STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G471	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	3031 E KESSLER INDIANAPOLIS, IN 46220

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W 0000 Bldg. 00	This visit was for a recertification and state licensure survey. This visit included the investigation of complaint #IN00167808. This visit was in conjunction with a post certification revisit (PCR) to complaints #IN00177948 and #IN00183719 investigated on 10/30/15. Complaint #IN00167808 - Unsubstantiated, due to lack of evidence. Dates of Survey: December 10, 11, 14, 15, 2015 Provider Number: 15G471 Aim Number: 100244650 Facility Number: 000985 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/23/15.	W 0000		
W 0186 Bldg. 00	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on observation, record review and interview, the facility failed for 3 of 3 sampled clients (A, B, C) and 2 non-sampled clients (D, E) to provide sufficient staff to provide supervision to manage client training and behavioral programs. Findings include: An observation was done at the group home on 12/11/15 from 5:58a.m. to 7:04a.m. During the observation time there were 5 clients and 2 staff on duty. At 5:58a.m., staff #5 was in the medication room passing medication to client A and staff #6 was in the dining room with clients B, C, D and E. Staff #6 was keeping client B in eyesight and would follow him if he left the dining room. At 6:02a.m. client C was called to the medication room. Client C, who is blind, was escorted by staff #6 to the medication room, leaving clients A, B, D and E unsupervised. Client B went into the kitchen and when staff #6 returned to the dining room, gave a verbal prompt to client B to come out of the kitchen. Client B was observed to go from the dining room to the television room and	W 0186	Home Manager and Program Director will be retrained on staffing needs to ensure adequate supervision is being provided to address individual consumer needs. The group home client schedule will be reviewed to ensure that no changes are needed to complete most activities while more staff are present in the house. The group home staff schedule will be reviewed once the client schedule is reviewed to see where additional staffing is needed to ensure that all client needs are being met. Observations of staff performance will be completed by Indiana Mentor management three times per week for 30 days at varying times to ensure adequate staff support and supervision is being provided to address individual consumer needs and medical protocols are being implemented appropriately per consumer. Ongoing, observations of staff performance will be completed by the Program Director and/or Home Manager two times per week for 30 days at varying times to ensure adequate staff support and supervision is being provided to address individual consumer needs are being implemented	01/16/2016

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	staff #6 followed him, keeping him in eyesight. Staff #5 continued to be in the medication room until 6:32a.m. At 6:18a.m., client B spit on the dining room floor and walked out of the area. Staff #6 continued to follow client B and could not clean up the spit on the floor. Clients A, C, D and E were observed to walk around the spit on the floor. At 6:22a.m. client C's pants were loose on his waist and staff #6 took client C to his bedroom to put a belt on. Staff #6 had client B come with them to client C's bedroom so he could be supervised while she assisted client C. Record review for client B was done on 12/14/15 at 11:38a.m. Client B's 1/22/15 individual support plan (ISP) indicated client B needed assistance to complete personal hygiene needs. The ISP also indicated due to his elopement history, staff were to keep client B within line of sight for monitoring. Staff #6 was interviewed on 12/11/15 at 6:20a.m. Staff #6 indicated client B was to be kept in eyesight due to his elopement behavior. Staff #6 indicated with 2 staff on duty in the mornings and with 1 staff passing medications, it was hard to supervise client B (eyesight) and the other clients. Staff #6 indicated client B had the behavior of		appropriately per consumer. Responsible Party: Home Manager and Program Director, and Area Director	

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	spitting/regurgitating onto the floor. Staff #1 was interviewed on 12/11/15 at 7:18a.m. Staff #1 indicated he wasn't sure why there were only 2 staff scheduled on Friday (12/11/15). Staff #1 indicated facility staff needed to know the whereabouts of client B at all times. Staff #1 indicated clients B, C and D needed direct staff assistance with personal hygiene, bathing, dressing and were unable to self direct their leisure time and to stay on a task. 9-3-3(a)			
W 0227 Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN 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. Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (A) to ensure client A's individual support plan (ISP) had a training program in place to address his identified behavior/stimulation training needs. Findings include:	W 0227	The IDT will meet to discuss the targeted behavior of client A's rubbing his pants and area surrounding his groin. The team, including the behavior specialist, will implement a procedure for redirecting Client A when he attempts to engage in this targeted behavior, without compromising his dignity in social situations, or while at his home.	01/16/2016

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	Observations were done at the group home on 12/10/15 from 4:24p.m. to 6:05p.m. and on 12/11/15 from 5:58a.m. to 7:04a.m Throughout the observation times client A was observed to rub the outside area of his pants around his penis area and would put his hand inside the front of his pants in his penis area. Staff did not redirect client A. Record review for client A was done on 12/14/15 at 2:02p.m. Client A's 9/18/15 individual support plan (ISP) did not address client A's constant rubbing of his penis area. Interview of staff #1 on 12/14/15 at 2:22p.m. indicated client A had a history of rubbing his penis area for self stimulation. Staff #1 indicated staff should be redirecting client A when he displayed this self stimulation. Staff #1 indicated this identified training need was not addressed in client A's ISP. 9-3-4(a)		These updates will be addressed in the updated Behavior Support Plan, and the Individualized Support Plan. Staff will then be retrained on all of these updates, including the new procedures for addressing Client A's targeted behavior. Staff will be retrained on client dignity, and addressing such needs, in a socially acceptable way to not compromise the dignity of any client. For the first 30 days, the Program Director and/or Program Coordinator will complete 3 weekly Active Treatment Observations to ensure that Direct Support Staff are following all behavior support plans and to ensure that all staff are following all appropriate client specific protocols. After the initial 30 days, the Program Director will complete the required weekly active treatment observations to ensure that all staff are following the appropriate client protocols and BSPs.	
W 0249	483.440(d)(1)			

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Bldg. 00	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. Based on observation, record review, and interview, the facility failed for 2 of 3 sampled clients (A, C), to ensure the clients' medication and communication training programs were implemented when opportunities were present. Findings include: An observation was done at the group home on 12/10/15 from 4:24p.m. to 6:05p.m. At 4:45p.m. client A received his medication. Staff #4 had popped out client A's pills into a medication cup and gave the medication cup to client A. Client A was not prompted to pop out his own medication. Client C was observed to eat supper at 5:48p.m. Client C did not use any sign language at meal time. The record of client A was reviewed on 12/14/15 at 2:02p.m. Client A's 9/18/15 individual support plan (ISP) indicated client A had a training program to be assisted with the popping of his medication from the medication packet.	W 0249	The Direct Support Professionals will be retrained on completing formal and informal training goals for each client. The Direct Support Professionals will be retrained on documenting formal training goals for each client. After the retraining occurs, the Home Manager will complete two (2) weekly observations to ensure that the goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs to be addressed. After the initial four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed. Ongoing each DSP will work with each client on their specific Individualized Support Plan that states each goal.	01/16/2016

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	The record of client C was reviewed on 12/14/15 at 1:11p.m. Client C's 2/11/15 ISP indicated client C had a training program to physically use sign language to request the word "food" before client C eats at the dinner table. Staff #1 was interviewed on 12/14/15 at 2:22p.m. Staff #1 indicated client A had a current training program to assist with the popping out of his medication. Staff #1 indicated client C had a communication program to sign food at meals. Staff #1 indicated clients A and C's individual training programs should have been implemented at all opportunities. 9-3-4(a)		For the first four weeks, the Home Manager will complete documentation reviews no less than every 48 hours to ensure that goals are being documented correctly by each staff. After the initial four weeks and ongoing, the Home Manager will complete documentation reviews no less than weekly to ensure that all goals are being ran and documented appropriately. Any ongoing completion and documentation errors will be brought to the Program Director's attention for further corrective action on staff. Responsible Party: Home Manager and Program Director	
W 0289 Bldg. 00	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (B) with a restrictive behavior management plan, to ensure that all interventions (door alarms) to manage client B's behaviors were included in the	W 0289	The Program Director will be trained on the correct process for retrieving the appropriate approvals for the Behavior Support Plans, behavior controlling medications, and the use of sedatives/restraints before and during any appointment.	01/16/2016

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	client's individual support plan (ISP). Findings include: During the observation on 12/10/15 from 4:24p.m to 6:05p.m., at the group home, the doors to enter/exit the facility had working alarms. Review of the record of client B was done on 12/14/15 at 11:38a.m. Client B's 1/22/15 ISP indicated client B had elopement identified as a behavior in his plan. Client B's ISP did not include the use of door alarms for his identified behavior of elopement. Interview of staff #1 on 12/14/15 at 2:22p.m., indicated the facility's door alarms were for client B's identified behavior of elopement. Staff #1 indicated client B's program intervention (door alarms) had not been incorporated into a training program. 9-3-5(a)		The Program Director will add in the use of restraints to client 1's behavior support plan. The Program Director will see approvals for the use of restraints to be included in client #1's BSP. Ongoing, the Program Director will correctly retrieve the approvals for all future Behavior Controlling/Sedatives/use of restraints from the Guardian/Health Care Representative first, then once received, will get the appropriate approval from the Human Rights Committee, before implementing. Ongoing, the Area Director will complete random quarterly audits to ensure that all of the proper approvals are in place from the IDTs. Responsible Party: Program Director and Area Director	
W 0440 Bldg. 00	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 5 of 5 clients (A, B,	W 0440	All Direct Support Professionals will receive a retraining every other month to ensure that they	01/16/2016

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	C, D, E) to ensure evacuation drills were completed quarterly, for each of the facility's personnel shifts, from 12/1/14 through 12/14/15. Findings include: Record review of the facility's evacuation drills from 12/1/14 through 12/14/15 for clients A, B, C, D and E was completed on 12/14/15 at 12:02p.m. The most recent documented evening shift evacuation drill was dated 2/9/15. The day shift had documented drills on 12/27/14 and 10/14/15. There were no night shift drills documented between 3/10/15 to 9/11/15. Interview of professional staff #1 on 12/14/15 at 2:22p.m. indicated he did not have any other documented evacuation drills for review. Staff #1 indicated all scheduled June 2015 drills were missing. Staff #1 indicated evacuation drills should have been completed per each shift on a quarterly basis. 9-3-7(a)		understand the importance of completing the monthly fire drills. The retraining will include reviewing a copy of the Fire Drill Schedule. Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met. Ongoing, all completed fire drill reports will be turned in to and reviewed by Quality Assurance for accuracy and thoroughness of each drill.	
W 0455 Bldg. 00	483.470(l)(1) INFECTION CONTROL There must be an active program for the			

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	prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, for 3 of 3 sampled clients (A, B, C) and 2 additional clients (D, E), the facility failed to encourage the clients to wash their hands before meals, after self stimulation and during the medication pass. Findings include: An observation was done at the group home on 12/10/15 from 4:24p.m. to 6:05p.m. Throughout the observation time client A was observed to rub the outside area of his pants around his penis area and would put his hand inside the front of his pants in his penis area. Client A was not prompted to wash his hands. At 4:45p.m. client A received his medication. Client A did not wash his hands prior to the medication pass. Staff did not prompt client A to wash his hands. At 5:48p.m. clients A, B, C, D and E were verbally prompted to come to the dining room for supper. None of the clients washed their hands before eating supper. Staff did not prompt the clients to wash their hands before dining. Interview of staff #1 on 12/14/15 at 2:22p.m. indicated all clients should be washing their hands prior to dining and	W 0455	All Direct Support Professionals will be retrained on Indiana MENTOR's policy and Procedure regarding Infection Control. The DSPs will be retrained on ensuring the clients wash their hands before and after they eat. The clients will be retrained on ensuring they wash their hands before and after they eat. The Program Director will complete 2 weekly active treatment observations for 4 weeks, and then 1 per week afterwards to ensure that the infection control policy is being instructed and utilized as expected. Ongoing, the Area Director will complete quarterly pop in visits to ensure that all policies and procedures are being followed. Responsible Party: Home Manager, Program Director, and Area Director.	01/16/2016

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	receiving medication. Staff #1 indicated client A should have been prompted to stop rubbing his penis area and to wash his hands as needed. 9-3-7(a)			