

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  10/01/2015
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W 0000  Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>This visit was done in conjunction with a PCR (Post Certification Revisit) to the investigation of complaint #IN00179045 completed on 8/28/15.</p> <p>This visit was done in conjunction with a PCR to a PCR to the investigation of complaint #IN00176248 completed on 7/1/15 which resulted in an Immediate Jeopardy.</p> <p>This visit was done in conjunction with a PCR to a PCR to the investigation of complaint #IN00171443 completed on 6/4/15.</p> <p>Dates of Survey: 9/22/15, 9/23/15, 9/24/15, 9/29/15 and 10/1/15</p> <p>Facility Number: 000980 Provider Number: 15G466 AIMS Number: 100244620</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/6/15.</p>	W 0000		

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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W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A received recommended speech therapy.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 9/23/15 at 9:15 AM. Client A's Appointment List form dated 1/1/15 through 9/21/15 indicated client A was referred to speech therapy by her primary care physician on 4/9/15. The undated Appointment List form indicated client A had a speech therapy evaluation on 4/17/15 with recommendations for 8 weeks of therapy, one time a week for 45 minutes.</p> <p>Client A's Appointment List form dated 1/1/15 through 9/21/15 did not indicate additional documentation of client A receiving speech therapy services after</p>	W 0104	<p>Program nurse will obtain a referral and schedule an appointment for Client A for speech therapy evaluation as recommended by her Primary Care Physician on 4/9/15.</p> <p>Program Nurse will receive retraining to include ensuring that all recommendations for follow up from any medical appointments are reviewed, scheduled and/or completed as needed as soon as possible after the medical appointment. Training will also include ensuring that if there are issues with a recommended appointment not being able to be scheduled due to Medicaid/Medicare approval then the Program Nurse will consult with the Area Director to determine if there are other means by which the appointment can be paid for so that the recommended appointment can be completed in a timely manner.</p> <p>Ongoing, the Program Nurse will</p>	10/31/2015

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	<p>the 4/17/15 recommendation.</p> <p>Client A's Medical Appointment form dated 4/17/15 indicated, "Speech and language were evaluated. [Client A] presented with articulation disorder and expressive and receptive language disorder. Recommend speech therapy for an 8 week trial, one time a week for 45 minutes."</p> <p>Client A's Monthly Health Review narrative note dated 6/4/15 indicated, "Speech therapy for 8 weeks per primary care physician referral and subsequent evaluation. [Speech Therapist] performed speech therapy evaluation on 4/17/15, determined diagnosis: articulation, expressive and receptive language disorders. Recommend speech therapy for 8 weeks/time/week (sic). Awaiting Medicaid approval for services at this time."</p> <p>Client A's Quarterly Nursing Assessment form narrative note dated 7/3/15 indicated, "Still awaiting Medicaid approval for speech therapy for 8 weeks."</p> <p>Client A's record did not indicate documentation of speech therapy services after the 4/17/15 recommendation.</p> <p>QIDP (Qualified Intellectual Disability</p>		<p>review all consumers' medical appointment forms within 48 hours of the appointment to determine if any follow up treatment is needed. If any follow up is needed the Program nurse will work with the Program Coordinator and/or QIDP to ensure that appointments are scheduled, medications are ordered, etc.</p> <p>Responsible Party: Program Nurse, Program Coordinator, QIDP</p>		

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W 0159 Bldg. 00	<p>Professional) #1 was interviewed on 9/23/15 at 12:32 PM. QIDP #1 indicated client A had not received additional speech therapy services since the 4/27/15 recommendations. QIDP #1 indicated the facility was awaiting Medicaid funding/approval to begin services.</p> <p>9-3-1(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 2 of 3 sampled clients (A and B), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients A and B's active treatment programs by failing to ensure client B had an current active treatment schedule and to revise client A's medication administration objective when client A met the objective's criteria for completion.</p> <p>Findings include:</p> <p>1. The QIDP failed to integrate, coordinate and monitor client B's active treatment programs by failing to ensure client B had an current active treatment</p>	W 0159	<p>1. The QIDP will be retrained on completing active treatment schedules a minimum of annually and more often as needed when consumers have changes in their day program status.</p> <p>The QIDP will complete an updated active treatment schedule for Client B.</p> <p>The QIDP will review active treatment schedules for all additional clients to ensure that they accurately address each client's needs and properly show the client's daily activities.</p> <p>Ongoing, the QIDP will ensure that each client's active treatment schedule is reviewed no less than quarterly by the team, and will</p>	10/31/2015

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	<p>schedule. Please see W250.</p> <p>2. The QIDP failed to integrate, coordinate and monitor client A's active treatment programs by failing to revise client A's medication administration objective when client A met the objective's criteria for completion. Please see W255.</p> <p>9-3-3(a)</p>		<p>make all changes necessary when needed.</p> <p>Responsible Party: QIDP</p> <p>2. An audit will be completed on all consumers' goals and objectives, including Client A, to assess level of completion. All goals and objectives that the consumer has successfully completed will be revised as needed to allow for further progress.</p> <p>The QIDP will receive retraining to include ensuring that all consumers goals and objectives are reviewed a minimum of monthly and assessed a minimum of quarterly to review level of completion. If consumers are successfully completing objectives, they will be revised as needed to allow for further progress.</p> <p>Ongoing, the QIDP will complete a formal monthly review of each consumer's goals and objectives to document goal progress. The QIDP will assess the consumers goal progress a minimum of quarterly to review the level of completion and make any changes to goals and objectives as necessary based on the consumers' needs and abilities. The Area Director will review the QIDP monthly reviews each month to ensure completion. The</p>		

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W 0250  Bldg. 00	<p>483.440(d)(2) PROGRAM IMPLEMENTATION</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B had an current active treatment schedule.</p> <p>Findings include:</p> <p>Client B was interviewed on 9/22/15 at 4:43 PM. Client B indicated she did not currently attend day services. Client B indicated she stayed home during the day and attended meetings and appointments with staff.</p>	W 0250	<p>Area Director will review the quarterly assessments for each consumer a minimum of quarterly to ensure that the QIDP is making changes to goals and objectives as needed based on the consumers level of goal completion as well as the consumers' needs and abilities. The Area Director will provide a list of monthly and quarterly dates of review to the QIDP for each consumer so that the QIDP is aware of what reports are needed each month.</p> <p>Responsible Party: QIDP, Area Director</p> <p>The QIDP will be retrained on completing active treatment schedules a minimum of annually and more often as needed when consumers have changes in their day program status.</p> <p>The QIDP will complete an updated active treatment schedule for Client B.</p> <p>The QIDP will review active treatment schedules for all additional clients to ensure that they accurately address each client's needs and properly show the client's daily activities.</p>	10/31/2015	

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W 0255 Bldg. 00	<p>Client B's record was reviewed on 9/23/15 at 10:39 AM. Client B's IDT (Interdisciplinary Team) form dated 8/25/15 indicated client B had been terminated from employment with her day services provider. Client B's ISP (Individual Support Plan) dated 7/10/15 indicated client B attended day services 3 days a week from 8 AM through 3 PM. Client B's record did not indicate documentation of an active treatment schedule to describe client B's active treatment program or updates/revisions since her 8/25/15 termination from day services.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 9/23/15 at 12:32 PM. QIDP #1 indicated client B's active treatment schedule should be updated to reflect client B's current active treatment needs and program.</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(i) PROGRAM MONITORING &amp; CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or</p>		<p>Ongoing, the QIDP will ensure that each client's active treatment schedule is reviewed no less than quarterly by the team, and will make all changes necessary when needed.</p> <p>Responsible Party: QIDP</p>	

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	<p>objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the QIDP (Qualified Intellectual Disabilities Professional) failed to revise client A's medication administration objective when client A met the objective's criteria for completion.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/23/15 from 6:15 AM through 8:00 AM. At 6:57 AM, client A self-administered her medications which included but were not limited to Byetta 5 microgram injection (Diabetes), Metformin 500 milligram tablet (Diabetes), Pogliatzone 30 milligram tablet (Diabetes) and Multivitamin (supplement). Client A was verbally prompted to take her medications. Client A independently identified and retrieved her medication supplies from the medication cabinet and medications stored in the refrigerator. Client A independently utilized/reviewed the MAR (Medication Administration Record) to identify her morning pills and then placed the prescribed dosage into a soufflé cup for administration. Client A signed the pharmacy package and the MAR and then independently checked</p>	W 0255	<p>An audit will be completed on all consumers' goals and objectives, including Client A, to assess level of completion. All goals and objectives that the consumer has successfully completed will be revised as needed to allow for further progress.</p> <p>The QIDP will receive retraining to include ensuring that all consumers goals and objectives are reviewed a minimum of monthly and assessed a minimum of quarterly to review level of completion. If consumers are successfully completing objectives, they will be revised as needed to allow for further progress.</p> <p>Ongoing, the QIDP will complete a formal monthly review of each consumers goals and objectives to document goal progress. The QIDP will assess the consumers goal progress a minimum of quarterly to review the level of completion and make any changes to goals and objectives as necessary based on the consumers' needs and abilities. The Area Director will review the QIDP monthly reviews each month to ensure completion. The Area Director will review the quarterly assessments for each consumer a minimum of quarterly to ensure that the QIDP is making changes to goals and objectives</p>	10/31/2015

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	<p>her blood glucose levels and recorded the results in the MAR. Client A independently sought privacy to administer her Byetta injection and completed her morning medication routine with minimal supervision and verbal cues from staff.</p> <p>Client A's record was reviewed on 9/23/15 at 9:15 AM. Client A's CFA (Comprehensive Functional Assessment) dated 3/25/15 indicated client A could independently seek help for injury or illness, self-care during menses, stay on her special diet, perform simple first aid on herself, use contraceptive devices and could take her own medications.</p> <p>Client A's ISP (Individual Support Plan) dated 4/6/15 indicated, "[Client A] is independent in the area of medication administration. [Client A] is able to identify medication times and what medication she needs to take. [Client A] will sign her own medication sheets and staff will watch her pass her medication."</p> <p>Client A's ISP dated 4/6/15 indicated, "[Client A] requires assistance to make doctors appointments, travel to them, relate information to doctors and receive correct information from doctors."</p> <p>Client A's ISP dated 4/6/15 indicated,</p>		<p>as needed based on the consumers level of goal completion as well as the consumers' needs and abilities. The Area Director will provide a list of monthly and quarterly dates of review to the QIDP for each consumer so that the QIDP is aware of what reports are needed each month.</p> <p>Responsible Party: QIDP, Area Director</p>		

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	<p>"Daily in the morning, [Client A], will punch out her medication with 1 or fewer VPs (Verbal Prompts) in 75% of the trials for three consecutive months." Client A's ISP dated 4/6/15 indicated client A's formal training objectives would be monitored monthly and quarterly for progression/regression of skills.</p> <p>Client A's Monthly Summary forms dated from January 2015 through August 2015 indicated the following levels of performance regarding client A's medication administration goal:</p> <ul style="list-style-type: none"> <li>-January 2015: 80%</li> <li>-February 2015: 85%</li> <li>-March 2015: 85%</li> <li>-April 2015: 85%</li> <li>-May 2015: 80%</li> <li>-June 2015: 80%</li> <li>-July 2015: 85%</li> <li>-August 2015: 90%</li> </ul> <p>Client A's record did not indicate documentation of goal revision upon completion of criteria and demonstrative performance of skill acquisition.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 9/23/15 at 12:32 PM. QIDP #1 indicated client A's goals should be revised when</p>			

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W 0327 Bldg. 00	<p>she meets the goal criteria. QIDP #1 indicated client A was capable of administering her own medications independently and her medication administration goal should be revised to reflect her current medication administration competency.</p> <p>9-3-4(a)</p> <p>483.460(a)(3)(iv) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</p> <p>Based on record review and interview for 2 of 3 sampled clients (A and B) the facility failed to ensure clients A and B received annual TB (Tuberculosis) testing, x-ray or symptom screenings.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 9/23/15 at 9:15 AM. Client A's TB testing form dated 7/12/14 indicated client A was tested for TB. Client A's record did not indicate documentation of additional testing, x-ray or screening for</p>	W 0327	<p>Program Nurse has scheduled a time to administer a new TB test for Clients A and B and will ensure documentation is available for review. Program Nurse will review all other consumers medical charts to determine if they are in compliance with having a TB test a minimum of annually and will administer additional TB tests as needed.</p> <p>Program Nurse will receive retraining on ensuring that all consumers receive a TB test a minimum of annually. If the consumers are not able to</p>	10/31/2015

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W 0331 Bldg. 00	<p>TB since the 7/12/14 test.</p> <p>2. Client B's record was reviewed on 9/23/15 at 10:39 AM. Client B's TB testing form dated 9/8/14 indicated client B was tested for TB. Client B's record did not indicate documentation of additional testing, x-ray or screening for TB since the 9/8/14 test.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 9/23/15 at 12:32 PM. QIDP #1 indicated clients A and B should be tested or screened for TB on an annual basis.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility nursing services failed to ensure client A's pharmacy packaging, medication protocol and MAR (Medication Administration Record) instructions for administration were reconciled for consistency in information and to ensure client A received recommended speech therapy.</p>	W 0331	<p>receive updated TB tests at their annual physicals, the Program Nurse will ensure that TB tests are administered to each client to ensure they receive a test annually.</p> <p>Ongoing, the Program Nurse will review all consumers medical charts a minimum of monthly to ensure that all consumers are in compliance with all necessary vaccinations including annual TB tests. If the consumers are not able to receive updated TB tests at their annual physicals, the Program Nurse will ensure that TB tests are administered to each client to ensure they receive a test annually.</p> <p>Responsible Party: Program Nurse</p> <p>1. Program Nurse has clarified with the PCP when Client A is to receive her Byetta injection relative to her consumption of food. Program Nurse has updated Client A Physician Orders and has requested that the Pharmacy update the Physician orders/medication administration record to match Client A Byetta injection information page so staff are clear when to assist Client A with</p>	10/31/2015	

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	<p>Findings include:</p> <p>1. Observations were conducted at the group home on 9/23/15 from 6:15 AM through 8:00 AM. At 6:57 AM, client A self-administered her medication which included but was not limited to Byetta 5 microgram injection (Diabetes). Client A's pharmacy packaging for the Byetta Injection did not specify when client A should receive her Byetta in relation to her consumption of food.</p> <p>Client A's record was reviewed on 9/23/15 at 9:15 AM.</p> <p>Client A's physician's orders form dated 9/11/15 indicated client A's medications included but were not limited to Byetta 5 microgram injection. Client A's physicians orders form dated 9/11/15 did not specify when client A should receive her Byetta in relation to her consumption of food.</p> <p>Client A's Byetta Pen Information form undated indicated, "Byetta is injected at any time within 1 hour before the two main meals of the day. Do not take Byetta after your meal."</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 9/23/15 at 12:32 PM. QIDP #1 indicated</p>		<p>administering her Byetta injection relative to her consumption of food.</p> <p>Program Nurse will receive retraining to include ensuring that all consumers pharmacy packaging, medication protocols and Medication Administration record instructions are reconciled for consistency of information.</p> <p>Ongoing, the Program Nurse will review each consumers Medication Administration Records, physician orders and pharmacy package labeling to ensure there is consistency of information so that staff are clear when to assist consumers with administering their medications.</p> <p>Responsible Party: Program Nurse</p> <p>2. Program nurse will obtain a referral and schedule an appointment for Client A for speech therapy evaluation as recommended by her Primary Care Physician on 4/9/15.</p> <p>Program Nurse will receive retraining to include ensuring that all recommendations for follow up from any medical appointments are reviewed, scheduled and/or completed as needed as soon as possible after the medical appointment. Training will also include ensuring that if there are</p>	

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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1926 W 75TH PL INDIANAPOLIS, IN 46260
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	<p>the facility nurse was not available for interview due to personnel illness. QIDP #1 indicated the administration information in client A's Byetta Information page and the pharmacy package and physician's orders form should match and describe when staff/client A should administer client A's Byetta injection.</p> <p>2. Client A's record was reviewed on 9/23/15 at 9:15 AM. Client A's Appointment List form dated 1/1/15 through 9/21/15 indicated client A was referred to speech therapy by her primary care physician on 4/9/15. The undated Appointment List form indicated client A had a speech therapy evaluation on 4/17/15 with recommendations for 8 weeks of therapy, one time a week for 45 minutes.</p> <p>Client A's Appointment List form dated 1/1/15 through 9/21/15 did not indicate additional documentation of client A receiving speech therapy services after the 4/17/15 recommendation.</p> <p>Client A's Medical Appointment form dated 4/17/15 indicated, "Speech and language were evaluated. [Client A] presented with articulation disorder and expressive and receptive language disorder. Recommend speech therapy for</p>		<p>issues with a recommended appointment not being able to be scheduled due to Medicaid/Medicare approval then the Program Nurse will consult with the Area Director to determine if there are other means by which the appointment can be paid for so that the recommended appointment can be completed in a timely manner.</p> <p>Ongoing, the Program Nurse will review all consumers' medical appointment forms within 48 hours of the appointment to determine if any follow up treatment is needed. If any follow up is needed the Program nurse will work with the Program Coordinator and/or QIDP to ensure that appointments are scheduled, medications are ordered, etc.</p> <p>Responsible Party: Program Nurse, Program Coordinator, QIDP</p>	

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	<p>an 8 week trial, one time a week for 45 minutes."</p> <p>Client A's Monthly Health Review narrative note dated 6/4/15 indicated, "Speech therapy for 8 weeks per primary care physician referral and subsequent evaluation. [Speech Therapist] performed speech therapy evaluation on 4/17/15, determined diagnosis: articulation, expressive and receptive language disorders. Recommend speech therapy for 8 weeks/time/week (sic). Awaiting Medicaid approval for services at this time."</p> <p>Client A's Quarterly Nursing Assessment form narrative note dated 7/3/15 indicated, "Still awaiting Medicaid approval for speech therapy for 8 weeks."</p> <p>Client A's record did not indicate documentation of speech therapy services after the 4/17/15 recommendation.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 9/23/15 at 12:32 PM. QIDP #1 indicated client A had not received additional speech therapy services since the 4/27/15 recommendations. QIDP #1 indicated the facility was awaiting Medicaid funding/approval to begin services. QIDP #1 indicated the facility nurse was not</p>			

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	available for interview due to personnel illness.  9-3-6(a)				