

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/21/2016
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5625 E 56TH ST INDIANAPOLIS, IN 46226
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W 0000 Bldg. 00	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Survey Dates: 3/14/16, 3/15/16, 3/16/16, 3/17/16 and 3/21/16.</p> <p>Facility Number: 000931 Provider Number: 15G417 AIMS Number: 100244550</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 3/29/16 by #09182.</p>	W 0000		
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>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 4 sampled clients (#4), the facility failed to implement its written policy and</p>	W 0149	All staff, including the Program Coordinator and Program Director will be retrained on Indiana MENTOR's policy on preventing	04/10/2016

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>procedures to prevent neglect of client #4 regarding supervision during transfers and complete a thorough investigation regarding a choking incident for client #4.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/14/16 at 1:30 PM. The review indicated the following:</p> <p>1. BDDS report dated 7/4/15 indicated, "[Client #4] fell when he was transferring from his wheelchair to his bed. [Client #4] hit his back and shoulder area resulting in a bruise. [Client #4] stated that his shoulder was hurting. [Program Nurse (PN) #1] instructed staff to take [client #4] to the [Emergency Room (ER)] for further evaluation. Staff transferred [client #4] to [hospital]."</p> <p>-SIIR (Summary of Internal Investigation Report) dated 07/07/15 indicated, "Staff were assisting other clients when [client #4] decided to transfer independently to his bed. Normally, [client #4] would ask for assistance and wait for staff assistance. [Client #4] will be placed on 15 minute checks during wake hours until IDT (Interdisciplinary Team) removes it.</p>		<p>abuse and neglect.</p> <p>All remaining staff will be retrained on each client's supervision needs and Indiana MENTOR's policy regarding the Direct Support Professional's job description in preventing abuse and neglect.</p> <p>All current Direct Support Staff at this group home will be retrained on appropriate client transfers as they are appropriate per client.</p> <p>All current Direct Support Staff at this group home will be retrained on each client specific dining plan, including the mechanical soft diet to ensure that meal times are completed appropriately and per doctor's orders.</p> <p>The Program Director will complete 3 weekly Meal Time Observations to ensure that Direct Support Staff are following all dining plans and to ensure that all clients are free from abuse and neglect, per the Indiana MENTOR policy and procedure.</p> <p>The Program Director will be retrained on investigation procedures, including but not limited to ensure all appropriate parties are interviewed and included in the investigation appropriately.</p> <p>This training will also include ensuring that all important information is included and nothing is left out.</p> <p>To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three</p>	

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	<p>Evidence supports staff did not intervene appropriately."</p> <p>2. BDDS report dated 9/29/15 indicated, "[Client #4] was in team 2 eating tater tots when he started coughing excessively. Staff (unspecified) encouraged [client #4] to keep coughing and called for the nurse, [nurse #1]. The nurse, [nurse #1] arrived and [client #4] was coughing repeatedly and sounded really congested in his throat area. [Client #4] was not in acute distress but was unable to cough with enough force to clear the food from his throat. [Client #4] could speak but his voice was weak and sounded congested. Due to [client #4] not being able to clear the food in his throat, 911 was called. Staff encouraged [client #4] to continue coughing and to take a drink of his liquid. While waiting on paramedics, [client #4] did cough up some tater tot and also a large amount of mucus. After coughing this up he still sounded congested in his throat area and still coughed regularly. [Client #4] was able to continue taking drinks of his liquid. No physical intervention was needed or used during the incident. Paramedics arrived and assessed [client #4]. He was still coughing but not as much as previously and was able to speak with more force. [Client #4's] cough still sounded congested. Paramedics listened</p>		<p>investigations.</p> <p>Ongoing all Direct Support Staff will continue to implement Indiana MENTOR's policy and procedure to ensure that neglect and abuse is prevented.</p> <p>Ongoing all investigations will be completed appropriately, thoroughly, and accurately according to Indiana MENTOR's policy and procedures.</p>	

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	<p>to [client #4's] lungs and reported they were clear. They encouraged [client #4] to continue drinking his liquid. Because [client #4] was not in acute distress the paramedics did not take him to the hospital but advised that [client #4] be taken either to his doctor for evaluation or to the ER (Emergency Room) for evaluation due to his continued congested sounding cough."</p> <p>-SIIR (Summary of Internal Investigation Report) dated 10/5/15 indicated, "On 9/29/15, [client #4] had a choking incident while consuming his lunch. [Client #4] was diagnosed with pneumonia when evaluated in the ER that same day." The SIIR dated 10/5/15 indicated the day services nurse and the facility nurse were interviewed regarding the 9/29/15 incident of client #4 choking while at day services. The 10/5/15 SIIR did not indicate documentation of day service staff working with client #4 during his meal on 9/29/15 being interviewed. The 10/5/15 SIIR indicated, "Evidence supports [client #4] was receiving a Mechanical Soft Diet when he choked." The 10/5/15 SIIR did not indicate documentation of who was monitoring client #4's meal or the consistency of the meal. The 10/5/15 SIIR indicated, "Evidence does not support [client #4] aspirated."</p>			

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	<p>Client #4's record was reviewed on 3/15/16 at 9:30 AM. Client #4's hospital discharge form dated 7/4/15 indicated, "Acromioclavicular (shoulder) joint dislocation,..." Client #4's fall protocol dated 8/5/15 indicated, "History of multiple falls." Client #4's fall protocol dated 8/5/15 indicated, "Recent hospitalization for fracture of hip from fall. Fractured foot on October 2012."</p> <p>Client #4's MSDP (Mechanical Soft Diet Protocol) dated 9/25/15 indicated, 'Interventions: Assist [client #4] with feeding and meal set up as needed; Never leave [client #4] unattended while eating/drinking; see that food is cut into bite size pieces no larger than 1/4 inch; see that food is prepared with liquids so that it is moist and will stick together...." Client #4's MSDP dated 9/25/15 indicated, "Foods not allowed: potato skins or crisps, tough potatoes...." Client #4's Hospital Discharge forms dated 9/29/15 indicated client #4's diagnosis included, but was not limited to, aspiration pneumonia.</p> <p>Staff #1 was interviewed on 3/14/16 at 5:00 PM. Staff #1 indicated client #4 should be assisted when transferring in or out of his wheelchair. Staff #1 indicated client #4's meals were cut into 1/4 inch</p>			

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	<p>bites and the client should be monitored during meals to prevent choking.</p> <p>HM (Home Manager) #1 was interviewed on 3/15/16 at 6:30 AM. HM #1 indicated client #4 should be assisted with transfers in and out of his wheelchair. HM #1 indicated client #4's meals should be cut into 1/4 inch bites and monitored to prevent choking.</p> <p>Area Director (AD) #1 was interviewed on 3/15/16 at 12:42 PM. AD #1 indicated the facility's abuse and neglect policy should be implemented, abuse and neglect should be prevented and the investigation of allegations of abuse, neglect and mistreatment should be thorough. AD #1 indicated client #4's MSDP and fall risk plans should be implemented.</p> <p>The facility's policy and procedures were reviewed on 3/17/16 at 2:00 PM. The facility's Quality and Risk Management policy dated April 2011 indicated the following:</p> <p>-"Failure to provide appropriate supervision, care or training."</p> <p>-"Inadequate staff support for an individual, including inadequate supervision, with the potential for: (1.)</p>			

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W 0154 Bldg. 00	<p>Significant harm or injury to an individual...."</p> <p>-"Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee. Investigation findings will be submitted to the Area Director for review and development of further recommendations as needed within 5 days of the incident."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 2 allegations of abuse, neglect and mistreatment reviewed, the facility failed to ensure the investigation of a choking incident regarding client #4 was thoroughly investigated.</p> <p>Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/14/16 at 1:30 PM. The review</p>	W 0154	<p>All staff, including the Program Coordinator and Program Director will be retrained on Indiana MENTOR's policy on preventing abuse and neglect. All remaining staff will be retrained on each client's supervision needs and Indiana MENTOR's policy regarding the Direct Support Professional's job description in preventing abuse and neglect. All current Direct Support Staff at this group home will be retrained on appropriate client transfers as they are appropriate per client.</p>	04/20/2016

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	<p>indicated the following:</p> <p>-BDDS report dated 9/29/15 indicated, "[Client #4] was in team 2 eating tater tots when he started coughing excessively. Staff (unspecified) encouraged [client #4] to keep coughing and called for the nurse, [nurse #1]. The nurse, [nurse #1] arrived and [client #4] was coughing repeatedly and sounded really congested in his throat area. [Client #4] was not in acute distress but was unable to cough with enough force to clear the food from his throat. [Client #4] could speak but his voice was weak and sounded congested. Due to [client #4] not being able to clear the food in his throat, 911 was called. Staff encouraged [client #4] to continue coughing and to take a drink of his liquid. While waiting on paramedics, [client #4] did cough up some tater tot and also a large amount of mucus. After coughing this up he still sounded congested in his throat area and still coughed regularly. [Client #4] was able to continue taking drinks of his liquid. No physical intervention was needed or used during the incident. Paramedics arrived and assessed [client #4]. He was still coughing but not as much as previously and was able to speak with more force. [Client #4's] cough still sounded congested. Paramedics listened to [client #4's] lungs and reported they</p>		<p>All current Direct Support Staff at this group home will be retrained on each client specific dining plan, including the mechanical soft diet to ensure that meal times are completed appropriately and per doctor's orders.</p> <p>The Program Director will complete 3 weekly Meal Time Observations to ensure that Direct Support Staff are following all dining plans and to ensure that all clients are free from abuse and neglect, per the Indiana MENTOR policy and procedure.</p> <p>The Program Director will be retrained on investigation procedures, including but not limited to ensure all appropriate parties are interviewed and included in the investigation appropriately. This training will also include ensuring that all important information is included and nothing is left out.</p> <p>To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations.</p> <p>Ongoing all Direct Support Staff will continue to implement Indiana MENTOR's policy and procedure to ensure that neglect and abuse is prevented.</p> <p>Ongoing all investigations will be completed appropriately, thoroughly, and accurately according to Indiana MENTOR's policy and procedures.</p>	

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	<p>were clear. They encouraged [client #4] to continue drinking his liquid. Because [client #4] was not in acute distress the paramedics did not take him to the hospital but advised that [client #4] be taken either to his doctor for evaluation or to the ER (Emergency Room) for evaluation due to his continued congested sounding cough."</p> <p>-SIIR (Summary of Internal Investigation Report) dated 10/5/15 indicated, "On 9/29/15, [client #4] had a choking incident while consuming his lunch. [Client #4] was diagnosed with pneumonia when evaluated in the ER that same day." The SIIR dated 10/5/15 indicated the day services nurse and the facility nurse were interviewed regarding the 9/29/15 incident of client #4 choking while at day services. The 10/5/15 SIIR did not indicate documentation of day service staff working with client #4 during his meal on 9/29/15 being interviewed. The 10/5/15 SIIR indicated, "Evidence supports [client #4] was receiving a Mechanical Soft Diet when he choked." The 10/5/15 SIIR did not indicate documentation of who was monitoring client #4's meal or the consistency of the meal. The 10/5/15 SIIR indicated, "Evidence does not support [client #4] aspirated."</p>			

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	<p>Client #4's record was reviewed on 3/15/16 at 9:30 AM. Client #4's MSDP (Mechanical Soft Diet Protocol) dated 9/25/15 indicated, 'Interventions: Assist [client #4] with feeding and meal set up as needed; Never leave [client #4] unattended while eating/drinking; see that food is cut into bite size pieces no larger than 1/4 inch; see that food is prepared with liquids so that it is moist and will stick together...." Client #4's MSDP dated 9/25/15 indicated, "Foods not allowed: potato skins or crisps, tough potatoes...." Client #4's Hospital Discharge forms dated 9/29/15 indicated client #4's diagnosis included, but was not limited to, aspiration pneumonia.</p> <p>Staff #1 was interviewed on 3/14/16 at 5:00 PM. Staff #1 indicated client #4's meals were cut into 1/4 inch bites and he should be monitored during meals to prevent choking.</p> <p>HM (Home Manager) #1 was interviewed on 3/15/16 at 6:30 AM. HM #1 indicated client #4's meals should be cut into 1/4 inch bites and monitored to prevent choking.</p> <p>Area Director (AD) #1 was interviewed on 3/15/16 at 12:45 PM. AD #1 indicated the investigation of allegations of abuse, neglect and mistreatment should be</p>			

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W 0189 Bldg. 00	<p>thorough.</p> <p>9-3-2(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation and interview for 1 of 4 sampled clients (#1), the facility failed to ensure staff working with client #1 were competent in regard to meal preparation.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/14/16 from 4:45 PM through 6:00 PM. Client #1 participated in the home's family style evening meal which consisted of spaghetti, meat sauce, garlic bread, cooked broccoli and tossed salad. Staff #2 pureed client #1's meal by combing all components of the meal, spaghetti, meat sauce, garlic bread, broccoli and tossed salad, into the food processor and pureed the food together into a single substance. Client #1's meal was mixed together in the puree.</p>	W 0189	<p>All current Direct Support Staff at this group home will be retrained on each client specific dining plan, including the puree diet, to ensure that meal times are completed appropriately and per doctor's orders.</p> <p>All current Direct Support Staff will be retrained on client #1's dining plan, including the client's known preferences with following the dining plan.</p> <p>The Program Coordinator, Program Nurse, and/or Program Director will complete 3 meal time observations a week for the first 4 weeks, and then once a week there after.</p> <p>A follow up meeting will be completed in 2 weeks to discuss the meal plan observations and dining plans and what additional training may or may not be needed.</p> <p>Ongoing all Direct Support Staff will continue to implement Indiana MENTOR's policy and procedure to ensure that dining plans are</p>	04/20/2016

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W 0312 Bldg. 00	<p>Staff #2 was interviewed on 3/14/16 at 5:30 PM. Staff #2 indicated she had prepared client #1's evening meal. Staff #2 indicated client #1 was on a pureed diet. Staff #2 indicated she had pureed client #1's servings of spaghetti, meat sauce, garlic bread, broccoli and tossed salad together into one pureed substance.</p> <p>HM (Home Manager) #1 was interviewed on 3/14/16 at 5:35 PM. HM #1 indicated client #1's food should be pureed separately and not mixed.</p> <p>Area Director (AD) #1 was interviewed on 3/15/16 at 12:42 PM. AD #1 indicated staff #2 should puree client #1's food separately.</p> <p>9-3-3(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 4 sampled clients on behavior controlling medications (#3), the facility failed to ensure client #3 had an active treatment program with a plan of reduction to reduce or eliminate the need</p>	W 0312	<p>followed client specifically.</p> <p>The Program Director and Program Coordinator will be retrained on active treatment schedules being included and up to date for each client. The Program Director will also be retrained on ensuring that this is</p>	04/20/2016			

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W 0336 Bldg. 00	<p>for the medication.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 3/15/16 at 11:30 AM. Client #3's Physicians Orders form dated 1/25/16 indicated client #3 received daily doses of Pristiq 50 milligram tablet for depression. Client #3's BSP (Behavior Support Plan) dated June 2015 indicated client #3's targeted behaviors included verbal abuse, irritability, manipulative behavior and signs of depression. Client #3's June 2015 BSP did not indicate documentation of an active treatment program to reduce or eliminate the need for Pristiq 50 milligrams for the management of client #3's behavior.</p> <p>Area Director (AD) #1 was interviewed on 3/15/16 at 12:42 PM. AD #1 indicated client #3's BSP should include an active treatment program to reduce or eliminate the need for the use of Pristiq.</p> <p>9-3-5(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status</p>				<p>included in the Behavior Support Plan for each individual that may or may not be taking a medication for the diagnosis of depression. The Behavior Specialist will add in the use of Prestiq to client #3's current Behavior Support Plan. Ongoing, the new Program Director will ensure that all behavior controlling medications are included in each client's behavior support plan appropriately. Ongoing, the Area Director will complete random quarterly audits to ensure that all of the proper medications are included in the behavior support plan.</p>		

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	<p>which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility's nursing services failed to ensure clients #1, #2, #3 and #4's health status was reviewed on a quarterly basis.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Client #1's record was reviewed on 3/15/16 at 8:55 AM. Client #1 had a quarterly physical review on 9/15/15. The review did not indicate documentation of quarterly physical review between 9/15/15 and 3/15/16 by the nurse. Client #2's record was reviewed on 3/15/16 at 11:25 AM. Client #2 had a quarterly physical review on 9/15/15. The review did not indicate documentation of quarterly physical review between 9/15/15 and 3/15/16 by the nurse. Client #3's record was reviewed on 3/15/16 at 11:00 AM. Client #3's record indicated client #3 had a quarterly head to toe physical assessment in 6/2015. Client #3's record did not indicate documentation of additional head to toe physical assessment by the nurse from 6/2015 through the 3/15/16 date of review. 	W 0336	<p>The new Program Nurse will be trained on all of the responsibilities of the program nurse position according to Indiana MENTOR's policy and procedures.</p> <p>The new Program Nurse will complete quarterly nursing assessments for Client #1, 2, 3, 5, 6, 7, and 8.</p> <p>The new Program Nurse will complete a head to toe physical assessment on client #3.</p> <p>The new Program Nurse will complete a head to toe physical assessment on client #4.</p> <p>The Area Director and an additional cross trained Program Nurse will ensure that the new Program Nurse is appropriately trained to ensure that all monthly and quarterly paperwork is completed for each client as needed.</p> <p>The Area Director will complete random quarterly audits on all required documentation to ensure that nothing is missing and all follow ups are completed accurately and appropriately.</p>	04/20/2016

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W 0460 Bldg. 00	<p>4. Client #4's record was reviewed on 3/15/16 at 9:30 AM. Client #4's record indicated client #4 had a quarterly head to toe physical assessment in 3/2015. Client #4's record did not indicate documentation of additional head to toe physical assessment by the nurse from 3/2015 through the 3/15/16 date of review.</p> <p>Area Director (AD) #1 was interviewed on 3/15/16 at 12:45 PM. AD #1 indicated the home did not have an assigned nurse and nursing staff was not available for interview. AD #1 indicated she was the administrative nursing supervisor. AD #1 indicated clients #1, #2, #3 and #4 should have head to toe physical nursing assessments on a quarterly basis. AD #1 indicated there was not additional documentation of nursing quarterly assessments regarding clients #1, #2, #3 or #4.</p> <p>9-3-6(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p>			

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	<p>Based on observation, record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4's mechanical soft diet protocol was consistently implemented.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/14/16 from 4:45 PM through 6:00 PM. Client #4 was observed in the home throughout the observation period. Client #4 participated in the home's evening family style meal which included, but was not limited to, garlic toast and broccoli. Client #4's garlic toast was cut into 1/2 inch pieces. Client #4's garlic toast was not saturated or moistened prior to his consumption of the bread.</p> <p>Observations were conducted at the group home on 3/15/16 from 6:00 AM through 8:00 AM. Client #4 was observed in the home throughout the observation period. Client #4 participated in the home's family style morning meal which consisted of, but was not limited to, toast. Client #4's toast was cut up into 1/2 inch pieces. Client #4's toast was not saturated with liquid or moistened prior to his consumption of the bread.</p> <p>Client #4's record was reviewed on</p>	W 0460	<p>All current Direct Support Staff at this group home will be retrained on each client specific dining plan, including the mechanical soft diet to ensure that meal times are completed appropriately and per doctor's orders.</p> <p>The Program Director will complete 3 weekly Meal Time Observations to ensure that Direct Support Staff are following all dining plans and to ensure that all clients are free from abuse and neglect, per the Indiana MENTOR policy and procedure.</p> <p>Ongoing all clients will be served meals that are specific to their individual dining plans.</p>	04/20/2016

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W 9999 Bldg. 00	<p>3/15/16 at 9:30 AM. Client #4's MSDP (Mechanical Soft Diet Protocol) dated 9/25/15 indicated, "Bread products must be a puree or pre-gelled slurry." Client #4's MSDP dated 9/25/15 indicated, "Foods Not Allowed... broccoli...."</p> <p>Area Director (AD) #1 was interviewed on 3/15/16 at 12:45 PM. AD #1 indicated client #4's MSDP should be implemented as written.</p> <p>9-3-8(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: (14)(f) any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity."</p>	W 9999	<p>The Program Director will be retrained on BDDS reportable incidents.</p> <p>Going forward, the Program Director will be ensure that a BDDS report will be completed whenever it is noted for a client to have a skin breakdown.</p> <p>Ongoing, the Area Director will complete random quarterly audits to ensure that all incidents are reported appropriately to BDDS. The direct support staff will be retrained on all types of skin breakdowns and how to treat them. All staff will continue to complete body checks as needed for client specific protocols and report any type of skin breakdowns to the</p>	04/20/2016

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	<p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 2 of 2 incidents of pressure ulcers reviewed, the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) regarding an incident of pressure ulcers for client #1 and an incident of pressure ulcers for client #3.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 3/15/16 at 8:55 AM. Client #1's Medical Appointment Form (MAF) dated 8/19/15 indicated, "Reason for visit: pressure ulcer noticed a week ago." The 8/19/15 MAF indicated, "There are no signs of infection, the area is not tender...." The 8/19/15 MAF plan indicated, "Need to avoid prolonged sitting."</p> <p>HM (Home Manager) #1 was interviewed on 3/15/16 at 8:45 AM. HM #1 indicated client #1 had a pressure ulcer on her right hip area.</p> <p>2. Client #3's record was reviewed on 3/15/16 at 11:00 AM. Client #3's Record of Visit (ROV) dated 5/20/15 indicated, "Reason for visit: Pressure ulcer stage I."</p>		nurse for further follow up.	

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	<p>The facility's BDDS reports and investigations were reviewed on 3/14/16 at 1:30 PM. The review did not indicate client #1's 8/19/15 and/or client #3's 5/20/15 skin breakdown incidents had been reported to BDDS.</p> <p>AD (Area Director) #1 was interviewed on 3/15/16 at 12:45 PM. AD #1 indicated clients #1 and #3's incidents of pressure ulcers had not been reported to BDDS.</p> <p>9-3-1(b)</p>			