

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2560 GERMAN CHURCH RD INDIANAPOLIS, IN 46229
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W0000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Survey Dates: October 9, 10, 11, and 12, 2012</p> <p>Facility Number: 000836 Provider Number: 15G318 AIM Number: 100243940</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality Review was completed on 10/16/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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

TITLE

(X6) DATE

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

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W0104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise general direction in a manner that resulted in the facility being well maintained for 8 of 8 clients (client #1, #2, #3, #4, #5, #6, #7 and #8) which lived in the home, and to ensure hand soap, paper towels, and toilet paper was available in the restroom.</p> <p>Findings include:</p> <p>On 10-9-12 from 4:30 p.m. until 6:45 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. The kitchen walls had black, brown and yellow stains on them. The kitchen cabinets were worn, discolored, cracked, with small holes. The drawers in the kitchen were warped, one was screwed shut, one drooped towards the floor when opened, and 3 were hard to open. The dining room floor had 25 black mark/tears in the flooring. The dining room walls and baseboard had black and brown marks with chipped/worn paint, the 3 vents in the floor were rusted and dusty, the plastic plug-in cover was cracked with part of it was missing, and the 4 gold plug-in covers were rusted. The vent in the floor in client #5's room was</p>	W0104	<p>Home Manager will purchase needed toiletry items and maintain needed back-up supply</p> <p>Home Manager will be retrained by Program Director regarding responsibilities of shopping to maintain consumer related supplies.</p> <p>Maintenance Supervisor will put in work order for maintenance to make needed repairs to cabinets, floors and wall repairs throughout the home.</p> <p>Home Manager and Direct Support Professionals will be retrained by Program Director on the responsibilities of maintaining the cleanliness of the home.</p> <p>Ongoing, Home Manager will inspect the home 3 times weekly while supervising to ensure adequate cleanliness and supplies of the home.</p> <p>Program Director will complete a visit inspection of the home once weekly for the next 60 days to ensure cleanliness expectation are met. Ongoing, Program Director will visit the home every 2 weeks.</p>	11/11/2012			

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	<p>rusted and dented and her dresser drawer was broken sitting on her window ledge. The down stairs bathroom had a foul odor which lingered in the hallway, the vent was rusted and dented, four 12 inch by 12 inch tiles were missing on the wall, the mirror had a 6 inch by 2 inch black area, there was nothing available to dry your hands with in the bathroom, a 3 foot by 8 inch area by the sink had bubbled paint and broken drywall, and the walls had 10 black marks with dents/holes. Client #4's room had 3 broken slats on his blinds. The carpet leading upstairs was worn with black stains 9 inch by 8 inch area and the baseboard was covered in dust. Client #2's room had cob webs stuck to the walls with black and yellow marks on the walls. Client #8 had 6 broken slats in his blinds in his bedroom, the floor had over 100 scratches/tears, the screen was torn in a 1 foot by 1 foot area and 2 of the walls had a brown and white substance splattered on them. The upstairs bathroom had a foul odor, the toilet seat had urine and feces on it (an interview at 5:00 p.m. indicated the substance on the toilet was urine and feces), there was no hand soap, toilet paper, or towels available, the light fixture was rusted and dirty, and the bathroom floor had brown, black, and yellow marks on it. Client #6's bedroom had a layer of dust on the dresser, television, and mirror, 25 black marks on</p>		<p>Once Maintenance repairs have been made, the Area Director will walk through to ensure all repairs have satisfied the concerns regarding the overall maintenance of the home; ensuring safe and healthy living for the clients.</p> <p>Responsible Party: Home Manager, Program Director, Maintenance Supervisor and Area Director</p>		

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	<p>the walls and the floor vent was rusted and dusty. Clients #2 and #4's room had no window covering, 2 holes 3 inch by 3 inch, cob webs in the corners coming down the walls, 25 black marks on walls, and the room had an odor. At 5:00 p.m. an interview with the QMRP indicated the odor in client #2 and #4's room smelled like urine. The family room carpet had 5 black stains 2 inch by 2 inch, a snag in the carpet 1 foot by 1 inch, the ceiling fan blades were covered in dust, and the thermostat was falling away from the wall with 8 holes 1 inch by 1 inch around it.</p> <p>On 10-10-12 at 11:45 a.m. an interview with the Qualified Mental Retardation Professional (QMRP) indicated the maintenance concerns did need to be addressed and the bathrooms did have a strong smell of urine. The QMRP indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 should all have soap, toilet paper, and towels in all of the bathrooms. The QMRP indicated there were no work orders or bids available for review. The QMRP indicated she had several different items fixed and those items were documented on her Health and Safety Report.</p> <p>9-3-1(a)</p>			

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W0112	<p>483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation and interview, the facility failed for 1 of 1 sampled clients (client #4) and 1 additional client (client #7) to ensure their record was kept confidential and not posted in the kitchen.</p> <p>Findings include:</p> <p>On 10-10-12 from 6:20 a.m. until 8:15 a.m. an observation at the home of clients #4 and #7 was conducted. On a board in the kitchen a physicians script was posted for client #4. The script for client #4 had the name of his medication which needed to be filled (cheraturoin AC 5-10-ml po) and it was posted for all to see. Client #7's physicians order for his labs drawn (compmetabolic panel and lipid panel) was posted on the board in the kitchen for all to see.</p> <p>On 10-10-12 at 7:30 a.m. an interview with Qualified Mental Retardation Professional indicated client #4 and #7's medical information should not be posted in an area for all to see.</p> <p>On 10-10-12 at 11:45 a.m. an interview with the House Manager indicated client</p>	W0112	<p>All confidential medical information that was posted was removed from the walls on 10/12/12.</p> <p>Home Manager will be retrained on ensuring identifying medical information is remained confidential and not left in a common living area.</p> <p>Ongoing, Program Director will complete Home Visits every other week to ensure that identifying confidential information is not posted in a common living area.</p> <p>Responsible Party: Home Manager and Program Director</p>	11/11/2012

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	#4 and #7's medical information should not be posted in the kitchen. 9-3-1(a)			

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W0261	<p>483.440(f)(3) PROGRAM MONITORING & CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility. Based on record review and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the home, to ensure the specially constituted committee (SCC) had parents and legal guardians as members who attended the meetings.</p> <p>Findings include:</p> <p>On 10-11-12 at 10:00 a.m. a review of the facility's SCC minutes and sign in sheet for clients #1, #2, #3, #4, #5, #6, #7, and #8 was reviewed. The meetings dated January 18, 2012, April 11, 2012, July 11, 2012 and October 2, 2012 did not include a parent and legal guardian who had participated in the deliberation or decision making at the meetings.</p> <p>On 10-11-12 at 10:15 a.m. an interview with the Area Director indicated a parent or legal guardian was not included in their SCC because she thought they were no longer allowed to participate in the</p>	W0261	<p>Area Director will invite Parents/Guardians to be members of the Human Rights Committee.</p> <p>Area Director will send out invitations and reminders on a quarterly basis to include Parents/Guardian members to ensure there is adequate and regular representative at the committee meetings.</p> <p>Responsible Party: Area Director</p>	11/11/2012	

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	meetings or be a part of the committee. 9-3-4(a)			

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed for 3 of 4 sampled clients (clients #1, #3, and #4) to promote dignity and respect by ensuring fingernails were trimmed and clean, hair was clean and body hair was trimmed as needed.</p> <p>Findings include:</p> <p>On 10-9-12 from 1:15 p.m. until 2:30 p.m. an observation at the day program for clients #3 and #4 was conducted. Client #4 had greasy hair with flakes of a white substance, long fingernails with a brown and black substance under his nails, and long hairs on the back of his neck and coming out of his nose. Client #3 had long fingernails with a brown substance under his nails.</p> <p>On 10-10-12 at 6:55 a.m. client #1 was observed during his medication administration. His fingernails were long with a yellow substance underneath them.</p> <p>On 10-9-12 at 1:30 direct care staff #15 indicated client #3's hair often was not clean with large white flakes and client #3 and #4's fingernails were usually long and dirty and needed to be cleaned and cut.</p>	W0268	<p>Home Manager and Direct Support Professionals will be retrained on promoting dignity and respect by ensuring adequate grooming and cleanliness of the consumers; including, hair cleaning, nail and trimming.</p> <p>Ongoing, Home Manager will monitor and evaluate clients during visits and supervision at minimum 3 times per week to ensure clients are groomed appropriately and in clean health.</p> <p>Ongoing, Program Director will monitor and evaluate clients during visits and general supervision at minimum 2 times monthly to ensure clients are groomed appropriately and in clean health.</p> <p>Responsible Party: Home Manager and Program Director</p>	11/11/2012

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	<p>On 10-10-12 at 11:45 a.m. an interview with the House Manager indicated clients dignity should be promoted and their hair should be clean and groomed and their fingernails should be cut and clean.</p> <p>9-3-5(a)</p>			

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed for 3 of 4 sampled clients (clients #1, #2 and #4) to ensure dental recommendations were followed.</p> <p>Findings include:</p> <p>On 10-10-12 at 8:30 a.m. a record review for client #1 was conducted. The dental form dated 5-31-12 indicated he needed to floss 1 time daily and brush 2 times daily. The Individualized Support Plan (ISP) dated 10-30-11 did not address the dentist's recommendations for his dental needs.</p> <p>On 10-10-12 at 9:20 a.m. a record review for client #2 was conducted. The dental form dated 2-17-12 indicated his teeth and gums were in poor condition and he needed to brush better. The (ISP) dated 1-25-12 did not address the dentist's recommendations for his dental needs.</p> <p>On 10-10-12 at 11:00 a.m. a record review for client #4 was conducted. The dental form dated 3-28-12 indicated he needed to brush 2 times daily. The (ISP) dated 9-25-12 did not address the dentist's recommendations for his dental needs.</p>	W0331	<p>Program Director will be retrained by Area Director on ensuring medical recommendations are followed programmatically in the ISP and through goal tracking.</p> <p>The Facility Nurse will ensure to communicate all medical recommendation to the Program Director so that the recommendations can be followed through as needed.</p> <p>Program Director will review with the nurse all consumers in the home last appointments to identify any other missed recommendation's and revise the ISP and implement needed goals for clients #1, #3 and #4 based on the dental recommendations made.</p> <p>Program Director will retrain staff on the newly revised ISP and/or implemented goal training for clients 1, 2 and 4.</p> <p>Area Director will review these goals monthly through the Monthly Summary submitted by Program Director to ensure implementation.</p> <p>Responsible Party: Program Director, Facility Nurse and Area Director.</p>	11/11/2012	

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	<p>On 10-10-12 at 11:45 a.m. an interview with the Qualified Mental Retardation Professional indicated clients #1, #3, and #4's dental recommendations had not been addressed and they all needed assistance to ensure their dental hygiene was done well.</p> <p>9-3-6(a)</p>				

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, the facility failed for 8 of 8 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived the home, to ensure milk was served at supper per the menu.</p> <p>Findings include:</p> <p>On 10-9-12 from 4:30 p.m. until 6:45 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. Clients #1, #2, #3, #4, #5, #6, #7, and #8 had supper with water and juice to drink. No milk was offered at the supper meal.</p> <p>On 10-10-12 at 11:05 a.m. a review of the facility's menu dated October 7 through October 13, 2012 indicated milk was to be served with the supper meal.</p> <p>On 10-9-12 at 6:25 p.m. an interview with direct care staff #2 indicated milk was not offered at the supper meal.</p> <p>On 10-10-12 an interview with the House Manager indicated the menu should be followed and milk should be served at supper.</p>	W0460	<p>Staff will be retrained by the Home Manager on following the diet to ensure that all items offered are to be available for the clients at mealtime.</p> <p>Home Manager will complete mealtime observations 3 times weekly for the next 30 days to ensure all items on the menu were made available to the consumers at mealtime.</p> <p>Ongoing, Home Manager will complete mealtime observation at minimum required standards of once weekly to ensure menu is being followed as required.</p> <p>Responsible Party: Home Manager</p>	11/11/2012	

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation, record review, and interview, the facility failed for 3 of 4 sampled clients (clients #1, #2, and #3) to ensure a full set of silverware was offered at supper time.</p> <p>Findings include:</p> <p>On 10-9-12 from 4:30 p.m. until 6:45 p.m. an observation at the home of clients #1, #2, and #3 was conducted. At supper time clients #1, #2, and #3 had a spoon and a fork at their place setting. Clients #1, #2 and #3 had chicken breast, beans, salad and a dinner roll for supper. Clients #1, #2, and #3 did not have a knife to assist them with cutting their meat. Direct care staff (DCS) #1 ground up client #1's meat for him. DCS #2 cut up client #2's meat for him. Client #3 cut his chicken with a fork with assistance from DCS #2.</p> <p>On 10-10-12 at 8:30 a.m. a record review for client #1 was conducted. The Comprehensive Functional Assessment (CFA) dated 10-25-11 indicated client #1 could use a knife with assistance.</p> <p>On 10-10-12 at 9:20 a.m. a record review for client #2 was conducted. The CFA dated 1-24-12 indicated client #2 could use a knife with assistance.</p> <p>On 10-10-12 at 10:05 a.m. a record review for client #3 was conducted. The CFA dated 1-20-12 indicated client #3 could use a knife with assistance.</p>	W0484	<p>Home Manager will retrain staff on ensuring eating utensils are provided during mealtime that meets the developmental needs of each client.</p> <p>Home Manager will complete mealtime observations 3 times weekly for the next 30 days to ensure all eating utensils are provided during mealtime that meets the developmental needs of each client.</p> <p>Ongoing, Home Manager will complete mealtime observation at minimum required standards of once weekly to ensure eating utensils are provided during mealtime that meets the developmental needs of each client.</p> <p>Responsible Party: Home Manager</p>	11/11/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G318	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2012
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	<p>On 10-10-12 at 11:45 a.m. an interview with the Qualified Mental Retardation Professional indicated clients #1, #2, and #3 should be offered a full set of silverware at supper time.</p> <p>9-3-8(a)</p>			

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed for 3 of 4 sampled clients clients #1, #2, and #4 to ensure they assisted with the preparation of their supper meal consistent with their developmental level.</p> <p>Findings include:</p> <p>On 10-9-12 from 4:30 p.m. until 6:45 p.m. an observation at the home of clients #1, #2, and #4 was conducted. At supper time clients #1, #2, and #4 did not assist with preparing their food. Direct care staff (DCS) #1 ground up client #1's meat for him. DCS #2 cut up client #2's meat for him. Client #4's meat, beans, and bread was purred and served to him by DCS #1.</p> <p>On 10-10-12 at 8:30 a.m. a record review for client #1 was conducted. The Comprehensive Functional Assessment (CFA) dated 10-25-11 indicated client #1 could assist with meal preparation with assistance.</p> <p>On 10-10-12 at 9:20 a.m. a record review for client #2 was conducted. The CFA dated 1-24-12 indicated client #2 could help with meal preparation with assistance.</p> <p>On 10-10-12 at 11:00 a.m. a record review for client #4 was conducted. The Individualized Support Plan dated 9-25-12 did not indicated client #4 could not assist with his meal preparation.</p> <p>On 10-10-12 at 11:45 a.m. an interview with the Qualified Mental Retardation Professional</p>	W0488	<p>Home Manager will retrain staff on consumer inclusion during meal preparation that is consistent with their developmental level, to include, modifying food based on diet.</p> <p>Home Manager will complete mealtime observations 3 times weekly for the next 30 days to ensure clients are involved with meal preparation that is consistent with and meets the developmental needs of each client.</p> <p>Ongoing, Home Manager will complete mealtime observation at minimum required standards of once weekly to ensure clients are involved with meal preparation that is consistent with and meets the developmental needs of each client.</p> <p>Responsible Party: Home Manager</p>	11/11/2012			

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	<p>indicated clients #1 and #2 should assist staff in preparing the meat and client #4 should help puree his food and serve himself with assistance.</p> <p>9-3-8(a)</p>			