

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G407	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/20/2012
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2113 E KESSLER BLVD INDIANAPOLIS, IN 46220		
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: December 18, 19 and 20, 2012.</p> <p>Facility Number: 000921 Provider Number: 15G407 AIMS Number: 100239540</p> <p>Surveyor: Claudia Ramirez, RN/Public Health Nurse Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 28, 2012 by Dotty Walton, 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 record review and interview, the governing body failed to exercise general direction in a manner to ensure 1 of 4 sample clients (clients #3), did not pay for his eyeglasses.</p> <p>Findings include:</p> <p>1. On 12/19/12 at 10:50 AM a record review for client #3 was completed. The financial review indicated client #3 had paid for his eyeglasses in the amount of \$219.00.</p> <p>On 12/20/12 at 9:30 AM an interview with the AD (Area Director) was conducted. She indicated client #3 should not have paid for his own eyeglasses and had not been reimbursed by the facility for the eyeglasses.</p> <p>9-3-1(a)</p>	W0104	<p>Client #3 will be reimbursed for his glasses that he purchased with his own money. The Program Director will be retrained on the use of client funds. All financial transactions are monitored by the Home Manager, reconciled on a monthly basis by the Program Director, and then reviewed by the Client Finance Specialist at the completion of each month. Once a month the Client Finance Specialist will notify the Area Director of all clients, if any, that made inappropriate purchases, so that the Area Director can follow up on the plan of correction. Ongoing, the Area Director will complete quarterly reviews of a random sample of client finances to ensure that all is completely accurately and correctly.</p> <p>Completion Date: January 13, 2013 Responsible Party: Home Manager, Program Director, Client Finance Specialist, and Area Director.</p>	01/19/2013	

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W0149	<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. Based on record review and interview for 1 of 8 BDDS (Bureau of Developmental Disabilities Services) reports reviewed regarding client protection, the facility neglected to implement the facility's policy and procedure and neglected to provide appropriate supervision to the clients (clients #1 and #2).</p> <p>Findings include:</p> <p>On 12/18/12 at 9:30 PM the facility's BDDS Reports were reviewed from 12/12/11 through 12/17/12 and indicated the following:</p> <p>03/29/12: "It was reported that staff, [staff #3], left [client #1] and [client #2] in the van unsupervised while she went into a store. A home manager from a different group home monitored the van until the staff came back once it was discovered the clients were in the van. [Staff #3], has been suspended pending an investigation. The outcome of the investigation will be given at further follow up. [Agency] will continue to monitor the safety of [client #1] and [client #2]."</p>	W0149	An investigation was completed at the time of the incident. The staff member was terminated due to neglect of clients #1 and #2. All other staff were retrained on Indiana MENTOR's Abuse, Neglect, and Exploitation Policy per the recommendations resulting from the investigation. Ongoing, all staff will review Indiana MENTOR's Abuse, Neglect, and Exploitation policy at least annually, but more as needed. Responsible Party: Home Manager and Program Director	01/19/2013	

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	04/04/12: "Summary of Internal Investigating Report. Date of incident: 03/29/12. Dates of Investigation: 03/29/12, 03/30/12...List of documents reviewed: [client #1's] 10/6/11 ISP (Individual Support Plan)...which states he must be supervised while in the community. [Client #2's] ISP...which states he must be supervised while in the community...Factual Findings: [House Manager] (at a different agency group home) reported that while taking a few of her clients to get their haircuts on 3/29/12 around 6 PM at [name] she saw another group home van sitting in the parking lot by the [phone] Store. She walked over to the van and saw 2 clients sitting in the van...She reports that she remembers that the van was running and she could see the staff's purse sitting on the sear of the van. She reports that she did see a staff, who waved at her, through the window of the [phone] store...She reports that she 'wasn't tracking the time exactly but guessed it to be about 20 minutes that staff was inside the [phone] store'. [Staff #3] reports that after dinner yesterday (3/29/12) she got a call from [phone store] around 5:30 PM saying that she had left her bank card there from when she had went up to the store earlier in the day (before her shift). She reports that she left with [client #1] and [client #2] to go pick up the bank card from [phone store] in the group						

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	<p>home van...She reports that she pulled up to [phone store] and left the two clients in the group home van...She reported that she took the keys with her inside the store so that van was turned off...She reports that she was inside the [phone store] less than 15 minutes...[Client #2] reports that he 'and [client #1] went to the store with [staff #3]'...He reports that he was in the van with [client #1], he reports that no one else was in the van with them. He reports that he can't remember if the van was on or not. He reports that he can't remember if the radio or air/heat was on... [Client #1] reports he 'went to the [phone store] yesterday with [staff #3] and [client #2] after dinner'...He reports that he did not go inside the store; that he and [client #2] stayed outside in the van. He reports he doesn't remember if the van was turned on or not. He reports that he can't remember if the radio or the air/heat was on in the van. Conclusion: Evidence supports [staff #3] left both [client #2] and [client #1] in the group home van while attending to personal business."</p> <p>10/11/12: Follow-up BDDS report indicated: "At the completion of the investigation, it was determined that the staff member [staff #3], was neglectful, and left the clients in the van. [Staff #3] was terminated for neglect."</p>			

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	<p>On 12/18/12 at 9:30 AM, a review of the facility's 04/2012 Policy of Quality and Risk Management indicated, "[Agency] promotes a high quality of service and seeks to protect individuals receiving [agency] services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluation and reducing risk to which individuals are exposed. [Agency] follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS: 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual...e. Failure to provide appropriate supervision, care or training...[Agency] is committed to ensuring the individuals we serve are provided with a safe and quality living environment...."</p> <p>On 12/20/12 at 9:30 AM an interview with the AD (Area Director) was conducted. She indicated clients #1 and #2 required 24 hour supervision and should not have been left alone in the van. She also indicated staff #3 should not have been conducting personal business while she was on duty. She indicated staff #3 had been terminated. She further</p>						

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	<p>indicated staff neglected to follow the abuse/neglect policy by leaving the two clients unsupervised and alone in the van.</p> <p>9-3-2(a)</p>			

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #4), to have an annual vision screening examination.</p> <p>Findings include:</p> <p>Client #4's records were reviewed on 12/19/12 at 1:30 PM. Client #4's record did not contain any documentation of an annual vision screening examination.</p> <p>On 12/20/12 at 9:30 AM an interview with the AD (Area Director) was conducted. The AD indicated client #4 did not have an annual vision examination for review.</p> <p>9-3-6(a)</p>			W0323	<p>Client #4 will have a vision exam completed. All clients will have an annual vision exam completed annually, or more, as recommended by the ophthalmologist. The Program Nurse will be retrained on ensuring that each client has a vision exam no less than annually. Ongoing, the Program Director and/or Area Director will complete audits to ensure that all regular vision screenings are completed no less than annually. Responsible Party: Program Nurse and Program Director</p>		01/19/2013

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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 1 of 4 sampled clients (client #3), and 2 additional clients (client #7 and client #8), by not ensuring clients received nursing services according to their medical needs, by not updating client #3's Fall Risk Plan; by not obtaining an updated Physical Therapy Evaluation for client #3 after two recent falls, by not obtaining a follow-up colonoscopy for client #7 and by not ensuring staff administered client medication at a time to ensure nursing followed pharmacy drug considerations for specific medications for client #8.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 12/19/12 from 6:50 AM until 8:15 AM. On 12/19/12 at 7:03 AM staff #4 was observed to administer client #8's AM medications to her. Client #8's medications included the medication Omeprazole 20 mg (milligram) give 1 tablet by mouth twice a day for GERD (Gastroesophageal Reflux Disease) and Ranitidine 300 mg - give 1 tab (tablet) by mouth daily for GERD. On 12/19/12 at 7:30 PM a review of the</p>	W0331	<p>The Program Nurse conferred with the PCP regarding the time of the medications. It was decided that the time of the medication administration for the Omeprazole tablet and Ranitidine tab will be moved to earlier in the morning to accommodate the breakfast meal time for client #8. All staff will be retrained on medication administration, specifically reviewing the med sheets and passing medications at the appropriate times. The Program Nurse will complete random medication administration observations to ensure that the staff are completing med pass appropriately and error free. Ongoing, the observations will be reviewed by the Area Director for follow up, when needed. The Program Nurse will revise client #3's fall protocol to ensure that it is still appropriately written and also that it includes the adaptive equipment, including the walker and shower chair. All staff will be retrained on using client #3's walker and shower chair. The Program Nurse will be retrained on ensuring that staff are aware and trained on utilizing client's medical adaptive equipment. Client #7 will have a follow up colonoscopy scheduled for his 5 year mark. The Program Nurse will be retrained to ensure</p>	01/19/2013			

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	<p>2010 Nursing Spectrum Drug Handbook indicated nursing considerations for these drugs include taking the medication 30 to 60 minutes before a meal (on an empty stomach). Client #8 took the medication at 7:05 AM immediately after eating breakfast.</p> <p>Client #8's records were reviewed on 12/19/12 at 3:20 PM. Client #8's December 2012 Physician's Orders and December 2012 Medication Administration Record (MAR) indicated the orders for the medications: "Omeprazole tablet 20 mg; give 1 tablet by mouth twice a day and Ranitidine 300 mg - give 1 tab (tablet) by mouth daily for GERD."</p> <p>The LPN (Licensed Practical Nurse) was interviewed on 12/19/12 at 10:30 AM. The LPN indicated there were nursing considerations for certain medications and they should be followed. She indicated the Omeprazole and Ranitidine should have been given on an empty stomach at least 30 minutes before the meal.</p> <p>2. Client 3's records were reviewed on 12/19/12 at 12:30 PM. Client 3's record review included review of the following dated documents:</p> <p>Undated: Fall Risk Protocol Preventive Measures indicated: "Assisting clients</p>		that all medical appointment follow ups are completed. Responsible Party: Program Nurse, Program Director, and Area Director.				

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	<p>with ambulation, especially on uneven, unfamiliar wet or slick surfaces...Encouraging use of adaptive equipment..." The plan did not indicate client #3 was to use a roller walker or a shower chair and the plan did not indicate how staff were to use that equipment with client #3.</p> <p>01/06/11: Physical Therapy Assessment indicated client #3 was to, "be using walker at all times when up walking."</p> <p>07/05/12: Annual Healthcare Assessment indicated, "...uses walker...supervised swimming and bathing...."</p> <p>09/04/12: A BDDS (Bureau of Developmental Disabilities Services) report for an incident on 09/04/12 at 11:04 AM was reviewed on 12/18/12 at 9:30 AM. The BDDS report indicated the following regarding client #3: "While [client #3] was walking in the kitchen he fell down. Staff attended [client #3] to check for bruises and scratches, which there were zero to report. Continue to monitor the health and safety of [client #3]."</p> <p>11/20/12: A BDDS report for an incident on 11/20/12 at 8:08 PM was reviewed on 12/18/12 at 9:30 AM and indicated the following: "[Client #3's] leg slipped in</p>				

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	<p>the bathroom and (sic) fell down during his shower. No bruise or injury occurred during the incident. For [client #3's] health and safety Nurse [name] recommended [client #3] go to the ER (Emergency Room) for an evaluation. While in the ER, an EKG (Electrocardiogram), X-ray, and blood had been performed by the doctor and all came out fine regarding the fall...."</p> <p>12/04/12: "Summary of Internal Investigation Report: Date of incident: 11/20/12. Brief summary of the incident: [Client #3's] leg slipped in the bathroom and (sic) fell down during his shower...Factual Finding: [staff #2] - I was assisting [client #3] in and out of the shower...[client #3] went back to the bathroom, and that's when I heard the bang (Fall) - He was on the floor between the toilet and the shower....The only time I assist [client #3] is with his hair and behind...[staff #1]: [staff #2] is the DSP (Direct Support Professional) who called about the incident. [Staff #2] was outside the bathroom door when the incident occurred...[Nurse]: [Staff #2] texted me and said that [client #3] slipped in the shower. (I) was informed by [staff #1] that staff #2 was sitting outside the bathroom door when the incident occurred. [Staff #1] stated [client #3] does have a shower chair but he doesn't</p>			

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	<p>always use it...I text (sic) [staff #1] (sic) stated that [client #3] needs to go to the ER for an evaluation, since he fell on porcelain...."</p> <p>On 12/20/12 at 9:30 AM an interview with the AD (Area Director) was conducted. The AD indicated client #3's Fall Risk plan was not dated and did not include client #3's adaptive equipment of the roller walker or shower chair. She further indicated there was no written plan on how staff were to implement the roller walker and shower chair for client #3. She indicated there was not an updated PT Evaluation and there should have been one obtained by the nurse. She further stated there had been "several" nurses assigned to the house in the past year and the current one had been there "only a few months."</p> <p>3. Client #7's records were reviewed on 12/19/12 at 3:35 PM. Client #7's record review included review of the following dated documents:</p> <p>01/17/07: Letter from [name] Gastroenterology indicated client #7 had a colonoscopy and polyp(s) removed. The letter indicated, "This is a letter to follow-up the polyp(s) that we took off at the time of your colonoscopy. This came back as a benign adenomatous polyp.</p>						

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	<p>This is not cancer but is the type that requires us to repeat the colonoscopy in five years. If you have further questions regarding this please do not hesitate to call."</p> <p>A review of the remainder of client #7's record did not indicate he had the follow-up colonoscopy as recommended.</p> <p>On 12/20/12 at 9:30 AM an interview with the AD (Area Director) was conducted. The AD indicated client #7 did not have the repeat colonoscopy and the nurse should have made sure that follow-up appointment was scheduled.</p> <p>9-3-6(a)</p>				

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W0436	<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, interview and record review for 4 of 4 clients (clients #2, #4, #6 and #7) who wore eyeglasses, the facility failed to ensure and/or train clients #2, #4, #6 and #7 to use their eyeglasses.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 12/18/12 from 3:45 PM until 5:30 PM and on 12/19/12 from 6:50 AM until 8:15 AM. During both observations client #4 was not wearing eyeglasses nor were any verbal prompts made to client #4 to put on his eyeglasses. During both observations clients #2, #6 and #7 did not wear their eyeglasses until on 12/19/12 at 8:00 AM staff #1 brought 3 eyeglasses cases into the living room and passed them out to clients #2, #6 and #7. Clients #2, #6 and #7 put their eyeglasses on.</p> <p>Client #2's record was reviewed on 12/19/12 at 10:50 PM. Client #2's vision examination dated 11/08/11 indicated</p>	W0436	<p>The Program Nurse will ensure that clients 2, 4, 6, and 7 have the appropriate glasses according to their prescription and that they are available for them to utilize each day. The staff will be retrained on utilizing all client's adaptive equipment, including the glasses for clients 2, 4, 6, and 7. The Program Director will ensure that client's 2, 4, 6, and 7, have the appropriate adaptive equipment included in the ISPs and that they have a training goal in place to assist in learning how to utilize them. The Program Director will be retrained on ensure that all client's ISPs include the use of the adaptive equipment. Ongoing, all ISPs are reviewed by the Area Director and/or Quality Assurance Specialist to ensure that they include appropriate adaptive equipment. Responsible Party: Program Nurse, Program Director, and Area Director</p>	01/19/2013			

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	<p>client #2 was prescribed glasses. Client #2's 08/21/12 ISP (Individual Support Plan) did not indicate a formal training objective for wearing the eyeglasses.</p> <p>Client #6's record was reviewed on 12/19/12 at 2:00 PM. Client #6's vision examination dated 11/23/11 indicated client #6 was prescribed glasses. Client #6's 01/19/12 ISP did not indicate a formal training objective for wearing the eyeglasses.</p> <p>Client #7's record was reviewed on 12/19/12 at 2:30 PM. Client #7's vision examination dated 11/15/11 indicated client #7 was prescribed glasses. Client #7's 06/30/12 ISP did not indicate a formal training objective for wearing the eyeglasses.</p> <p>Client #4's record was reviewed on 02/01/12 at 12:20 PM. Client #4's most recent vision examination dated 11/02/09 indicated client #4 was prescribed glasses. Client #4's 05/15/12 ISP did not indicate a formal training objective for utilization of eyeglasses.</p> <p>On 12/20/12 at 9:30 AM an interview with the AD (Area Director) was conducted. She indicated clients #2, #4, #6 and #7 were prescribed glasses and they should have been wearing them at</p>			

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	<p>both observations. She indicated their ISPs did not contain any formal training in this area.</p> <p>9-3-7(a)</p>			

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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-2(c)(1)(3) Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employee practices assure that no staff person would be employed where there is:</p> <p>(1) evidence of abuse or fraud in any setting;</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>This State Rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 1 of 3 employee records reviewed (staff #2), to ensure a staff was not hired with previous convictions of theft; receiving stolen property and battery.</p> <p>Findings include:</p> <p>On 12/19/12 at 9:00 AM an employee</p>	W9999	<p>The Regional Director will retrain the Human Resources Administrator on the Human Resources policy regarding hiring individuals without a clear background check. If a potential staff has a background check that does not come back clear, the Regional Director will work with the Human Resources Generalists to make a decision based on Indiana MENTOR's Human Resources policy regarding hiring said individual/s. Ongoing, All applicants will continue to have a background check completed before hiring. Responsible Party: Regional Director and Human Resources</p>	01/19/2013	

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	<p>record review was completed for three employees. Review of [staff #2's] criminal background check dated 09/10/12 indicated client #2 had plead guilty to the charge of theft; receiving stolen property and battery. The check indicated the charges were lowered from a Felony D level to the Misdemeanor A level. The check indicated staff #2 was sentenced to court costs and probation. On 06/03/09 the check indicated the case was completed and staff #2 had "successfully completed probation" and the "Judgments of Conviction entered as a misdemeanor." Employee records indicated staff #2's date of hire was 09/10/12, two years after the conviction.</p> <p>On 12/20/12 at 9:30 AM an interview with the AD (Area Director) was conducted. She indicated she had checked with HR (Human Resources) and was advised the "Supported Living Services and Supports" was their policy for hiring employees. She further indicated according to the policy, the agency should not have hired staff #2.</p> <p>9-3-2(c)(1)(3)</p>						

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