical behavioral interventions. All staff will be trained in the updated behavior plan. The Area Director or Program Director will review each clients behavior plan to ensure that there is a written description for physical behavioral interventions and request the updates as needed to include this componet. Responsible Person: Area Director	01/20/2013	

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	<p>indicated he "required" staff supervision twenty-four hours a day. Client A's BDP indicated "Physical Assault: 1. Immediately approach [client A] and direct him to stop the assault or destruction, use a flat unemotional tone. 2. If he does not immediately stop, separate [client A] from who he is targeting and get yourself and others out of [client A's] immediate vicinity. 3. If [client A] pursues and reinitiates the physical assault or property destruction, use the minimum amount of physical guidance use PIA techniques necessary to stop the aggression/destruction, using agency approved physical intervention. 4. Stay between [client A] and others. Prompt him to engage in MST (definition unknown)...." Client A's record did not define PIA or MST. Client A's programs contained no behavior technique hierarchy for staff to employ for behavior management. Client A's programs contained no written definition of PIA and MST.</p> <p>On 12/20/12 at 12:10pm, the RM (Residential Manager) was interviewed. The RM indicated the QDDP (Qualified Developmental Disabilities Professional) was not available for interview. The RM indicated no documented evidence was available which described written physical interventions or PIA from least</p>			

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	<p>restrictive to most intrusive techniques staff were to employ for client A's behaviors. The RM stated, "I'm not sure what the MST stands for." The RM indicated client A's plan had not been updated since 1/2012.</p> <p>On 12/20/12 at 12:10pm, the facility's "Hierarchy of Physical Interventions" (PIA) was reviewed with the RM. The policy indicated, "6. Physical restraint (PR) refers to the application of physical force to prevent the person from harming him/herself or others. PR is not a therapeutic technique and is only utilized in emergency situations when everything else has failed. It may only be used for extreme behaviors." The RM stated "yes, PIA" was used for client A's behaviors and was not defined as a part of his written plan.</p> <p>This federal tag relates to complaint #IN00119477.</p> <p>9-3-5(a)</p>				