

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G498	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/28/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 OAKTREE CT LOGANSPOORT, IN 46947
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W0000	<p>This visit was for the investigation of complaint #IN00113824.</p> <p>Complaint #IN00113824: SUBSTANTIATED. Federal/State deficiencies related to the allegations are cited at W186 and W249.</p> <p>Dates of Survey: August 26, 27 and 28, 2012.</p> <p>Facility number: 001012 Provider number: 15G498 AIM number: 100239780</p> <p>Surveyor: Kathy J. Wanner, Medical Surveyor III.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/7/12 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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W0186	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview, the facility failed to provide and maintain a sufficient level of direct care staff to manage and supervise 5 of 5 clients who lived in the home (clients A, B, C, D and E) in accordance with their individual needs, and for 1 of 3 sampled clients (client C) to utilize a gait belt to assist him when ambulating.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/26/12 from 2:57 A.M. until 7:09 A.M.. There was one Direct Care Staff (DCS) #1 on duty. At 3:25 A.M. the Home Manager (HM) arrived. At 5:44 A.M. client D attempted to drink from the kitchen faucet; DCS #1 redirected him to use a glass, then had him go with her to the bathroom for his shower. At 5:53 A.M. client E walked into the kitchen and opened the refrigerator door and attempted to remove an egg. The HM redirected him to put the egg back and</p>	W0186	<p>W186: The facility provides direct care staff to manage and supervise the clients in accordance with the client's individual support plans. All staff will be trained on the importance of being on times for their scheduled shifts and in the attendance policy. In addition, staff will be trained to implement client C's fall protocol as well as all other client fall protocols. The Home Manager and Program Director will be trained to ensure that the correct staffing ratio is scheduled. The Area Director will monitor weekly schedules to ensure the appropriate level of staffing is scheduled to sufficiently supervise the clients. Observations will be completed by the Home Manager and Program Director on varied shifts one time per week for one month to ensure that adequate staffing is present. Responsible Person: Area Director Completion Date: 9/27/12</p>	09/27/2012	

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	<p>helped him get some juice. Client E then sat down on the sofa in the living room, with no activity. At 6:03 A.M. client D turned on the kitchen faucet and took a drink from the faucet. There was no staff in the area to redirect client D from drinking from the faucet. At 6:05 A.M. DCS #1 was asked if client E takes things out of the refrigerator. DCS #1 stated, "Yeah, he does but nothing that can't be cleaned up." At 6:16 A.M. client B was assisted to the bathroom by DCS #1 for her shower. Client C came out to the living room after his shower and sat cross legged on the sofa. Client C began to rub his genital area with his hand through his clothing. Staff did not redirect client C. At 6:27 A.M. client B walked out to the living room after her shower. Client B began to grab at her genital area. The HM redirected client B to the bathroom. At 6:28 A.M. client D walked into the kitchen, turned on the faucet and drank from the faucet. There was no staff around to redirect client D from drinking from the faucet. At 6:38 A.M. client A walked down the hall from the bathroom after being assisted by DCS #1. The HM asked client A if she could help her (client A) pull up her (client A's) pajama bottoms. The HM then assisted client A to the living room and helped her sit down. At 6:44 A.M. clients C, A, and B were sitting in the living room. Client B was</p>			

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	<p>given books to look at. Clients C and A did not have any activity to participate in. Clients D and E were in the dining room. Clients D and E were not participating in any meaningful activity. The HM asked client E if he would like to make juice for breakfast. Client E refused. The HM then asked client B if she would like to make juice. Client B assisted in making juice. As client B was walking back to the living room she grabbed at her rectal and genital areas through her clothing. The HM redirected client B to look at her books. At 6:49 A.M. client C began to rub his genital area through his clothing while he was sitting on the sofa in the living room. Staff did not redirect client C to a more appropriate activity. At 6:57 A.M. client D drank from the kitchen faucet. There was no staff around to redirect client D to use a glass. At 6:58 A.M. the HM asked client D to help get cereal out of the cabinet. At 7:00 A.M. client E began to eat cereal out of the bag on the table; the HM redirected client E. At 7:07 A.M. client E again began to eat from the bags of cereal and the HM removed the bags of cereal from the table.</p> <p>Client A's record was reviewed on 8/26/12 at 3:38 A.M.. Client A's Individual Support Plan (ISP) dated 8/2/12 indicated she required 24 hour supervision. Client A's fall protocol dated</p>						

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	<p>2/2/12 indicated she required stand by assist and supervision when ambulating.</p> <p>Client C's record was reviewed on 8/26/12 at 3:50 A.M.. Client C's ISP dated 4/20/12 indicated he required 24 hour supervision. Client C's Sleep Apnea protocol dated 3/21/12 indicated he required 30 minute checks for placement of his oxygen tubes during sleep hours (at night or naps). Client C's Gait Belt protocol dated 3/21/12 indicated staff were to "Always assist client when walking or transferring. Always use gait belt for any of the above to provide a strong anchor for staff to grasp and to prevent client and staff injury while assisting client."</p> <p>Client D's record was reviewed on 8/26/12 at 4:05 A.M.. Client D's ISP dated 2/8/12 indicated he required 24 hour supervision.</p> <p>Client B's record was reviewed on 8/26/12 at 4:22 A.M.. Client B's ISP dated 4/20/12 indicated she required 24 hour supervision. Client B's Behavior Program (BP) dated 12/10/11 indicated she had "vacating" as one of her targeted behaviors. Staff were to "stay with her to protect her from danger," when/if she vacated the home. "If necessary, another staff person should bring protective</p>						

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	<p>clothing for [client B] and the primary staff person, and then return to the other residents."</p> <p>Client E's record was reviewed on 8/26/12 at 4:39 A.M.. Client E's ISP dated 1/5/12 indicated client E required 24 hour supervision. Client E's BP dated 3/29/12 indicated he had "vacating" as one of his targeted behaviors. Staff were to "stay with him to protect him from danger," when/if he vacated the home. "If necessary, another staff person should bring protective clothing for [client E] and the primary staff person, and then return to the other consumers."</p> <p>A review of the schedule as worked for the dates between 7/29/12 and 8/25/12 was completed on 8/28/12 at 12:05 P.M.. The schedule indicated the home was staffed with only two staff on 7/29/12 except for the time between 1:00 P.M. and 3:00 P.M. when there were three staff on duty. There were only two staff on 8/11/12 except for the time between 2:00 P.M. and 2:30 P.M. when there were three staff on duty. There were only two staff on 8/18/12 except for the time between 2:00 P.M. and 3:00 P.M. when there were three staff on duty. There were only two staff on 8/25/12 except for the time between 3:00 P.M. and 6:00 P.M. when there were three staff on duty.</p>						

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	<p>The HM was interviewed on 8/26/12 at 4:17 A.M.. When asked about the staffing level required at the home, the HM stated, "Normally we try to run with four, there will be three on Sunday from 3:00 P.M. until 6:00 P.M.. We never have less than two staff during wake hours (after 6:00 A.M.), but we have been running short." The HM indicated she would not typically be at the home in the early morning hours to assist like she had done today.</p> <p>At 6:35 A.M. on 8/26/12 the HM stated, "The staff who was scheduled to be here at 6:00 A.M. this morning overslept, she should be here soon."</p> <p>The HM was again interviewed on 8/28/12 at 12:42 P.M.. The HM stated, "At least two staff, typically have three staff during wake hours, with four staff in the evenings. There have been times on the weekends when there are only two staff."</p> <p>This federal tag relates to complaint #IN00113824.</p> <p>9-3-3(a)</p>				

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed to follow the fall risk protocol for 1 of 3 sampled clients (client C).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/26/12 from 2:57 A.M. until 7:09 A.M.. There was one Direct Care Staff (DCS) #1 on duty. At 3:25 A.M. the Home Manager (HM) arrived. At 4:17 A.M. client C came out to the living room after his shower and sat cross legged on the sofa. DCS #1 did not utilize a gait belt to assist client C to the sofa.</p> <p>Client C's record was reviewed on 8/26/12 at 3:50 A.M.. Client C's ISP dated 4/20/12 indicated he required 24 hour supervision. Client C's Gait Belt protocol dated 3/21/12 indicated staff were to "Always assist client when walking or transferring. Always use gait belt for any of the above to provide a strong anchor for staff to grasp and to prevent client and</p>	W0249	<p>W249: The facility develops and utilizes the client ISP and teaming input to develop programming goals to ensure the client is provided with continuous Active Treatment in sufficient number and frequency to support the achievement of the objectives identified.</p> <p>All staff will be trained in active treatment. In addition staff will be trained in Client C's fall risk protocol specifically including the use of a gait belt.</p> <p>Observations will be completed by the Home Manager and Program Director on varied shifts one time per week for one month to insure that adequate staffing is present.</p> <p>Responsible Person: Area Director Completion Date: 9/27/12</p>	09/27/2012			

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	<p>staff injury while assisting client."</p> <p>The HM was interviewed on 8/28/12 at 12:42 P.M.. The HM stated, "His protocol does indicate he is to use a gait belt with staff assistance. I thought it was changed to as needed. "</p> <p>This federal tag relates to complaint #IN00113824.</p> <p>9-3-4(a)</p>			