

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G433	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/26/2015
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3938 PRANGE AVE LAFAYETTE, IN 47905
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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: June 17, 18 and 26, 2015.</p> <p>Facility number: 000947 Provider number: 15G433 AIM number: 100244580</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0240  Bldg. 00	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview, the facility failed to ensure a client's ISP (Individual Support Plan) included how facility staff were to monitor and care for signs/symptoms of Depression and Insomnia for 1 of 3 clients (#2).</p>	W 0240	The facility meets with the Interdisciplinary Team (IDT) to determine the specific objectives necessary to meet the client's needs. These needs are incorporated in an Individualized Support Plan (ISP) that includes relevant information needed to	07/26/2015

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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	<p>Findings include:</p> <p>On 6/18/15 at 1:42 PM, record review indicated Client #2's diagnoses included, but were not limited to, intellectual disabilities, severe autism, cerebral palsy (spastic), Bipolar disorder, allergic rhinitis, adjustment disorder with depression and anxiety, impulse control disorder, and constipation. Record review indicated Client #2 had a physician's order for Trazodone HCL (antidepressant used in the treatment of major depression and to initiate sleep) 50mg (milligrams) 1 tablet to be given at bedtime. Record review indicated Client #2 was prescribed Trazodone for "insomnia." Record review indicated Client #2 was prescribed Fluoxetine (generic for Prozac, antidepressant) 10mg given daily for "depression."</p> <p>Record review indicated Client #2's ISP (Individual Support Plan) dated 2/18/15 included a BSP (Behavior Support Plan) dated 2/18/15 with targeted behaviors of SIB (self-injurious behavior) and physical aggression. Client #2's BSP did not include how staff were not monitor for signs and/or symptoms of Depression or Insomnia. Record review indicated Client #2's ISP didn't include how staff were to monitor for signs/symptoms of</p>		<p>support the client towards independence.</p> <p>The facility has updated Client #2's ISP to include the diagnosis of Insomnia, as well as directing staff on how to monitor for signs and/or symptoms of Depression and Insomnia. Additionally, the client's Behavioral Support Plan (BSP) has been updated to include how staff should monitor for signs and/or symptoms of these diagnoses.</p> <p>The Area Director will retrain the QIDP to include Depression and Insomnia in the client's ISP and BSP as applicable, as well as including measures for how staff should monitor for signs and/or symptoms of these diagnoses.</p> <p>Additionally, the Area Director will review the next three ISP's and BSP's to ensure any clients with prescribed medications for Depression or Insomnia are incorporated into the ISP and BSP, including how staff should monitor for signs and/or symptoms of these diagnoses.</p> <p>Person Responsible: Area Director Date of Completion: July 26, 2015</p>		

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W 0289 Bldg. 00	<p>Depression and/or Insomnia.</p> <p>On 6/18/15 at 2:15 PM during an interview, the facility Nurse indicated Client #2 did not have a plan in his ISP (Individual Support Plan) for monitoring the signs/symptoms of Depression and/or Insomnia. The QIDP (Qualified Intellectual Disabilities Professional) indicated (6/18/15 at 2:15 PM) the staff do monitor Client #2 throughout the night at regular intervals and initial a monitoring form but indicated Insomnia and Depression were not included in Client #2's ISP.</p> <p>9-3-4(a)</p> <p>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 interview, record review, and observation, the facility failed to ensure</p>	W 0289	The facility has procedures in place to incorporate systematic	07/26/2015

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	<p>the client's Behavior Support Plan (BSP) included specific interventions/techniques for the use of a helmet which was to be used to prevent injury during episodes of SIB (Self-Injurious Behavior) for 1 of 3 sampled clients (#2).</p> <p>Findings include:</p> <p>On 6/17/15 between 4:42 PM and 6:17 PM and on 6/18/15 between 7:05 AM and 8:35 AM, group home observations were conducted. During group home observations, Client #2 was not wearing his helmet.</p> <p>On 6/18/15 at 1:42 PM, record review indicated Client #2's diagnoses included, but were not limited to, intellectual disabilities, severe autism, cerebral palsy (spastic), Bipolar disorder, allergic rhinitis, adjustment disorder with depression and anxiety, impulse control disorder, and constipation.</p> <p>Record review indicated Client #2's ISP (Individual Support Plan) dated 2/18/15 which indicated "List adaptive equipment utilized: wheelchair, seizure helmet, Hoyer lift (used to assist transfers), shower chair, depends, clothing protector, sippy cup, lipped plate, wheelchair accessible van, wheelchair</p>		<p>interventions to manage inappropriate client behavior into their Individualized Support Plan (ISP), as well as ensuring Behavior Support Plan (BSP) has specific techniques for use of any adaptive equipment needed for the management of their behaviors. The facility has updated Client #2's ISP to clarify the use of helmet is for management of self-injurious behaviors, as well as including more detailed information in the BSP detailing when staff should be utilizing the helmet. The facility has also updated Client #2's ISP to include the diagnosis of Insomnia, as well as directing staff on how to monitor for signs and/or symptoms of Depression and Insomnia. Additionally, the client's Behavioral Support Plan (BSP) has been updated to include how staff should monitor for signs and/or symptoms of these diagnoses. The Area Director will retrain the QIDP to include Depression and Insomnia in the client's ISP and BSP as applicable, as well as including measures for how staff should monitor for signs and/or symptoms of these diagnoses. The Area Director will also retrain the QIDP on including any adaptive equipment for use of behavioral management, such as helmets, into the BSP with guidelines for staff on utilization. Additionally, the Area Director will review the next three ISP's</p>	

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	<p>scale." Client #2's ISP did not indicate a diagnosis of seizure disorder.</p> <p>Record review indicated Client #2's ISP (Individual Support Plan) dated 2/18/15 included a BSP (Behavior Support Plan) dated 2/18/15 with targeted behaviors of SIB (self-injurious behavior) and physical aggression. Client #2's BSP did not include how staff were to monitor for signs and/or symptoms of Depression or Insomnia. Record review indicated Client #2's ISP didn't include how staff were to monitor for signs/symptoms of Depression and/or Insomnia.</p> <p>On 6/18/15 at 2:15 PM during an interview, the facility QIDP (Qualified Intellectual Disabilities Professional) stated Client #2 only used his helmet while he was "on the floor (on a mat) or moving around." The QIDP indicated Client #2's incidents of self-injurious behavior had decreased. The QIDP indicated the use of Client #2's helmet was not indicated in his ISP (Individual Support Plan) or in his BSP (Behavior Support Plan).</p> <p>9-3-5(a)</p>		<p>and BSP's to ensure any clients with prescribed medications for Depression or Insomnia are incorporated into the ISP and BSP, including how staff should monitor for signs and/or symptoms of these diagnoses. Person Responsible: Area Director Date of Completion: July 26, 2015</p>	

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W 0484 Bldg. 00	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed to provide condiments and napkins during meals for 5 of 5 clients (#1, #2, #3, #4, and #5).</p> <p>Findings include:</p> <p>On 6/17/15 between 4:42 PM and 6:17 PM, group home observations were conducted. At 5:25 PM, DSP (Direct Support Professional) #1 was in the kitchen with pureed food already served into 5 plates on the kitchen counter. DSP #1 placed the plates on the table without any client assistance. There were no napkins or condiments on the table. DSP #1 used wet wipes to wipe Client #3's mouth without her assistance. Clients #1, #2, #3, #4, and #5 were wearing shirt protectors.</p> <p>On 6/18/15 at 2:15 PM during an</p>	W 0484	<p>The facility has procedures in place to ensure all clients have access to tables, chairs, eating utensils, and dishes designed to meet their specific developmental need.</p> <p>The facility has retrained staff on the requirement utilizing napkins and condiments during family style dining at each meal time. Additionally, staff have been retrained on ensuring client participation and assistance in meal time preparation and implementation.</p> <p>A manager will complete daily meal time observations at least four times weekly for a period of 30 days. If continuous compliance has been achieved, observations will be reduced to twice weekly for a period of 30 days. If continuous compliance has been achieved, observations will be reduced to once weekly for a period of 30 days. If continuous compliance has been achieved,</p>	07/26/2015

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W 0488  Bldg. 00	<p>interview, the Administrator indicated staff have been trained to put napkins and condiments on the table during meals. The Administrator indicated staff should use every opportunity to train and teach clients (#1, #2, #3, #4, and #5) how to use a napkin and make choices of condiments during meals.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed to ensure clients were encouraged to function with as much independence to the extent possible in regards to family style dining, pouring their own fluids, and meal clean up for 5 of 5 clients (#1, #2, #3, #4 and #5).</p> <p>Findings include:</p> <p>On 6/17/15 between 4:42 PM and 6:17 PM, group home observations were conducted. At 5:25 PM, DSP (Direct Support Professional) #1 was in the kitchen with pureed food already served into 5 plates on the kitchen counter. DSP #1 placed the plates on the table without any client assistance. At 5:48 PM, DSP</p>			W 0488	<p>observations will be completed as needed going forward. Person Responsible: Area Director Date of Completion: July 26, 2015</p> <p>The facility has procedures in place to ensure that each client eats in a manner that is consistent with their developmental level. Additionally, the facility ensures the implementation of family style dining and encouragement of individuals to participate to the extent possible in preparing their food, pouring their own fluids, and cleaning up after a meal. The facility has retrained staff on family style dining, including ensuring each client participates in the meal preparation, serving, and clean up to the fullest extent of their abilities at each meal time. A manager will complete daily meal time observations at least four times weekly for a period of 30 days. If continuous</p>		07/26/2015

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	<p>#2 poured Client #2's fluids without her assistance. At 5:55 PM, DSP #1 poured Client #4's juice without his assistance. DSP #3 assisted Client #2 with helping take his plate to the kitchen using verbal and physical prompts. DSP #1 used wet wipes to wipe Client #3's mouth without her assistance. Clients #1, #2, #3, #4, and #5 were wearing shirt protectors. At 6:00 PM, DSP #2 was standing next to Client #5 assisting her with dinner by using verbal and physical prompts to pick up the spoon. DSP #3 was sitting with Client #2 assisting him with dinner by preparing spoonfuls of food and providing verbal and physical prompts to encourage Client #2 to eat. At 6:03 PM, DSP #1 removed Client #3's dishes from the table to the kitchen without her assistance. At 6:07 PM, DSP #1 wiped Client #2's table area without her present to assist. DSP #3 assisted Client #2 leave the dining room by pushing his wheelchair out of the room. DSP #1 cleaned up Client #2's area without assistance from any client.</p> <p>On 6/18/15 at 2:15 PM during an interview, the Administrator indicated staff have been trained to serve meals using family style dining for clients (#1, #2, #3, #4, and #5). The Administrator indicated staff should have encouraged all clients to be as independent as possible to the degree of their abilities.</p>		<p>compliance has been achieved, observations will be reduced to twice weekly for a period of 30 days. If continuous compliance has been achieved, observations will be reduced to once weekly for a period of 30 days. If continuous compliance has been achieved, observations will be completed as needed going forward. Person Responsible: Area Director Date of Completion: July 26, 2015</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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	9-3-8(a)				