

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1926 W 75TH PL INDIANAPOLIS, IN 46260
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00171443.</p> <p>Complaint #IN00171443: Substantiated, federal/state deficiencies related to the allegation(s) are cited at W319 and W331.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 5/27/15, 5/28/15, 5/29/15, 6/1/15 and 6/4/15.</p> <p>Facility Number: 000980 Provider Number: 15G466 AIMS Number: 100244620</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0124 Bldg. 00	<p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p>			

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>Based on record review and interview for 1 of 4 sampled clients (B) who received psychotropic medication used for behaviors, the facility failed to ensure client B was informed of risks of the psychotropic medication and the right to refuse the treatment.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/27/15 at 3:00 PM. The review indicated the following:</p> <p>-BDDS report dated 5/15/15 indicated, "At 5:50 PM, the PD (Program Director) was notified that [client B] had left the premises of the group home walking on the sidewalk. [PD #1] informed the staff they would arrive to the site in 25-30 minutes to assist. Staff reported they stayed with [client B], walking down the street sidewalk of the group home, continuing to follow and attempt(ing) to redirect [client B] when [client B] turned onto [road] a busy street. At that time, [client B] stepped off the sidewalk and into the street, back and forth numerous times in an unsafe manner. The staff was able to guide [client B] back onto the sidewalk each time, however, felt that [client B] was attempting to harm</p>	W 0124	<p>Client B has been informed of the risks of taking her medications and her right to refuse the recommended treatments. QIDP and Program Nurse will receive retraining to include ensuring that all physician orders and prescriptions are present in the consumer's charts and available for review. Training will also include ensuring that all consumers, if emancipated, and/or guardians if applicable, are notified of the risks of recommended medical treatments and the right to refuse recommended medical treatments. Ongoing the QIDP and Program Nurse will ensure that when new medications or medical treatments are recommended consumers, if emancipated and guardians if applicable are notified of the risks of recommended medical treatments and the right to refuse recommended medical treatments. QIDP will ensure that all consumers have documentation in their files of notification of the risks of recommended medical treatments and the right to refuse recommended medical treatments. Responsible Party: QIDP and Program Nurse</p> <p><i>Addendum:</i> All staff will receive retraining to include if a client is refusing medications, they are to attempt to discern why they are refusing. Staff should wait 10 minutes and</p>	07/04/2015	

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	<p>themselves (sic) so the staff member called 911. Police intercepted the client when she was walking on [street] near [street]. Police called the group home, requesting the second staff member working that night and attending to the other clients, pick [client B] and the first staff member up from their position. The second staff member gathered up the clients she was caring for, placed them into the van and picked up the did so (sic). [PD #1] arrived to the site at 6:20 PM to find that [client B] had been brought back to the site by staff who picked her up from police and the first staff member's care. [PD #1] talked to [client B] and was told by [client B] that she did not want to take her new medication Seroquel (bipolar). Both staff explained that [client B] had just started the new medication, Seroquel, the night before this incident at the recommendation of her [psychiatrist]. [PD #1] explained to the client that the medication is needed to help her. [Client B] said she understood and agreed to take the medication as scheduled that evening and until she sees her [psychiatrist] again."</p> <p>Investigation Summary Form dated 5/27/15 indicated, "Upon interviewing [client B], she stated that she was mad at [client E] for talking to her boyfriend</p>		<p><i>then attempt to give the client the medication again. Staff should encourage the client to take the medications and explain why the medications are recommended for them. Staff should wait 10 minutes and then attempt to give the client the medication again. If the client continues to refuse to take the medications, staff should contact the Program Nurse for further instruction.</i></p> <p><i>Program Coordinator and/or QIDP will complete medication administration observations a minimum of twice weekly for 4 weeks to note if consumers are refusing medications that staff are redirecting and reattempting to give consumers medications as stated in the above procedure. Ongoing after the four weeks, the Program Coordinator and/or QIDP will complete medication administration observations a minimum of weekly to note if consumers are refusing medications that staff are redirecting and reattempting to give consumers medications as stated in the above procedure. Responsible Party: Program Coordinator, QIDP</i></p>	

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	<p>while at day program but that she was also mad that she had to take this new medication. [Client B] said she didn't want to take any more medication."</p> <p>Client B's record was reviewed on 5/28/15 at 9:53 AM. Client B's record did not contain client B's May 2015 physician's order form or psychiatric record of visit forms regarding client B's prescription to begin taking Seroquel on 5/14/15. The prescription was not available for review. Client B's ISP (Individual Support Plan) dated 10/23/14 indicated client B was an emancipated adult and did not have a guardian.</p> <p>PD (Program Director) #1 was interviewed on 5/28/15 at 11:45 AM. PD #1 indicated client B has started taking Seroquel for behavior management on 5/14/15.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/28/15 at 11:45 AM. AS #1 indicated the facility nurse had client B's May 2015 physician's orders and documentation of client B's prescription regarding the use of Seroquel for behavior management. AS #1 indicated client B should have been informed of her right to refuse the recommended Seroquel medication. AS #1 indicated there was not documentation available to</p>			

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W 0149 Bldg. 00	<p>review regarding the facility's informing client B of the risks of taking Seroquel and her right to refuse the recommended treatment.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS 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 2 of 4 sampled clients (A and B), the facility failed to implement its policy and procedures to prevent neglect of clients A and B, to ensure the facility completed a thorough investigation of an incident of client to client aggression regarding clients A and B and to make recommendations to prevent further incidents of client to client aggression regarding clients A and B.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/27/15 at 3:00 PM. The review indicated the following:</p> <p>-BDDS report dated 5/10/15 indicated, "At 10:30 PM, [PD (Program Director)</p>	W 0149	The QIDP will receive retraining on investigations including reporting to the administrator or designee the results within 5 workdays and also ensuring that all parties related to the incident are interviewed and that all information regarding the incident (for example if Behavior Support plans were followed or PIA was used) is included in the investigation and so that a thorough investigation can be completed. In addition, the QIDP will ensure that recommendations are made for what staff should do to prevent future incidents. The QIDP will ensure that staff are trained on recommendations and that recommendations are implemented to prevent future incidents from occurring. 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	07/04/2015

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	<p>#1] was notified that a physical altercation between [client B] and another client, [client A], in the group home had occurred around 10:00 PM. [Client B's] housemate, [client A], alleged that [client B] stole her cd's and threw an air freshener can and a plug in air freshener at [client B] but missed. [Client A] then ran towards [client B] and began to punch her resulting in [client B] landing on the floor. [Client A] was on top of [client B] when staff got in between them but not before [client B] bit [client A] breaking the skin. The wound was washed with soap and water and bandaged until morning when [client A] was transported to [medical clinic]."</p> <p>Investigative Summary Form (ISF) dated 5/9/15 indicated the following:</p> <p>-"Incident Summary. Brief summary of incident: [Client B] was verbally provoking [client A]. [Client A] ran up to [client B], hitting her several times with closed fists. [Client B] bit [client A]. [Client A] was transported to [medical clinic] and provided with antibiotics as a precaution."</p> <p>-"What action was taken by staff during the incident, following the incident and when incident discovered? Before the incident, staff attempted to redirect both</p>		<p>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.</p> <p>Responsible Party: Home Manager, QIDP, Regional Quality Assurance Specialist, Area Director.</p> <p><i>Addendum:</i> <i>When a BDDS report is completed that requires and investigation, the Area Director will notify either the QIDP or QAS of the need for an investigation to be completed and the deadline for timely completion. The Area Director will track the dates and on Day 5 will request a copy of the investigation if not already received. All of the information received at this point will be reviewed and consolidated into the initial investigation. If any additional information is received for the investigation after Day 5, an Addendum will be completed, marked as so and forwarded to the reviewer to be attached to the initial investigation. If the investigation is not completed by Day 5, the Area Director will follow up with the writer daily about the status until the investigation is completed.</i></p> <p><i>For three months, or a minimum</i></p>	

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	<p>clients from being verbally aggressive to one another, during the incident the staff attempted to get in between the clients and following the incident the clients were assessed for injuries and counseled by staff." The ISF dated 5/9/15 indicated, "Conclusion: Evidence supports staff intervened appropriately and evidence supports staff implemented BSP (Behavior Support Plan) appropriately."</p> <p>The ISF dated 5/9/15 did not indicate documentation of staff implementing client A or client B's BSPs (Behavior Support Plans) PIA (Physical Intervention Alternatives) techniques to prevent the incident from escalating from client B's verbal outburst to client to client aggression resulting in injury to client A. The ISF dated 5/9/15 did not indicate documentation of staff's failure to appropriately implement clients A or B's BSPs or make recommendations to address staff's failure to implement clients A or B's BSPs before and during the incident of client to client aggression.</p> <p>1. Client A's record was reviewed on 5/28/15 at 11:19 AM. Client A's Medical Appointment Form (MAF) dated 5/10/15 indicated client A received medical treatment for a bite wound on her left shoulder. Client A's BSP (Behavior Support Plan) dated 4/21/15 indicated the</p>		<p><i>of 20 investigations, all investigations for this home will include a minimum of two reviewers to ensure Indiana Mentor processes are being followed to ensure timely, thorough and complete investigations. Additional reviewers may include an Area Director, Regional Director, other Quality Assurance Specialists in different regions or Quality Assurance Manager. After the three months, the Area Director and Quality Assurance Manager will meet to discuss the process of having 2 reviewers for each investigation for this home and determine if additional reviewers for investigations still needs to continue.</i></p> <p>Responsible Party: Home Manager, QIDP, Regional Quality Assurance Specialist, Area Director.</p>				

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	<p>following intervention to address physical aggression:</p> <p>- "Physical restraint: All Indiana Mentor staff are trained upon employment and re-trained annually on these procedures. Any escorts/restraints should be released as quickly as possible. If a restraint lasts for 10 minutes, the client should be released and staff should attempt blocking/avoidance unless it is unsafe to do so. If blocking/avoidance continues to be ineffective or unsafe, reinstate physical restraint for 10 minute intervals attempting to release the client when it is safe to do so. If a client does not respond to proactive measures or non-restrictive measures use restrictive company approved PIA (Physical Intervention Alternatives) techniques listed in this order: Physical restraints should be used only when physical aggression will likely result in harm to oneself, others, or when property destruction might affect peoples' health and safety otherwise use blocking/avoidance. Staff may skip less restrictive measure only if health/safety is an imminent threat. Escorts: Side by side escort walking slightly behind and to the side of the person. Hand below elbow 'L' shaped hand cupping the elbow. Hand behind elbow and hand mid-back. Restraints only to be used if blocking, avoidance or escort is not safe. One arm</p>			

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	<p>hold uses 'L' shaped hand to restrict one of the client's arms. Two arm hold, same as one arm but uses second arm to restrain client's flailing arm to the side still only restraining one arm. One arm hold to the floor-client in sitting position. Floor hold (two person) use one arm to the floor restraint, second staff used to restrain legs of the client."</p> <p>Client A's BSP dated 4/21/15 indicated staff should utilize PIA techniques to prevent client A from punching/fighting with her housemates.</p> <p>2. Client B's record was reviewed on 5/28/15 at 9:53 AM. Client B's BSP dated 9/20/14 indicated the following:</p> <p>-"Aggressive Outburst: (1.) Immediately request that [client B] cease the behavior. Request that she calm herself down. Inform [client B] that once she is calm, you will spend time with her talking about what is upsetting her. Allow her to tell you what she is upset about. All you need to do is listen to her. When she has finished encourage her and engage with her in an activity such as coloring, exercise or playing a game; (2.) If the behavior continues and is directed toward other person in the environment, ask them to leave the area for their own safety. Prompt [client B] to engage in a</p>			

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	<p>calming activity; (3.) Do not touch [client B] but tell her she will be okay, ask her what you can do to assist her with calming down; (4.) If [client B] is unable or unwilling to calm down or if the outburst is a danger to self or others proceed to step 5; (5.) Direct [client B] to discontinue the behavior immediately; (6.) If the aggressive outburst continues and is a risk of injury to self or others use the agency approved minimum amount of physical guidance necessary to stop the behavior. Use the techniques taught by Indiana Mentor (PIA)."</p> <p>Client B's BSP dated 9/20/14 indicated staff should implement PIA techniques to prevent client B from aggressive outbursts/fighting with her peers.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/28/15 at 11:45 AM. AS #1 indicated clients A and B's BSPs should be implemented. AS #1 indicated the facility's abuse and neglect policy should be implemented, the investigations of allegations of abuse, neglect or mistreatment should be thorough and recommendations should be developed and implemented to prevent recurrence of incidents of abuse, neglect or mistreatment.</p> <p>The facility's policy and procedures were</p>			

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W 0154	<p>reviewed on 6/1/15 at 11:08 AM. The facility's Quality and Risk Management policy dated 4/2011 indicated the following:</p> <p>- "Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services thorough 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."</p> <p>The 4/2011 Quality and Risk Management Policy indicated failure to provide appropriate supervision, care or training was considered neglect. The 4/2011 Quality and Risk Management Policy 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 or other employee. (1.) Investigation findings will be submitted to the AD (Area Director) for review wand development of further recommendations as needed within 5 days of the incident."</p> <p>9-3-2(a)</p> <p>483.420(d)(3)</p>			

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Bldg. 00	<p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 6 allegations of abuse, neglect or mistreatment reviewed, the facility failed to complete a thorough investigation of an incident of client to client aggression regarding clients A and B.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/27/15 at 3:00 PM. The review indicated the following:</p> <p>-BDDS report dated 5/10/15 indicated, "At 10:30 PM, [PD (Program Director) #1] was notified that a physical altercation between [client B] and another client, [client A], in the group home had occurred around 10:00 PM. [Client B's] housemate, [client A], alleged that [client B] stole her cd's and threw an air freshener can and a plug in air freshener at [client B] but missed. [Client A] then ran towards [client B] and began to punch her resulting in [client B] landing on the floor. [Client A] was on top of [client B] when staff got in between them but not before [client B] bit [client A] breaking the skin. The</p>	W 0154	<p>The QIDP will receive retraining on investigations including reporting to the administrator or designee the results within 5 workdays and also ensuring that all parties related to the incident are interviewed and that all information regarding the incident (for example if Behavior Support plans were followed or PIA was used) is included in the investigation and so that a thorough investigation can be completed. In addition, the QIDP will ensure that recommendations are made for what staff should do to prevent future incidents. The QIDP will ensure that staff are trained on recommendations and that recommendations are implemented to prevent future incidents from occurring. 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.</p>	07/04/2015
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	<p>wound was washed with soap and water and bandaged until morning when [client A] was transported to [medical clinic]."</p> <p>Investigative Summary Form (ISF) dated 5/9/15 indicated the following:</p> <p>- "Incident Summary. Brief summary of incident: [Client B] was verbally provoking [client A]. [Client A] ran up to [client B], hitting her several times with closed fists. [Client B] bit [client A]. [Client A] was transported to [medical clinic] and provided with antibiotics as a precaution."</p> <p>- "What action was taken by staff during the incident, following the incident and when incident discovered? Before the incident, staff attempted to redirect both clients from being verbally aggressive to one another, during the incident the staff attempted to get in between the clients and following the incident the clients were assessed for injuries and counseled by staff." The ISF dated 5/9/15 indicated, "Conclusion: Evidence supports staff intervened appropriately and evidence supports staff implemented BSP appropriately."</p> <p>The ISF dated 5/9/15 did not indicate documentation of staff implementing client A or client B's BSPs (Behavior</p>		Responsible Party: Home Manager, QIDP, Regional Quality Assurance Specialist, Area Director.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1926 W 75TH PL INDIANAPOLIS, IN 46260
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	<p>Support Plans) PIA (Physical Intervention Alternatives) techniques to prevent the incident from escalating from client B's verbal outburst to client to client aggression resulting in injury to client A. The ISF dated 5/9/15 did not indicate documentation of staff's failure to appropriately implement clients A or B's BSPs.</p> <p>1. Client A's record was reviewed on 5/28/15 at 11:19 AM. Client A's Medical Appointment Form (MAF) dated 5/10/15 indicated client A received medical treatment for a bite wound on her left shoulder. Client A's BSP (Behavior Support Plan) dated 4/21/15 indicated the following intervention to address physical aggression:</p> <p>- "Physical restraint: All Indiana Mentor staff are trained upon employment and re-trained annually on these procedures. Any escorts/restraints should be released as quickly as possible. If a restraint lasts for 10 minutes, the client should be released and staff should attempt blocking/avoidance unless it is unsafe to do so. If blocking/avoidance continues to be ineffective or unsafe, reinstate physical restraint for 10 minute intervals attempting to release the client when it is safe to do so. If a client does not respond to proactive measures or non-restrictive</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>measures use restrictive company approved PIA (Physical Intervention Alternatives) techniques listed in this order: Physical restraints should be used only when physical aggression will likely result in harm to oneself, others, or when property destruction might affect peoples' health and safety otherwise use blocking/avoidance. Staff may skip less restrictive measure only if health/safety is an imminent threat. Escorts: Side by side escort walking slightly behind and to the side of the person. Hand below elbow 'L' shaped hand cupping the elbow. Hand behind elbow and hand mid-back. Restraints only to be used if blocking, avoidance or escort is not safe. One arm hold uses 'L' shaped hand to restrict one of the client's arms. Two arm hold, same as one arm but uses second arm to restrain client's flailing arm to the side still only restraining one arm. One arm hold to the floor-client in sitting position. Floor hold (two person) use one arm to the floor restraint, second staff used to restrain legs of the client."</p> <p>Client A's BSP dated 4/21/15 indicated staff should utilize PIA techniques to prevent client A punching/fighting with her housemates.</p> <p>2. Client B's record was reviewed on 5/28/15 at 9:53 AM. Client B's BSP</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>dated 9/20/14 indicated the following:</p> <p>-"Aggressive Outburst: (1.) Immediately request that [client B] cease the behavior. Request that she calm herself down. Inform [client B] that once she is calm, you will spend time with her talking about what is upsetting her. Allow her to tell you what she is upset about. All you need to do is listen to her. When she has finished encourage her and engage with her in an activity such as coloring, exercise or playing a game; (2.) If the behavior continues and is directed toward other person in the environment, ask them to leave the area for their own safety. Prompt [client B] to engage in a calming activity; (3.) Do not touch [client B] but tell her she will be okay, ask her what you can do to assist her with calming down; (4.) If [client B] is unable or unwilling to calm down or if the outburst is a danger to self or others proceed to step 5; (5.) Direct [client B] to discontinue the behavior immediately; (6.) If the aggressive outburst continues and is a risk of injury to self or others use the agency approved minimum amount of physical guidance necessary to stop the behavior. Use the techniques taught by Indiana Mentor (PIA)."</p> <p>Client B's BSP dated 9/20/14 indicated staff should implement PIA techniques to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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W 0157 Bldg. 00	<p>prevent client B from aggressive outbursts/fighting with her peers.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/28/15 at 11:45 AM. AS #1 indicated clients A and B's BSPs should be implemented. AS #1 indicated the investigations of allegations of abuse, neglect or mistreatment should be thorough. AS #1 indicated the investigations of clients A and B's incidents indicated/found that facility staff appropriately implemented clients A and B's BSPs.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 6 allegations of abuse, neglect or mistreatment reviewed, the facility failed to to make recommendations to prevent further incidents of client to client aggression regarding clients A and B.</p> <p>Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services)</p>	W 0157	The QIDP will receive retraining on investigations including reporting to the administrator or designee the results within 5 workdays and also ensuring that all parties related to the incident are interviewed and that all information regarding the incident (for example if Behavior Support plans were followed or PIA was used) is included in the investigation and so that a thorough investigation can be completed. In addition, the QIDP	07/04/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>reports and investigations were reviewed on 5/27/15 at 3:00 PM. The review indicated the following:</p> <p>-BDDS report dated 5/10/15 indicated, "At 10:30 PM, [PD (Program Director) #1] was notified that a physical altercation between [client B] and another client, [client A], in the group home had occurred around 10:00 PM. [Client B's] housemate, [client A], alleged that [client B] stole her cd's and threw an air freshener can and a plug in air freshener at [client B] but missed. [Client A] then ran towards [client B] and began to punch her resulting in [client B] landing on the floor. [Client A] was on top of [client B] when staff got in between them but not before [client B] bit [client A] breaking the skin. The wound was washed with soap and water and bandaged until morning when [client A] was transported to [medical clinic]."</p> <p>Investigative Summary Form (ISF) dated 5/9/15 indicated the following:</p> <p>-"Incident Summary. Brief summary of incident: [Client B] was verbally provoking [client A]. [Client A] ran up to [client B], hitting her several times with closed fists. [Client B] bit [client A]. [Client A] was transported to [medical clinic] and provided with antibiotics as a</p>		<p>will ensure that recommendations are made for what staff should do to prevent future incidents. The QIDP will ensure that staff are trained on recommendations and that recommendations are implemented to prevent future incidents from occurring. 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: Home Manager, QIDP, Regional Quality Assurance Specialist, Area Director.</p>	

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	<p>precaution."</p> <p>- "What action was taken by staff during the incident, following the incident and when incident discovered? Before the incident, staff attempted to redirect both clients from being verbally aggressive to one another, during the incident the staff attempted to get in between the clients and following the incident the clients were assessed for injuries and counseled by staff." The ISF dated 5/9/15 indicated, "Conclusion: Evidence supports staff intervened appropriately and evidence supports staff implemented BSP appropriately."</p> <p>The ISF dated 5/9/15 did not indicate documentation of staff implementing client A or client B's BSPs (Behavior Support Plans) PIA (Physical Intervention Alternatives) techniques to prevent the incident from escalating from client B's verbal outburst to client to client aggression resulting in injury to client A. The ISF dated 5/9/15 did not indicate documentation of staff's failure to appropriately implement clients A or B's BSPs or make recommendations to address staff's failure to implement clients A or B's BSPs before and during the incident of client to client aggression.</p> <p>1. Client A's record was reviewed on</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>5/28/15 at 11:19 AM. Client A's Medical Appointment Form (MAF) dated 5/10/15 indicated client A received medical treatment for a bite wound on her left shoulder. Client A's BSP (Behavior Support Plan) dated 4/21/15 indicated the following intervention to address physical aggression:</p> <p>- "Physical restraint: All Indiana Mentor staff are trained upon employment and re-trained annually on these procedures. Any escorts/restraints should be released as quickly as possible. If a restraint lasts for 10 minutes, the client should be released and staff should attempt blocking/avoidance unless it is unsafe to do so. If blocking/avoidance continues to be ineffective or unsafe, reinstate physical restraint for 10 minute intervals attempting to release the client when it is safe to do so. If a client does not respond to proactive measures or non-restrictive measures use restrictive company approved PIA (Physical Intervention Alternatives) techniques listed in this order: Physical restraints should be used only when physical aggression will likely result in harm to oneself, others, or when property destruction might affect peoples' health and safety otherwise use blocking/avoidance. Staff may skip less restrictive measure only if health/safety is an imminent threat. Escorts: Side by side</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>escort walking slightly behind and to the side of the person. Hand below elbow 'L' shaped hand cupping the elbow. Hand behind elbow and hand mid-back.</p> <p>Restraints only to be used if blocking, avoidance or escort is not safe. One arm hold uses 'L' shaped hand to restrict one of the client's arms. Two arm hold, same as one arm but uses second arm to restrain client's flailing arm to the side still only restraining one arm. One arm hold to the floor-client in sitting position. Floor hold (two person) use one arm to the floor restraint, second staff used to restrain legs of the client."</p> <p>Client A's BSP dated 4/21/15 indicated staff should utilize PIA techniques to prevent client A from punching/fighting with her housemates.</p> <p>2. Client B's record was reviewed on 5/28/15 at 9:53 AM. Client B's BSP dated 9/20/14 indicated the following:</p> <p>-"Aggressive Outburst: (1.) Immediately request that [client B] cease the behavior. Request that she calm herself down. Inform [client B] that once she is calm, you will spend time with her talking about what is upsetting her. Allow her to tell you what she is upset about. All you need to do is listen to her. When she has finished encourage her and engage with</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>her in an activity such as coloring, exercise or playing a game; (2.) If the behavior continues and is directed toward other person in the environment, ask them to leave the area for their own safety. Prompt [client B] to engage in a calming activity; (3.) Do not touch [client B] but tell her she will be okay, ask her what you can do to assist her with calming down; (4.) If [client B] is unable or unwilling to calm down or if the outburst is a danger to self or others proceed to step 5; (5.) Direct [client B] to discontinue the behavior immediately; (6.) If the aggressive outburst continues and is a risk of injury to self or others use the agency approved minimum amount of physical guidance necessary to stop the behavior. Use the techniques taught by Indiana Mentor (PIA)."</p> <p>Client B's BSP dated 9/20/14 indicated staff should implement PIA techniques to prevent client B from aggressive outbursts/fighting with her peers.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/28/15 at 11:45 AM. AS #1 indicated clients A and B's BSPs should be implemented. AS #1 indicated recommendations should be developed and implemented to prevent recurrence of incidents of abuse, neglect or mistreatment.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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W 0159 Bldg. 00	<p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 2 of 4 sampled clients (A and B), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate, and monitor clients A and B's active treatment programs.</p> <p>Findings include:</p> <p>1. The QIDP failed to integrate, coordinate and monitor client B's active treatment program by failing to ensure client B was informed of risks of the psychotropic medication and the right to refuse the treatment. Please see W124.</p> <p>2. The QIDP failed to integrate, coordinate and monitor client A's active treatment program by failing to ensure client A's ISP/BSP included specific interventions to address client A's elopement behaviors. Please see W227.</p> <p>3. The QIDP failed to integrate, coordinate and monitor client B's active</p>	W 0159	<p>1. See W124 Client B has been informed of the risks of taking her medications and her right to refuse the recommended treatments.</p> <p>QIDP and Program Nurse will receive retraining to include ensuring that all physician orders and prescriptions are present in the consumer's charts and available for review. Training will also include ensuring that all consumers, if emancipated, and/or guardians if applicable, are notified of the risks of recommended medical treatments and the right to refuse recommended medical treatments. Ongoing the QIDP and Program Nurse will ensure that when new medications or medical treatments are recommended consumers, if emancipated and guardians if applicable are notified of the risks of recommended medical treatments and the right to refuse recommended medical treatments. QIDP will ensure that all consumers have documentation in their files of</p>	07/04/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>treatment program by failing to ensure client B's BSP indicated when facility staff should contact emergency service personnel regarding client B's elopement, SIB (Self-Injurious Behavior) or physical aggression behavior incidents. Please see W240.</p> <p>4. The QIDP failed to integrate, coordinate and monitor client B's active treatment program by failing to ensure client B had given written informed consent prior to the use of psychotropic medications for behavior management. Please see W263.</p> <p>5. The QIDP failed to integrate, coordinate and monitor client B's active treatment program by failing to ensure client B's ISP or BSP included an active treatment program to reduce or eliminate the need for the use of psychotropic medication to manage client B's behavior. Please see W312.</p> <p>9-3-3(a)</p>		<p>notification of the risks of recommended medical treatments and the right to refuse recommended medical treatments.</p> <p>1. See W227 Client A's ISP and BSP have been updated to include elopement as a targeted behavior. Included in the plans are strategies for staff to use to know how and when to intervene to ensure Client A's safety regarding elopement behaviors. QIDP will receive retraining to include ensuring that all consumers Behavior Support Plans include all identified targeted behaviors and also include strategies for how staff are to address targeted behaviors and prevent future occurrences. A review of all consumers Behavior Support plans will be done to ensure all targeted behaviors are identified in the plans and strategies for how staff should address and prevent targeted behaviors. Ongoing, the QIDP will work with Behavior Specialists to identify any targeted behaviors and develop strategies for how staff should address and prevent targeted behaviors. QIDP will ensure that all staff are trained on updates and changes to Behavior Support Plans as needed.</p> <p>1. See W240 Client B ISP and BSP have been updated to include specific instructions or interventions regarding when staff should utilize police or other</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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			<p>emergency service personnel to intervene for behaviors such as SIB, physical aggression or elopement behaviors.</p> <p>QIDP will receive retraining to include ensuring that all consumers Behavior Support Plans include specific instructions or interventions regarding when staff should utilize police or other emergency service personnel to intervene for targeted behaviors and prevent future occurrences as needed. A review of all consumers Behavior Support plans will be done to ensure specific instructions or interventions regarding when staff should utilize police or other emergency personnel to intervene for targeted behaviors and prevent future occurrences as needed. . Ongoing, the QIDP will work with Behavior Specialists to include specific instructions or interventions regarding when staff should utilize police or other emergency service personnel to intervene for behaviors such as SIB, physical aggression or elopement behaviors.QIDP will ensure that all staff are trained on updates and changes to Behavior Support Plans as needed.</p> <p>1. See W263 The QIDP will receive retraining on ensuring that any psychotropic medications that consumers are receiving for behavior management are included in the consumers Behavior Support Plans and Guardian or consumer consent if</p>	

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			<p>they are emancipated; approvals are obtained prior to getting HRC approval.</p> <p>Ongoing, the QIDP will ensure that any additions or changes to psychotropic medications are included in the Behavior Support Plan and guardian or consumer approval if they are emancipated; is obtained prior to presenting to the Human Rights Committee for approval. QIDP will ensure that documentation of guardian or client approval is available for review. Prior to any future Human Rights Committee meetings, the HRC will be reminded that they should not approve any changes to medications or Behavior Support Plans without ensuring that guardian or client, if emancipated, approvals have been obtained.</p> <p>1. See W312 The QIDP will convene the IDT for client B. The IDT will assess the behaviors for which client B is prescribed medication and develop an appropriate titration plan.</p> <p>The QIDP will be retrained on the requirement to include an appropriate plan to address medication withdrawal based on behaviors. The QIDP will revise the Behavior Plans to include the titration plan developed by the IDT. The QIDP will obtain required approvals as soon as the plans are available. The QIDP will also ensure the staff is trained on the implementation of the plans. The QIDP will review each</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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			<p>client's files to ensure each client that receives medication to manage behavior has an appropriate titration plan.</p> <p><i>Addendum: Area Director will meet with QIDP weekly for 4 weeks to review any incidents that have occurred in the home, the effectiveness of protective measures that have been put into place and recommendations from any IDT meetings that have occurred. After the first 4 weeks, the Area Director will meet with the QIDP at least twice monthly to review any incidents that have occurred in the home, the effectiveness of protective measures that have been put into place and recommendations from any IDT meetings that have occurred. After 8 weeks the Area Director will determine the need for and frequency of ongoing meetings.</i></p> <p><i>Area Director will complete an audit of all consumers Behavior Support Plans, ISPs and Risk plans to ensure that specifics of what PIA techniques to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when police or emergency personnel are to be called to intervene with behaviors are specifically outlined in consumers Behavior Support Plans, ISPs and risk plans as needed.</i></p> <p><i>For the next three months, the</i></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1926 W 75TH PL INDIANAPOLIS, IN 46260
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W 0227 Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by		<p><i>Area Director will review all changes or annual updates made to any consumers Behavior Support plans completed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when staff are to utilize emergency personnel to intervene with behaviors is specifically outlined in their BSP, ISP and Risk plans.</i></p> <p><i>Ongoing after the three months, the Area Director will complete a random audit of a minimum of 2 consumers per month BSP, ISP and Risk plans developed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when staff are to utilize emergency personnel to intervene with behaviors is specifically outlined in their BSP, ISP and Risk plans.</i></p> <p>Responsible Party: Home Manager, QIDP, Regional Quality Assurance Specialist, Area Director</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>paragraph (c)(3) of this section.</p> <p>Based on record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure client A's ISP (Individual Support Plan)/BSP (Behavior Support Plan) included specific interventions to address client A's elopement behaviors.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/27/15 at 3:00 PM. The review indicated the following:</p> <p>-BDDS report dated 4/29/15 indicated, "[Client A] arrived from her psychiatric appointment agitated that she was having a medication increase. Shortly later (sic) she was prompted by staff to turn her music down because it was too loud. [Client A] responded by flipping the living room table and charging at staff. Staff backed away but then [client A] eloped out the front door where staff watched her from the front porch. Staff watched [client A] go to the neighbor's house on both sides of the group home, knocking on their doors. Staff had [client A] in her sites (sic) from the group home front porch. Finally, a person answered the door to one of the houses and [client A] went inside where staff lost sight of</p>	W 0227	<p>Client A's ISP and BSP have been updated to include elopement as a targeted behavior. Included in the plans are strategies for staff to use to know how and when to intervene to ensure Client A's safety regarding elopement behaviors. QIDP will receive retraining to include ensuring that all consumers Behavior Support Plans include all identified targeted behaviors and also include strategies for how staff are to address targeted behaviors and prevent future occurrences. A review of all consumers Behavior Support plans will be done to ensure all targeted behaviors are identified in the plans and strategies for how staff should address and prevent targeted behaviors. Ongoing, the QIDP will work with Behavior Specialists to identify any targeted behaviors and develop strategies for how staff should address and prevent targeted behaviors. QIDP will ensure that all staff are trained on updates and changes to Behavior Support Plans as needed. Responsible Party: QIDP, Behavior Specialist</p> <p><i>Addendum: Area Director will meet with QIDP weekly for 4 weeks to review any incidents that have occurred in the home, the effectiveness of protective measures that have been put into place and recommendations from any IDT meetings that have</i></p>	07/04/2015
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>her. At that time, the PD (Program Director) was notified. [Client A] returned to the group home site within 2 minutes and stated she called her sister. [PD #1] spoke to [client A] and [client A] alleged that the staff member had pushed her and that was why she had to go call her sister." The 4/29/15 BDDS report indicated, "Plan to resolve. Staff member suspended pending investigation. [Client A's] plan to be changed to include that (sic) of elopement."</p> <p>Client A's record was reviewed on 5/28/15 at 11:19 AM. Client A's ISP (Individual Support Plan) dated 4/21/15 indicated, "Staff may need to use physical intervention strategies to keep [client A] in the group home due to [agency's] report of [client A] knocking on people's front doors during the night. This behavior did not take place within the first week in Mentor's care, however they were still trained on [client A] being an elopement risk." Client A's BSP (Behavior Support Plan) dated 4/21/15 did not indicate documentation of elopement behaviors being included has one of client A's targeted behaviors. Client A's record did not indicate how and when staff should intervene to ensure client A's safety regarding elopement behaviors.</p>		<p><i>occurred. After the first 4 weeks, the Area Director will meet with the QIDP at least twice monthly to review any incidents that have occurred in the home, the effectiveness of protective measures that have been put into place and recommendations from any IDT meetings that have occurred. After 8 weeks the Area Director will determine the need for and frequency of ongoing meetings.</i></p> <p><i>Area Director will complete an audit of all consumers Behavior Support Plans, ISPs and Risk plans to ensure that specifics of what PIA techniques to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when police or emergency personnel are to be called to intervene with behaviors are specifically outlined in consumers Behavior Support Plans, ISPs and risk plans as needed.</i></p> <p><i>For the next three months, the Area Director will review all changes or annual updates made to any consumers Behavior Support plans completed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when staff are to utilize emergency personnel to intervene with</i></p>	

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W 0240 Bldg. 00	<p>AS (Administrative Staff) #1 was interviewed on 5/28/15 at 11:45 AM. AS #1 indicated client A's BSP should specify how staff are to address client A's elopement behaviors.</p> <p>9-3-4(a)</p> <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 for 1 of 4 sampled clients (B), the facility failed to ensure client B's BSP (Behavior Support Plan) indicated when facility staff should contact emergency service personnel regarding client B's elopement, SIB (Self-Injurious Behavior) or physical aggression behavior incidents.</p> <p>Findings include:</p>	W 0240	<p><i>behaviors is specifically outlined in their BSP, ISP and Risk plans.</i></p> <p><i>Ongoing after the three months, the Area Director will complete a random audit of a minimum of 2 consumers per month BSP, ISP and Risk plans developed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when staff are to utilize emergency personnel to intervene with behaviors is specifically outlined in their BSP, ISP and Risk plans.</i></p> <p>Responsible Party: Home Manager, QIDP, Regional Quality Assurance Specialist, Area Director</p> <p>Client B ISP and BSP have been updated to include specific instructions or interventions regarding when staff should utilize police or other emergency service personnel to intervene for behaviors such as SIB, physical aggression or elopement behaviors. QIDP will receive retraining to include ensuring that all consumers Behavior Support Plans include specific instructions or interventions regarding when</p>	07/04/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/27/15 at 3:00 PM. The review indicated the following:</p> <p>-BDDS report dated 5/15/15 indicated, "At 5:50 PM, the PD (Program Director) was notified that [client B] had left the premises of the group home walking on the sidewalk. [PD #1] informed the staff they would arrive to (sic) the site in 25-30 minutes to assist. Staff reported they stayed with the [client B], walking down the street sidewalk of the group home, continuing to follow and attempt(ing) to redirect [client B] when [client B] turned onto [road] a busy street. At that time, [client B] stepped off the sidewalk and into the street, back and forth numerous times in an unsafe manner. The staff was able to guide [client B] back onto the sidewalk each time, however, felt that [client B] was attempting to harm themselves (sic) so the staff member called 911. Police intercepted the client when she was walking on [street] near [street]. Police called the group home, requesting the second staff member, working that night and attending to the other clients, pick [client B] and the first staff member up from their position. The second staff</p>		<p>staff should utilize police or other emergency service personnel to intervene for targeted behaviors and prevent future occurrences as needed. A review of all consumers Behavior Support plans will be done to ensure specific instructions or interventions regarding when staff should utilize police or other emergency personnel to intervene for targeted behaviors and prevent future occurrences as needed. Ongoing, the QIDP will work with Behavior Specialists to include specific instructions or interventions regarding when staff should utilize police or other emergency service personnel to intervene for behaviors such as SIB, physical aggression or elopement behaviors. QIDP will ensure that all staff are trained on updates and changes to Behavior Support Plans as needed. Responsible Party: QIDP, Behavior Specialist <i>Addendum: Area Director will meet with QIDP weekly for 4 weeks to review any incidents that have occurred in the home, the effectiveness of protective measures that have been put into place and recommendations from any IDT meetings that have occurred. After the first 4 weeks, the Area Director will meet with the QIDP at least twice monthly to review any incidents that have occurred in the home, the effectiveness of protective measures that have been put into</i></p>	

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	<p>member gathered up the clients she was caring for, placed them into the van and picked up the did so (sic). [PD #1] arrived to (sic) the site at 6:20 PM to find that [client B] had been brought back to the site by staff who picked her up from police and the first staff member's care."</p> <p>-"BDDS report dated 4/13/15 indicated, "[HM (Home Manager) #1] called (the) on-call [PD #2] to report that [client B] had walked away from the group home. Staff called 911 for additional supports and when staff hung up the phone, [client B] was back at the group home. [Client B] was out of staff's sight for 2 minutes before returning back to (the) group home."</p> <p>-"BDDS report dated 3/7/15 indicated, "At 6:45 PM, [PD #1] was notified by staff that 911 had been called from the group home due to [client B's] physical aggression toward staff. Prior to the 911 call, staff prompted [client B] to pick up the piles of clothes all around her bed and start washing them or hanging them up if they were clean. [Client B] started to yell loudly that she was not going to clean up her room. The staff then started picking up the clothes that smelled of urine and started to walk out of her room to the washing machine. At that time and just as the staff member was exiting [client B's]</p>		<p><i>place and recommendations from any IDT meetings that have occurred. After 8 weeks the Area Director will determine the need for and frequency of ongoing meetings.</i></p> <p><i>Area Director will complete an audit of all consumers Behavior Support Plans, ISPs and Risk plans to ensure that specifics of what PIA techniques to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when police or emergency personnel are to be called to intervene with behaviors are specifically outlined in consumers Behavior Support Plans, ISPs and risk plans as needed.</i></p> <p><i>For the next three months, the Area Director will review all changes or annual updates made to any consumers Behavior Support plans completed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when staff are to utilize emergency personnel to intervene with behaviors is specifically outlined in their BSP, ISP and Risk plans.</i></p> <p><i>Ongoing after the three months, the Area Director will complete a random audit of a minimum of 2 consumers per month BSP, ISP</i></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>room, [client B] put both of her hands on the staff, proceeded to punch her with both closed fists multiple times. The second staff then ran down the hall to [client B's] room and attempted to put herself in between [client B] and the staff member getting hit but [client B] kept reaching around her and punching the first staff member whom was on the bedroom floor. The second staff member continued to use two hand blocks to keep both staff safe. Sometime during this altercation another client in the home proceeded to call 911 of their own accord. [Client B] continued physical aggression until shortly before the police showed up to the group home about 5 minutes after she hit staff the first time. [Client B] was questioned by the police, told to stop her behavior and the police left. As soon as they left, [client B] started threatening to harm herself, yelling and pacing the home without ceasing for 20 minutes straight. During those 20 minutes she was reaching for items, saying she was going to cut herself. At that time, staff felt they could not keep themselves nor [client B's] housemates safe, so staff called 911 again. Upon the arrival of police for the second time, [client B] was taken to [hospital]."</p> <p>Client B's record was reviewed on</p>		<p><i>and Risk plans developed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when staff are to utilize emergency personnel to intervene with behaviors is specifically outlined in their BSP, ISP and Risk plans.</i></p> <p>Responsible Party: Home Manager, QIDP, Regional Quality Assurance Specialist, Area Director</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>5/28/15 at 9:53 AM. Client B's BSP dated 9/20/14 indicated the following:</p> <p>-"Response Measures- SIB. If staff observed [client B] engaging in SIB, request that she stop the behavior. If she stops the SIB, thank her. Request that [client B] then engage in a leisure activity or utilize her coloring sheets. If [client B] would like to talk with staff, staff should allow [client B] time to discuss her concern or frustration. If [Client B] continues the behavior after being requested to stop and the behavior is not causing her physical harm, i.e. scratching at skin without breaking skin, pinching herself etc., ignore the behavior but not [client B]. Continue to monitor [client B] for the SIB to escalate. Request that [client B] engage in another activity with you. It is important that she engage with staff at this time. Staff should color with her, go for a walk, play a game etc. with [client B]. If steps above are unsuccessful and the SIB is a threat to [client B's] safety, sue the least amount of agency approved physical intervention (PIA) to stop the SIB. Inform the PD (or) PD on-call."</p> <p>The review did not indicate documentation of when staff should utilize police or other emergency service personnel to intervene regarding client</p>			

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	<p>B's SIB.</p> <p>-"Aggressive Outburst: (1.) Immediately request that [client B] cease the behavior. Request that she calm herself down. Inform [client B] that once she is calm, you will spend time with her talking about what is upsetting her. Allow her to tell you what she is upset about. All you need to do is listen to her. When she has finished encourage her and engage with her in an activity such as coloring, exercise or playing a game; (2.) If the behavior continues and is directed toward other person in the environment, ask them to leave the area for their own safety. Prompt [client B] to engage in a calming activity; (3.) Do not touch [client B] but tell her she will be okay, ask her what you can do to assist her with calming down; (4.) If [client B] is unable or unwilling to calm down or if the outburst is a danger to self or others proceed to step 5; (5.) Direct [client B] to discontinue the behavior immediately; (6.) If the aggressive outburst continues and is a risk of injury to self or others use the agency approved minimum amount of physical guidance necessary to stop the behavior. Use the techniques taught by Indiana Mentor (PIA)."</p> <p>The review did not indicate documentation of when staff should</p>			

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	<p>utilize police or other emergency service personnel to intervene regarding client B's aggressive outburst/aggression.</p> <p>-"Vacating. Staff should be aware of [client B's] whereabouts at all times. In inclement weather, keep protective clothing for staff and [client B] near the door so that it is easily available if [client B] exits the home. If [client B] elopes from staff, keep her in sight and calmly request that she make a positive choice and return to the home or vehicle with you. (3.) (sic) If [client B] responds, thank her for returning and continue with the activity or outing that was going on previous to her elopement. If [client B] appears upset ask her if she wants to talk about what is bothering her or if she needs time to be alone to calm herself down. (4.) If she refuses to return, calmly request again that she return to the location that she eloped from. Continue to follow her but do not make a big deal out of it, do not discuss the situation further. Give [client B] time to think about it (15 minutes) while you are following her and monitoring for safety. (5.) If [client B] refuses after 15 minutes to return, offer her another opportunity to return, if she continues to refuse after this offer, contact the PD or PD on-call for further instructions."</p>			

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W 0263 Bldg. 00	<p>The review did not indicate documentation of when staff should utilize police or other emergency service personnel to intervene regarding client B's elopement behaviors.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/28/15 at 11:45 AM. AS #1 indicated client B's BSP should include specific instructions or interventions regarding when staff should utilize police or other emergency service personnel to intervene regarding client B's SIB, physical aggression or elopement behaviors.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 1 of 4 sampled clients (B), the facility's HRC (Human Rights Committee) failed to ensure client B had given written informed consent prior to the use of psychotropic medications for behavior management.</p> <p>Findings include:</p>	W 0263	<p>The QIDP will receive retraining on ensuring that any psychotropic medications that consumers are receiving for behavior management are included in the consumers Behavior Support Plans and Guardian or consumer consent if they are emancipated; approvals are obtained prior to getting HRC approval. Ongoing, the QIDP will ensure that any additions or changes to</p>	07/04/2015
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/27/15 at 3:00 PM. The review indicated the following:</p> <p>-BDDS report dated 5/15/15 indicated, "At 5:50 PM, the PD (Program Director) was notified that [client B] had left the premises of the group home walking on the sidewalk. [PD #1] informed the staff they would arrive to (sic) the site in 25-30 minutes to assist. Staff reported they stayed with the [client B], walking down the street sidewalk of the group home, continuing to follow and attempt(ing) to redirect [client B] when [client B] turned onto [road] a busy street. At that time, [client B] stepped off the sidewalk and into the street, back and forth numerous times in an unsafe manner. The staff was able to guide [client B] back onto the sidewalk each time, however, felt that [client B] was attempting to harm themselves (sic) so the staff member called 911. Police intercepted the client when she was walking on [street] near [street]. Police called the group home, requesting the second staff member working that night and attending to the other clients, pick [client B] and the first staff member up from their position. The second staff</p>		<p>psychotropic medications are included in the Behavior Support Plan and guardian or consumer approval if they are emancipated; is obtained prior to presenting to the Human Rights Committee for approval. QIDP will ensure that documentation of guardian or client approval is available for review. Prior to any future Human Rights Committee meetings, the HRC will be reminded that they should not approve any changes to medications or Behavior Support Plans without ensuring that guardian or client, if emancipated, approvals have been obtained. Responsible Party: QIDP, Human Rights Committee</p> <p><i>Addendum: Area Director will meet with QIDP weekly for 4 weeks to review any incidents that have occurred in the home, the effectiveness of protective measures that have been put into place and recommendations from any IDT meetings that have occurred. After the first 4 weeks, the Area Director will meet with the QIDP at least twice monthly to review any incidents that have occurred in the home, the effectiveness of protective measures that have been put into place and recommendations from any IDT meetings that have occurred. After 8 weeks the Area Director will determine the need for and frequency of ongoing meetings.</i></p> <p><i>Area Director will complete an</i></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1926 W 75TH PL INDIANAPOLIS, IN 46260
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	<p>member gathered up the clients she was caring for, placed them into the van and picked up the did so (sic). [PD #1] arrived to (sic) the site at 6:20 PM to find that [client B] had been brought back to the site by staff who picked her up from police and the first staff member's care. [PD #1] talked to [client B] and was told by [client B] that she did not want to take her new medication Seroquel (bipolar). Both staff explained that [client B] had just started the new medication, Seroquel, the night before this incident at the recommendation of her [psychiatrist]. [PD #1] explained to the client that the medication is needed to help her. [Client B] said she understood and agreed to take the medication as scheduled that evening and until she sees her [psychiatrist] again."</p> <p>Client B's record was reviewed on 5/28/15 at 9:53 AM. Client B's record did not contain client B's May 2015 physician's order form or psychiatric record of visit forms regarding client B's prescription to begin taking Seroquel on 5/14/15. The prescription was not available for review. Client B's ISP (Individual Support Plan) dated 10/23/14 indicated client B was an emancipated adult and did not have a guardian. Client B's record did not indicate documentation of client B's written informed consent</p>		<p><i>audit of all consumers Behavior Support Plans, ISPs and Risk plans to ensure that specifics of what PIA techniques to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when police or emergency personnel are to be called to intervene with behaviors are specifically outlined in consumers Behavior Support Plans, ISPs and risk plans as needed.</i></p> <p><i>For the next three months, the Area Director will review all changes or annual updates made to any consumers Behavior Support plans completed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when staff are to utilize emergency personnel to intervene with behaviors is specifically outlined in their BSP, ISP and Risk plans.</i></p> <p><i>Ongoing after the three months, the Area Director will complete a random audit of a minimum of 2 consumers per month BSP, ISP and Risk plans developed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when staff</i></p>	

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W 0312 Bldg. 00	<p>regarding the use of Seroquel for behavior management.</p> <p>PD (Program Director) #1 was interviewed on 5/28/15 at 11:45 AM. PD #1 indicated client B has started taking Seroquel for behavior management on 5/14/15.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/28/15 at 11:45 AM. AS #1 indicated the facility's HRC should ensure client B's written informed consent was obtained prior to the use of Seroquel.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE</p> <p>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 (B), the facility failed to ensure client B's ISP (Individual Support Plan) or BSP (Behavior Support Plan) included an active treatment program to reduce or eliminate the need for the use of psychotropic medication to manage client B's behavior.</p>	W 0312	<p><i>are to utilize emergency personnel to intervene with behaviors is specifically outlined in their BSP, ISP and Risk plans.</i></p> <p>Responsible Party: Home Manager, QIDP, Regional Quality Assurance Specialist, Area Director</p> <p>The QIDP will convene the IDT for client B. The IDT will assess the behaviors for which client B is prescribed medication and develop an appropriate titration plan. The QIDP will be retrained on the requirement to include an appropriate plan to address medication withdrawal based on behaviors. The QIDP will revise</p>	07/04/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/27/15 at 3:00 PM. The review indicated the following:</p> <p>-BDDS report dated 5/15/15 indicated, "At 5:50 PM, the PD (Program Director) was notified that [client B] had left the premises of the group home walking on the sidewalk. [PD #1] informed the staff they would arrive to (sic) the site in 25-30 minutes to assist. Staff reported they stayed with the [client B], walking down the street sidewalk of the group home, continuing to follow and attempt(ing) to redirect [client B] when [client B] turned onto [road] a busy street. At that time, [client B] stepped off the sidewalk and into the street, back and forth numerous times in an unsafe manner. The staff was able to guide [client B] back onto the sidewalk each time, however, felt that [client B] was attempting to harm themselves (sic) so the staff member called 911. Police intercepted the client when she was walking on [street] near [street]. Police called the group home, requesting the second staff member working that night and attending to the other clients, pick</p>		<p>the Behavior Plans to include the titration plan developed by the IDT. The QIDP will obtain required approvals as soon as the plans are available. The QIDP will also ensure the staff is trained on the implementation of the plans. The QIDP will review each client's files to ensure each client that receives medication to manage behavior has an appropriate titration plan. Responsible Staff: QIDP, Area Director, Behavior Consultant</p> <p><i>Addendum: Area Director will meet with QIDP weekly for 4 weeks to review any incidents that have occurred in the home, the effectiveness of protective measures that have been put into place and recommendations from any IDT meetings that have occurred. After the first 4 weeks, the Area Director will meet with the QIDP at least twice monthly to review any incidents that have occurred in the home, the effectiveness of protective measures that have been put into place and recommendations from any IDT meetings that have occurred. After 8 weeks the Area Director will determine the need for and frequency of ongoing meetings.</i></p> <p><i>Area Director will complete an audit of all consumers Behavior Support Plans, ISPs and Risk plans to ensure that specifics of what PIA techniques to use to prevent consumers targeted</i></p>	

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	<p>[client B] and the first staff member up from their position. The second staff member gathered up the clients she was caring for, placed them into the van and picked up the did so (sic). [PD #1] arrived to (sic) the site at 6:20 PM to find that [client B] had been brought back to the site by staff who picked her up from police and the first staff member's care. [PD #1] talked to [client B] and was told by [client B] that she did not want to take her new medication Seroquel (bipolar). Both staff explained that [client B] had just started the new medication, Seroquel, the night before this incident at the recommendation of her [psychiatrist]. [PD #1] explained to the client that the medication is needed to help her. [Client B] said she understood and agreed to take the medication as scheduled that evening and until she sees her [psychiatrist] again."</p> <p>Client B's record was reviewed on 5/28/15 at 9:53 AM. Client B's record did not contain client B's May 2015 physician's order form or psychiatric record of visit forms regarding client B's prescription to begin taking Seroquel on 5/14/15. The prescription was not available for review. Client B's ISP dated 10/23/14 or BSP dated 9/20/14 did not indicate documentation of an active treatment program to reduce or eliminate</p>		<p><i>behaviors, all psychotropic medications and titration plans, all targeted behaviors and when police or emergency personnel are to be called to intervene with behaviors are specifically outlined in consumers Behavior Support Plans, ISPs and risk plans as needed.</i></p> <p><i>For the next three months, the Area Director will review all changes or annual updates made to any consumers Behavior Support plans completed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when staff are to utilize emergency personnel to intervene with behaviors is specifically outlined in their BSP, ISP and Risk plans.</i></p> <p><i>Ongoing after the three months, the Area Director will complete a random audit of a minimum of 2 consumers per month BSP, ISP and Risk plans developed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors, all psychotropic medications and titration plans, all targeted behaviors and when staff are to utilize emergency personnel to intervene with behaviors is specifically outlined in their BSP, ISP and Risk plans.</i></p>	

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W 0319 Bldg. 00	<p>the need for the use of Seroquel for client B's behavior.</p> <p>PD (Program Director) #1 was interviewed on 5/28/15 at 11:45 AM. PD #1 indicated client B has started taking Seroquel for behavior management on 5/14/15.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/28/15 at 11:45 AM. AS #1 indicated the client B's BSP should include an active treatment program to reduce or eliminate the need for the use of Seroquel to manage client B's behavior.</p> <p>9-3-5(a)</p> <p>483.460(a)(1) PHYSICIAN SERVICES</p> <p>The facility must ensure the availability of physician services 24 hours a day. Based on record review and interview for 2 of 4 sampled clients (A and C), the facility failed to consult with a physician regarding two separate incidents of clients A and C sustaining broken skin from being bitten by a peer.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services)</p>	W 0319	<p>Responsible Party: Home Manager, QIDP, Regional Quality Assurance Specialist, Area Director</p> <p>The QIDP and Program Nurse will receive retraining to include the need to ensure that a physician is consulted for any medical incidents, such as bites, to determine if additional medical assessment/treatment is needed and documentation of physician notification and response is documented in the nursing notes. Ongoing, the QIDP and Program Nurse will ensure that a physician is consulted for any medical incidents, such as bites, to</p>	07/04/2015	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>reports and investigations were reviewed on 5/27/15 at 3:00 PM. The review indicated the following:</p> <p>1. BDDS report dated 4/6/15 indicated on 4/5/15 at 10:52 PM client B bit client C on her right shoulder, breaking the skin and causing it to bleed. The 4/6/15 BDDS report indicated staff cleaned client C's bite wound with soap and water, notified the group home nurse and was taken to her primary care physician the following day on 4/6/15.</p> <p>The 4/6/15 BDDS report did not indicate documentation of physician consultation/notification regarding client C's bite wound until the following day of the incident.</p> <p>2. BDDS report dated 5/10/15 indicated, "At 10:30 PM, [PD (Program Director) #1] was notified that a physical altercation between [client B] and another client, [client A], in the group home had occurred around 10:00 PM. [Client B's] housemate, [client A], alleged that [client B] stole her cd's and threw an air freshener can and a plug in air freshener at [client B] but missed. [Client A] then ran towards [client B] and began to punch her resulting in [client B] landing on the floor. [Client A] was on top of [client B] when staff got in</p>		<p>determine if additional medical assessment/treatment is needed. When BDDS reports are completed, the Area Director will review to ensure that a physician is consulted for any medical incidents to determine if additional medical assessment/treatment is needed and that documentation of notification of contacting a physician is available for review. Area Director will complete an audit of all consumers' medical charts a minimum of quarterly to ensure that any identified medical needs have been reported to appropriate physicians as needed and documentation of response is present for review. Responsible Party: QIDP, Area Director, Program Nurse</p> <p><i>Addendum:</i> <i>A procedure has been developed to provide direction to Direct Care Staff and the Program Nurse as to when to contact a designated physician when a client has a medical concern or injury to obtain guidance in seeking further medical treatment. (see attachment) All Direct Care staff, Program Coordinators, QIDP and Program Nurse will be trained on this procedure.</i> <i>Program Nurse (or On call Nurse) will ensure that all attempts to contact a consumers physician are documented on the Nursing notes. Documentation should include the times contact was made/attempted, who was</i></p>	

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	<p>between them but not before [client B] bit [client A] breaking the skin. The wound was washed with soap and water and bandaged until morning when [client A] was transported to [medical clinic]."</p> <p>Investigation Summary Form dated 5/9/15 indicated, "... [client A's advocate] was yelling (on the phone) at [HM (Home Manager) #1], telling her to take [client A] to the emergency room but that [HM #1] was trying to explain to [client A's advocate] that the procedure is to notify the nurse and upper management and then they determine when [client A] should seek medical services."</p> <p>The review did not indicate documentation of a physician being consulted regarding client A's bite wound to determine if additional medical assessment/treatment was needed.</p> <p>PD (Program Director) #1 was interviewed on 5/28/15 at 11:45 AM. PD #1 indicated staff had not contacted a physician for consultation regarding clients A or C's bite wounds.</p> <p>Nurse #1 was interviewed on 5/28/15 at 12:00 PM. Nurse #1 indicated staff had not contacted a physician for consultation regarding clients A or C's bite wounds.</p>		<p><i>spoken to and the recommendations for treatment. When BDDS reports are completed for injuries or illnesses, the Area Director will review to ensure that an assessment by the Program Nurse is completed to determine if additional medical assessment/treatment is needed. In addition the Area Director will ensure that documentation of assessments of consumers' illness/injury and recommendations of assessment are documented in the Nursing Notes and are available for review. Area Director will complete an audit of all consumers' medical charts a minimum of quarterly to ensure that any identified medical needs have been assessed as needed and documentation of response is present for review.</i></p> <p><i>Responsible Party: Program Nurse, Area Director</i></p>		

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W 0331 Bldg. 00	<p>This federal tag relates to complaint #IN00171443.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 2 of 4 sampled clients (A and C), the facility nurse failed to perform assessments following two separate incidents of clients A and C sustaining broken skin from being bitten by a peer.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/27/15 at 3:00 PM. The review indicated the following:</p> <p>1. BDDS report dated 4/6/15 indicated on 4/5/15 at 10:52 PM client B bit client C on her right shoulder, breaking the skin and</p>	W 0331	<p>Program Nurse will receive retraining on ensuring that all medical injuries or illnesses that are not deemed an immediate emergency will be assessed to determine if additional medical assessment/treatment is needed. Face to face assessments will occur as quickly as possible after the injury/illness is reported to assess if any further treatment is necessary. Program Nurse will also ensure that documentation of assessments of consumers illness/injury are completed and recommendations of assessment are documented in the Nursing Notes and are available for review.</p> <p>Ongoing the Program Nurse will ensure that all consumers are receiving assessments as quickly as possible after and illness or injury is reported to assess if any further treatment is necessary. Program Nurse will also ensure that documentation of assessments of consumers illness/injury are and recommendations of assessment</p>	07/04/2015	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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	<p>causing it to bleed. The 4/6/15 BDDS report indicated staff cleaned client C's bite wound with soap and water, notified the group home nurse and was taken to her primary care physician the following day on 4/6/15.</p> <p>The 4/6/15 BDDS report did not indicate documentation of nursing assessment of client C's bite wound.</p> <p>2. BDDS report dated 5/10/15 indicated, "At 10:30 PM, [PD (Program Director) #1] was notified that a physical altercation between [client B] and another client, [client A], in the group home had occurred around 10:00 PM. [Client B's] housemate, [client A], alleged that [client B] stole her cd's and threw an air freshener can and a plug in air freshener at [client B] but missed. [Client A] then ran towards [client B] and began to punch her resulting in [client B] landing on the floor. [Client A] was on top of [client B] when staff</p>		<p>are documented in the Nursing Notes and are available for review.</p> <p>When BDDS reports are completed for injuries or illnesses, the Area Director will review to ensure that an assessment by the Program Nurse is completed to determine if additional medical assessment/treatment is needed. In addition the AD will ensure that documentation of assessments of consumers' illness/injury and recommendations of assessment are documented in the Nursing Notes and are available for review. Area Director will complete an audit of all consumers' medical charts a minimum of quarterly to ensure that any identified medical needs have been assessed as needed and documentation of response is present for review.</p> <p>Responsible Party: Program Nurse, Area Director</p>	

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	<p>got in between them but not before [client B] bit [client A] breaking the skin. The wound was washed with soap and water and bandaged until morning when [client A] was transported to [medical clinic]."</p> <p>Investigation Summary Form dated 5/9/15 indicated, "... [client A's advocate] was yelling (on the phone) at [HM (Home Manager) #1], telling her to take [client A] to the emergency room but that [HM #1] was trying to explain to [client A's advocate] that the procedure is to notify the nurse and upper management and then they determine when [client A] should seek medical services."</p> <p>The review did not indicate documentation of nursing assessment of client A's bite wound.</p> <p>PD (Program Director) #1 was interviewed on 5/28/15 at 11:45 AM. PD #1 indicated, "To my knowledge the nurse didn't come</p>			

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	<p>assess. No, not that I know of." PD #1 indicated the group home's assigned nurse or the nurse on-call did not come to the group home and assess clients A or C's bite wounds.</p> <p>Nurse #1 was interviewed on 5/28/15 at 12:00 PM. Nurse #1 indicated clients A and C had not been assessed by nursing staff.</p> <p>This federal tag relates to complaint #IN00171443.</p> <p>9-3-6(a)</p>				