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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G264 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 09/03/2013 |
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| NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC | STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906 |
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| W000000 | <p>This visit was for an extended recertification and state licensure survey.</p> <p>Dates of survey: August 27, 28, 29, 30 and September 3, 2013.</p> <p>Facility Number: 000784 Provider Number: 15G264 AIMS Number: 100243500</p> <p>Surveyor: Claudia Ramirez, RN</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/23/13 by Ruth Shackelford, QIDP.</p> | W000000 | | |

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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| W000149 | <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 5 of 57 BDDS (Bureau of Developmental Disabilities Services) reports, the facility neglected to implement the facility's policy and procedure by neglecting to provide adequate supervision for 1 of 4 sampled clients (client #2) who choked, ingested foreign bodies and fell twice in the shower.</p> <p>Findings include:</p> <p>On 08/27/13 at 1:54 PM the facility's BDDS Reports, investigations and internal incident/accident reports were reviewed from 07/01/12 through 08/26/13 and indicated the following:</p> <p>1. 09/20/12: A BDDS report indicated, "[Client #2] stole lunch meat from the garage on 09/20/12 (sic) attempted to eat it and choked. Staff provided abdominal thrusts and [client #2] was fine."</p> <p>The Internal Investigation Report dated 09/21/12, indicated, "[Client #2] stole lunch meat from the garage on 09/20/12 attempted to eat it and choked. Staff provided abdominal thrusts and [client</p> | W000149 | <p>The facility develops and implements written policies and procedures that prohibit mistreatment, neglect or abuse of the client. The Program Director will review the supervision levels, and protocols relating to any and all risk issues, for each client, to ensure that supervision levels and protocols for any high risk issue remain current to client needs. If the supervision level of the client should change, the Program Director will request an IDT meeting to discuss interventions or changes necessary. The Program Director will revise protocols, as client needs may change, on an ongoing basis. If supervision levels, or high risk protocols require revision, the Program Director will revise protocols, high risk plans, individual support plans and training and submit to the Area Director for review. The Program Director will document any meetings, or plan revisions in the monthly review. The Program Director will retrain all of the staff in the home, to ensure that they understand and respond appropriately to client supervision levels and high risk protocols. Operations supervisors will conduct active treatment observations, at least once per</p> | 10/05/2013 |
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| | <p>#2] was fine...[Client #2] is on a mechanical soft diet with ground meat and nectar thickened liquids. He has a goal in place to prepare his food properly as well as a goal to discuss why he is on the specialized diet. [Client #2] is pretty aware of why he is on the specialized diet but will sometimes steal food that is improperly prepared anyway. Factual Findings: [Staff #11] had said that they were getting dinner ready around 4:15 pm and busy helping other residents. She stated that she did not hear the garage door alarm go off at this time but was very busy. [Staff #2] was assisting [client #8] with a shower around this time and was in the bathroom with him. [Staff #1] was passing medications and in the medication room. She was approached by [client #2] around 4:30 pm who signaled to her that he was choking. She administered abdominal thrusts and was able to get the object out. [Staff #12] was outside with another client at this time who was talking to her. Conclusion: It is likely that [client #2] stole food that caused him to choke since it was improperly prepared."</p> <p>Client #2's records were reviewed on 08/28/13 at 2:15 PM. Client #2's BSP (Behavior Support Plan) dated 08/15/12 indicated client #2 was to be in the line of sight of staff when he was around food.</p> | | <p>day, three days per week, to include at least one day on the weekend, to ensure that staff are providing the appropriate level of supervision necessary, to all clients, to ensure safety. Observations will remain at this frequency for the period of one month, to be re-evaluated on 11/23/13. At this time, it may be possible to reduce supervisory observations to one time per week, depending on the competency demonstrated by staff. This will be documented on the active treatment observation form. Active treatment observations will be reviewed by the next level supervisor, for any corrective action needed. Persons responsible: Area Director, Program Director, Home Manager Completion Date: 10/5/13</p> | | |

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| | <p>On 08/30/13 at 1:30 PM an interview was conducted with the Program Director (PD). The PD indicated client #2 was not being monitored according to his BSP, should not have gotten the lunch meat and eaten it, which resulted in him choking.</p> <p>2. 06/19/12: A BDDS report indicated, "...[Client #2] had taken some small plastic beads off of the cabinet and when staff questioned him he put the beads in his mouth and took a drink from the fountain. Staff spoke with [client #2] and asked what he had put in his mouth. [Client #2] said a pack of candy. Staff located a small plastic package with 1 green bead in it, near the water fountain. [Client #2] was informed that the package contained small beads, not candy. [Client #2] just smiled...."</p> <p>Client #2's records were reviewed on 08/28/13 at 2:15 PM. Client #2's BSP dated 08/15/12 indicated client #2's behaviors included stealing and eating inedible objects.</p> <p>On 08/30/13 at 1:30 PM an interview was conducted with the Program Director (PD). The PD indicated client #2 should not have been able to get and ingest the beads.</p> | | | | |

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| | <p>3. 07/11/12: A BDDS report indicated, "...[Client #2] was outside smoking and staff were a few feet away from him. [Client #2] began to dose (sic) off and staff prompted him to stay awake or possibly stop smoking...continued to dose (sic) off while smoking...[Client #2] then began to yell and staff saw that his pant leg was on fire and extinguished it for him. (Apparently while [client #2] was dozing off, he dropped part of his cigarette on his sock which in turn burned and started a fire)...took [client #2] to [medical facility name] to be checked out. While there, part of his lower leg was found to have second degree burns. The doctor...recommended that [client #2] come back the following day to have it re-evaluated...."</p> <p>The Internal Investigation Report dated 07/13/12 indicated, "[Client #2] is a smoker...has a protocol in place that staff will be outside with him and have a visual on him while he is smoking...Factual Findings: [Staff #1] stated that she was sitting by the fence in the backyard while [client #2] was smoking in the designated area in the back yard. She had noticed that [client #2] was 'dozing off' while he was smoking and prompted him that he would have to wake up or stop smoking. [Client #6] then came outside and began</p> | | | |

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| | <p>to talk to [staff #1]. She then heard [client #2] yell out '[staff #1] I'm on fire'...Conclusion: It is likely that during the time that [client #2] was falling asleep, that part of his cigarette fell off and landed on his sock which in turn caused his sock to catch fire."</p> <p>On 08/30/13 at 1:30 PM an interview was conducted with the Program Director (PD). The PD indicated staff failed to monitor client #2's smoking when she was interrupted by the client #6.</p> <p>4. 01/17/13: A BDDS report indicated, "[Client #2] was taking a shower and slipped causing him to fall out of the shower and hit his head on the toilet before staff could catch him. Staff assisted him up and saw that a small bump began to form on his head...[Client #2] was taken to [medical facility name] and examined...."</p> <p>04/17/13: A BDDS report indicated, "[Client #2] was drying off after his shower and slipped on the wet floor...His pinky finger was slightly red which disappeared over time...Staff were advised to ensure that the floor is dry when [client #2] gets out of the shower...."</p> <p>Client #2's records were reviewed on</p> | | | | | | |

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| | <p>08/28/13 at 2:15 PM. Client #2's record indicated client #2 was at risk for falls and has seizures. The seizure protocol indicated he was to be monitored in the bathroom to prevent falls.</p> <p>On 08/30/13 at 1:30 PM an interview was conducted with the Program Director (PD). The PD indicated staff failed to monitor client #2 in the bathroom on 01/17/13 and 04/17/13 and he should not have fallen.</p> <p>On 08/28/13 at 10:53 AM, a review of the facility's 04/2011 Policy of 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, evaluation and reducing risk to which individuals are exposed. Indiana MENTOR follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS: 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual...e. Failure to provide appropriate supervision, care</p> | | | | |

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| | <p>or training...Indiana MENTOR is committed to ensuring the individuals we serve are provided with a safe and quality living environment...."</p> <p>On 08/30/13 at 1:30 PM an interview was conducted with the Program Director (PD). The PD indicated staff failed to follow the policy/procedure as they failed to provide adequate supervision to client #2 when he choked, burned himself and fell twice.</p> <p>9-3-2(a)</p> | | | | |

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| W000263 | <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to obtain the health care representative (HCR) or guardian's (GU) approval before implementation of a Behavioral Support Plan for 4 of 4 sampled clients (clients #1, #2, #3 and #4) with restrictive programs.</p> <p>Findings include:</p> <p>1. Client #1's records were reviewed on 08/28/13 at 1:00 PM. Client #1's BSP dated 08/15/12 indicated client #1's behaviors included verbal abuse, property destruction/misuse, runs/wanders away, physical assault and extreme irritability. The BSP indicated he was on the following medications for the behaviors: Divalproex (mood disorder), Thioridazine (schizophrenia), Clonazepam (anxiety), Clomipramine (obsessive-compulsive disorder) and Benztropine (parkinsons). The BSP did not indicate written informed consent was obtained from client #1's GU for the BSP.</p> <p>On 08/30/13 at 1:30 PM an interview was</p> | W000263 | <p>The facility ensures that programs are conducted only with the written informed consent of the client, guardian or parents. The Area Director will retrain the Program Director on policy and procedure regarding program implementation and consent. This is to ensure that all program plans, for all clients receive written approval by the client, the guardian, or health care representative as applicable. The Area Director will review all plans requiring consent and implementation, at least one time per month, to ensure that documentation requiring consent is present and sufficient, in each client file. This level of review will continue for three months to ensure a pattern of compliance by the Program Director. After the period of three months, verification can then be reduced to quarterly. The Area Director will verify, at least quarterly, that all client programs and plans have the required signed consent. This will be documented on the Area Director checklist. Responsible Parties: Area Director, Program Director Completion Date: 10/5/13</p> | 10/05/2013 | |

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| | <p>conducted with the Program Director (PD). The PD indicated client #1's BSP was not signed by the GU.</p> <p>2. Client #2's records were reviewed on 08/28/13 at 2:15 PM. Client #2's BSP dated 08/15/12 indicated client #2's behaviors included physical assault, SIB (self-injurious behavior), resistance, runs/wanders away, verbal abuse, false medical complaint, suicide threat/gesture, false accusations, extreme irritability, stealing, temper outburst, depression and eating inedible objects. The BSP indicated he was on the following medications for the behaviors: Escitalopram (anxiety), Haloperidol (anti-psychotic), Clonazepam (anxiety) and Divalproex (mood discover). The BSP did not indicate written informed consent was obtained from client #2's HCR for the BSP.</p> <p>On 08/30/13 at 1:30 PM an interview was conducted with the Program Director (PD). The PD indicated client #2's BSP was not signed by the HCR.</p> <p>3. Client #3's records were reviewed on 08/29/13 at 12:03 PM. Client #3's BSP dated 07/05/12 indicated client #3's behaviors included resistance, physical assault, refusal to board/exit van, bossing, runs/wanders away. The BSP indicated</p> | | | | | | |

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| | <p>she was on the following medications for the behaviors: Olanzapine (psychotic mood disorder), Topiramate (bipolar disorder) and Mirtazapine (anti-depressant). The BSP did not indicate written informed consent was obtained from client #3's HCR for the BSP.</p> <p>On 08/30/13 at 1:30 PM an interview was conducted with the Program Director (PD). The PD indicated client #3's BSP was not signed by the HCR.</p> <p>4. Client #4's records were reviewed on 08/29/13 at 12:45 PM. Client #4's BSP dated 03/20/13 indicated client #4's behaviors included extreme irritability, temper outburst, physical assault and stealing. The BSP indicated she was on the following medications for the behaviors: Abilify (bipolar disorder), Cymbalta (anxiety) and Oxcarbazepine (bipolar disorder). The BSP did not indicate written informed consent was obtained from client #4's HCR for the BSP.</p> <p>On 08/30/13 at 1:30 PM an interview was conducted with the Program Director (PD). The PD indicated client #4's BSP was not signed by the HCR.</p> <p>9-3-4(a)</p> | | | | |

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| W000289 | <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.</p> <p>Based on record review and interview, the facility failed to clearly define the specific techniques utilized in the Behavior Support Plan (BSP) for 4 of 4 sample clients (clients #1, #2, #3 and #4), as a part of the clients' treatment plans.</p> <p>Findings include:</p> <p>1. Client #1's records were reviewed on 08/28/13 at 1:00 PM. Client #1's BSP dated 08/15/12 indicated client #1's behaviors included verbal abuse, property destruction/misuse, runs/wanders away, physical assault and extreme irritability. The BSP indicated, "...When [client #1] is in full scale aggression (challenging behavioral poses, threats physical safety, hits, kicks, punches): Use agency approved Hierarchy of Physical Intervention..." The plan failed to indicate and define specifically what techniques were to be used.</p> <p>On 08/30/13 at 1:30 PM an interview was conducted with the Program Director</p> | W000289 | <p>The facility uses systematic interventions to manage client behaviors. These interventions are incorporated into the client's individual program plan. The Program Director will consult with the behavior consultant, to determine which interventions, as outlined in the agency approved program, will be utilized. This will include a hierarchy of interventions to be uses. This will include which physical intervention should be used, to assist with the specific behaviors outlined in the BSP, for which a physical intervention might be necessary. The Program Director will consult with the behavior clinician monthly, to evaluate the need for physical intervention, on an ongoing basis. The Program Director will document any changes in the monthly review. All staff will be trained on client behavior plans, to include revisions made to specify what physical interventions are necessary, for each individual client. All staff are recertified in Physical Intervention Alternatives upon hire, and annually. Responsible Party: Program Director</p> | 10/05/2013 | | | |

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| | <p>(PD). The PD indicated client #1's BSP did not state and define the specific techniques for client #1.</p> <p>2. Client #2's records were reviewed on 08/28/13 at 2:15 PM. Client #2's BSP dated 08/15/12 indicated client #2's behaviors included physical assault, SIB (self-injurious behavior), resistance, runs/wanders away, verbal abuse, false medical complaint, suicide threat/gesture, false accusations, extreme irritability, stealing, temper outburst, depression and eating inedible objects. The BSP indicated, "...When [client #2] is in full scale aggression (challenging behavioral poses, threats physical safety, hits, kicks, punches): Use agency approved Hierarchy of Physical Intervention..." The plan failed to indicate and define specifically what techniques were to be used.</p> <p>On 08/30/13 at 1:30 PM an interview was conducted with the Program Director (PD). The PD indicated client #2's BSP did not state and define the specific techniques for client #2.</p> <p>3. Client #3's records were reviewed on 08/29/13 at 12:03 PM. Client #3's BSP dated 07/05/12 indicated client #3's behaviors included resistance, physical assault, refusal to board/exit van, bossing,</p> | | Date: 10/5/13 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G264 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 09/03/2013 | |
| NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906 | | | |
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| | <p>runs/wanders away. The BSP indicated, "...If [client #3] does not stop...use the minimum amount of physical guidance necessary to stop the aggression, following Indiana Mentor Physical Interventions Alternatives...and continue to use the agency-approved techniques until she is no longer assaultive...."</p> <p>On 08/30/13 at 1:30 PM an interview was conducted with the Program Director (PD). The PD indicated client #3's BSP did not state and define the specific techniques for client #3.</p> <p>4. Client #4's records were reviewed on 08/29/13 at 12:45 PM. Client #4's BSP dated 03/20/13 indicated client #4's behaviors included extreme irritability, temper outburst, physical assault and stealing. The BSP indicated, "...If she does immediately stop...use the least amount of physical guidance necessary to stop the behavior, following guidelines from Indiana Mentor Physical Interventions Alternatives...."</p> <p>On 08/30/13 at 1:30 PM an interview was conducted with the Program Director (PD). The PD indicated client #4's BSP did not state and define the specific techniques for client #4.</p> <p>9-3-5(a)</p> | | | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G264 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 09/03/2013 |
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| NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC | STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906 |
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| (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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