

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 01/25/2012
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3031 E KESSLER INDIANAPOLIS, IN 46220		
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W0000	<p>This visit was for the investigation of complaint #IN00102193.</p> <p>Complaint #IN00102193-Substantiated, Federal/state deficiencies related to the allegation(s) are cited at W102, W104, W122, W149 and W252.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 1/19, 1/20, 1/24 and 1/25/12</p> <p>Facility Number: 000985 Provider Number: 15G471 Aim Number: 100244650</p> <p>Surveyor: Paula Chika, Medical Surveyor III-Team Leader</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/30/12 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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W0102	<p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients (A, B and C) and for 3 additional clients (D, E and F), the governing body failed to ensure the facility implemented its policy and procedures to prevent potential physical abuse of client A. The governing body failed to ensure the facility's policy and procedure in regard to bed bugs addressed how the facility would control/eliminate reinfestation. The governing body failed to ensure clients were kept warm in their home.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The governing body failed to ensure the facility met the Condition of Participation: Client Protections for 1 of 3 sampled clients (client A). The governing body failed to implement its policy and procedures to ensure a client was not subjected to abuse. Please see W122. The governing body failed to ensure the facility's policy and procedure in regard to bed bugs included how/what the facility would do to prevent the bed bugs from reoccurring/spreading for clients A, B, C, D and F. The governing body failed to exercise general policy and operating 	W0102	<p>Please also see W122 and W104 All staff will be retrained on Indiana MENTOR's policy and procedure for abuse, reporting abuse, documentation of unknown injuries, and the documentation of body checks.</p> <p>Ongoing, the Home Manager and/or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going.</p> <p>Please also see W104 All Direct Care Staff will be retrained on Indiana MENTOR's policy and procedure for reporting emergency circumstances to the on call supervisor. This training will include what qualifies as an emergency situation that needs to be reported and who to report it to.</p> <p>Ongoing, the Home Manager and/or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going.</p> <p>Completion Date: 2-24-2012 Responsible Party: Home Manager and Program Director.</p>	02/24/2012
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	<p>direction over the facility to ensure clients A, B, C, D, E and F were kept warm in their home, and to ensure client A was not subjected to potential abuse. Please see W104.</p> <p>This federal tag relates to complaint #IN00102193.</p> <p>9-3-1(a)</p>			
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W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients (A, B and C) and for 3 additional clients (D, E and F), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility's policy and procedure in regard to bed bugs included/addressed how the facility would control/eliminate reinfestation/spreading of the bed bugs.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure clients were kept warm in their home and to ensure a client was not subjected to potential abuse.</p> <p>Findings include:</p> <ol style="list-style-type: none"> During the 1/19/12 observation period between 5:38 AM and 7:50 AM, the group home did not have heat. The group home had a chemical odor (bug spray) throughout the house. Interview with staff #2 on 1/19/12 at 6:05 AM and 7:00 AM stated "Exterminators here yesterday and bombed house for a routine extermination." When asked if the group home had a bug infestation problem and/or had bed bugs, staff #2 stated "No." 	W0104	<p>The Indiana MENTOR Bed Bug Policy and Procedure will be updated to include the aftercare treatments that are completed to ensure the infestation does not occur again. Please also see W149 All staff will be retrained on Indiana MENTOR's policy and procedure for abuse, reporting abuse, documentation of unknown injuries, and the documentation of body checks. All Direct Care Staff will be retrained on Indiana MENTOR's policy and procedure for reporting emergency circumstances to the on call supervisor. This training will include what qualifies as an emergency situation that needs to be reported and who to report it to. Ongoing, the Home Manager and/or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going. Please also see W149 Completion Date: 2-24-2012 Responsible Party: Home Manager and Program Director.</p>	02/24/2012			

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	<p>The facility's reportable incident reports were reviewed on 1/19/12 at 11:00 AM. The facility's reportable incident reports indicated the following:</p> <p>-8/1/11 "While at the group home a staff observed some bugs coming out of one of the chairs. Pest control was contacted and they came out to the home and confirmed that they were bed bugs. The whole house is scheduled to be treated...In the meantime, all of the consumers have been relocated to another group home or to a hotel until the home can be treated...."</p> <p>-12/6/11 "Evidence of bed bugs was found in the group home on 12/6/11. In order for the home to be treated, all consumers will have to be housed in either another group home or in a hotel for approximately 3 days for preparation and treatment to occur. All linens and clothing will be professionally cleaned and the home will be professionally treated on 12/8/11....New pillows and mattress covers will be purchased for the home and all clothing and linens will be professionally cleaned."</p> <p>The facility's policy and procedures were reviewed on 1/19/12 at 9:34 AM. The facility's 11/2011 policy and procedure entitled Indiana Mentor Bug Infestation Plan/Procedures included instructions and</p>						

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	<p>guidelines for packing items which needed to be cleaned/laundered, preparation for client evacuation, extra items to keep in mind and post treatment information. The Post Treatment Information indicated the home could not be occupied for 6 to 8 hours after the completed treatment and laundry could be returned after being professionally cleaned. The policy indicated "...The treatments must be left along the baseboards for 14 days...This treatment will take the full 14 days." The facility's 11/2011 policy did not indicate how and/or what the facility would do to prevent the bed bugs from reoccurring/spreading past the initial professional spray.</p> <p>Interview with administrative staff #2 on 1/19/12 at 9:10 AM indicated the facility first had bed bugs in 8/1/11 in the living room furniture of the group home. Administrative staff #2 indicated bed bugs were found in a client's bedroom on 12/6/11. Administrative staff #2 indicated the facility utilized a pest control service to initially treat the bed bugs, and then Rem's maintenance staff did subsequent treatments with a product the facility purchased off the Internet. Administrative staff #2 indicated Rem would treat/spray the homes which had bed bugs in the past, monthly.</p>			
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	<p>Administrative staff #2 indicated a professional pest control service came out and sprayed the group home after the bed bugs were found on 12/6/11 and then returned to the facility to check for bed bugs two weeks later. Administrative staff #2 indicated the pest control service found evidence of more bed bugs and did a second spray. When asked who bombed/sprayed the home on 1/18/12, administrative staff #2 stated "Home not bombed." Administrative staff #2 stated the facility's maintenance staff completed a "routine spray" for bed bugs since the home had been treated for bed bugs. Administrative staff #2 indicated the facility's bed bug policy and procedure did not include any additional information in regard to how/what the facility would do to prevent the spread/reinfestation of bed bugs.</p> <p>Interview with Program Director #1 on 1/19/12 at 10:40 AM indicated the group home was getting the floors replaced. PD #1 indicated the bed bugs may be hiding in places the chemicals/sprays could not get to.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent possible abuse of client A in</p>						

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W0122	<p>regard to the client's injuries of unknown origin. Please see W149.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure clients A, B, C, D, E and F had heat/a comfortable temperature environment in the group home. Please see W429.</p> <p>9-3-1(a)</p> <p>The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients (A). The facility failed to implement its policy and procedures to prevent neglect/abuse of a client.</p> <p>Findings include:</p> <p>The facility failed to implement its policy and procedures to prevent possible abuse of client A in regard to the client's injuries of unknown origin. Please see W149.</p> <p>This federal tag relates to complaint #IN00102193.</p> <p>9-3-2(a)</p>	W0122	<p>Please also see W149 All staff will be retrained on Indiana MENTOR's policy and procedure for abuse, reporting abuse, documentation of unknown injuries, and the documentation of body checks. Ongoing, the Home Manager and/or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going. Completion Date: 2-24-2012 Responsible Party: Home Manager and Program Director</p>	02/24/2012			

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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 for 1 of 3 sampled clients (A), the facility neglected to implement its policy and procedures to prevent possible abuse of a client in regard to the client's injuries of unknown origin.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 1/19/12 at 11:00 AM. The facility's 11/29/11 reportable incident report indicated "It was reported by [client A's] teacher, [name of teacher], that [client A] had 2 bruises alongside both of his upper legs and three on his upper back thigh on his left leg. The bruises were determined to be unknown. An investigation has been initiated with Indiana Mentor (parent company) and CPS (Child Protective Services). Indiana Mentor will work cooperatively with CPS during the duration of this investigation. It was found that the bruises were not reported by Indiana Mentor staff. All staff that bathed [client A] from Friday, 11/25-Tues (Tuesday) 11/29 (2011) were suspended during the course of the investigation. Every shift will do body checks on [client A] with one witness until further</p>	W0149	<p>All staff will be retrained on Indiana MENTOR's policy and procedure for abuse, reporting abuse, documentation of unknown injuries, and the documentation of body checks.</p> <p>Ongoing, the Home Manager and/or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going.</p> <p>Completion Date: February 24, 2012 Responsible Party: Home Manager and Program Director</p>	02/24/2012	

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	<p>notice...." The reportable incident reports (one for each staff person) indicated 3 staff were suspended (staff #5, #6 and #7).</p> <p>The facility's 12/2/11 Summary of Internal Investigation indicated "[Client A] sustained bruises over a large area of both of his legs. As described from pictures presented to [administrative staff #2] by DCS (Department of Child Services) [client A] has one large distinct bruise in an X pattern on the back of a thigh. He also had pattern of separate distinct bruises going down his leg starting above the knee to below the knee. The bruises going down the leg appear to be same width as the X pattern of the bruise on his thigh. [Program Director #1] (PD) described the X pattern bruise on [client A's] thigh along with separate distinct bruises along the flanks of his legs in the same are (sic) of both legs...."</p> <p>The 12/2/11 investigation indicated the following (not all inclusive):</p> <ul style="list-style-type: none"> -Client A was non-verbal in communication in that the client could not answer questions/communicate with others. -Client A demonstrated self-injurious behavior (SIB) of hitting himself in the head and face. 						

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	<p>"...[Client A] has a protocol for twice daily Body Assessments to be completed and documented.</p> <p>-[Client A] is diagnosed with Profound ID (Intellectual Disability), Autism, ADHD (Attention Deficit Hyperactivity Disorder),...."</p> <p>-PD #1 was informed by client A's teacher the bruises were found on client A on 11/28/11 while being assisted in the bathroom.</p> <p>"...[PD #1] stated on 11-29-11 in the presence pf the DCS Case Worker, [name of DCS worker] she observed 'blue-purple bruises with light yellow' around the edges along the outside of both of his legs to include his thighs and leg below the knees. [PD #1] stated it is difficult to determine what may have caused the bruising, but the bruising did not indicate a self inflicted injury...."</p> <p>"...[PD #1] said she has received no reports of PIA (Physical Intervention Alternatives/restraints) holds being utilized on [client A]...."</p> <p>-The last documented body assessment completed on client A was done on 11/24/11 at 7:00 PM.</p>			
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	<p>-Staff #6 indicated she saw "...light marks' on his legs, but did not document...." on 11/28/11.</p> <p>-"...[Staff #6] stated she does use PIA when [client A] engages in SIB. [Staff #6] described this as holding his arms to his side as she straddles him by placing him in a supine position with her knees on either side of his hips...." Staff #6 indicated client A's SIB consisted of hitting himself in the face, head and biting his hands.</p> <p>-Staff #7 assisted client A with his shower on 11/28/11 and no bruises were seen at that time. Staff #7 indicated she did not document her body check/assessment of client A.</p> <p>"...[Staff #7] said on 11-29-11 she had to use a hold procedure on [client A]. [Staff #7] described this as [client A] sitting between her legs with his back to her. She held [client A's] arms across his chest for approximately 10 minutes. [Staff #7] said she placed her legs across his when he started to try to hit himself in the chin with his knees. [Staff #7] said this action could not have caused injury to the area described as injured as her legs were not in that area...."</p> <p>-Staff #5 indicated she bathed client A on</p>			
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	<p>11/26/11 and 11/27/11 and did not see any injuries on client A. Staff #5 indicated she did not document her assessment/body checks of client A.</p> <p>-Staff #2 indicated she did not see any bruises to client A's legs on 11/25/11 when assisting the client to shower. ".She said she documented this on the body assessment form. (There was no document for 11-25-11 available on 11-29-11 to support this). [Staff #2] said on 11-30-11 she did note bruising on both of [client A's] legs. The bruises were 'bluish' in color that had an appearance that they may have occurred in the past few days. [Staff #2] said the bruises alarmed her. She could not determine how they may have occurred, but did note that the school transportation staff have informed her that [client A] has been getting out of the harness that is designed for his safety...."</p> <p>-Staff #8 indicated client A demonstrated SIB, in the past week, and PIA had been used with client A to keep the client from hurting himself. Staff #8 indicated he used PIA techniques of blocking "...said he also had [client A] sitting on the floor between his legs with his back toward him (staff #8) with [client A's] arms across his chest...."</p>						

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	<p>-Staff documented and completed daily body assessments from 11/1/11 to 11/24/11.</p> <p>The 12/2/11 investigation indicated "Additional Information -On 12-1-11 [PD #1] informed the DCS case worker about the harness being used for transportation on the school bus and the fact that the school transportation personnel have reported [client A] is getting out of his harness during transport. Conclusion: [Client A] sustained bruising in the form of a pattern of bruising on his thighs and lower legs. Evidence does not conclude how [client A] sustained the bruises."</p> <p>The 12/2/11 investigation indicated the following recommendations:</p> <p>"Convene meeting with school to develop a method for communicating concerns to ensure Indiana Mentor establishes immediate protective measures...Convene [client A's] IDT (interdisciplinary team) to discuss the injury and develop any recommendations as needed...Retrain staff on the completion of documentation to include [client A's] Body Assessment...Consult with HR (Human Resources) regarding appropriate corrective action for [staff #5, #6 and #7] for not documenting body assessments as required...Develop a body assessment</p>						

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	<p>protocol...Retrain staff on body assessment protocol...Ensure body assessment documents are reviewed at least weekly."</p> <p>During the 1/19/12 observation period between 5:38 AM and 7:50 AM, client A demonstrated SIB of hitting his head on the wall, and biting his hand. Staff blocked and redirected the behavior. Staff placed a chest harness on top of client A's coat. The chest harness fastened in the back with 3 wide straps, 2 to 3 inches wide, in the front.</p> <p>During the 1/24/12 observation at 3:45 PM, of client A on the school bus, client A's chest harness was zippered/fastened in the back over the top of his coat. The harness had 3 wide straps in the front which were connected to a separate wide strap which ran down each side of the harness. The chest harness stopped right above the client's waistline. Client A had a smaller strap in between his legs which was about 1/4 to 1/2 inch in width. The straps from the top and bottom of the harness were fastened to metal buckles at the top of the school bus seat. Client A did not have any straps across his lap and/or legs which would account for the bruises/injuries to the outside of the client's legs. The strap that went between the client's legs would not account for the</p>			
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	<p>"X" pattern that was found on the back of client A's upper thigh on 11/29/11.</p> <p>Client A's record was reviewed on 1/19/12 at 1:40 PM and on 1/20/12 at 9:50 AM. Client A's 11/29/11 Health Care Coordination/Monthly Health review indicated "11/29/11 PD called. Bruises found on [client A] at school and scattered rash spots on arms & (and) back. Saw [client A] in his home. Examined client A. Bruises, blue in color scattered on posterior & anterior thighs- 2-3 on each mid thigh. 4 inch bruise seen on L (left) leg below gluteal fold." A 11/30/11 nurse note indicated "Spoke (with) PD about [client A]...."</p> <p>Client A's 11/2011 Behavior Problem Record (BPR) indicated if client A demonstrated SIB, physical assault, temper outbursts and etcetera facility staff were to document the code for the behavior and write a behavior narrative note. Client A's 11/11 BPR indicated the last behavior was documented on 11/20/11 when client A demonstrated SIB, physical assault and temper outburst.</p> <p>Client A's BPR Narrative Notes for 11/11 indicated the following:</p> <p>-11/12/11 at 4:00 PM, client A demonstrated SIB and temper outbursts</p>			
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	<p>while watching cartoons on TV. The BPR narrative indicated client hit his forehead, bit his hand and hit his head on his knee. The 11/12/11 BPR indicated "Redirection" was used with client A.</p> <p>-11/12/11 at 7:00 PM, client A demonstrated SIB and temper outbursts. The 7:00 PM BPR narrative note indicated client A bit his hand, hit his head on his knee and hit his forehead with his hand. The facility neglected to document any additional BPR narratives for any behaviors demonstrated in 11/11.</p> <p>Client A's SIB Behavior Tracking sheets indicated facility staff utilized PIA when client A demonstrated SIB on the following (not all inclusive):</p> <p>-11/20/11 4 times</p> <p>-11/21/11 3 times</p> <p>-11/22/11 3 times</p> <p>-11/23/11 4 times</p> <p>-11/24/11 5 times</p> <p>-11/26/11 4 times</p> <p>-11/28/11 3 times</p>				

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	<p>-11/29/11 3 times Client A's 11/11 SIB tracking sheets neglected to indicate what type of PIA was used for the above mentioned restraints.</p> <p>Client A's 9/30/10 Risk Management Assessment and Plan indicated "[Client A] has a history of bruising due to the self injurious behavior. Staff will monitor [client A] for any bruises (sic) and staff will notify nurse. If it is self injurious behavior, staff will document on the narrative notes and the goal tracking sheet."</p> <p>Client A's 11/11 Body Check sheets indicated facility staff were checking client A's body for injuries/marks daily from 11/1/11 to 11/24/11. Client A's 11/24/11 Body Check sheet indicated "No new Marks." The facility neglected to complete daily body checks on 11/25, 11/26, 11/27 and 11/28/11 in regard to any marks and/or injuries.</p> <p>Client A's undated Body Assessment Protocol indicated "[Client A] will receive body assessment checks at least twice daily...."</p> <p>Client A's 6/1/11 Behavior Development Program indicated client A demonstrated SIB defined as "Purposely inflicts a blow</p>			
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	<p>or bite to self that causes noticeable marking to the body. This includes using his hands to slap or hit his ears, chin, nose, forehead, arms, legs or any other slap/hit to his body. This also includes using his body to strike upon a hard object such as banging his head on the floor, wall, door frame or window. Additionally this includes biting his hand or forearm or any other bite to his body." Client A's 6/1/11 behavior plan indicated facility staff could utilize "blocking techniques" and use a "one arm hold" to stop client A's SIB.</p> <p>Client A's IDT met on 12/1/11 to review client A's injuries of unknown origin. Client A's 12/1/11 IDT note indicated "...Discussed immediate actions to prevent the type of bruises. Do 3 checks-morning, after school, before bedtime- whenever he was LOA (leave of absence). Discussed that immediate protective measures need to be put into place from the school-did not report. Set up meeting w/(with) school to retrain about reporting incidents to Mentor. Retraining of staff reporting, body checks, PIA retraining-next week...."</p> <p>The facility's inservice training records were reviewed on 1/19/12 at 2:15 PM. The facility's 12/6/11 Inservice Training Report indicated facility staff were</p>						

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	<p>retrained in regard to client A's body checks and protocol. A separate 12/6/11 Inservice Training Report indicated facility staff were also retrained in regard to Physical Intervention Alternatives-Recertification techniques on 12/6/11.</p> <p>Confidential interview A indicated client A was out of school the week prior to the injuries so the injuries could not have occurred on the bus/from the harness. Confidential interview A indicated client A's injuries were not due to client A's SIB.</p> <p>Interview with staff #3 on 1/19/12 at 6:53 AM indicated client A demonstrated SIB of hitting himself in the head and face. Staff #3 indicated client A would hit himself in the head with his knees as well and bang his head on objects.</p> <p>Interview with staff #2 on 1/19/12 at 7:00 AM indicated client A demonstrated SIB. Staff #2 stated client A would hit himself "in face, knee self in chin, hit head, ears and will hit legs." Staff #2 stated client A "will target face area and hit sides of legs." Staff #2 indicated she did not know how client A received the 11/29/11 injuries to his legs.</p> <p>Interview with PD #1 and administrative</p>						

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	<p>staff #2 on 1/19/12 at 1:05 PM indicated client A demonstrated SIB, but the injuries found on 11/29/11 were not from the client's SIB. Administrative staff #2 stated the facility was not able to determine how client A was injured, but the injuries "were suspicious." PD #1 and Administrative staff #2 stated they did not know what caused the "X" pattern bruise" on the client's upper left thigh and/or what caused the bruises to the outside of client A's legs on each side. When asked what the nurse spoke with PD #1 about after the nurse assessed the client, PD #1 stated the nurse was "baffled and concerned on how the bruises happened." PD #1 indicated the school knew of the injuries on 11/28/11 but did not report the injuries to PD #1 until 11/29/11 when PD #1 was at a meeting at the school. PD #1 indicated the facility still needed to meet with the teacher concerning reporting to the facility immediately. PD #1 indicated once she was shown the pictures the teacher took of the injuries she returned to the group home to put corrective measures in place. PD #1 indicated while PD #1 was at the home, the CPS case worker came to the home in regard to client A's injuries. PD #1 and administrative staff #2 indicated the staff who were suspended on 11/29/11 were still on suspension and would not be returning to work for the company as the</p>						

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	<p>staff had been referred to the facility's Human Resource Department for termination. Administrative staff #2 indicated the staff should have known client A had the injuries. When asked how the facility knew they were removing the right staff and/or perpetrator, Administrative staff #2 stated "People who were suspicious were removed. "[Staff #7] was more suspicious to us." Administrative staff #2 stated the facility had "increased supervisory presence in the home." Administrative staff #2 and PD #1 indicated some new staff were brought into the group home. PD #1 stated "Will report if a problem." PD #1 and administrative staff #2 indicated other management staff was also assisting/working in the group home with staff. Administrative staff #2 and PD #1 indicated the facility staff had been retrained on utilizing PIA restraints/techniques, documentation and retrained on conducting body checks two times a day. PD #1 stated "a more specific" body check protocol had been developed for client A. PD #1 indicated she reviewed each body check and was placing her initials on the back of the body checks.</p> <p>Interview with staff #8 on 1/19/12 at 4:05 PM indicated client A would hit his face and legs. Staff #8 stated client A "will hit</p>						

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	<p>all over if he does not get his way." Staff #8 did not know how client A injured his legs in 11/11.</p> <p>Interview with staff #9 on 1/19/12 at 4:12 PM stated client A demonstrated SIB to "head and face mostly."</p> <p>Interview with teacher #1 on 1/20/12 at 3:45 PM indicated client A's injuries were found when the client was toileted by school staff on 11/28/11. Teacher #1 indicated she did not know how client received the bruises to his legs. Teacher #1 indicated the injuries did not appear to be a result of client A's SIB as the injuries were on the outside of the client's legs. Teacher #1 indicated client A would hit himself in the head and/or hit his head against other objects or place his knee to his head. Teacher indicated she was aware client A had tried to get out of the harness on the bus. Teacher #1 stated the harness was "loose in the shoulders." Teacher #1 did not think the harness caused the injuries to the client's legs.</p> <p>Interview with the the school bus driver on 1/24/12 at 3:47 PM indicated client A had attempted to get out of his harness before. The school bus driver indicated client A had removed his arms from the harness and the problem had since been corrected.</p>			

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	<p>The facility's policy and procedures were reviewed on 1/19/12 at 1:20 PM. The facility's 3/2011 Quality and Risk Management indicated "Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor Services 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...." The 4/2011 policy indicated "...Indiana Mentor is committed to ensuring the individuals we serve are provided a safe and quality living environment..." The 4/2011 policy indicated the facility prohibited abuse/neglect of clients.</p> <p>This federal tag relates to complaint #IN00102193.</p> <p>9-3-2(a)</p>				

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W0252	<p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on interview and record review for 1 of 3 sampled clients (A), the facility failed to document body checks and/or the behavior of the client as indicated in the client's behavior plan.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 1/19/12 at 11:00 AM. The facility's 11/29/11 reportable incident report indicated "It was reported by [client A's] teacher, [name of teacher], that [client A] had 2 bruises alongside both of his upper legs and three on his upper back thigh on his left leg. The bruises were determined to be unknown. An investigation has been initiated with Indiana Mentor (parent company) and CPS (Child Protective Services). Indiana Mentor will work cooperatively with CPS during the duration of this investigation...."</p> <p>The facility's 12/2/11 Summary of Internal Investigation indicated "[Client A] sustained bruises over a large area of both of his legs. As described from pictures presented to [administrative staff #2] by DCS (Department of Child Services) [client A] has one large distinct</p>	W0252	<p>All staff will be retrained on Indiana MENTOR's policy and procedure for abuse, reporting abuse, documentation of unknown injuries, and the documentation of body checks.</p> <p>Ongoing, the Home Manager and/or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going.</p> <p>Completion Date: February 24, 2012 Responsible Party: Home Manager and Program Director</p>	02/24/2012			

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	<p>bruise in an X pattern on the back of a thigh. He also had pattern of separate distinct bruises going down his leg starting above the knee to below the knee. The bruises going down the leg appear to be same width as the X pattern of the bruise on his thigh. [Program Director #1] (PD) described the X pattern bruise on [client A's] thigh along with separate distinct bruises along the flanks of his legs in the same are (sic) of both legs...." The 12/2/11 investigation indicated the following (not all inclusive):</p> <p>-Client A demonstrated self-injurious behavior (SIB) of hitting himself in the head and face.</p> <p>-"...[Client A] has a protocol for twice daily Body Assessments to be completed and documented.</p> <p>-"...[PD #1] said she has received no reports of PIA (Physical Intervention Alternatives/restraints) holds being utilized on [client A]...."</p> <p>-The last documented body assessment completed on client A was done on 11/24/11 at 7:00 PM.</p> <p>-Staff #6 indicated she saw "...light marks' on his legs, but did not document...." on 11/28/11.</p>			
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	<p>-Staff #7 assisted client A with his shower on 11/28/11 and no bruises were seen at that time. Staff #7 indicated she did not document her body check/assessment of client A.</p> <p>-Staff #5 indicated she bathed client A on 11/26/11 and 11/27/11 and did not see any injuries on client A. Staff #5 indicated she did not document her assessment/body checks of client A.</p> <p>-Staff #2 indicated she did not see any bruises to client A's legs on 11/25/11 when assisting the client to shower. ".She said she documented this on the body assessment form. (There was no document for 11-25-11 available on 11-29-11 to support this)..."</p> <p>-Staff documented and completed daily body assessments from 11/1/11 to 11/24/11.</p> <p>Client A's record was reviewed on 1/19/12 at 1:40 PM and on 1/20/12 at 9:50 AM. Client A's 11/2011 Behavior Problem Record (BPR) indicated if client A demonstrated SIB, physical assault, temper outbursts and etcetera facility staff were to document the code for the behavior and write a behavior narrative note. Client A's 11/11 BPR indicated the</p>						

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	<p>last behavior was documented on 11/20/11 when client A demonstrated SIB, physical assault and temper outburst.</p> <p>Client A's BPR Narrative Notes for 11/11 indicated the following:</p> <p>-11/12/11 at 4:00 PM, client A demonstrated SIB and temper outbursts while watching cartoons on TV. The BPR narrative indicated client hit his forehead, bit his hand and hit his head on his knee. The 11/12/11 BPR indicated "Redirection" was used with client A.</p> <p>-11/12/11 at 7:00 PM, client A demonstrated SIB and temper outbursts. The 7:00 PM BPR narrative note indicated client A bit his hand, hit his head on his knee and hit his forehead with his hand. The facility did not document any additional BPR narratives for any behaviors demonstrated in 11/11.</p> <p>Client A's 9/30/10 Risk Management Assessment and Plan indicated "[Client A] has a history of bruising due to the self injurious behavior. Staff will monitor [client A] for any bruises (sic) and staff will notify nurse. If it is self injurious behavior, staff will document on the narrative notes and the goal tracking sheet."</p>			
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	<p>Client A's 11/11 Body Check sheets indicated facility staff were checking client A's body for injuries/marks daily from 11/1/11 to 11/24/11. Client A's 11/24/11 Body Check sheet indicated "No new Marks." The facility failed to complete daily body checks on 11/25, 11/26, 11/27 and 11/28/11 in regard to any marks and/or injuries.</p> <p>Client A's undated Body Assessment Protocol indicated "[Client A] will receive body assessment checks at least twice daily...."</p> <p>Client A's 6/1/11 Behavior Development Program indicated facility staff were to document/record incidents of behaviors on the Behavior Problem Record (BPR) and document/record "...information about each incident of targeted behavior including antecedents to the behavior, staff response, and effectiveness of the response time, duration, and intensity of the behavior...."</p> <p>Interview with PD #1 and administrative staff #2 on 1/19/12 at 1:05 PM indicated facility staff did not document and/or complete client A's body checks as indicated and/or document the client's behavior in the behavior narrative notes per the client's behavior plan.</p>						

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3031 E KESSLER INDIANAPOLIS, IN 46220		
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	This federal tag relates to complaint #IN00102193. 9-3-4(a)				

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W0429	<p>The facility must maintain the temperature and humidity within a normal comfort range by heating, air conditioning or other means. Based on observation, interview and record review for 3 of 3 sampled clients (A, B and C) and 3 additional clients (D, E and F), the facility failed to ensure the clients had heat/a comfortable temperature in the group home.</p> <p>Findings include:</p> <p>During the 1/19/12 observation period between 5:38 AM and 7:50 AM, at the group home, the group home did not have heat. At 5:53 AM, the digital thermostat in the dining room indicated it was 59 degrees inside. At 6:00 AM, when staff #3 arrived to work, staff #3 came in the house, removed her coat and stated "It is cold in here." Staff #3 walked over to the thermostat and pressed the up arrow to 85 degrees. During the 1/19/12 observation period, staff #4 assisted clients B and E to shower in the group home with the temperature at 59 degrees inside. Clients A, B, C, D, E and F were not prompted to put their coats on to keep warm and/or offered additional covers for their beds as the clients had a light weight comforter on their beds. Clients D, E and F had a light weight blanket at the foot of their beds, but the other clients (A, B and C) did not. Client A's bedroom had frost on the inside</p>	W0429	<p>All Direct Care Staff will be retrained on Indiana MENTOR's policy and procedure for reporting emergency circumstances to the on call supervisor. This training will include what qualifies as an emergency situation that needs to be reported and who to report it to. Ongoing, the Home Manager and/or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going. Completion Date: 2-24-2012 Responsible Party: Home Manager and Program Director.</p>	02/24/2012			

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	<p>of his window in his bedroom. The thermostat remained at 59 degrees, went up to 60 degrees at 6:45 AM and returned to 59 degrees by 7:15 AM. The house remained at 59 degrees for the rest of the observation period. At 7:30 AM, staff #3 put her coat back on to keep warm. During the 1/19/12 observation periods, clients A, C and F had colds as the clients' noses had drainage and/or the clients coughed.</p> <p>Interview with client C on 1/19/12 at 6:06 AM indicated the client was cold.</p> <p>Interview with staff #2 on 1/19/12 at 6:05 AM and 7:00 AM stated "Pilot light has to be re-lit. Exterminators here yesterday and bombed house for a routine extermination." Staff #2 indicated she would call the maintenance supervisor to report. When asked how long the heat had been off/not working, staff #2 stated 1 PM or 12 noon yesterday (1/18/12). Staff #2 stated "It was toasty when I left yesterday." Staff #2 stated the clients were not home as the clients had to stay out of the house for "4 to 6 hours" after the house was sprayed. Staff #2 stated client D "woke up shaking-too cold."</p> <p>Interview with staff #2 on 1/19/12 at 6:25 AM stated the maintenance supervisor was sending someone out to the home "as soon as possible."</p>						

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	<p>Interview with staff #4 on 1/19/12 at 6:06 AM stated "It did not get real cold until 4:30 AM."</p> <p>Interview with staff #2 on 1/19/12 at 7:15 AM stated "Head of maintenance says we are first on the list." Staff #2 indicated no one would be out before 8 AM as the facility would need to contact a heating and air company.</p> <p>Interview with Program Director (PD) #1 and staff #1 on 1/19/12 at 10:40 AM indicated staff #4 called/texted staff #1 at 4:30 AM to tell staff #1 the furnace was not working. Staff #1 indicated he was trying to get a hold of maintenance.</p> <p>Interview with staff #8 on 1/19/12 at 4:11 PM indicated he worked the evening shift on 1/18/12. When asked if the heat worked last night (1/18/12), staff #8 stated "It was not warming up like it was supposed to, but it was working."</p> <p>Interview with administrative staff #2 on 1/19/12 at 8:08 AM and at 9:10 AM indicated she was not aware the group home did not have heat. Administrative staff #2 stated "No one called until 6 AM this morning on heat to maintenance." Administrative staff #2 indicated facility</p>			
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	<p>staff should call/report if the heat did not work. Administrative staff #2 indicated the furnace had been inspected 2 days ago and was ok with 2 recommendations that did not affect the furnace performance. Administrative staff #2 indicated the heating and air person indicated the blower had gone out. Administrative staff #2 indicated the the home was not bombed and the pilot light was not turned off. Administrative staff #2 indicated the furnace probably stopped working through the night and not at 12 noon to 1 PM as staff indicated.</p> <p>Interview with staff #1 on 1/19/12 at 11:50 AM indicated staff called him/texted him at 4:30 AM in regard to the furnace not working. Staff #1 stated "It would still take them the same amount of time for them to get out there." Staff #1 indicated he was waiting to get a hold of maintenance staff.</p> <p>The facility's maintenance record was reviewed on 1/19/12 at 10:05 AM. The facility's undated maintenance record indicated the group home's furnace had recently been checked. The undated sheet indicated a recommendation of "RCMD (recommend) FLUE PIPE RPLCMNT (replacement) \$276 & (and) ENERGY AUDIT \$189."</p>			
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