

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G618	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/05/2015
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032
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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 21, 22, 23, 25, 28, 29, 30, October 1, 2 and 5, 2015.</p> <p>Facility number: 001173 Provider number: 15G618 AIM number: 100235540</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report was completed by #09182 on 10/15/2015.</p>	W 0000		
W 0120  Bldg. 00	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based upon record review and interview for 1 of 4 sampled clients (client #2), the facility failed to ensure outside services immediately reported a fall resulting in</p>	W 0120	The Day Service supervisor completed a retraining with their staff about the need to ensure BDDS reportable incidents are	11/04/2015

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>injury to the administrator.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 9/21/15 at 4:20 PM and indicated the following:</p> <p>1. A BDDS report dated 6/22/15 indicated on 6/22/15, "staff noticed a bruise about 6 inches long and 2 inches wide on [client #2's] buttocks when helping him get his evening shower. Staff reported they did not notice that the bruise was there in the morning before he went to day program." The report indicated the incident would be investigated. A follow up report dated 8/14/15 indicated day services staff "reported that [client #2] did trip over another consumers (sic) wheelchair and fell getting rug burn on his hip and arm. [Day services] supervisor did report that [Day services] staff did not report the incident timely to the [day services] supervisor." Corrective action indicated "Will continue to work with [day services] staff to ensure timely reporting of incidents to Indiana Mentor staff so that issues/injuries can be assessed and taken care of timely." An attached investigation dated 7/24/15 indicated client #2's guardian contacted the police</p>		<p>reported to the appropriate parties timely so BDDS reports can be filed as needed.</p> <p>The QIDP will complete training with the Day Services supervisor on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>The QIDP will complete observations a minimum of monthly at the Day Service Provider for 3 months to ensure that Day Services are following all consumers ISP, BSP and program goals. Documentation will be completed for each visit and will be available for review.</p> <p>Ongoing, the QIDP will complete observations at Day Services a minimum of quarterly to ensure that Day Services are following all consumers ISP, BSP and program goals. Documentation will be completed for each visit and will be available for review.</p> <p>Addendum: <i>Ongoing, the QIDP will complete observations at Day Services a minimum of monthly to ensure</i></p>	

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	<p>regarding the incident and client #2 was taken to the doctor who indicated client #2's bruise was "probably an abrasion or friction burn without infection..." The conclusion indicated client #2 fell at day services, on 6/22/15 and "evidence does not support how [client #2] got the bruise."</p> <p>An incident report completed by day service staff dated 6/23/15 and follow up to the incident dated 6/23/15 was reviewed on 9/22/15 at 11:40 AM and indicated on 6/22/15 client #2 tripped and fell over a wheelchair on 6/22/15, and his fall was not reported until 6/23/15 to the administrator of day services or to the group home administrator.</p> <p>The Director of client #2's day service was interviewed on 9/22/15 at 11:35 AM and indicated the staff who had witnessed client #2's fall was new and had not reported the incident to her supervisor until the next day on 6/23/15 when client #2's group home staff asked about his bruising. She indicated staff had been retrained on the need to report incidents timely.</p> <p>9-3-1(a)</p>		<p><i>that Day Services are following all consumers ISP, BSP and program goals. Documentation will be completed for each visit and will be available for review.</i></p> <p>Responsible Party: Program Coordinator and QIDP</p>		

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W 0126 Bldg. 00	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based upon observation, record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4), and for 4 additional clients (clients #5, #6, #7 and #8), to encourage clients to participate in spending their money.</p> <p>Findings include:</p> <p>Client financial records and personal cash on hand were requested on 9/21/15 at 6:35 PM, but the PD (Program Director) indicated the money was unavailable because the house manager was not at work.</p>	W 0126	<p>A monthly activity calendar has been developed that includes opportunities for each consumer to have a scheduled community outing a minimum of once weekly. All direct care staff will receive retraining on ensuring community activity calendar is followed an all consumers are taken on community outings a minimum of once weekly. Training will also include ensuring that documentation of community outings is noted in each consumer Daily Support Record. Program Coordinator will ensure that petty cash funds are available for all consumers</p>	11/04/2015			

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	<p>Staff #1 was asked by the PD (Program Director) about available money for clients to spend and unlocked a closet and was able to find envelopes for client #6 with \$10.00 and for client #7 with \$5.00. There was no other money available for clients #1, #2, #3, #4, #5, #6, #7 and #8 to spend in the group home.</p> <p>The PD was interviewed on 9/21/15 at 6:40 PM and indicated money should be available for clients to use.</p> <p>Financial records for clients #2 and #4 were reviewed in the group home on 9/22/15 at 7:30 AM with the house manager/Program Coordinator (PC). Client #4 had \$33.88 cash on hand as indicated in a September, 2015 ledger. Client #2 had \$20.24 cash on hand as indicated in a September, 2015 ledger.</p> <p>The PC was interviewed on 9/22/15 at 7:30 PM and indicated staff did not have access to money unless through him and money was left in an accessible place for planned activities for clients. The PC indicated he and the PD audited the clients' money on a monthly basis.</p> <p>Financial records at the facility's office were reviewed on 9/29/15 at 1:30 PM. Ledgers for cash on hand for clients #1,</p>		<p>scheduled outings as needed and accessible to staff for use for designated outings.</p> <p>Ongoing, Program Coordinator will submit next month's Community activity calendar to QIDP for review by the 25th of the previous month. QIDP will ensure that all consumers are scheduled for opportunities for community outings a minimum of weekly. Program Coordinator and/or QIDP will review consumer Daily Support Records minimum of weekly to ensure community outings are occurring and are being documented in DSRs as directed.</p> <p>Program Coordinator will ensure that all receipts from community outings are recorded a minimum of weekly to ensure an accurate balance is always maintained. For 4 weeks, the QIDP will complete an audit of all consumers finance a minimum of weekly to ensure that consumers have money available for them to use on community outings as needed and all transactions are being recorded.</p> <p>Ongoing after the first 4 weeks, the QIDP will complete an audit of all consumers finance a</p>		

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	<p>#2, #3 and #4 from July, 2015-January, 2015 indicated client #4 had \$33.88 with no expenditures during the period. Client #1 spent \$24.60 on 7/14/15 and had 36.77 from January, 2015-July 14, 2015 with no expenditures. Client #2 had \$24.69 from 2/15-6/21/15 and had no evidence of spending money during the period. Client #2 spent \$4.49 on 6/21/15 and spent no money in July, 2015. Client #3 spent \$3.34 in February, 2015 and \$10.70 in July, 2015, and had no evidence of spending money in March, April, May and June, 2015.</p> <p>The PD was interviewed on 9/29/15 at 12:28 PM and indicated the PC was attempting to arrange more opportunities for utilizing spending money.</p> <p>9-3-2(a)</p>		<p>minimum of monthly to ensure that consumers have money available for them to use on community outings as needed and all transactions are being recorded.</p> <p>Responsible party: QIDP, Program Coordinator</p>	

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W 0136  Bldg. 00	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based upon observation, record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4), to ensure opportunities for community activities were provided on a regular basis.</p> <p>Findings included:</p> <p>During observations on 9/21/15 from 5:35 PM until 6:55 PM, clients #1, #2, #3 and #4 remained in the group home. Client #2 asked to go for a walk twice during the observation.</p> <p>The house manager/Program Coordinator (PC) was interviewed on 9/22/15 at 7:30 AM. When asked about activities in the community, he indicated clients participated in activities in the community mainly on weekends. He indicated the activities were documented in daily support records, but were also evidenced by weekend notes he gave to staff and a monthly calendar.</p>	W 0136	<p>A monthly activity calendar has been developed that includes opportunities for each consumer to have a scheduled community outing a minimum of once weekly. All direct care staff will receive retraining on ensuring community activity calendar is followed an all consumers are taken on community outings a minimum of once weekly. Training will also include ensuring that documentation of community outings is noted in each consumers Daily Support Record. Program Coordinator will ensure that petty cash is available for all consumers scheduled outings as needed.</p> <p>Ongoing, Program Coordinator will submit next month's Community activity calendar to QIDP for review by the 25th of the previous month. QIDP will ensure that all consumers are scheduled for opportunities for community outings a minimum of weekly. Program Coordinator</p>	11/04/2015	

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	<p>Weekend notes to staff given by the PC and an activity calendar were reviewed on 9/22/15- at 8:00 AM. A note for the weekend of 6/13, 14, 15/15 indicated "If the weather permits, take the clients out for a van ride or the park. I encourage you to get some, if not all the clients out of the house at some point...Some clients have limited funds at the moment so I will not be leaving money for all the clients this weekend...." For the weekend of 6/27, 28, 29/15, clients #3 and #4 were to attend a county fair on 6/27/15 and on 6/28/15 all clients were to go to the park. An August, 2015 activity calendar indicated a visit to a children's museum was scheduled on 8/6/15. There was no evidence of which clients were to attend or of documentation of their attendance and/or of response to the activities.</p> <p>The Program Director (PD) was interviewed on 9/29/15 at 12:28 PM and indicated the PC was attempting to arrange more opportunities for community activities.</p> <p>9-3-2(a)</p>		<p>and/or QIDP will review consumer Daily Support Records minimum of weekly to ensure community outings are occurring and are being documented in DSRs as directed.</p> <p>Responsible party: QIDP, Program Coordinator</p>		

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W 0137  Bldg. 00	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based upon observation and interview, the facility failed for 1 of 4 sampled clients (client #2), and for 1 additional client (client #5), to promote dignity by failing to ensure they wore clothing that fit appropriately.</p> <p>Findings include:</p> <p>During observations on 9/21/15 from 5:35 PM until 6:55 PM, client #2 wore shorts that hung down to mid calf and exposed his undergarments. Client #5 wore jeans that dragged on the floor and exposed her undergarments when she raised her arms.</p> <p>The Area Director was interviewed on 10/2/15 at 1:17 PM and indicated clients should wear clothing that fits.</p> <p>9-3-2(a)</p>	W 0137	<p>All direct care staff will receive retraining on client dignity including ensuring that all consumers are wearing weather appropriate clothing and clothing that fits appropriately.</p> <p>Program Coordinator and/or QIDP will complete observations a minimum of twice weekly for 4 weeks to ensure that all consumers are wearing weather appropriate clothing and clothing that fits appropriately. Ongoing, after the 4 weeks the Program Coordinator and/or QIDP will complete observations a minimum of weekly to ensure that all consumers are wearing weather appropriate clothing and clothing that fits appropriately.</p> <p>Responsible party; Program Coordinator, QIDP</p>	11/04/2015	

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W 0148  Bldg. 00	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &amp; The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based upon record review and interview, the facility failed for 1 of 4 sampled clients (client #1), and 1 additional client (client #5), to ensure their family members/legal representatives were notified of significant events.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 9/21/15 at 4:20 PM and indicated the following:</p> <p>1. A BDDS report dated 9/11/15 indicated client #5 was found with quarter sized bruises. "It was reported to the Program Coordinator (PC) that the client had several behaviors the day before and that the bruises could be from that." The report was marked "N/A" (not</p>	W 0148	<p>Program Coordinator and QIDP will be retrained on the need to ensure that all consumers' parents and/or guardians are notified within 24 hours of any significant incidents or changes in consumers' conditions, including anytime there are injuries, falls, client to client aggression or emergency room visits.</p> <p>Ongoing, Program Coordinator and/or QIDP will notify all consumers' parents and/or guardians within 24 hours of any significant incidents or changes in consumers' condition. When completing paperwork for consumer incidents, the QIDP will work with the Program Coordinator to ensure that they have notified guardians of significant incidents or changes in the consumers' condition and if the PC has not done this, the QIDP will ensure it is completed. The Area Director will review all incident</p>	11/04/2015	

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	<p>applicable) in the section to indicate the guardian had not been notified of the incident.</p> <p>2. A BDDS report dated 8/6/15 indicated client #1 scratched day service client #1 on the neck requiring first aid. The report was marked "N/A" (not applicable) in the section to indicate the guardian had not been notified of the incident. An attached investigation dated 8/6/15-8/7/15 indicated client #1 "grabbed [day service client #1] at the neck and began scratching him."</p> <p>3. A BDDS report dated 8/13/15 indicated client #1 "walked up to [day services client #1] and was trying to choke him. [Day services client #1] in return leaned over and bit [client #1] on the arm. Bite was cleaned and ointment applied." The report was marked "N/A" (not applicable) in the section to indicate the guardian had not been notified of the incident.</p> <p>Client #1's record was reviewed on 9/28/15 at 2:22 PM and indicated he had a guardian.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional)/Program Director (PD) was interviewed on 9/29/15 at 12:28 PM and indicated there</p>		<p>reports to ensure that documentation of guardian notification is listed as needed.</p> <p>Responsible party: Program Coordinator, QIDP, Area Director</p>		

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W 0149 Bldg. 00	<p>was no evidence client #1's or client #5's family members or legal representatives had been notified of the incidents involving them. The PD indicated client #5 had a family member/guardian to assist her in making decisions, but the guardian inconsistently responded to correspondence and frequently changed her phone number. The PD indicated client #1's family was not involved in client #1's life.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p>			

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	<p>Based upon record review and interview, the facility failed for 2 of 4 sampled clients (clients #1 and #2), to ensure its policy and procedure to protect clients from abuse, neglect and mistreatment was implemented. The facility failed to immediately report to the administrator an injury of unknown origin involving client #1. The facility failed to ensure investigations were completed for an injury of unknown origin for client #1. The facility failed to ensure the results of an investigation into bruises of unknown origin involving client #2 was completed within 5 working days. The facility failed to ensure corrective action was developed and implemented to address physical aggression resulting in injury to client #1.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 9/28/15 at 2:22 PM and indicated an incident dated 8/19/15 at 6:00 AM "There was a little scrape over [client #1's] right eye, when I woke him up for shower this morning." The report indicated a supervisor, who no longer worked for the facility and did not work for the facility on 8/19/15, was notified on 8/19/15 at 7:30 AM. There was no evidence the injury was reported to the administrator or to BDDS/Bureau of Developmental Disabilities Services.</p> <p>The Area Director (AD) was interviewed on 9/28/15 at 4:48 PM and indicated client #1's injury above his eye should have been reported to the administrator so it could be reported and investigated.</p> <p>2. The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 9/21/15 at 4:20 PM and indicated the following:</p>	W 0149	<p>1. All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>The Program Coordinator will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the QIDP so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Program Coordinator and/or QIDP will review the DSRs and Behavior tracking records a minimum of twice weekly for 4 weeks to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, QIDP and/or Area Director within the designated reporting guidelines. After the 4 weeks the Program Coordinator and/or QIDP will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, QIDP and/or Area Director within</p>	11/04/2015			

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	<p>A BDDS report dated 6/22/15 indicated on 6/22/15, "staff noticed a bruise about 6 inches long and 2 inches wide on [client #2's] buttocks when helping him get his evening shower. Staff reported they did not notice that the bruise was there in the morning before he went to day program." The report indicated the incident would be investigated. A follow up report dated 8/14/15 indicated day services staff "reported that [client #2] did trip over another consumers (sic) wheelchair and fell getting rug burn on his hip and arm. [Day services] supervisor did report that [Day services] staff did not report the incident timely to the [day services] supervisor." Corrective action indicated "Will continue to work with [day services] staff to ensure timely reporting of incidents to Indiana Mentor staff so that issues/injuries can be assessed and taken care of timely." An attached investigation dated 7/24/15 indicated client #2's guardian contacted the police regarding the incident and client #2 was taken to the doctor who indicated client #2's bruise was "probably an abrasion or friction burn without infection...." The conclusion indicated client #2 fell at day services, on 6/22/15 and "evidence does not support how [client #2] got the bruise."</p> <p>The Area Director was interviewed on 10/2/15 at 1:10 PM and indicated the investigation into the injury of bruises involving client #2 was not completed within 5 business days.</p> <p>3. A BDDS report dated 8/6/15 indicated client #1 scratched day service client #1 on the neck requiring first aid. An attached investigation dated 8/6/15-8/7/15 indicated client #1 "grabbed [day service client #1] at the neck and began scratching him." Corrective action indicated "Continue to follow the behavior</p>		<p>the designated reporting guidelines.</p> <p>1. The QIDP will receive retraining on investigations including ensuring that all reports of injuries of unknown origin for consumers are investigated, investigations are completed thoroughly and accurately and all investigations are reported to the administrator or designee the results within 5 work days.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Quality Assurance Specialist. If the investigations are not thorough enough the Quality Assurance Specialist will provide immediate feedback to the QIDP and necessary changes will be made.</p> <p>1. Client #1's Behavior Support Plan has revised to include the behaviors of scratching others and attempting to choke others in the targeted behaviors section.</p> <p>The QIDP will be retrained on reviewing the BSP to ensure that all targeted behaviors that are observed are included in consumers Behavior Support Plans and methods for addressing</p>		

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	<p>support plan." There was no evidence of other corrective action taken.</p> <p>4. A BDDS report dated 8/13/15 indicated client #1 "walked up to [day services client #1] and was trying to choke him. [Day services client #1] in return leaned over and bit [client #1] on the arm. Bite was cleaned and ointment applied." Corrective action indicated "Continue to follow the behavior support plan." An attached investigation dated 8/13/15 and 8/14/15 indicated recommendations "...retrain all staff on supervision, redirection and following Behavior Plans of all clients to prevent incidents from occurring during Day Programs." There was no evidence of staff retraining.</p> <p>Client #1's record was reviewed on 9/28/15 at 2:22 PM. A Behavior Support Plan dated May, 2015 indicated target behaviors of stealing food, vacating and aggressive play. The plan indicated client #1 was to be within eyesight at all times due to vacating behavior and closely monitored when showing signs of agitation. An undated "Visual Monitoring for [client #1]" indicated a handwritten note at the bottom of the page "Monitor him at all times when around other individuals. Make sure he doesn't grab anyone's neck or any other body part."</p> <p>The AD was interviewed on 9/28/15 at 4:48 PM and indicated the Program Director (PD) would provide corrective action regarding the incidents of client #1's physical aggression including staff training. No evidence of staff retraining or other corrective action was provided in regards to the incidents involving client #1.</p> <p>The facility's policy Quality and Risk Management dated 4/2011 was reviewed on 9/23/15 at 5:15 P.M. and indicated "Indiana</p>		<p>targeted behaviors are also included.</p> <p>Ongoing, the QIDP will work with the interdisciplinary teams to ensure that each clients targeted behaviors and methods to address are included in their Behavior Support Plans.</p> <p>Ongoing, all Behavior Support Plans will be reviewed by the Area Director and/or Quality Assurance Manager, to ensure accuracy and to ensure that all areas of need are met for each client.</p> <p>1. A time has been scheduled for the QIDP to complete training of Day Services staff as previously recommended by the investigation for the incident on 8/13/15. QIDP received a record of discussion for not competing recommendations outlined in the investigation.</p> <p>Area Director will review all investigations and recommendations and ensure that recommendations are completed within a timely manner and documentation verifying completion of recommendations will be forwarded to Quality Assurance Specialist.</p> <p>Ongoing, Quality Assurance Specialist will track documentation</p>				

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	Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying evaluating and reducing risk to which individuals are exposed... B.1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported...as applicable. The provider shall suspend staff involved in an incident from duty pending investigation by the provider. This may include: ...e. Failure to provide appropriate supervision, care or training; ... 4...h. Injury to an individual when the origin or cause of the injury is unknown and could be indicative of abuse, neglect or exploitation; i. Injury to an individual when the origin or cause of the injury is unknown and the injury required medical evaluation or treatment. j. A significant injury to an individual, including; (1) A fracture; ... (4) Bruises larger then three inches in any direction or pattern of bruises or contusions regardless of size; (5) Any occurrence of skin breakdown related to decubitus ulcer regardless of severity; (6) Contusions or lacerations which require more than basic first aid; (7) Any injury requiring more than first aid; (8) Any puncture wound penetrating the skin, including human or animal bites; or (9) Any pica ingestion requiring more than first aid. l. A fall resulting in injury, regardless of severity of injury...p. Inadequate staff support for an individual, including inadequate supervision, with the potential for: (1) Significant harm or injury to an individual; or (2) Death of an individual; q. Inadequate medical support for an individual, including failure to obtain: 1. Necessary medical services; 2. Routine dental or physician services; ... 4. An incident shall be reported by a provider or an employee or agent who: (a) Is providing services to the		for completion of recommendations and will notify Area Director of any outstanding items so they can be followed up on.  Responsible Party: Program Coordinator, QIDP, Quality Assurance Specialist, Area Director		

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	<p>individual at the time of the incident. (b). Becomes aware of or receives information about an alleged incident. 5. An initial report regarding an incident shall be submitted within twenty-four hours of: (a) the occurrence of the incident; or (b) the reporter becoming aware of or receiving information about an incident. The Program Director, who serves as the QMRP (Qualified Mental Retardation Professional), shall submit a follow-up report concerning the incident on the BDDS's follow-up incident report form at the following times: (a). Within seven days of the date of the initial report; (b). Every seven days thereafter until the incident is resolved; (c). All information required to be submitted to the BDDS shall also be submitted to the provider of case management services to the individual... 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 employee. 1. Investigation findings will be submitted to the Area Director for review and development of further recommendations as needed within 5 days of the incident."</p> <p>9-3-2(a)</p>			

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W 0153 Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based upon record review and interview for 1 of 4 sampled clients (client #1), the facility failed to immediately report to the administrator injuries of unknown origin and/or as a result of falls involving client #1.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 9/28/15 at 2:22 PM and indicated an incident dated 8/19/15 at 6:00 AM "There was a little scrape over [client #1's] right eye, when I woke him up for</p>	W 0153	<p>All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>The Program Coordinator will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to</p>	11/04/2015	

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W 0154	<p>shower this morning." The report indicated a supervisor, who no longer worked for the facility and did not work for the facility on 8/19/15, was notified on 8/19/15 at 7:30 AM. There was no evidence the injury was reported to the administrator or to the Bureau of Developmental Disabilities Services (BDDS).</p> <p>The facility's reports to BDDS were reviewed on 9/21/15 at 4:20 PM and failed to indicate a report of the injury found on client #1 on 8/19/15.</p> <p>The Area Director was interviewed on 9/28/15 at 4:48 PM and indicated client #1's injury above his eye should have been reported to the administrator so it could be addressed.</p> <p>9-3-2(a)</p>		<p>the QIDP so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Program Coordinator and/or QIDP will review the DSRs and Behavior tracking records a minimum of twice weekly for 4 weeks to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, QIDP and/or Area Director within the designated reporting guidelines. After the 4 weeks the Program Coordinator and/or QIDP will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, QIDP and/or Area Director within the designated reporting guidelines.</p> <p>Responsible Party: Program Coordinator, QIDP, Area Director</p>		
	483.420(d)(3)				

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Bldg. 00	<p><b>STAFF TREATMENT OF CLIENTS</b></p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based upon record review and interview, the facility failed to ensure investigations were completed for injuries of unknown origin for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 9/28/15 at 2:22 PM and indicated an incident dated 8/19/15 at 6:00 AM "There was a little scrape over [client #1's] right eye, when I woke him up for shower this morning." The report indicated a supervisor, who no longer worked for the facility and did not work for the facility on 8/19/15, was notified on 8/19/15 at 7:30 AM. There was no evidence the injury was investigated.</p> <p>The Area Director was interviewed on 9/28/15 at 4:48 PM and indicated client #1's injury above his eye should have been reported to the administrator so it could be addressed and investigated.</p> <p>The Area Director was interviewed on 9/28/15 at 4:48 PM and indicated the incident was not investigated.</p> <p>9-3-2(a)</p>	W 0154	<p>The QIDP will receive retraining on investigations including ensuring that all reports of injuries of unknown origin for consumes are investigated, investigations are completed thoroughly and accurately and all investigations are reported to the administrator or designee the results within 5 work days.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Quality Assurance Specialist. If the investigations are not thorough enough the Quality Assurance Specialist will provide immediate feedback to the QIDP and necessary changes will be made.</p> <p>Responsible Party: QIDP, Quality Assurance Specialist, Area Director</p>	11/04/2015	

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W 0156 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based upon record review and interview, the facility failed to ensure for 1 of 4 sampled clients (client #2), the results of an investigation into bruises of unknown origin was completed within 5 working days.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 9/21/15 at 4:20 PM and indicated the following:</p> <p>A BDDS report dated 6/22/15 indicated on 6/22/15, "staff noticed a bruise about 6 inches long and 2 inches wide on</p>	W 0156	<p>The QIDP will receive retraining on investigations including ensuring that all reports of injuries of unknown origin for consumes are investigated, investigations are completed thoroughly and accurately and all investigations are reported to the administrator or designee the results within 5 work days.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Quality Assurance Specialist. If the investigations are not thorough enough the Quality</p>	11/04/2015

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	<p>[client #2's] buttocks when helping him get his evening shower. Staff reported they did not notice that the bruise was there in the morning before he went to day program." The report indicated the incident would be investigated. A follow up report dated 8/14/15 indicated day services staff "reported that [client #2] did trip over another consumers (sic) wheelchair and fell getting rug burn on his hip and arm. [Day services] supervisor did report that [Day services] staff did not report the incident timely to the [day services] supervisor." Corrective action indicated "Will continue to work with [day services] staff to ensure timely reporting of incidents to Indiana Mentor staff so that issues/injuries can be assessed and taken care of timely."</p> <p>An attached investigation dated 7/24/15 indicated client #2's guardian contacted the police regarding the incident and client #2 was taken to the doctor who indicated client #2's bruise was "probably an abrasion or friction burn without infection..." The conclusion indicated client #2 fell at day services, on 6/22/15 and "evidence does not support how [client #2] got the bruise."</p> <p>The Area Director was interviewed on 10/2/15 at 1:10 PM and indicated the investigation into the injury of bruises</p>		<p>Assurance Specialist will provide immediate feedback to the QIDP and necessary changes will be made.</p> <p>Responsible Party: QIDP, Quality Assurance Specialist, Area Director</p>	

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W 0157  Bldg. 00	<p>involving client #2 was not completed within 5 business days.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based upon record review and interview, the facility failed for 1 of 4 sampled clients (client #1), to ensure corrective action was developed and implemented to address physical aggression resulting in injury to client #1.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 9/21/15 at 4:20 PM and indicated the following:</p> <p>A BDDS report dated 8/6/15 indicated client #1 scratched day service client #1 on the neck requiring first aid. An attached investigation dated</p>			W 0157	<p>A time has been scheduled for the QIDP to complete training of Day Services staff as previously recommended by the investigation for the incident on 8/13/15. QIDP received a record of discussion for not competing recommendations outlined in the investigation.</p> <p>Area Director will review all investigations and recommendations and ensure that recommendations are completed within a timely manner and documentation verifying completion of recommendations will be forwarded to Quality Assurance Specialist.</p> <p>Ongoing, Quality Assurance Specialist will track documentation for completion of recommendations and will notify Area Director of any</p>		11/04/2015

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	<p>8/6/15-8/7/15 indicated client #1 "grabbed [day service client #1] at the neck and began scratching him." Corrective action indicated "Continue to follow the behavior support plan." There was no evidence of other corrective action taken.</p> <p>A BDDS report dated 8/13/15 indicated client #1 "walked up to [day services client #1] and was trying to choke him. [Day services client #1] in return leaned over and bit [client #1] on the arm. Bite was cleaned and ointment applied." Corrective action indicated "Continue to follow the behavior support plan." An attached investigation dated 8/13/15 and 8/14/15 indicated recommendations "...retrain all staff on supervision, redirection and following Behavior Plans of all clients to prevent incidents from occurring during Day Programs." There was no evidence of staff retraining.</p> <p>Client #1's record was reviewed on 9/28/15 at 2:22 PM. A Behavior Support Plan dated May, 2015 indicated target behaviors of stealing food, vacating and aggressive play. The plan indicated client #1 was to be within eyesight at all times due to vacating behavior and closely monitored when showing signs of agitation. An undated "Visual Monitoring for [client #1]" indicated a handwritten</p>		<p>outstanding items so they can be followed up on.</p> <p>Responsible Party: Program Coordinator, QIDP, Quality Assurance Specialist, Area Director</p>	

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W 0159 Bldg. 00	<p>note at the bottom of the page "*Monitor him at all times when around other individuals. Make sure he doesn't grab anyone's neck or any other body part."</p> <p>The AD/Area Director was interviewed on 9/28/15 at 4:48 PM and indicated the PD/Program Director would provide corrective action regarding the incidents of client #1's physical aggression including staff training. No evidence of staff retraining or other corrective action was provided in regards to the incidents involving client #1.</p> <p>9-3-2(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 upon record review, observation and interview the facility's Qualified Intellectual Disabilities Professional</p>	W 0159	1.The QIDP will receive retraining on group home and day service observation expectations. Group	11/04/2015

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	<p>(QIDP) failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4), and for 4 additional clients (clients #5, #6, #7 and #8), to ensure plans were developed to address clients' needs and failed to coordinate and monitor program implementation across settings. The QIDP failed to develop and implement corrective action to address physically aggressive behavior resulting in bites and injury involving client #1. The QIDP failed to ensure family members/guardians were notified of significant events (clients #1 and #5). The QIDP failed to ensure plans were complete to address client behaviors (clients #1 and #3). The QIDP failed to obtain guardian/legal representatives written, informed consent for plans to address behavior which included restrictive interventions (clients #1 and #2). The QIDP failed to identify and address by developing a plan for the use of psychotropic medication and restraint for client #3 during dental procedures. The QIDP failed to include clients #1 and #2's guardians in the Individual Support Plan/ISP. The QIDP failed to have client #3's communication needs reassessed. The QIDP failed to ensure clients #1, #2, #3, and #4 attended therapeutic community activities and accessed their spending money.</p>		<p>home observations are recommended a minimum of weekly and required a minimum of every two weeks. Day service observations are recommended a minimum of monthly and required a minimum of quarterly. Training will include ensuring that documentation is available for review of QIDP visits both to the group home and day services.</p> <p>Addendum: <i>Group home observations are required a minimum of weekly. Day service observations are required a minimum of monthly. Training will include ensuring that documentation is available for review of QIDP visits both to the group home and day services.</i></p> <p>Ongoing, the QIDP will complete group home and day services observations as required above and provide documentation of visits to Area Director for review.</p> <p>1.A monthly activity calendar has been developed that includes opportunities for each consumer to have a scheduled community outing a minimum of once weekly. All direct care staff will receive retraining on ensuring community activity calendar is followed an all consumers are taken on community outings a minimum of once weekly. Training will also include ensuring that documentation of</p>		

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	<p>Findings include:</p> <p>1. During observations at the day services on 9/22/15 from 11:25 AM until 12:15 PM, for clients #2 and #3, clients #2 and #3 engaged in table activities.</p> <p>A record of QIDP (Qualified Intellectual Disabilities Professional) observations at the group home and day services to observe for program implementation were reviewed on 9/29/15 at 10:30 AM. There was documentation the QIDP made visits to the group home on 9/16/15, 8/12/15, 7/7/15, 5/13/15, 4/20/15 and 1/19/15. There was no record of visits to the 4 day services clients #1, #2, #3, #4, #5, #6, #7 and #8 attended.</p> <p>The Area Director was interviewed on 9/29/15 at 10:45 AM and indicated the facility's expectation was for QIDP visits to the home to be once weekly.</p> <p>The Director of day services was interviewed on 10/2/15 at 11:50 AM and stated visits by the QIDP were "occasional."</p> <p>2. The QIDP failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) to encourage clients to participate in spending money. Please see W126.</p>		<p>community outings is noted in each consumer Daily Support Record. Program Coordinator will ensure that petty cash funds are available for all consumers scheduled outings as needed and accessible to staff for use for designated outings.</p> <p>Ongoing, Program Coordinator will submit next month's Community activity calendar to QIDP for review by the 25th of the previous month. QIDP will ensure that all consumers are scheduled for opportunities for community outings a minimum of weekly. Program Coordinator and/or QIDP will review consumer Daily Support Records minimum of weekly to ensure community outings are occurring and are being documented in DSRs as directed.</p> <p>Program Coordinator will ensure that all receipts from community outings are recorded a minimum of weekly to ensure an accurate balance is always maintained. For 4 weeks, the QIDP will complete an audit of all consumers finance a minimum of weekly to ensure that consumers have money available for them to use on community outings as needed and all transactions are</p>		

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	<p>3. The QIDP failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) to ensure opportunities for therapeutic community activities were provided on a regular basis. Please see W136.</p> <p>4. The QIDP failed for 1 of 4 sampled clients (client #1) and 1 additional client (client #5) to ensure their family members/legal representatives were notified of significant events. Please see W148.</p> <p>5. The QIDP failed for 1 of 4 sampled clients (client #1) to ensure corrective action was developed and implemented to address physical aggression resulting in injury to client #1. Please see W157.</p> <p>6. The QIDP failed for 2 of 4 sampled clients (clients #1 and #2) to ensure participation by guardians/health care representatives in their annual Individual Support Plan (ISP) meetings. Please see W209.</p> <p>7. The QIDP failed to ensure for 1 of 4 sampled clients (client #3) to ensure accurate assessments or reassessments were completed of his needs in communication skills. Please see W210.</p> <p>8. The QIDP failed for 1 of 4 sampled</p>		<p>being recorded.</p> <p>Ongoing after the first 4 weeks, the QIDP will complete an audit of all consumers finance a minimum of monthly to ensure that consumers have money available for them to use on community outings as needed and all transactions are being recorded.</p> <p>1. A monthly activity calendar has been developed that includes opportunities for each consumer to have a scheduled community outing a minimum of once weekly. All direct care staff will receive retraining on ensuring community activity calendar is followed an all consumers are taken on community outings a minimum of once weekly. Training will also include ensuring that documentation of community outings is noted in each consumers Daily Support Record. Program Coordinator will ensure that petty cash is available for all consumers scheduled outings as needed.</p> <p>Ongoing, Program Coordinator will submit next month's Community activity calendar to QIDP for review by the 25th of the previous month. QIDP will ensure that all consumers are</p>	

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	<p>clients (client #1) to address his physically aggressive behavior in a plan. Please see W227.</p> <p>9. The QIDP failed for 3 of 4 sampled clients (clients #1, #2 and #3) to identify specific activities as referenced in the clients' Behavior Support Plans (BSP) to address behavior plan replacement behaviors. Please see W240.</p> <p>10. The QIDP failed for 3 of 4 sampled clients (clients #1, #2 and #4) to ensure guardian/health care representative consent was obtained for their behavior support plans (BSPs). Please see W263.</p> <p>11. The QIDP failed to incorporate the use of pre-sedation medication and mechanical restraint during dental appointments into the Individual Support Plan/Behavior Support Plan (ISP/BSP) for 1 of 4 sampled clients (client #3). Please see W288.</p> <p>9-3-3(a)</p>		<p>scheduled for opportunities for community outings a minimum of weekly. Program Coordinator and/or QIDP will review consumer Daily Support Records minimum of weekly to ensure community outings are occurring and are being documented in DSRs as directed.</p> <p>1. Program Coordinator and QIDP will be retrained on the need to ensure that all consumers' parents and/or guardians are notified within 24 hours of any significant incidents or changes in consumers' conditions, including anytime there are injuries, falls, client to client aggression or emergency room visits.</p> <p>Ongoing, Program Coordinator and/or QIDP will notify all consumers' parents and/or guardians within 24 hours of any significant incidents or changes in consumers' condition. When completing paperwork for consumer incidents, the QIDP will work with the Program Coordinator to ensure that they have notified guardians of significant incidents or changes in the consumers' condition and if the PC has not done this, the QIDP will ensure it is completed. The Area Director will review all incident reports to ensure that documentation of guardian notification is listed as needed</p> <p>1. A time has been scheduled for the QIDP to complete training of</p>	

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			<p>Day Services staff as previously recommended by the investigation for the incident on 8/13/15. QIDP received a record of discussion for not competing recommendations outlined in the investigation.</p> <p>Area Director will review all investigations and recommendations and ensure that recommendations are completed within a timely manner and documentation verifying completion of recommendations will be forwarded to Quality Assurance Specialist.</p> <p>Ongoing, Quality Assurance Specialist will track documentation for completion of recommendations and will notify Area Director of any outstanding items so they can be followed up on.</p> <p>1.The QIDP will initiate an IDT meeting to ensure that client #1's records are reviewed and signed off on by the guardian/HCR.</p> <p>The QIDP will initiate an IDT meeting to ensure that client #2's records are reviewed and signed off on by the guardian/HCR.</p> <p>The QIDP will be retrained to ensure that meetings are held and team signatures are obtained to ensure that the team is in agreement with the Individualized Support Plan as it is written.</p> <p>Ongoing, the Area Director will</p>	

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			<p>complete random audits to ensure that the QIDP is seeking team approval, via documented signatures on all ISPs and High Risk Plans.</p> <p>1.A communication skills assessment has been scheduled for Client #3.</p> <p>The QIDP and Program Coordinator will be retrained on completing CFAs for all clients. This training will include the importance of these CFA's, the reason for them, how to complete them, and when to complete them. QIDP will receive retraining on ensuring that all assessments, including a Comprehensive Functional assessment are completed for each consumer within 30 days of admission and reviewed and updated a minimum of annually on an ongoing basis.</p> <p>Ongoing, the QIDP will ensure that Comprehensive Functional assessments are completed for each consumer within 30 days of admission and a minimum of annually on an ongoing basis. The Area Director will communicate with the QIDP at the 30 day post-admission time to ensure that all assessments and goals have been completed as needed.</p> <p>Ongoing, the Program Nurse will track all consumers' annual medical appointments and ensure that all recommended follow up</p>	

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			<p>appointments are scheduled as directed by the PCP.</p> <p>1.Client #1's Behavior Support Plan has revised to include the behaviors of scratching others and attempting to choke others in the targeted behaviors section.</p> <p>The QIDP will be retrained on reviewing the BSP to ensure that all targeted behaviors that are observed are included in consumers Behavior Support Plans and methods for addressing targeted behaviors are also included.</p> <p>Ongoing, the QIDP will work with the interdisciplinary teams to ensure that each clients targeted behaviors and methods to address are included in their Behavior Support Plans.</p> <p>Ongoing, all Behavior Support Plans will be reviewed by the Area Director and/or Quality Assurance Manager, to ensure accuracy and to ensure that all areas of need are met for each client.</p> <p>1.A. A list of preferred</p>	

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			<p>activities available for staff to use to encourage activities for reinforcement has been created as indicated by Client #1 Behavior Support Plan.</p> <p>b. A list of menu choices available for staff to use to satisfy Client #2 needs and needs to escape unpleasant situations/demands has been created as indicated by Client #2 Behavior Support Plan</p> <p>c. A list of activities to help Client #3 relax has been created as indicated by Client #3 Behavior Support Plan.</p> <p>All direct care staff will receive retraining to include updates to Client #1, 2, and 3 Behavior Support plans as identified below. QIDP will receive retraining to include ensuring that all Behavior Support plans are reviewed upon completion and all tools necessary to assist staff with managing client behaviors (such as activities for reinforcement, activities to help consumer relax, etc. ) are developed and implemented in a timely manner. QIDP will</p>	

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			<p>receive retraining to include ensuring that all Direct Care staff are trained on all consumers initial and updated Behavior Support Plans once complete so they are aware of which steps to use to monitor and prevent targeted consumer behaviors and which interventions to use if targeted behaviors occur.</p> <p>Ongoing the QIDP will ensure that all staff are trained on any initial and updated Behavior Support Plans once complete so they are aware of which steps to use to monitor and prevent targeted consumer behaviors and which interventions to use if targeted behaviors occur. The QIDP will provide the Area Director will copies of the staff training once complete to ensure all staff are trained on BSP updates.</p> <p>1. The QIDP will receive retraining on ensuring that consumers' guardians or Health Care Representatives are notified of any additions or changes to consumers' psychotropic medications and any additions or changes to consumers Behavior Support plans. The QIDP will also receive retraining on ensuring that consumers' guardians and/or Health Care Representatives review and approve any changes or updates to psychotropic medications and/or Behavior Support plans prior to their implementation.</p>	

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W 0209  Bldg. 00	483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal		<p>For the next 3 months, the QIDP will provide documentation to the Area Director that consumers' guardians or Health Care Representatives have received notification of any changes to psychotropic medications and Behavior Support Plans and have approved any changes. After the 3 month period, the Area Director will review the documentation that guardians or Health Care Representatives are receiving updated copies of consumers BSPs a minimum of quarterly to ensure that these requirements continue to be met.</p> <p>1. The QIDP will ensure that the use of pre-sedation medications and mechanical restraint for anxiety at dental appointments is added into Client #3 BSP.</p> <p>The QIDP will receive retraining including the need to ensure that all restrictive practices are included in consumers BSP's and appropriate approvals by Guardian and HRC are obtained.</p> <p>For the next 3 months, the Area Director will review all of this QIDP Behavior Support Plans to ensure any restrictive measures are incorporated into them.</p>	

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	<p>guardian is required unless the participation is unobtainable or inappropriate. Based upon record review and interview, the facility failed for 2 of 4 sampled clients (clients #1 and #2) to ensure participation by guardians/health care representatives in their annual Individual Support Plan (ISP) meetings.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 9/28/15 at 2:22 PM. An ISP dated 8/15/15 indicated objectives to indicate choice of drink, engage in physical activity of choice, choose quarter, place dirty clothes in hamper, wash both legs, brush teeth, and use the bathroom with verbal prompts. The record indicated client #1 had health care representatives/family to assist him in making decisions. There was no evidence in the ISP of client #1's health care representative's involvement or signature approving client #1's ISP.</p> <p>2. Client #2's record was reviewed on 9/28/15 at 3:15 PM. An ISP dated 6/9/15 indicated objectives to thoroughly wash his arms and upper body, take his plate to the kitchen sink, participate during fire drills, pour medication from the bottle, choose what he wants to drink using</p>	W 0209	<p>The QIDP will initiate an IDT meeting to ensure that client #1's records are reviewed and signed off on by the guardian/HCR.</p> <p>The QIDP will initiate an IDT meeting to ensure that client #2's records are reviewed and signed off on by the guardian/HCR.</p> <p>The QIDP will be retrained to ensure that meetings are held and team signatures are obtained to ensure that the team is in agreement with the Individualized Support Plan as it is written.</p> <p>Ongoing, the Area Director will complete random audits to ensure that the QIDP is seeking team approval, via documented signatures on all ISPs and High Risk Plans.</p> <p>Responsible Party: QIDP and Area Director</p>	11/04/2015			

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	<p>gestures, participate in a recreational or leisure activity of choice, choose a quarter and thoroughly clean his teeth/gums using a dental swab. The record indicated client #2 had a guardian/family member to assist him in making decisions. There was no evidence in the ISP of client #2's guardian's involvement or signature approving client #2's ISP.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP)/Program Director (PD) was interviewed on 9/29/15 at 12:28 PM and indicated there was no written approval for clients #1 and #2's plan. She indicated client #2's guardian normally signed documents provided to her, but had not yet provided written consent for client #2's plan. She indicated client #1's health care representatives were often not responsive to requests for written consents for client #1's plan. The PD indicated she invited the clients' family members to the ISP meetings, but had no documentation of the attempts to invite family members/guardians/health care representatives to attend meetings or participate in their ISP development.</p> <p>9-3-4(a)</p>			

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W 0210  Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based upon observation, record review and interview, the facility failed to ensure for 1 of 4 sampled clients (client #3), accurate assessments or reassessments were completed of his needs in communication skills.</p> <p>Findings include:</p> <p>During observations at the group home on 9/21/15 from 5:35 PM until 6:55 PM and again on 9/22/15 from 6:39 AM until 8:25 AM, client #3 did not use words to communicate or use a communication system. Client #3 sat at the dining room table flipping through a catalog during the evening observation without interaction.</p> <p>Client #3's records were reviewed on 9/28/15 at 12:45 PM. An augmentative communication evaluation dated 6/22/07 indicated a recommendation "The overall impression obtained was of a pleasant</p>	W 0210	<p>A communication skills assessment has been scheduled for Client #3.</p> <p>The QIDP and Program Coordinator will be retrained on completing CFAs for all clients. This training will include the importance of these CFA's, the reason for them, how to complete them, and when to complete them. QIDP will receive retraining on ensuring that all assessments, including a Comprehensive Functional assessment are completed for each consumer within 30 days of admission and reviewed and updated a minimum of annually on an ongoing basis.</p> <p>Ongoing, the QIDP will ensure that Comprehensive Functional assessments are completed for each consumer within 30 days of admission and a minimum of annually on an ongoing basis. The Area Director will communicate with the QIDP at the 30 day post-admission time to ensure that all assessments and goals have been</p>	11/04/2015

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	<p>young man who would benefit from continued attempts to develop an effective, independent communication system. It was recommended that [client #3] be enrolled in augmentative communication therapy one time weekly for one hour sessions to provide him with further opportunities to learn to use a speech generating device without FC (facilitated communication-using a person to assist in using a communication device/system)...." The report indicated client #3's medicaid funding would not pay for the services, but client #3's guardian would check into additional insurance and "if no contact was made within 120 days from the date of the evaluation, it will be assumed that no further services are required from the Augmentative Communication Department at [rehabilitation center] and [client #3] will be discharged." There was no evidence of a follow up to the recommendations made by the communication evaluation.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 9/29/15 at 12:28 PM and indicated she was unaware of the evaluation or of the follow up recommendations made by client #3's communication evaluation. No additional information was provided in regards to an</p>		<p>completed as needed.</p> <p>Ongoing, the Program Nurse will track all consumers' annual medical appointments and ensure that all recommended follow up appointments are scheduled as directed by the PCP.</p> <p>Responsible Party: QIDP, Program Coordinator, Program Nurse, Area Director</p>	

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W 0227	<p>assessment of client #3's needs in augmentative communication.</p> <p>Client #3's guardian was interviewed on 10/1/15 at 1:17 PM and indicated client #3 had been evaluated for augmentative communication at the rehabilitation center and it was determined he would not benefit from the communication systems presented at the time. Client #3 was able to use facilitated communication with his guardian and while he attended high school with an aide, but had not developed a relationship with current staff in the home to feel comfortable to use the system while at the group home. Client #3's guardian indicated client #3 might benefit from a current assessment of his communication skills as he had matured since the evaluation.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p>				

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Bldg. 00	<p>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.</p> <p>Based upon observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #1) to address his physically aggressive behavior in a plan.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 9/21/15 at 4:20 PM and indicated the following:</p> <p>A BDDS report dated 8/6/15 indicated client #1 scratched day service client #1 on the neck requiring first aid. An attached investigation dated 8/6/15-8/7/15 indicated client #1 "grabbed [day service client #1] at the neck and began scratching him." Corrective action indicated "Continue to follow the behavior support plan."</p> <p>A BDDS report dated 8/13/15 indicated client #1 "walked up to [day services client #1] and was trying to choke him. [Day services client #1] in return leaned over and bit [client #1] on the arm. Bite was cleaned and ointment applied." Corrective action indicated "Continue to follow the behavior support plan."</p>	W 0227	<p>Client #1's Behavior Support Plan has revised to include the behaviors of scratching others and attempting to choke others in the targeted behaviors section.</p> <p>The QIDP will be retrained on reviewing the BSP to ensure that all targeted behaviors that are observed are included in consumers Behavior Support Plans and methods for addressing targeted behaviors are also included.</p> <p>Ongoing, the QIDP will work with the interdisciplinary teams to ensure that each clients targeted behaviors and methods to address are included in their Behavior Support Plans.</p> <p>Ongoing, all Behavior Support Plans will be reviewed by the Area Director and/or Quality Assurance Manager, to ensure accuracy and to ensure that all areas of need are met for each client.</p> <p>Responsible Party: QIDP, Area</p>	11/04/2015			

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	<p>During observations at the group home on 9/21/15 from 5:35 PM until 6:55 PM client #1 was redirected from reaching toward client #5 two times.</p> <p>Client #1's record was reviewed on 9/28/15 at 2:22 PM. A Behavior Support Plan (BSP) dated May, 2015 indicated target behaviors of stealing food, vacating and aggressive play. The plan indicated client #1 was to be within eyesight at all times due to vacating behavior and closely monitored when showing signs of agitation. An undated "Visual Monitoring for [client #1]" indicated a handwritten note at the bottom of the page "*Monitor him at all times when around other individuals. Make sure he doesn't grab anyone's neck or any other body part." Client #1's BSP failed to address scratching or choking behavior.</p> <p>The Area Director was interviewed on 10/2/15 at 1:10 PM and indicated she would check with the Program Director to see if there was a component to client #1's plan to address his behavior of choking and scratching others. No additional information was provided.</p> <p>9-3-4(a)</p>		Director, and Quality Assurance Manager.		

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W 0240 Bldg. 00	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview, for 3 of 4 sampled clients (clients #1, #2 and #3), the facility failed to identify specific activities as referenced in the clients' Behavior Support Plans (BSP) to address behavior plan replacement behaviors.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 9/28/15 at 2:22 PM. A BSP dated 5/15 indicated target objectives of stealing food, vacating and aggressive play. Interventions included "always offer to assist and support [client #1's] development of new interests, pastimes, opportunities to relax, etc., and to monitor television use when</p>	W 0240	<p>1. A list of preferred activities available for staff to use to encourage activities for reinforcement has been created as indicated by Client #1 Behavior Support Plan.</p> <p>2. A list of menu choices available for staff to use to satisfy Client #2 needs and needs to escape unpleasant situations/demands has been created as indicated by Client #2 Behavior Support Plan</p> <p>3. A list of activities to help Client #3 relax has been created as indicated by Client #3</p>	11/04/2015

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	<p>possible....Staff report that the preferred activities of client include: therefore all of these should be provided as positive reinforcement for appropriate behavior... When client is kept active and monitored he displays fewer inappropriate behaviors...[client #1] should be given choices regarding the order he needs to complete tasks or the types of tasks he should complete during a period of time, to give him increased control over his environment." There was no evidence of a list of preferred activities available for staff to use to encourage activities for reinforcement.</p> <p>2. Client #2's record was reviewed on 9/28/15 at 3:15 PM. A BSP dated May, 2015 indicated targeted behaviors of hands in mouth, invading space/inappropriate touching, refusal/non-compliance, physical aggression, incontinence and appointment anxiety. "Be sure to provide constant reinforcement for alternative activities for client to engage in to help prevent him from engaging in inappropriate behaviors...[Client #2] and staff will create a menu of choices [client #2] can select from to appropriately satisfy his sensory needs and need to escape unpleasant situations/demands. " There was no evidence of a menu of choices available for staff to use to satisfy</p>		<p>Behavior Support Plan.</p> <p>All direct care staff will receive retraining to include updates to Client #1, 2, and 3 Behavior Support plans as identified below. QIDP will receive retraining to include ensuring that all Behavior Support plans are reviewed upon completion and all tools necessary to assist staff with managing client behaviors (such as activities for reinforcement, activities to help consumer relax, etc. ) are developed and implemented in a timely manner. QIDP will receive retraining to include ensuring that all Direct Care staff are trained on all consumers initial and updated Behavior Support Plans once complete so they are aware of which steps to use to monitor and prevent targeted consumer behaviors and which interventions to use if targeted behaviors occur.</p> <p>Ongoing the QIDP will ensure that all staff are trained on any initial and updated Behavior Support Plans once complete so they are aware of which steps to use to monitor and prevent targeted consumer behaviors and which interventions to use if targeted behaviors occur. The QIDP</p>	

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	<p>client #2's needs and needs to escape unpleasant situations/demands.</p> <p>3. Client #3's record was reviewed on 9/28/15 at 12:45 PM. An Augmentative Communication Evaluation dated 4/27/07 indicated client #3 was non-verbal with limited verbalizations, vocalizations, gestures, gross body movements, facial expressions and behaviors. A BSP dated June, 2014 indicated target behaviors of property destruction, injurious to self, pica (ingesting inedibles) and dumping containers. The BSP indicated a Mood Stability Training reviewed January, 2015 which indicated "Before the program starts, meet with [client #3] to develop a list of four activities that help him relax. These might include watching a movie, listening to soft music, shooting baskets, playing video games, etc. Print short descriptions of these activities in the 'How to Relax' section of the BDPL (plan)." There was no evidence of a list of activities to assist him in relaxing.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 9/29/15 at 12:28 PM and indicated the lists of activities for staff to use as part of clients' behavior support plans should be listed in their plans and available for staff to use.</p>		<p>will provide the Area Director will copies of the staff training once complete to ensure all staff are trained on BSP updates.</p> <p>Responsible Party: QIDP, Area Director</p>		

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W 0249 Bldg. 00	<p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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 upon observation, record review and interview, the facility failed to ensure individual support plan (ISP) objectives were implemented for 4 of 4 sampled clients (clients #1, #2, #3 and #4).</p> <p>Findings include:</p> <p>1. During observations at the group home on 9/21/15 from 5:35 PM until 6:55 PM and again on 9/22/15 from 6:39 AM until 8:25 AM, client #1 sat watching TV</p>	W 0249	<p>All Direct Care staff will receive retraining on all consumers, program goals and the need to complete formal and informal training goals as indicated, especially at Medication administration, mealtimes and any other opportune times that arise.</p> <p>For the next four weeks, the Program Coordinator and/or QIDP will complete Active Treatment observations a minimum of twice weekly to ensure that all staff are completing all consumers' formal Program goals as written to provide</p>	11/04/2015

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	<p>except when he ate his breakfast and received medications. During the evening observation client #1 sat in a chair near the door while staff sat on a sofa across from him, but not between client #1 and the front door. When client #1 got up to walk, he was directed to sit down in a chair and watch TV. Client #1 was given a stuffed dinosaur which he held, but did not interact with and was not prompted to engage in, other activities. Client #2 walked around, tossed a ball to staff and took a walk twice with the QIDP (Qualified Intellectual Disabilities Professional) during the evening observation. Client #2 grabbed the surveyor and pointed to the window. Client #3 did not use words to communicate during the observations. Client #3 flipped through a catalog with headphones on in the evening while sitting at the dining room table, but did not engage or was prompted to engage in other activities. Client #4 used her iPad throughout the observations to look at cartoon pictures and listen to music. Client #4 was not prompted to engage in other activities other than serving herself at breakfast and making a choice of beverage.</p> <p>Client #1's record was reviewed on 9/28/15 at 2:22 PM. An ISP dated 8/15/15 indicated objectives to indicate</p>		<p>training towards independence. Addendum: <i>For the next four weeks, the Program Coordinator and/or QIDP will complete Active Treatment observations a minimum of four times weekly to ensure that all staff are completing all consumers' formal Program goals as written to provide training towards independence</i> <i>Ongoing, the Program Coordinator and/or QIDP will complete Active Treatment observations a minimum of twice weekly to ensure that all staff are completing all consumers' formal Program goals as written to provide training towards independence.</i> Responsible Staff: QIDP, Program Coordinator r</p>	

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	<p>choice of drink, engage in physical activity of choice, choose quarter, place soiled clothes in hamper, wash both legs, brush teeth, and use the bathroom with verbal prompts.</p> <p>A BSP (behavior support plan) in the record dated 5/15 indicated target objectives of stealing food, vacating and aggressive play. Interventions included "always offer to assist and support [client #1's] development of new interests, pastimes, opportunities to relax, etc., and to monitor television use when possible....Staff report that the preferred activities of client include: therefore all of these should be provided as positive reinforcement for appropriate behavior...When client is kept active and monitored he displays fewer inappropriate behaviors...[client #1] should be given choices regarding the order he needs to complete tasks or the types of tasks he should complete during a period of time, to give him increased control over his environment." To address vacating, client #1's plan indicated "The staff should always be closest to the door when in a room with [client #1]."</p> <p>Client #1's activity schedule in the record dated 8/12/15 indicated at 5:00-6:00 PM client #1 was to engage in medication</p>			

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	<p>and dining skills. From 6:00 PM-7:00 PM, client #1 was to engage in finance skills. From 6:00-7:00 PM, client #1 was to engage in hygiene and ADLs (adult daily living skills).</p> <p>2. Client #2's record was reviewed on 9/28/15 at 3:15 PM. An ISP dated 6/9/15 indicated objectives to thoroughly wash his arms and upper body, take his plate to the kitchen sink, participate during fire drills, pour medication from the bottle, choose what he wants to drink using gestures, participate in a recreational or leisure activity of choice, choose a quarter and thoroughly clean his teeth/gums using a dental swab.</p> <p>A BSP dated May, 2015 in the record indicated targeted behaviors of hands in mouth, invading space/inappropriate touching, refusal/non-compliance, physical aggression, incontinence and appointment anxiety. "Be sure to provide constant reinforcement for alternative activities for client to engage in to help prevent him from engaging in inappropriate behaviors...[Client #2] and staff will create a menu of choices [client #2] can select from to appropriately satisfy his sensory needs and need to escape unpleasant situations/demands." Interventions for invading space</p>			

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	<p>indicated staff were to redirect client #2 away from the person by extending their arms and provide alternative activities.</p> <p>Client #2's activity schedule in the record dated 6/29/15 indicated at 5:00-6:00 PM client #2 was to engage in medication and dining skills. From 6:00 PM-7:00 PM, client #2 was to engage in finance skills. From 6:00-7:00 PM, client #2 was to engage in hygiene and ADLs (adult daily living skills).</p> <p>3. Client #3's record was reviewed on 9/28/15 at 12:45 PM. An ISP dated 6/30/14 and updated 1/15/15 indicated objectives to punch out medication, choose what he wants to drink, participate in a recreational or leisure activity of his choice, choose a quarter, thoroughly clean his teeth/gums using a dental swab, wash his upper body and clean his room with verbal prompts. The ISP indicated client #3 was non-verbal</p> <p>Client #3's activity schedule in the record dated 6/30/15 indicated at 5:00-6:00 PM client #3 was to engage in medication and dining skills. From 6:00 PM-7:00 PM, client #3 was to engage in finance skills. From 6:00-7:00 PM, client #3 was to engage in hygiene and ADLs (adult daily living</p>			

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	<p>skills).</p> <p>An Augmentative Communication Evaluation dated 4/27/07 indicated client #3 was non-verbal with limited verbalizations, vocalizations, gestures, gross body movements, facial expressions and behaviors.</p> <p>A BSP dated June, 2014 indicated target behaviors of property destruction, injurious to self, pica (ingesting inedibles) and dumping containers. The BSP indicated a Mood Stability Training reviewed January, 2015 which indicated "Before the program starts, meet with [client #3] to develop a list of four activities that help him relax. These might include watching a movie, listening to soft music, shooting baskets, playing video games, etc. Print short descriptions of these activities in the 'How to Relax' section of the BDPL (plan). If [client #3] requests to change the activities at any time, revise the list." For Depression Management interventions indicated "Before the procedure starts, talk with [client #3] and have him identify four activities that help him feel happy and energized. These might include going for a brisk walk, playing a fast-moving card game, playing basketball, etc. Print short descriptions of these activities in the 'How to Feel Good'</p>			

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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032
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	<p>section of the BDPL. If [client #3] requests to change the activities at any time, revise the list..." The plan indicated staff were to encourage client #3 to make a choice of activities.</p> <p>4. Financial records at the facility's office were reviewed on 9/29/15 at 1:30 PM. Ledgers for cash on hand for clients #1, #2, #3 and #4 from July, 2015-January, 2015 and indicated client #4 had \$33.88 with no expenditures during the period.</p> <p>Client #4's record was reviewed on 9/23/15 at 3:30 PM. An ISP dated 6/18/15 indicated objectives to brush her teeth, wash her body, punch medication from a pill pack, ask for her iPad, participate in recreational activities, make a purchase one time monthly in the community, place her iPad on the charger and evacuate during fire drills. A "Haverstick Free Time Activity Suggestion Pick List" with client #4's name on it indicated "puzzles, sort shapes, read/look at a magazine, go for a walk, jumping jacks or other exercises, memory board game and community activity."</p> <p>A BSP dated October, 2014 indicated target behaviors of maladaptive perseveration (repeated speech topic) and elopement. The plan indicated client #4</p>			

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	<p>was non-verbal and staff should use visual cues (pictures, objects, signs) to offer her choices and help her indicate her wants/needs. The BSP indicated client #4 should be offered activities to assist her in coping when her iPad was not available.</p> <p>Client #4's activity schedule in the record dated 6/30/15 indicated at 5:00-6:00 PM client #4 was to engage in medication and dining skills. From 6:00 PM-7:00 PM, client #4 was to engage in finance skills. From 6:00-7:00 PM, client #4 was to engage in hygiene and ADLs (adult daily living skills).</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) stated during the evening observation on 9/21/15 at 6:10 PM in regards to client #4's use of her iPad, "It's a good coping mechanism for her."</p> <p>The QIDP was interviewed on 9/29/15 at 12:28 PM and indicated the clients' objectives and interventions in their plans should have been implemented.</p> <p>9-3-4(a)</p>			

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W 0263 Bldg. 00	<p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE</p> <p>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 upon record review and interview, the facility's specially constituted committee failed for 3 of 4 sampled clients (clients #1, #2 and #4) to ensure guardian/health care representative consent was obtained for their behavior support plans (BSPs).</p>	W 0263	The QIDP will receive retraining on ensuring that consumers' guardians or Health Care Representatives are notified of any additions or changes to consumers' psychotropic medications and any additions or changes to consumers Behavior Support plans. The QIDP will also	11/04/2015

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	<p>Findings include:</p> <p>1. Client #1's record was reviewed on 9/28/15 at 2:22 PM and indicated he had health care representatives (HCR) to assist him in making decisions. A BSP (behavior support plan) in the record dated 5/15 indicated target objectives of stealing food, vacating and aggressive play. The plan included the use of Risperidone 4 mg (milligrams) for behavior support (not otherwise specified) and clonidine 0.2 mg daily for behavior support. The plan also included the use of physical restraint. There was no evidence of informed consent by the HCRs for the plan. The facility's Human Rights Committee (HRC) had approved the plan on 6/10/15.</p> <p>2. Client #2's record was reviewed on 9/28/15 at 3:15 PM and indicated he had a guardian to assist him in making decisions. A BSP dated May, 2015 in the record indicated targeted behaviors of hands in mouth, invading space/inappropriate touching, refusal/non-compliance, physical aggression, incontinence and appointment anxiety. The plan included the use of diazepam 20 mg and triazolam (dose not specified) for anxiety. The plan included the use of physical guidance.</p>		<p>receive retraining on ensuring that consumers' guardians and/or Health Care Representatives review and approve any changes or updates to psychotropic medications and/or Behavior Support plans prior to their implementation.</p> <p>For the next 3 months, the QIDP will provide documentation to the Area Director that consumers' guardians or Health Care Representatives have received notification of any changes to psychotropic medications and Behavior Support Plans and have approved any changes. After the 3 month period, the Area Director will review the documentation that guardians or Health Care Representatives are receiving updated copies of consumers BSPs a minimum of quarterly to ensure that these requirements continue to be met.</p> <p>Responsible Party: QIDP, Area Director</p>		

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	<p>There was no evidence of informed consent from the guardian for the plan. The facility's Human Rights Committee had approved the plan on 6/10/15.</p> <p>3. Client #4's record was reviewed on 9/23/15 at 3:30 PM. The record indicated client #4 had a guardian to assist her in making decisions. A BSP dated October, 2014 indicated target behaviors of maladaptive perseveration (repetitive speech topic) and elopement. The plan included the use of Prozac 60 mg and of Abilify 15 mg (targeted behavior not specified) and physical restraint. There was no evidence of informed consent for client #4's plan by the guardian.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP)/Program Director (PD) was interviewed on 9/29/15 at 12:28 PM and indicated there was no written consent for clients #1 and #2's plan. She indicated client #2's guardian normally signed documents provided to her, but had not yet provided written consent for client #2's plan. She indicated client #1's health care representatives were often not responsive to requests for written consents for client #1's plan.</p> <p>The Area Director (AD) indicated on 10/2/15 at 1:10 PM there was no</p>			

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W 0268 Bldg. 00	<p>evidence client #4's guardian had signed consent for her plan.  9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based upon observation and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4), to promote dignity by failing to ensure clients and staff were encouraged to engage in age appropriate activities.  Findings include:</p>	W 0268	<p>All Direct Care staff will receive training to include ensuring that all consumers are offered opportunities and encouraged to engage in age appropriate activities. In addition, staff should offer consumers alternative choices to non-age appropriate activities.  Program Coordinator and/or QIDP will complete active treatment</p>	11/04/2015

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	<p>During observations at the group home on 9/21/15 from 5:35 PM until 6:55 PM and again on 9/22/15 from 6:39 AM until 8:25 AM, client #1 sat watching TV cartoons without being prompted to engage in other activities. Client #1 got up out of his chair and was directed to watch the cartoons. Client #2 walked around, tossed a ball to staff and took a walk twice with the QIDP (Qualified Intellectual Disabilities Professional) during the evening observation and looked at the TV playing cartoons periodically. Client #3 flipped through a catalog with headphones on in the evening while sitting at the dining room table while the TV played a cartoon show. Client #4 used her iPad throughout the observations to look at cartoon pictures and listened to music while she sat in front of the TV playing a cartoon show. Clients #1, #2, #3 and #4 were not prompted or encouraged to watch an alternate TV program or engage in other activities using age appropriate materials.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional)/Program Director (PD) was interviewed on 9/29/15 at 12:28 PM and indicated clients should be encouraged to engage in age appropriate activities and staff should offer alternative choices.</p>		<p>observations minimum of twice weekly for four weeks to observe if staff are offering consumers opportunities and encouraging consumers to engage in age appropriate activities. Program Coordinator and/or QIDP will offer staff feedback and encourage staff to offer consumers alternative choices as needed.</p> <p><i>Addendum:</i> <i>For the next four weeks, the Program Coordinator and/or QIDP will complete Active Treatment observations a minimum of four times weekly to observe if staff are offering consumers opportunities and encouraging consumers to engage in age appropriate activities. Program Coordinator and/or QIDP will offer staff feedback and encourage staff to offer consumers alternative choices as needed.</i></p> <p><i>Ongoing after the four weeks, the Program Coordinator and/or QIDP will complete active treatment observations minimum of twice weekly to observe if staff are offering consumers opportunities and encouraging consumers to engage in age appropriate activities. Program Coordinator and/or QIDP will offer staff feedback and encourage staff to offer consumers alternative choices as needed.</i></p> <p>Responsible Party: QIDP, Program Coordinator</p>	

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W 0288 Bldg. 00	<p>9-3-5(a)</p> <p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. Based on record review and interview, the facility failed to incorporate the use of mechanical restraint during dental appointments into the Individual Support Plan/Behavior Support Plan (ISP/BSP) for 1 of 4 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 9/28/15 at 12:45 PM. A patient note from client #3's dental visit dated 5/11/15 indicated "Medical History Review: Special needs high anxiety/combatative pt. (patient)...." The visit note indicated</p>	W 0288	<p>The QIDP will ensure that the use of pre-sedation medications and mechanical restraint for anxiety at dental appointments is added into Client #3 BSP.</p> <p>The QIDP will receive retraining including the need to ensure that all restrictive practices are included in consumers BSP's and appropriate approvals by Guardian and HRC are obtained.</p> <p>For the next 3 months, the Area Director will review all of this QIDP Behavior Support Plans to ensure any restrictive measures are incorporated into them.</p>	11/04/2015

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	<p>client #1 was "wrapped in Rainbow (mechanical restraint) and stabilized....." An ISP dated 6/30/14 and updated 1/15/15 indicated objectives to punch out medication, choose what he wants to drink, participate in a recreational or leisure activity of his choice, choose a quarter, thoroughly clean his teeth/gums using a dental swab, wash his upper body and clean his room with verbal prompts. A BSP dated June, 2014 indicated target behaviors of property destruction, injurious to self, pica (ingesting inedibles) and dumping containers. There was no evidence of a plan to address the use of client #3's anxiety or the use of manual restraint during dental procedures in client #3's plan.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 9/29/15 at 12:48 PM. The QIDP indicated she was unaware the use of mechanical restraint for client #3 during the appointments and the use of them had not been included in a plan. She indicated she did not routinely review client medical appointment forms as part of her review of client needs and progress in skill development.</p> <p>9-3-5(a)</p>		Responsible Party: QIDP, Area Director				

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W 0312 Bldg. 00	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to incorporate the use of pre-sedation medication into the Individual Support Plan/Behavior Support Plan (ISP/BSP) for 1 of 4 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 9/28/15 at 12:45 PM. A patient note from client #3's dental visit dated 5/11/15 indicated "Medical History Review: Special needs high anxiety/combatative pt. (patient) was pre-sedated by home with Halcion .25 mg 2 tabs...." An ISP dated 6/30/14 and updated 1/15/15 indicated</p>	W 0312	<p>The QIDP will ensure that the use of pre-sedation medications and mechanical restraint for anxiety at dental appointments is added into Client #3 BSP.</p> <p>The QIDP will receive retraining including the need to ensure that all restrictive practices are included in consumers BSP's and appropriate approvals by Guardian and HRC are obtained.</p> <p>For the next 3 months, the Area Director will review all of this QIDP Behavior Support Plans to ensure any restrictive measures are incorporated into them.</p> <p>Responsible Party: QIDP, Area Director</p>	11/04/2015

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	<p>objectives to punch out medication, choose what he wants to drink, participate in a recreational or leisure activity of his choice, choose a quarter, thoroughly clean his teeth/gums using a dental swab, wash his upper body and clean his room with verbal prompts. A BSP dated June, 2014 indicated target behaviors of property destruction, injurious to self, pica (ingesting inedibles) and dumping containers. There was no evidence of a plan to address the use of client #3's anxiety and use of medication prior to dental procedures in client #3's plan.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 9/29/15 at 12:48 PM. The QIDP indicated she was unaware client #3 received pre-sedation prior to his dental appointments and the use of pre-sedation had not been included in a plan. She indicated she did not routinely review client medical appointment forms as part of her review of client needs and progress in skill development.</p> <p>9-3-5(a)</p>			
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W 0331  Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based upon record review and interview, the facility's nursing services failed to ensure documentation was completed to record weekly injections for 1 of 4 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 9/28/15 at 12:45 PM. Physician's orders dated 9/1/15 indicated client #3 was to receive Methylcobalamin (a form of vitamin B-12) 12.5 mg (milligrams) injections once weekly for fatigue. Client #3's MARs (medication administration records) dated 6/1/15, 7/1/15 and 8/1/15 failed to indicate documentation client #3 received the injections.</p> <p>The group home nurse was interviewed on 9/29/15 at 11:00 AM and indicated the injection was not documented in the client's record when she gave the injections during the 6/1/15-8/1/15 period. The nurse indicated she reviewed the MARs on a monthly basis to review documentation, but had not noticed the failure to document client #3's injections.</p> <p>9-3-6(a)</p>			W 0331	<p>The Program Nurse responsible for the documentation of Client #3 B-12 injections for the time period 6/1/15-8/1/15 is no longer employed at Indiana Mentor.</p> <p>The new Program Nurse responsible for this group home has received retraining to include ensuring that Client #3 weekly B-12 injections are documented on the MAR once given.</p> <p>Ongoing, the Program Nurse will review all consumers MARs a minimum of weekly to ensure all medications are documented correctly and accurately. If discrepancies are noted, the Program Nurse will work with the Program Coordinator and Program Director to correct any errors.</p> <p>Responsible Party: Program Coordinator, QIDP, Program Nurse</p>		11/04/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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