

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G399	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4313 E 46TH ST INDIANAPOLIS, IN 46226		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Datres of Survey: December 2, 3, 5, 6 and 16, 2013</p> <p>Facility Number: 000913 Provider Number: 15G399 AIM Number: 100249300</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/20/13 by Ruth Shackelford, QIDP.</p>	W000000			

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

TITLE

(X6) DATE

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

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W000104	<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, record review and interview for 1 of 7 clients living in the home (client # 6), the governing body failed to exercise operating direction over the facility by failing to ensure there was a system in place for the direct care staff to document incident reports.</p> <p>Findings include:</p> <p>During the observation period on 12/3/13 from 6:00 AM to 8:00 AM, client #6 was noted at 7:20 AM during the morning medication pass to have a 2 inch scratch on his right arm. Interview with client #6 at 7:21 AM indicated he did not know how he got the scratch. Staff #3 asked client #6 if he got the scratch at work. Client #6 responded by nodding his head. Staff #3 put antibiotic cream on the scratch and applied a Band-Aid.</p> <p>The record review of the agency incident reporting policy was conducted on 12/2/13 at 1:30 PM. The policy with a revision date of April, 2011 indicated the agency "follows the BDDS Incident Reporting policy as outlined in the Provider Standards."</p>	W000104	<p>Program Director and Home Manager will retrain staff on documentation procedures and the use of incident forms for non-reportable incidents; including the use of the Immediate Investigation of Injury Form. Staff will notate incident in daily support record and on designated report form. Upon documenting incidents, staff will file the designated form behind their completed daily support record located in the client's program book. Ongoing, Home Manager will complete their documentation review; including daily support records and documented incidents 3 times weekly to ensure accurate documentation. Responsible Parties: Program Director, Home Manager</p>	01/17/2014			

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	<p>Interview with staff #3 on 12/3/13 at 7:25 AM indicated client #6 probably got the scratch on his arm at work from a box. Staff #3 indicated they didn't have to report because it was a minor injury.</p> <p>Interview with staff #1, Administrative staff, on 12/2/13 at 12:30 PM indicated the facility did not have any internal incident reports. Staff #1, Administrative staff, stated "The staff tells the home manager about an injury, the home manager tells the program director and the program director does a BDDS (Bureau of Developmental Disabilities Services) report if one is needed."</p> <p>9-3-1(a)</p>			

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 2 investigations reviewed, the facility failed to ensure an allegation of sexual abuse regarding client #4 was thoroughly investigated.</p> <p>Findings include:</p> <p>Review of the BDDS (Bureau of Developmental Disabilities Services) incident reports was conducted on 12/2/13 at 12:45 PM. An incident dated 9/30/13 and reported on 10/1/13 was as follows: "Staff walked into the restroom to find [client #4] in there with another client. The other client had his pants around his legs and [client #4] had his hands on other client's private parts. When staff entered the restroom the other client pulled up his pants and [client #4] immediately left the restroom." The investigation of the incident was dated 10/4/13 and included an interview with day program staff #1 with the following points:</p> <p>"*[Day program staff #1] stated (client from other home) went to the restroom after lunch as he always does.</p> <p>*[Day program staff #1] reported that</p>	W000154	Area Director will retrain Program Director on completing investigations thoroughly and within 5 business days; including allegations of abuse and neglect. Program Director will complete Investigations for BDDS reportable incidents that require an investigation for every consumer in the home. Program Director will email draft investigations to Area Director, Quality Assurance Specialist and Regional Director for review. The investigation will be signed by administrator once all follow-up questions are answered and investigation is determined to be thorough. Area Director and Quality Assurance Specialist tracks all BDDS reportable incidents by date and all investigations needed for reports. Responsible Party: Area Director, Program Director, Quality Assurance Specialist.	01/17/2014			

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	<p>another staff [day program staff #2] questioned [client #4's] whereabouts and realized he was not in the room.</p> <p>*[Day program staff #1] stated that she immediately went into the men's restroom across from the team. The door was locked. She proceeded to unlock the door. Upon entering the restroom staff noticed (client from other home) was standing with his back to the wall and his pants were around his ankles.</p> <p>*[Day program staff #1] reported [client #4's] hands were touching (client from other home) genitals. Both clients jumped away from each other when staff entered the restroom.</p> <p>*[Day program staff #1] reported that (client from other home) pulled up his pants and [client #4] left the restroom.</p> <p>*[Day program staff #1] reported the incident to her Manager [day program staff #2] immediately."</p> <p>The interview with day program staff #2 was as follows: "[Day program staff #2] reported that her staff [day program staff #1] reported at 1:15 pm that her staff [day program staff #1] walked into the restroom to find [client #4] with [client from other home].</p> <p>*[Day program staff #2] stated [client from other home] had his pants around his legs and [client #4] had his hands on the other client's private parts.</p>						

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	<p>*[Day program staff #2] stated when her staff [day program staff #1] entered the restroom [client from other home] pulled up his pants and [client #4] immediately left the restroom.</p> <p>*[Day program staff #2] reported that her staff [Day program staff #1] reported this incident to her at 1:15 pm.</p> <p>*[Day program staff #2] reported that she called the guardians of both individuals involved.</p> <p>*[Day program staff #2] stated that she will ensure that the clients are never in a situation to be alone."</p> <p>Interview with Administrative staff #1 on 12/5/13 at 2:30 PM indicated the investigation did not include the number of staff on duty, where the staff was at the time, what activity the clients were supposed to be involved, and how many clients were in the room.</p> <p>9-3-2(a)</p>				

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W000336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the nursing services failed to provide quarterly nursing assessments.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 12/3/13 at 11:52 AM. Review of client #1's physical record book indicated the last quarterly nursing assessment of their health status was conducted on 6/20/13. There was no indication client #1 had been seen by the nurse since 6/20/13.</p> <p>The record review for client #2 was conducted on 12/3/13 at 10:39 AM. The physical record book for client #2 indicated the last quarterly nursing assessment of their health status was conducted on 6/20/13. There was no indication client #2 had been seen by the nurse since 6/20/13.</p> <p>The record review for client #3 was conducted on 12/3/13 at 11:16 AM. The physical record book for client #3</p>	W000336	<p>The Facility Nurse was retrained on 12/10/13 on the timely completion of Quarterly Nursing Assessments as this citation was given in other completed surveys of the same nurse. Facility Nurse was also placed on a performance completion schedule created by Nursing Director to complete all outstanding nursing items; including 46th St within 30 days. On 12/20/13 Indiana Mentor accepted the resignation of Facility Nurse. Nursing Director will complete Quarterly Nursing Assessments for all consumers in the home. Nursing Director will cover nursing needs of the home in the interim while a new nurse is hired and trained on all nursing responsibilities. Hired Facility Nurse will submit weekly checklists to the Area Director monthly that identifies the completion of all required paperwork and assessments. Responsible parties: Nursing Director, Facility Nurse, Area Director</p>	01/17/2014			

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	<p>indicated the last quarterly nursing assessment of their health status was conducted on 6/20/13. There was no indication client #3 had been seen by the nurse since 6/20/13.</p> <p>The record review for client #4 was conducted on 12/3/13 at 12:14 PM. The physical record book for client #4 indicated the last quarterly nursing assessment of their health status was conducted on 6/20/13. There was no indication client #4 had been seen by the nurse since 6/20/13.</p> <p>A phone interview with staff #4, LPN (Licensed Practical Nurse), was conducted on 12-5-13 at 2:00 PM. Staff #4, LPN, indicated she had done the nursing assessments but the documentation was on her computer. Staff #4, LPN, stated the assessments would be provided for review "immediately." As of 12/16/13 (survey exit date), the assessments had not been provided.</p> <p>9-3-6(a)</p>				

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, record review and interview for 1 of 4 sampled clients (client #3), the facility failed to ensure medication was administered in compliance to physician's orders.</p> <p>Findings include:</p> <p>During the morning observation period on 12/3/13 from 6:00 AM to 8:00 AM, the morning medication pass started at 6:30 AM. Client #3 was first to receive her medication. Staff #3 prepared the medication in a 4 ounce paper cup as follows: Fish Oil 1000 mg. (milligram) (supplement), Atenolol 25 mg (hypertension), Child Animal Chew Vitamin (supplement), Loratadine 10 mg. (allergies) and Levothyroxine 75 mg (thyroid). Staff #3 handed the paper cup to client #3. Client #3 put the pills in her mouth and chewed. Client #3 removed the fish oil pill after chewing from her mouth and threw it in the waste basket. Staff did not check to see if the fluid was out of the pill.</p> <p>The physician's orders dated 12/1/13 through 12/31/13 were reviewed on 12/6/13 at 10:00 AM. The orders</p>	W000368	Home Manager and Program Director will retrain staff on medication administration and following Physician orders of administration for all clients in the home; including client # 3's fish oil administration.Home Manager will complete medication administration observations for all individual staff in the home for all clients within the next 30 days.Ongoing, Home Manager complete medication observations per established frequency.Responsible Parties: Home Manager, Program Director	01/17/2014			

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	<p>indicated the following for administration of the fish oil: "Snip the tip of 1 capsule and drain into 1 spoonful of applesauce, oatmeal, etc. then give by mouth."</p> <p>Interview with staff #3 on 12/3/13 at 7:40 AM stated "[Client #3] always chews her medication and we have never put the fish oil in food."</p> <p>9-3-6(a)</p>			

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W000369	<p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation of 2 of 20 doses of medication administered, record review and interview for 1 of 4 sampled clients (client #2), the facility failed to ensure all medications were administered.</p> <p>Findings include:</p> <p>During the morning observation period on 12/3/13 from 6:00 AM to 8:00 AM, the morning medication pass started at 6:30 AM. Client #2 received his medication at 6:55 AM. Client #2 received the following medications:</p> <ul style="list-style-type: none"> Fludrocortisone .1 mg (milligram) for hypoaldosteronism Child Animal Chew - nutritional supplement Doxycycline 100 mg. - antibiotic (acne) Oyster Calcium 500 mg - nutritional supplement Natural Fiber Therapy Powder for hemorrhoids. <p>The December, 2013 MAR (Medical Administration Record) was reviewed on 12/3/13 at 7:35 AM. The MAR indicated client #2 was to receive the above</p>	W000369	Home Manager and Program Director will retrain staff on medication administration and following Physician orders of administration for all clients in the home; including client # 2'a topical medication and nasal spray.Home Manager will complete medication administration observations for all individual staff in the home for all clients within the next 30 days.Ongoing, Home Manager complete medication observations per established frequency.Responsible Parties: Home Manager, Program Director	01/17/2014			

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	<p>medications as well as Fluticasone Nasal Spray, 2 sprays in each nostril for Rhinusinusitis and Clindamycin Cream to be applied to face every morning for acne.</p> <p>Interview with staff #3 was conducted on 12/3/13 at 7:40 AM. Staff #3 stated "I forgot my glasses and missed seeing the nasal spray and cream."</p> <p>9-3-6(a)</p>			

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (client #4), the facility failed to insure the client was prompted to use a reverse walker correctly.</p> <p>Findings include:</p> <p>During the observation period on 12/2/13 from 4:00 PM to 7:25 PM, client #4 returned from his day program at 4:45 PM. Client #4 was using a reverse walker (front of walker legs has wheels and is slightly higher than back of walker legs) with it pushed out in front of his body by at least one foot. At 4:50 PM client #4 left the walker in the living room and was carrying a bag of chips to the kitchen. Staff #2 stated "He doesn't like using the walker and leaves it behind when he is at home." Staff #2 did not prompt client #4 to walk with the walker.</p> <p>During the observation period on 12/3/13 from 6:00 AM to 7:55 AM, client #4 was observed sitting in the living room at 6:00 AM without the walker. Staff #4</p>	W000436	<p>Program Director and Home Manager will retrain staff on the appropriate use of client #4 walker; including redirection when improper use is observed. Program Director and Home Manager will review and retrain staff on the use of adaptive equipment of all clients in the home. Home Manager will complete active treatment observations 3 times weekly for 30 days to ensure appropriate use of all adaptive equipment. Ongoing, Home Manager will complete active treatment observations per established frequency. Responsible parties: Home Manager, Program Director</p>	01/17/2014			

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	<p>indicated the walker had been left in the bedroom.</p> <p>The record review for client #4 was conducted on 12/3/13 at 12:14 PM. The record included a Fall Protocol (undated) for client #4. The Fall Protocol included the following information: "Lack of voluntary coordination of muscle movements (ataxic gait) causes [client #4] to stumble into walls, furniture. PT (Physical Therapy) completed (5-2012) and reverse walker obtained. Helmet to be worn while at day placement and whenever he has a behavior (which causes him to throw himself into objects). Encourage [client #4] to use his walker at all times when up and walking. Keep walkways clear, maintain well-fitting shoes."</p> <p>Interview with staff #1, QIDP (Qualified Intellectual Disabilities Professional), on 12/3/13 at 8:30 AM indicated client #4 had a gait belt before he used a walker. Staff #1, QIDP, stated "[Client #4] didn't like the walker and had to be prompted to use it and to slow down."</p> <p>9-3-7(a)</p>				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G399	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4313 E 46TH ST INDIANAPOLIS, IN 46226		
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W000454	<p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation and interview for 2 of 4 sampled clients (clients #1 and #3), the facility failed to ensure food dropped on table was not placed back into serving bowl.</p> <p>Findings include:</p> <p>During the observation period on 12/2/13 from 4:00 PM to 7:25 PM, the evening meal was served at 6:00 PM. The meal consisted of turkey, rice and vegetable casserole, salad and fruit. The food was served out of bowls and passed to each client. Client #3 dropped some rice on the table, picked it up with her fingers and put it back into the serving bowl. Staff #4 and #5 were sitting at the table but did not redirect the client and did not remove that bowl of food from the table. The bowl was passed to client #1 who took a serving from the bowl.</p> <p>The interview with staff #1, Administrator, was conducted on 12/5/13 at 2:30 PM. Staff #1, Administrator, stated "The bowl should have been removed from the table and not served to another client."</p>	W000454	<p>Program Director and Home Manager will retrain staff on infection control and providing a sanitary environment to avoid sources and transmission of infections; including the handling of food at mealtime. Home Manager will complete mealtime observations 3 times weekly for 30 days to ensure proper handling of food. Ongoing, Home Manager will complete mealtime observations per established frequency. Responsible Parties: Program Director and Home Manager</p>	01/07/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G399	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
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	9-3-7(a)			