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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G264 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 05/17/2016 |
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| NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC | STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906 |
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|------------------------|--|---------------|---|----------------------|
| W 0000 Bldg. 00 | <p>This visit was for the investigation of complaint #IN00199874.</p> <p>Complaint #IN00199874: Unsubstantiated, due to lack of sufficient evidence.</p> <p>Unrelated deficiencies cited.</p> <p>Survey Dates: 5/12, 5/13, 5/16 and 5/17/16</p> <p>Facility Number: 000784 Provider Number: 15G264 AIM Number: 100243500</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/24/16.</p> | W 0000 | | |
| W 0210 Bldg. 00 | <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on interview and record review for</p> | W 0210 | The facility has policies and procedures in place to ensure all | 06/03/2016 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| W 0331 Bldg. 00 | <p>1 of 4 sampled clients (D), the client's IDT(interdisciplinary team) failed to assess the client's hearing or vision within 30 days of being admitted to the group home.</p> <p>Findings include:</p> <p>Client D's record was reviewed on 5/13/16 at 3:05pm. Client D's 3/2/16 ISP (Individualized Support Plan) indicated client D was admitted to the group home on 2/5/16. Client D's 2/3/16 Annual Physical did not indicate client D's physician assessed his hearing or vision during the exam. Client D's record did not indicate client D had his vision or hearing assessed.</p> <p>An interview with the facility nurse was conducted on 5/16/16 at 11:58am. When asked if client D had his vision or hearing assessed within 30 days of admission, the facility nurse stated "No".</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 4 of 4 sampled clients (A, B, C, and D) and 1 additional client (E), the facility nurse failed to assure clients had current signed physicians orders.</p> <p>Findings include:</p> | W 0331 | <p>individuals are assessed or reassessed as needed to supplement preliminary evaluations that were conducted prior to admission. These assessments are to be completed by the interdisciplinary team within 30 days of admission to the facility.</p> <p>The Group Home Nurse has been retrained on this requirement. The Area Director will monitor the next three admissions to ensure proper assessments and/or evaluations take place within the first 30 days following admission.</p> <p>Person Responsible: Area Director Date of Completion: June 3, 2016</p> <p>The facility has policies and procedures in place to provide all individual with nursing services in accordance with their needs. This includes ensuring individuals have current signed physician's orders verifying correct medications and other orders required by the physician.</p> | 06/03/2016 | |

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| | <p>Client A's record was reviewed on 5/13/16 at 3:42pm. Client A's record indicated client A's last signed physicians order was December 2015.</p> <p>Client B's record was reviewed on 5/13/16 at 2:08pm. Client B's record indicated client B's last signed physicians order was in September 2015.</p> <p>Client C's record was reviewed on 5/13/16 at 2:35pm. Client C's record indicated client C's last signed physicians order was in June 2015.</p> <p>Client D's record was reviewed on 5/13/16 at 3:05pm. Client D's record did not indicate he had a current order for his medications signed by his physician since being placed into the group home on 2/5/16.</p> <p>Client E's record was reviewed on 5/16/16 at 10:42am. Client E's record indicated client E's last signed physicians order was in September 2015.</p> <p>An interview with the facility nurse was conducted on 5/16/16 at 11:58am. When asked if clients A, B, C, D, or E had current physician orders, the facility nurse stated "No. I forgot to get them signed".</p> | | <p>The Group Home Nurse has been retrained on these policies. The Group Home Nurse has sent out current physician's orders of all the individuals to be signed by the primary care physician. The Area Director will follow up with the Group Home Nurse to ensure proper tracking and filing of the signed physician's orders. The Area Director will review the physician's orders at least quarterly to ensure they are signed within the required timeframe.</p> <p>Person Responsible: Area Director Date of Completion: June 3, 2016</p> | | |

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

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OMB NO. 0938-0391

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| | 9-3-6(a) | | | | |