

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G712	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/08/2016
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8337 N COLLEGE AVE INDIANAPOLIS, IN 46240
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W 0000  Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: January 6, 7 and 8, 2016.</p> <p>Facility number: 001089 Provider number: 15G712 Aim number: 100239940</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed 1/12/16 by #09182.</p>	W 0000		
W 0242  Bldg. 00	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#4) to ensure client #4's individual support plan (ISP) had a</p>	W 0242	A formal goal has been developed for Client #4 to encourage him to brush and floss his teeth twice per day as recommended by the dentist at his 9/15/15 dental exam. All staff	02/07/2016

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

TITLE

(X6) DATE

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

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	<p>training program in place to address his identified dental hygiene training needs.</p> <p>Findings include:</p> <p>Record review for client #4 was done on 1/7/16 at 9:32a.m. Client #4 had a 9/15/15 dental exam that indicated client #4 had received 2 fillings. The physician also indicated "poor oral hygiene, brush and floss 2 times a day." Client #4 had a 8/25/15 ISP. Client #4's ISP did not address his identified dental hygiene need.</p> <p>Staff #1 was interviewed on 1/7/16 at 12:03p.m. Staff #1 indicated client #4's 9/15/15 dental recommendations had not been addressed. Staff #1 indicated client #4 did not have any training programs in place to address his identified dental hygiene needs.</p> <p>9-3-4(a)</p>		<p>will be trained on the implementation of this goal.</p> <p>Program Nurse will receive retraining to include ensuring that all recommendations for follow up care from any medical and/or dental appointments are reviewed, scheduled and/or completed as needed as soon as possible after the medical appointment. Program Nurse will notify the QIDP if there are any recommendations from medical/dental appointments that need to be tracked regularly so that the QIDP can develop formal training objectives as needed.</p> <p>QIDP will receive retraining to include ensuring that all consumers have goals in place to encourage them to brush and floss their teeth regularly as recommended by the dentist.</p> <p>Ongoing, the Program Nurse will review all consumers' medical and dental appointment forms within 48 hours of the appointment to determine if any follow up treatment is needed. If any follow up is needed the Program nurse will work with the Home Manager and/or Program Director to ensure that appointments are scheduled, medications are ordered, goals are developed etc. based on recommendations.</p>		

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W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (#2) with adaptive equipment, to provide client #2 with training for his identified refusal to wear prescribed eyeglasses.</p> <p>Findings include:</p> <p>Observations were done on 1/6/16 from 3:46p.m. to 5:42p.m. and on 1/7/16 from 6:18a.m. to 7:45a.m. at the facility. Client #2 did not wear, nor was he prompted by staff to wear, eyeglasses during the observations.</p> <p>Record review of client #2 was done on 1/7/16 at 11:17a.m. Client #2's 9/3/15 eye exam indicated client #2 had prescribed eyeglasses for full-time wear. Client #2's 11/23/15 physician's orders indicated staff were to "encourage to wear eyeglasses at all times while awake."</p>	W 0436	<p>Responsible Party: Program Nurse, Program Coordinator, QIDP</p> <p>A formal goal has been developed for Client #2 to encourage him to use his eyeglasses. All staff will be trained on the implementation of this goal.</p> <p>QIDP will receive retraining to include ensuring that all consumers have goals in place to encourage them to use their adaptive equipment as directed and how to maintain it in good working order.</p> <p>Ongoing, QIDP will ensure that goals and objectives are developed for consumers that have challenges with using their adaptive equipment as directed and/or maintaining it in good working order. These formal goals will be reviewed for progress a minimum of quarterly and revised as necessary to adapt to progress achieved.</p> <p>Responsible Party: QIDP</p>	02/07/2016

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	<p>Client #2 had a 8/25/15 individual support plan (ISP). Client #2's ISP did not have documentation of a training program in place to address client #2's refusal to wear prescribed eyeglasses.</p> <p>Staff #1 was interviewed on 1/7/16 at 12:03p.m. Staff #1 indicated client #2 had prescribed eyeglasses for full-time wear. Staff #1 indicated client #2 had a history of refusal to wear his eyeglasses. Staff #1 indicated client #2 did not have a training program in place to address his refusal of wearing eyeglasses.</p> <p>9-3-7(a)</p>			