

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G606	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/31/2011
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3025 GREENHILLS LN S INDIANAPOLIS, IN46222
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W0000	<p>This visit was for the investigation of complaint #IN00098375.</p> <p>Complaint #IN00098375: Substantiated, Federal and State deficiencies related to the allegation(s) are cited at W149, W209 and W227.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of survey: 10/24/11, 10/25/11, 10/26/11 and 10/31/11.</p> <p>Facility Number: 001175 Provider Number: 15G606 AIMS Number: 100245650</p> <p>Surveyor: Keith Briner, Medical Surveyor III/QMRP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/17/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, interview and record review for 2 of 4 sampled clients (A and C), the facility failed to implement its written policy and procedures regarding abuse/neglect to implement</p>	W0149	<p>1. All staff will be retrained on the Indiana Mentor Fall Protocol procedures including that assessments are completed regarding a client's abilities after the fall to ensure that immediate</p>	11/30/2011

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>effective safeguards to prevent potential injury. The facility failed to implement its written policy and procedures regarding abuse/neglect to conduct a thorough investigation in regard to an incident of client aggression.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports were reviewed on 10/24/11 at 1:23 PM. The facility's reportable incident reports indicated the following:</p> <p>-BDDS (Bureau of Developmental Disabilities Services) report dated 10/9/11 indicated on 10/8/11, "[Client A] went for a walk to [drugstore] during his ISP (Individual Support Plan) approved alone time. Instead of going to [drugstore], [client A] went to a bar. Staff picked [client A] up at the bar and returned to the group home. [Client A] was visibly intoxicated and vomiting. [Client A] fell and hit his head and the staff called 911 to take him to the ER (Emergency Room). Staff went with [client A] to the ER at [hospital]. When [client A] was released, [client A] returned to the group home and fell a second time and there was a gash above his eye. [Client A] was taken to the ER again and admitted to the hospital."</p> <p>Interview with PD (Program Director) #1</p>		<p>protective measures and adequate supervision is in place to prevent any further injury. The program director was retrained on ensuring that a thorough investigation of out of the ordinary incidents is completed to ensure that immediate protective measures and adequate supervision is in place to prevent any further injury to the consumer.</p> <p>2. The Program Director received retraining on investigations including reporting to the administrator or designee the results within 5 work days. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. Responsible Party: Program Director, Regional Quality Assurance Specialist, Area Director.</p>		

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	<p>on 10/25/11 at 1:30 PM indicated she was the on-call PD on 10/8/11 during the incident with client A. PD #1 indicated client A returned to the group home after his first incident of falling. PD #1 indicated the staff at the group home described client A as still being intoxicated upon his return from the hospital following his head injury. PD #1 indicated staff had client A go to his bedroom to lay down after his return. PD #1 indicated client A's bedroom is located down a flight of stairs in the basement area of the group home. PD #1 indicated client A was attempting to lay down on his bed when he fell the second time. PD #1 indicated client A was still intoxicated and had suffered a head injury and should not have been directed by staff to walk down the flight of stairs to lay down in his bed. PD #1 indicated client A should have remained in staff's sight and been monitored while laying on the living room couch located on the first floor of the home. When asked if the level of supervision the staff provided to client A was adequate to prevent further injury, PD #1 indicated the staff's supervision did not prevent further injury to client A.</p> <p>The facility's policy and procedures were reviewed on 10/31/11 at 7:40 AM. The facility's 6/07 policy and procedure entitled Quality Risk Management</p>				

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	<p>indicated "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." The 6/07 policy and procedure indicated, "Inadequate staff support for an individual, including inadequate supervision, with the potential for significant harm or injury to and individual" was included in the definition of abuse/neglect. The facility's 6/07 policy and procedure also indicated "Indiana MENTOR is committed to ensuring thorough investigations for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee."</p> <p>2. The facility failed to conduct a thorough investigation in regards to an incident of client C's physical aggression. Please see W154.</p> <p>This federal tag relates to complaint #IN00098375.</p> <p>9-3-2(a)</p>				

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W0154	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 1 of 2 allegations of abuse/mistreatment reviewed, the facility failed to conduct a thorough investigation in regards to an incident of client C's physical aggression.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 10/24/11 at 1:23 PM. The facility's reportable incident reports indicated the following:</p> <p>-BDDS (Bureau of Developmental Disabilities Services) report dated 9/8/11 indicated, "[Client C] was involved in a group art activity when he and another consumer reached for the same bottle of glue. Both pulled at the same time and supervising staff person stepped in to take it away. [Client C] then turned toward staff and hit her in the left arm. He was also cursing and yelling. [Client C] began spitting at [DSS #1] (Direct Support Staff) as well. He was verbally prompted to move to the other room and take a break. [Client C] continued to to approach staff [DSS #1] while hitting and spitting at her. He was then physically redirected and escorted to another room away from others...."</p>	W0154	<p>The Program Director received retraining on investigations including ensuring at all involved parties, including consumers as needed are included in interviews for investigations. Ongoing, all future incident reports will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. Responsible Party: Program Director, Regional Quality Assurance Specialist, Area Director.</p>	11/30/2011	

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W0191	<p>The facility's internal investigation reports were reviewed on 10/24/11 at 1:23 PM. The facility's internal investigation report dated 9/12/11 regarding the 9/7/11 client C's aggression indicated (DSS #1) and (DSS #2) were interviewed. The review did not indicate (client C) was interviewed during the investigation. The review did not indicate the other clients present were interviewed.</p> <p>Interview with AD #1 (Area Director) on 10/24/11 at 2:15 PM indicated client C was involved in the incident. When asked if client C was interviewed during the internal investigation, AD #1 indicated client C had not been interviewed. AD #1 indicated client C should have been included in the interviews. AD #1 indicated the investigation was not thorough.</p> <p>9-3-2(a)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs. Based on record review and interview for 1 of 3 sampled clients (C), the facility failed to ensure all staff working with the client were consistently implementing the same same behavior management</p>	W0191	The Program Director received retraining on ensuring that Day Service providers are provided with copies of consumers' Behavior Support Plans once updated and that Day Service	11/30/2011	

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	<p>techniques.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 10/24/11 at 1:23 PM. The facility's reportable incident reports indicated the following:</p> <p>-BDDS (Bureau of Developmental Disabilities Services) report dated 9/8/11 indicated, "[Client C] was involved in a group art activity when he and another consumer reached for the same bottle of glue. Both pulled at the same time and supervising staff person stepped in to take it away. [Client C] then turned toward staff and hit her in the left arm. He was also cursing and yelling. [Client C] began spitting at [DSS #1] (Direct Support Staff) as well. He was verbally prompted to move to the other room and take a break. [Client C] continued to to approach staff [DSS #1] while hitting and spitting at her. He was then physically redirected and escorted to another room away from others...."</p> <p>Client C's record was reviewed on 10/25/11 at 11:52 AM. Client C's BSP (Behavior Support Program) dated 5/31/11 was reviewed. The BSP indicated, "...use the agency-approved crisis intervention blocking techniques. If</p>		<p>staff are trained on any updates to consumers BSPs as needed. For the next 3 months, the Program Director will provide documentation to the Area Director that Day Service providers have received updated copies of consumers BSPs as needed and have also been trained by the Program Director on any BSP updates. After the 3 month period, the Area Director will review the documentation that Day Service Providers are receiving updated copies of consumers BSPs and have been trained on the BSP updates a minimum of quarterly to ensure that these requirements continue to be met. An IDT will be held for Client C to discuss the fact that the day service program is using a different form of behavior management techniques than Indiana Mentor staff are trained on. The IDT will include a representative from the Day Service Provider. The team will discuss and agree on whether it is acceptable to use the Behavior Management program for Client C that the Day Service Provider uses while Client C is at Day Services or if Day Service Staff will be trained on Indiana Mentor Behavior Management techniques to ensure that consistent and appropriate physical techniques are implemented as needed. Responsible Party: Program Director, Area Director, Day</p>		

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	<p>blocking is ineffective, the least restrictive use (sic) agency approved crisis intervention containment techniques as needed to prevent further aggression."</p> <p>Interview with Day Services Director #1 (DSD) on 10/26/11 at 10:30 AM indicated the most current BSP the day services had for client C was dated 5/8/09. DSD #1 indicated the facility had not trained the day service staff regarding the 5/31/11 BSP or provided the day services with the updated version of the BSP. DSD #1 indicated the day service provider uses a physical management program called Therapeutic Options. PD #1 indicated the day service staff are not trained on Mentor specific physical management programs/techniques.</p> <p>Interview with AD #1 (Area Director) on 10/25/11 at 3:40 PM indicated the current BSP for client C was 5/31/11. AD #1 indicated the day services site should have the current BSP and should be implementing the same behavior management program has the group home. AD #1 indicated the agency approved physical intervention technique program is not Therapeutic Options.</p> <p>9-3-3(a)</p>		Service staff		

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W0209	<p>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>Based on record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure that clients attend and/or participate in their Interdisciplinary Team Meetings (IDT).</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports were reviewed on 10/24/11 at 1:23 PM. The facility's reportable incident reports indicated the following:</p> <p>-BDDS (Bureau of Developmental Disabilities Services) report dated 10/9/11 indicated on 10/8/11, "[Client A] went for a walk to [drugstore] during his ISP (Individual Support Plan) approved alone time. Instead of going to [drugstore], [client A] went to a bar. Staff picked [client A] up at the bar and returned to the group home. [Client A] was visibly intoxicated and vomiting. [Client A] fell and hit his head and the staff called 911 to take him to the ER (Emergency Room). Staff went with [client A] to the ER at [hospital]. When [client A] was released, [client A] returned to the group home and fell a second time and there was a gash</p>	W0209	<p>The Program Director received retraining on the need to ensure that all clients that have the ability and interest are provided with the opportunity to participate in any team, IDT, behavior support, etc. meetings that are being held to discuss their progress. Ongoing the Area Director will review the next 3 ISPs and IDT signature sheets written by the Program Director to ensure that consumers are being given the opportunity to participate in any team, IDT, behavior support, etc. meetings that are being held to discuss their progress.</p> <p>Responsible Party: Program Director, Area Director</p>	11/30/2011	

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	<p>above his eye. [Client A] was taken to the ER again and admitted to the hospital."</p> <p>-BDDS follow up report dated 10/13/11 indicated, "The team meet (sic) and have decided to suspend [client A's] alone time until the team meets again to see if he has earned it back. [Client A] cannot have more than five dollars on him at a time. [Client A] will not be able to walk to [drugstore] without a staff with him as well...."</p> <p>Client A's record was reviewed on 10/25/11 at 11:52 AM. Client A's IDT (Interdisciplinary Team Meeting) notes dated 10/13/11 indicated the team met to discuss the 10/24/11 incident. Client A was not indicated as being in attendance to the 10/13/11 meeting.</p> <p>Interview with AD #1 (Area Director) on 10/25/11 at 3:40 PM indicated client A should be encouraged to participate in his IDT meetings. AD #1 indicated client A was able to verbalize his wants and needs.</p> <p>Interview with client A on 10/25/11 at 2:45 PM indicated he was not invited to the IDT meeting. Client A indicated he would like to participate in his meetings and would like to be involved in decisions that effect him.</p>				

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W0227	<p>This federal tag relates to complaint #IN00098375.</p> <p>9-3-4(a)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for 1 of 4 sampled clients (A), the client's Individual Support Plan (ISP) failed to address client's identified behavior needs.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 10/24/11 at 1:23 PM. The facility's reportable incident reports indicated the following:</p> <p>-BDDS (Bureau of Developmental Disabilities Services) report dated 10/9/11 indicated on 10/8/11, "[Client A] went for a walk to [drugstore] during his ISP (Individual Support Plan) approved alone time. Instead of going to [drugstore], [client A] went to a bar. Staff picked [client A] up at the bar and returned to the group home. [Client A] was visibly intoxicated and vomiting. [Client A] fell</p>	W0227	<p>Program Director will review Client #A ISP and develop training objectives as needed based on the Risk Plan stating that Client A presents with a risk for alcohol and/or substance abuse and should be encouraged to not consume alcoholic beverages. The Program Director received retraining on QMRP responsibilities including ensuring that goals/objectives are developed as needed to ensure consumers are working on tasks that will allow them to become more independent based on the results obtained from completing comprehensive functional assessments and risk plans. Ongoing the PD will ensure that all consumers have current ISPs, goals and objectives based on the needs assessed in the Risk Plans to assist them in becoming more independent. Ongoing the Area Director will review the next 3 ISPs written by the Program Director to ensure that</p>	11/30/2011	

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	<p>and hit his head and the staff called 911 to take him to the ER (Emergency Room). Staff went with [client A] to the ER at [hospital]. When [client A] was released, [client A] returned to the group home and fell a second time and there was a gash above his eye. [Client A] was taken to the ER again and admitted to the hospital."</p> <p>Client A's record was reviewed on 10/25/11 at 11:15 AM. Client A's Physician's order form dated 9/22/11 included but was not limited to the following diagnosis, "...alcohol abuse..." Client A's ISP dated 5/12/11 indicated, "Due to his medications the use of alcohol beverages is contraindicated." Client A's Risk Management Assessment and Plan dated 5/12/11 indicated client A presented a risk for alcohol and/or substance abuse and he should be encouraged to consume non alcohol beverages. Client A's ISP and/or BSP (Behavior Support Plan) dated 2/12/10 did not indicate formal or informal supports or training in regard to alcohol abuse.</p> <p>Interview with AD #1 (Area Director) on 10/25/11 at 3:40 PM indicated client A does have a history of alcohol abuse. AD #1 indicated she was unaware of any formal supports or objectives. AD #1 indicated the facility had allowed client A to have non alcohol beer but no training</p>		<p>goals/objectives are developed ensure consumers are working on tasks that will allow them to become more independent. Responsible Party: Program Director, Area Director</p>		

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W0268	<p>objective had been developed or BSP supports. AD #1 indicated client A would benefit from substance abuse training and/or counseling.</p> <p>This federal tag relates to complaint #IN00098375.</p> <p>9-3-4(a)</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based upon observation and interview for 1 of 4 sampled clients (C), the facility failed promote the client's dignity in regards to appearance and hygiene.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/24/11 from 5:30 PM through 6:15 PM. Client C was observed throughout the observation period. Client C had an unpleasant odor from his mouth and the finger nails on both hands were .5 cm (Centimeters) long with visible debris beneath them.</p> <p>Observations were conducted at the day services provider on 10/25/11 from 10:30 AM through 11:00 AM. Client C was observed throughout the observation period. Client C had an unpleasant odor</p>	W0268	<p>All staff will be retrained on the need to maintain client dignity and rights including ensuring that consumers are assisted with hand and nail hygiene by making sure nails are clipped as needed and are free from debris. In addition staff will be retrained on the need to assist clients as needed to ensure their oral hygiene is being taken care of by encouraging them to brush their teeth daily.</p> <p>Home Manager and/or Program Director will complete active treatment observations 2 times per week for 4 weeks to observe if staff are assisting consumers to keep their nails clipped and clean and making sure they are receiving assistance with oral hygiene.</p> <p>Ongoing the Program Director and Home manager will complete active treatment observations at least weekly to ensure staff are maintaining the dignity of all clients</p>	11/30/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G606	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/31/2011
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3025 GREENHILLS LN S INDIANAPOLIS, IN46222		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>from his mouth and the finger nails on both hands were .5 cm long with visible debris beneath them.</p> <p>Interview with day service staff #1 on 10/25/11 at 10:45 AM stated client C's finger nails are "long and dirty and his breath is bad." Day service staff stated client C reports to the day service in this condition on a "routine" basis.</p> <p>9-3-5(a)</p>		<p>by ensuring staff are assisting consumers to keep their nails clipped and clean and making sure they are receiving assistance with oral hygiene.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p>		