

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G568	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2011
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7740 ALLISONVILLE RD INDIANAPOLIS, IN46250
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W0000	<p>This visit was for the investigation of Complaint #IN00099335.</p> <p>Complaint #IN00099335: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W149 and W157.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: 11/14/2011 and 11/15/2011</p> <p>Facility Number: 001082 Provider Number: 15G568 AIM Number: 100245520</p> <p>Survey Team: Brenda Nunan, RN Public Health Nurse Surveyor III</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/28/11 by Ruth Shackelford, 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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W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review, the facility failed to implement their policy and procedures to prevent neglect for 1 of 4 sampled clients by not adequately supervising a client and ensuring his safety when leaving a client unattended at the front door of another group home (client A).</p> <p>Findings include:</p> <p>Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services incident reports from 08/14/2011 through 11/14/2011 were reviewed on 11/14/2011 at 12:14 p.m.</p> <p>An Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services incident report, dated 10/29/2011 at 6 p.m. indicated, "[Client A] was dropped off at another group home from [facility] while his housemates went on an outing. His staff failed to walk him to the door... [Client A] never actually went into the house, and instead walked back to his group home, where he took his blanket and pillow, and left again. He walked around for several hours and ended up at</p>	W0149	<p>The Home Manager and Program Director will be retrained on the procedure for sharing staffing and/or transferring clients from one set of staff to another for any period of time. The Home Manager and/or Program Director will retrain the Direct Care Professionals on this procedure as well. All Direct Care Professionals will continue to be client specifically trained before working with a particular client so that they are aware of the Individualized Support Plans for each client they are working with. Ongoing, Indiana MENTOR will continue to track the Client Specific Training completed for each client on a weekly basis. This will continue to be updated as changes occur. The Program Director and/or Home Manager will complete 4 weekly observations to ensure that staff are following the Individualized Support Plans for each client they are working with, and that they are client specifically trained to work with each client they are supporting. Completion Date: December 15, 2011 Responsible Party: Home Manager and Program Director</p>	12/15/2011	

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	<p>[a hotel]...."</p> <p>A "Draft Summary of Internal Investigation Report," dated 10/30/2011, indicated, "...[On-call House Manager] received her first call at 1:15 am from [House Manager], stating that staff needed her to call them because [client A] was missing...[client A] wasn't at the [group home] when they went to pick him up after their outing...[On-call House Manager] said she got in her vehicle and started looking for [client A]...[Hotel] called and he was there and wanted to be picked up...[On-call House Manger] directed [DSP #2] to go pick up [client A]. [On-call House Manager] went to the group home shortly after 2 a.m. to check on [client A]...[Client A told [On-call House Manager] he walked [Interstate] and was looking for some place to go... [DSP #1] said they left at approximately 5:30 pm (SIC) to take [client A] to the [another group home]...[DSP #1] stated that neither of them (DSP #1 and DSP #2) got out of the van to ensure his entry... [Client A] stated that he was dropped off at the [group home], but never entered the home...[Client A] said he returned to his group home climbed through the window and got his blanket and pillow and hit the road...[Client A] said he got tired and entered the [hotel] and asked them to call the group home...[Client A's] BDP</p>			

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	<p>(Behavior Development Program) is expired...[client A] had a behavior on 10-20-11 and 10-23-11...[Client A] eloped from the group home and was gone for 8 hours. Evidence supports that there was no communication between the [group home] staff...regarding [client A's] arrival at the group home. Evidence supports that the IDT (Interdisciplinary Team) did not make the decision for [client A] not to attend the pre-planned outing. Evidence supports a violation of [client A's] rights. Evidence supports that [DSP #2 and DSP #1] did not ensure [client A] was placed in the supervision of the [group home] staff...."</p> <p>Client A's record was reviewed on 11/15/2011 at 10:38 a.m.</p> <p>A "Behavior Development Program (BDP) Update," dated 04/08/2011, indicated, a targeted problem of "Runs/Wanders Away." The BDP indicated, "Running away will be defined to occur only at times when (client A) is scheduled to be in a specified environment...Running away is defined as leaving without informing staff...."</p> <p>An Individual Support Plan (ISP) dated, 09/09/2011, indicated, ...(Client A) lives in a group home setting with 24 hour supervision...."</p>				

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	<p>A "Risk Management Assessment and Plan," dated 09/09/2011, indicated a risk in regard to "ability to remain alone in any environment...Person requires 24 hour awake supervision...."</p> <p>An undated policy, titled "Quality and Risk Management" was provided by Administrative staff #1 on 11/14/2011 at 11:45 a.m. The policy indicated, "...Indiana MENTOR promotes a high quality of services and seeks to protect individuals...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...Alleged, suspected, or actual abuse, neglect, or exploitation of an individual...shall be reported to adult protective services...The provider shall suspend staff involved in an incident from duty pending investigation by the provider...Indiana MENTOR is committed to ensuring the individuals we serve are provided with a safe and quality living environment...Indiana MENTOR is committed to completed a thorough investigation for any event out of the ordinary which jeopardized the health and safety of any individual served or other employee...."</p>				

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	<p>During an interview on 11/14/2011 at 5:00 p.m., the QDDP (Qualified Developmental Professional) indicated DSP #1 or DSP #2 should have walked client A to the group home door and verified the receiving group home accepted supervision of the client.</p> <p>During an interview on 11/15/2011 at 1:50 p.m., Administrative staff #1 stated, "There was a break down in communication." She indicated staff should have communicated client A's presence, medications to be given, and/or schedules to be followed during the visit.</p> <p>This Federal tag relates to complaint #IN00099335</p> <p>9-3-2(a)</p>				

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W0157	<p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to take the appropriate corrective action in regard to re-training staff on procedures for transferring supervision of a client to another entity for 1 of 1 allegation of neglect reviewed for client A.</p> <p>Findings include:</p> <p>The facility's incident reports and/or investigations from 08/14/2011 through 11/14/2011 were reviewed on 11/14/2011 at 12:14 p.m.</p> <p>An Indiana Division of Disability and</p>	W0157	<p>The Home Manager and Program Director will be retrained on the procedure for sharing staffing and/or transferring clients from one set of staff to another for any period of time. The Home Manager and/or Program Director will retrain the Direct Care Professionals on this procedure as well. All Direct Care Professionals will continue to be client specifically trained before working with a particular client so that they are aware of the Individualized Support Plans for each client they are working with. Ongoing, Indiana MENTOR will continue to track the Client Specific Training completed for each client on a weekly basis.</p>	12/15/2011

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	<p>Rehabilitative Services/Bureau of Developmental Disabilities Services incident report, dated 10/29/2011 at 6 p.m. indicated, "[Client A] was dropped off at another group home from [facility] while his housemates went on an outing. His staff failed to walk him to the door... [Client A] never actually went into the house, and instead walked back to his group home, where he took his blanket and pillow, and left again. He walked around for several hours and ended up at [a hotel]...."</p> <p>A "Draft Summary of Internal Investigation Report," dated 10/30/2011, indicated, "...[On-call House Manager] received her first call at 1:15 am from [House Manager], stating that staff needed her to call them because [client A] was missing...[client A] wasn't at the [group home] when they went to pick him up after their outing...[On-call House Manager] said she got in her vehicle and started looking for [client A]...[Hotel] called and he was there and wanted to be picked up...[On-call House Manger] directed [DSP #2] to go pick up [client A]. [On-call House Manager] went to the group home shortly after 2 a.m. to check on [client A]...[Client A told [On-call House Manager] he walked [Interstate] and was looking for some place to go... [Direct Support Professional (DSP) #1]</p>		<p>This will continue to be updated as changes occur. The Program Director and/or Home Manager will complete 4 weekly observations to ensure that staff are following the Individualized Support Plans for each client they are working with, and that they are client specifically trained to work with each client they are supporting. Completion Date: December 15, 2011 Responsible Party: Home Manager and Program Director</p>		

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	<p>said they left at approximately 5:30 pm (SIC) to take [client A] to the [another group home]...[DSP #1] stated that neither of them (DSP #1 and DSP #2) got out of the van to ensure his entry...[Client A] stated that he was dropped off at the [group home], but never entered the home...[Client A] said he returned to his group home climbed through the window and got his blanket and pillow and hit the road...[Client A] said he got tired and entered the [hotel] and asked them to call the group home...[Client A's] BDP (Behavior Development Program) is expired...[client A] had a behavior on 10-20-11 and 10-23-11...[Client A] eloped from the group home and was gone for 8 hours. Evidence supports that there was no communication between the [group home] staff...regarding [client A's] arrival at the group home. Evidence supports that the IDT (Interdisciplinary Team) did not make the decision for [client A] not to attend the pre-planned outing. Evidence supports a violation of [client A's] rights. Evidence supports that [DSP #2 and DSP #1] did not ensure [client A] was placed in the supervision of the [group home] staff...."</p> <p>During an interview on 11/14/2011 at 5:00 p.m., the QDDP (Qualified Developmental Professional) indicated DSP #1 or DSP #2 should have walked</p>			

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W0210	<p>client A to the group home door and verified the receiving group home accepted supervision of the client. The QDDP indicated group home staff had not received training in procedures for transferring supervision of a client to another group home.</p> <p>During an interview on 11/15/2011 at 1:50 p.m., Administrative staff #1 stated, "There was a break down in communication." She indicated staff should have communicated client A's presence, medications to be given, and/or schedules to be followed during the visit. Administrative staff #1 stated she expected staff training on procedures for transferring supervision of a client to another entity to "have been timely."</p> <p>This Federal tag relates to complaint #IN00099335.</p> <p>9-3-2(a)</p> <p>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 on interview and record review, the</p>	W0210	The Home Manager and Program	12/15/2011	

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	<p>facility failed to complete an assessment for unsupervised time for 1 of 4 sampled clients reviewed for unsupervised activities (client A).</p> <p>Findings include:</p> <p>During an interview on 11/15/2011 at 2:50 p.m., the QDDP (Qualified Developmental Disabilities Professional) indicated client A was out in the community daily during the summer for his alone time. She stated, "[Client A] can be dropped off at the shopping mall and can be alone for up to 2 hours per day."</p> <p>Client A's record was reviewed on 11/15/2011 at 10:38 a.m.</p> <p>A "Behavior Development Program (BDP) Update," dated 04/08/2011, indicated, "...[Client A] is assigned a level (1-3) based on his performance for the previous 24-hour period...[Client A] will begin this component at Level (SIC) 3 (may attend community outings and participate in approved preferred activities including unsupervised time)...When (client A) maintains Level 3 in his levels to success program...for five consecutive days he will have the opportunity to have unsupervised time in the community...."</p>		<p>Director will be retrained on ensuring that all Behavior Support Plans are followed as they are written.</p> <p>The Direct Support Professionals will be retrained on ensuring that all Behavior Support Plans are followed as they are written.</p> <p>The Program Director will be retrained on ensuring that all client specific documents that pertain to the client's Individualized Support Plan match. This should include the BSP, ISP and High Risk Plan.</p> <p>Ongoing the Program Director will complete monthly reviews of the Direct Care Staff's documentation to show what behaviors occurred when and to ensure that each incident was followed according to the BSP. These monthly reviews will then be further reviewed by the Area Director.</p> <p>Ongoing, the Area Director and Quality Assurance Specialist will review all ISPs and High Risk Plans as they are written to ensure that all accurate and completed appropriately.</p> <p>Completion Date: December 8, 2011 Responsible Party: Home Manager and Program Director, and Area Director</p>		

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	<p>An Individual Support Plan (ISP) dated, 09/09/2011, indicated, ...(Client A) lives in a group home setting with 24 hour supervision...."</p> <p>A "Risk Management Assessment and Plan," dated 09/09/2011, indicated a risk in regard to "ability to remain alone in any environment...Person requires 24 hour awake supervision...."</p> <p>9-3-4(a)</p>				