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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G378 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 03/16/2012 |
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| NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC | STREET ADDRESS, CITY, STATE, ZIP CODE 4002 N MOLLER RD INDIANAPOLIS, IN 46254 |
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| W0000 | <p>This visit was for the fundamental recertification and state licensure survey.</p> <p>This survey was done in conjunction with the post certification revisit (pcr) to the investigation of complaint # IN00097933 completed on October 13, 2011.</p> <p>Survey dates: March 12, 13, 14, 15, and 16, 2012</p> <p>Facility number: 000892 Provider number: 15G378 AIMS number: 100244290</p> <p>Surveyor: Brenda Nunan, RN, CDDN, Public Health Nurse Surveyor III, Team Leader Keith Briner, Medical Surveyor III (March 14, 15, 2012)</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 3/26/2012 by Dotty Walton, Medical Surveyor III.</p> | W0000 | | |

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

TITLE

(X6) DATE

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

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| W0104 | <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed to exercise general policy and operating direction to ensure the client's available money did not exceed the \$1500 limit for 1 of 4 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3's financial record was reviewed on 03/15/2012 at 10:44 a.m. The "Account Quick Report" of client #3's transactions indicated an account balance of \$4923.12 which was over the maximum allowable of \$1500.00. The account had been over the allowable amount since 07/01/2011.</p> <p>During an interview on 03/16/2012 at 4:00 p.m., Administrative staff #1 indicated she recently reviewed client #3's account and was aware the account balance exceeded the allowable amount. She indicated the highest allowable account balance was \$1500.00</p> <p>9-3-1(a)</p> | W0104 | <p>The Program Director and Home Manager will be retrained on Client Finances, including ensuring that the client is not over resources at any time. All financial transactions are monitored by the Home Manager, reconciled on a monthly basis by the Program Director, and then reviewed by the Client Finance Specialist at the completion of each month. Once a month the Client Finance Specialist will notify the Area Director of all clients, if any, that are over resources, so that the Area Director can follow up on the plan of correction. Ongoing, the Area Director will complete quarterly reviews of a random sample of client finances to ensure that all is completely accurately and correctly. Completion Date: April 1, 2012 Responsible Party: Home Manager, Program Director, Client Finance Specialist, and Area Director.</p> | 04/15/2012 | |

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| W0140 | <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on record review and interview, the facility failed to maintain a complete accounting of the clients' cash on hand at the group home for 1 of 4 sampled clients (client 3).</p> <p>Findings include:</p> <p>1. Client #3's financial records were reviewed on 03/13/2012 at 3:30 p.m. Client #3's March 2012 Finance Ledger indicated the client had \$15.20 COH (cash on hand). Client #3 had \$14.20 actual COH in her pocket folder.</p> <p>During an interview on 03/13/2012 at 3:30 p.m., the House Manager indicated she did not know why client #3's COH was off by one dollar.</p> <p>9-3-2(a)</p> | W0140 | <p>After an Investigation was completed, it was discovered that the remaining change that was missing for each client was due to receipts from an outing that had not yet been logged. The Program Director and Home Manager will be retrained on Client Finances, including ensuring that the client's ledgers balance at all times. All financial transactions are monitored by the Home Manager, reconciled on a monthly basis by the Program Director, and then reviewed by the Client Finance Specialist at the completion of each month. Ongoing, the Area Director will complete quarterly reviews of a random sample of client finances to ensure that all is completely accurately and correctly. Completion Date: April 1, 2012 Responsible Party: Home Manager, Program Director, Client Finance Specialist, and Area Director.</p> | 04/15/2012 | |

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| W0153 | <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on interview and record review for 1 of 2 allegations of abuse, neglect and/or injuries of unknown origin reviewed, the facility failed to immediately report an injury of unknown origin to the administrator for client #1.</p> <p>Findings include:</p> <p>During observations at the group home on 03/13/2012 between 6:08 a.m. and 8:30 a.m., client #1 was observed with 2 steri strips (tape used to close a skin tear) on the back of his left hand.</p> <p>During observations at day services on 03/14/2012 between 10:00 a.m. and 11:00 a.m., client #1 was observed with a large Band-Aid on the back of his left hand.</p> <p>The facility's reportable incident reports and internal investigations were reviewed on 03/12/2012 at 1:50 p.m. The facility's reportable incident reports from 10/01/2011 to 03/12/2012 indicated there was no documentation to indicate an injury of unknown origin for client #1 had</p> | W0153 | <p>All staff will be retrained on Indiana MENTOR's policy and procedure for reporting unknown injuries. All unknown injuries will be investigated by the Program Director to attempt to find a cause. Ongoing, the Home Manager and/or Program Director will complete random observations three times per week for the first four weeks, and then once a week on going. Completion Date: April 15, 2012 Responsible Party: Home Manager and Program Director.</p> | 04/15/2012 | |

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| | <p>been immediately reported to the administrator.</p> <p>Client #1's record was reviewed on 03/13/2012 at 11:05 a.m. The record did not include documentation to indicate an injury to client #1's left hand.</p> <p>During an interview on 03/13/2012 at 7:30 a.m., client #1 stated, "I did it at the workshop." He indicated he assisted another consumer who had a seizure and scraped the back of his hand while providing assistance.</p> <p>During an interview on 03/13/2012 at 7:30 a.m., the House Manager indicated she had not been notified of client #1's injury and did not know who applied the steri strips. She indicated she did not know how or when the injury occurred.</p> <p>During an interview on 03/14/2012 at 10:00 a.m., Day Service Staff (DSS) #1 stated, "No one in the work shop has seizures." She indicated client #1 regularly picks at his skin. She indicated she did not know how or when the injury occurred.</p> <p>During an interview on 03/14/2012 at 10:00 a.m., client #1 stated, "I did it on set screws," when DSS #1 asked him to describe how he hurt his hand. DSS #1</p> | | | | |

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| | <p>indicated client #1 had not worked on "set screws" recently.</p> <p>During an interview on 03/15/2012 at 4:00 p.m., Administrative Staff #1 indicated she was not aware of the injury until the inquiry during the survey process.</p> <p>9-3-2(a)</p> | | | | |

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| W0210 | <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.</p> <p>Based on observation, interview and record review, the facility failed to accurately assess maladaptive behaviors and failed to complete an assessment for self medication administration for 2 of 4 sampled clients and 1 additional client (clients #1, #2, and #5).</p> <p>Findings include:</p> <p>1. During observations at the group home on 03/13/2012 between 6:08 a.m. and 8:30 a.m., client #1 was observed with 2 steri strips (tape used to close a skin tear) on the back of his left hand.</p> <p>During observations at day services on 03/14/2012 between 10:00 a.m. and 11:00 a.m., client #1 was observed with a large Band-Aid on the back of his left hand.</p> <p>Client #1's record was reviewed on 03/13/2012 at 11:05 a.m.</p> <p>The Behavior Development Plan (BDP), dated 01/26/2012, indicated, "...A review of the data for the most recent program year suggests that...Type 2 resistance and</p> | W0210 | <p>The Program Director will complete an IDT with the entire team to ensure that client #1 is reassessed for possible SIB. Based on the recommendations of the IDT, the team will request the Behavior Consultant to update the BSP accordingly. The Direct Care staff will be retrained on documentation requirements for all client specific items. Ongoing the Program Director/Home Manager will complete monthly reviews of the Direct Care Staff's documentation to show what behaviors occurred when and to ensure that each incident was followed according to the BSP. These monthly reviews will then be further reviewed by the Program Director/ Area Director. For client #2, the Program Nurse has scheduled an appointment for the Primary Care Physician to assess him to ensure that he is able to continue to self administer his Ventolin. If the assessment completed by the PCP proves the self administration to be able to continue, a retraining from the program nurse will occur for Client #2. Ongoing the Program Nurse and/or Program Director will complete 1 random</p> | 04/15/2012 | | | |

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| | <p>sore picking has remained at a zero level. As a result, these behaviors will be discontinued with this program update...."</p> <p>During an interview on 03/14/2012 at 10:00 a.m., Day Service Staff (DSS) #1 indicated client #1 regularly picks at his skin.</p> <p>During an interview on 03/15/2012 at 4:00 p.m., Administrative staff #1 stated, "It sounds like a documentation issue," when asked if client #1 picked his skin. She indicated client #1 needed to be assessed for recurrence of the maladaptive behavior.</p> <p>2. Client #2's record was reviewed on 03/13/2012 at 12:10 p.m.</p> <p>The BDP, dated 02/04/2011, indicated target behaviors of anxiety during medical/dental appointments and inappropriate sexual behaviors.</p> <p>The Individual Support Plan (ISP), dated 10/21/2011, indicated, "...Date of current Behavior Support Plan: 2/2011. List target behaviors and definition addressed in Behavior Support Plan: Un-interrupted self-stimulation. This includes rocking, jumping, or an object being manipulated by hand or any other behaviors that occur repeatedly...."</p> | | <p>medication administration observations per week to ensure that Client #4 is administered his Ventilin inhaler as prescribed. This can either be self administered or staff administered as decided by the PCP and approved by the IDT. Completion Date: April 15,2012 Responsible Party: Program Director and Program Nurse</p> | | | | |

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| | <p>During an interview on 03/15/2012 at 4:00 p.m., the Program Director (PD) indicated the ISP contained an inaccurate assessment of target behaviors.</p> <p>3. During medication administration observation on 03/13/2012 at 6:30 a.m., client #5 self-administered 3 puffs of Ventolin (asthma medication) inhaler while Direct Support Professional (DSP) #8 had his back turned to the client.</p> <p>Client #5's record was reviewed on 03/13/2012 at 12:30 p.m.</p> <p>The Medication Administration Record (MAR), dated 03/01/2012-03/31/2012, indicated, "...VENTOLIN INHALE 2 PUFFS ORALLY 3 TIMES DAILY FOR ASTHMA...."</p> <p>The record did not include documentation to indicate an assessment of client #5's ability to self-administer Ventolin had been completed</p> <p>During an interview on 03/15/2012 at 4:00 p.m., the PD indicated client #5 had not been assessed for self-medication administration skills during the past 2 years.</p> <p>During an interview on 03/15/2012 at</p> | | | |

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| | 4:00 p.m., RN #1 indicated she had not assessed client #5 for self-administration of Ventolin during the past year. 9-3-4(a) | | | | |

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| W0248 | <p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to ensure all service providers were provided current Individual Support Plans (ISP) or Behavioral Development Plans (BDP) for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>1. Client #1's vocational record was reviewed on 03/14//2012 at 10:00 a.m. The record included a facility ISP, dated 06/20/2008. The record did not include a current ISP or BDP.</p> <p>Client #1's facility record was reviewed on 03/13/2012 at 11:05 a.m. The record included an ISP, dated 01/21/2012 and a BDP, dated 01/26/2012 which listed strategies for reducing target behaviors of stealing, physical assault, verbal abuse, extreme irritability, temper outbursts, and depression.</p> <p>2. Client #2's vocational record was reviewed on 03/14/2012 at 10:00 a.m. The record did not include a facility ISP</p> | | | W0248 | <p>The Program Director will receive corrective action for not ensuring completion. The Program Director will send all Day Placements the current ISPs and BSPs for the common clients. The Program Director will be retrained on IDT's. The training will include who to part of the IDT, when to include the IDT, and to remember to ensure that all members of the IDT are kept up to date at all times. Ongoing, the Area Director will participate in at least one IDT meeting to ensure that the Program Director is including all IDT members when applicable. Ongoing, the Area Director will complete random Day Placement Audits/Observations to ensure that all have current information, including, but not limited to ISPs and BSPs for common clients. Completion Date: April 14, 2012 Responsible Party: Home Manager, Program Director, and Area Director.</p> | | 04/15/2012 |

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| | <p>or BDP.</p> <p>Client #2's facility record was reviewed on 03/13/2012 at 12:10 p.m. The record included an ISP, dated 10/21/2011 and a BDP, dated 02/04/2011, which listed target behaviors of anxiety during medical/dental appointment and inappropriate sexual behavior.</p> <p>3. Client #3's vocational record was reviewed on 03/14/2012 at 10:00 a.m. The record did not include a facility ISP.</p> <p>Client #3's facility record was reviewed on 03/13/2012 at 11:40 a.m. The record included an ISP, dated 04/25/2011.</p> <p>4. Client #4's vocational record was reviewed on 03/14/2012 at 10:00 a.m. The record included an ISP, dated 12/08/2008.</p> <p>Client #4's facility record was reviewed on 03/14/2012 at 3:30 p.m. The record included an ISP dated 1/21/2012.</p> <p>During an interview on 03/15/2012 at 4:00 p.m., Administrative staff #1 indicated the day service providers should have current ISPs and BDPs.</p> <p>9-3-4(a)</p> | | | | |

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| W0369 | <p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, interview and record review, the facility failed to ensure all medications were administered without error for 1 additional client (client #5).</p> <p>Findings include:</p> <p>1. During observation of medication administration on 03/13/2012 at 6:30 a.m., client #5 self-administered 3 puffs of Ventolin inhaler while Direct Support Professional (DSP) #8 had his back turned to the client. DSP #8 administered one packet of Carnation Instant Breakfast in a glass of milk.</p> <p>The MAR (Medication Administration Record) was reviewed on 03/13/2012 at 7:30 a.m.</p> <p>The Medication Administration Record (MAR), dated 03/01/2012-03/31/2012, indicated, "...VENTOLIN INHALE 2 PUFFS ORALLY 3 TIMES DAILY FOR ASTHMA...GLUCERNA 1 CAN THREE TIMES DAILY FOR NUTRITIONAL SUPPORT...."</p> <p>The physician's orders, (reviewed 3/13/12</p> | W0369 | <p>The Program Nurse has scheduled an appointment for the Primary Care Physician to assess Client #2 to ensure that he is able to continue to self administer his Ventolin.</p> <p>If the assessment completed by the PCP proves the self administration to be able to continue, a retraining from the program nurse will occur for Client #2.</p> <p>Ongoing the Program Nurse and/or Program Director will complete 1 random medication administration observations per week to ensure that Client #4 is administered his Ventilin inhaler as prescribed. This can either be self administered or staff administered as decided by the PCP and approved by the IDT.</p> <p>The Program Nurse will retrain all staff on medication administration. Ongoing the Program Nurse and/or Program Director will complete 1 random medication administration observations per week to ensure that Client #4 is administered his Ventilin inhaler as prescribed. This can either be self administered or staff administered as decided by the PCP and approved by the IDT.</p> <p>Completion Date: April 15,2012 Responsible Party: Program Director and Program Nurse</p> | 04/15/2012 |

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| NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC | STREET ADDRESS, CITY, STATE, ZIP CODE 4002 N MOLLER RD INDIANAPOLIS, IN 46254 |
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| | <p>7:30 a.m.) dated 03/01/2012-03/31/2012, indicated, "...VENTOLIN INHALE 2 PUFFS ORALLY 3 TIMES DAILY FOR ASTHMA...GLUCERNA 1 CAN THREE TIMES DAILY FOR NUTRITIONAL SUPPORT...."</p> <p>A Nutritional Recommendation Worksheet, (reviewed 3/13/12 7:30 a.m.) dated 08/26/2011, indicated, "...Recommend to change CIB (Carnation Instant Breakfast) - 2 x (times) day to Glucerna 1.5 - one p.o. (by mouth) 3 x day...."</p> <p>A physician's order, (reviewed 3/13/12 7:30 a.m.) dated 08/29/2011, indicated, "...GLUCERNA 1 CAN THREE TIMES DAILY FOR NUTRITIONAL SUPPORT...."</p> <p>During an interview on 03/13/2012 at 7:30 a.m., DSP #8 stated, "[Client #5 has been self administering his inhaler for a long time." He indicated he did not observe the number of puffs inhaled by client #5. DSP #8 stated he gave the Carnation Instant Breakfast because "that is what I was told to use."</p> <p>During an interview on 03/13/2012 at 7:35 a.m., the House Manager indicated DSP#8 should have observed client while he self administered his medication. The</p> | | | |

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| | <p>House Manager indicated she was not aware the nutritional supplement was different from the supplement prescribed by the physician.</p> <p>During an interview on 03/15/2012 at 4:00 p.m., RN #1 indicated Glucerna should have been given instead of CIB. She indicated the CIB had been removed from the medication cabinet.</p> <p>9-3-6(a)</p> | | | | |

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| W0373 | <p>483.460(k)(6) DRUG ADMINISTRATION The system for drug administration must assure that no client self-administers medication until he or she demonstrates the competency to do so.</p> <p>Based on observation, interview, and record review, the facility failed to ensure demonstrated competency to self-administer medication for 1 additional client (client #5).</p> <p>Findings include:</p> <p>During observation of medication administration on 03/13/2012 at 6:30 a.m., client #5 self-administered 3 puffs of Ventolin inhaler while Direct Support Professional (DSP) #8 had his back turned to the client.</p> <p>Client #5's record was reviewed on 03/13/2012 at 12:30 p.m.</p> <p>The Medication Administration Record (MAR), dated 03/01/2012-03/31/2012, indicated, "...VENTOLIN INHALE 2 PUFFS ORALLY 3 TIMES DAILY FOR ASTHMA...."</p> <p>The record did not include documentation to indicate an assessment of client #5's ability to self-administer Ventolin had been completed</p> | W0373 | <p>The Program Nurse has scheduled an appointment for the Primary Care Physician to assess Client #2 to ensure that he is able to continue to self administer his Ventolin. If the assessment completed by the PCP proves the self administration to be able to continue, a retraining from the program nurse will occur for Client #2. Ongoing the Program Nurse and/or Program Director will complete 1 random medication administration observations per week to ensure that Client #4 is administered his Ventilin inhaler as prescribed. This can either be self administered or staff administered as decided by the PCP and approved by the IDT. The Program Nurse will retrain all staff on medication administration. Ongoing the Program Nurse and/or Program Director will complete 1 random medication administration observations per week to ensure that Client #4 is administered his Ventilin inhaler as prescribed. This can either be self administered or staff administered as decided by the PCP and approved by the IDT. Completion Date: April 15,2012 Responsible Party: Program</p> | 04/15/2012 | |

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| | <p>During an interview on 03/15/2012 at 4:00 p.m., the PD indicated client #5 had not been assessed for competency of self-medication administration skills during the past 2 years.</p> <p>During an interview on 03/15/2012 at 4:00 p.m., RN #1 indicated she had not assessed client #5 for self-administration of Ventolin during the past year to ensure continued competency with the skill. She indicated client #5 had not been suspended from self-administration of Ventolin following the medication dose error.</p> <p>9-3-6(a)</p> | | Director and Program Nurse | | |

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| W0436 | <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, interview, and record review, the facility failed to encourage and/or teach a the client to wear/care for his eye glasses for 1 of 1 sampled clients with adaptive equipment (client #1).</p> <p>Findings include:</p> <p>During observations in the group home on 03/12/2012 between 3:50 p.m. and 6:30 p.m., client #1 did not wear his prescription eye glasses. DSPs #1, #5, and #8 and the House Manager were present in the home and did not prompt client #1 to wear his glasses.</p> <p>During observations in the group home on 03/14/201 between 6:08 a.m. and 8:30 a.m., client #1 was not wearing eye glasses. DSPs #7 and #8 and the House Manager were present in the home and did not prompt client #1 to wear his glasses.</p> <p>During observations at day services on</p> | W0436 | <p>All Direct Care Staff will be retrained on Indiana MENTOR's policy and procedure for ensuring the individuals are using adaptive equipment as prescribed. This retraining includes using the adaptive equipment, prompting the client's to properly use the equipment, and what to do when they refuse. Ongoing, the Home Manager and/or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going to ensure that all adaptive equipment is used properly. Ongoing the Home Manager and/or Program Director will complete random documentation reviews three times per week for the first four weeks, and then once a week on going to ensure that all adaptive equipment is used properly. Completion Date: 2-24-2012 Responsible Party: Home Manager and Program Director.</p> | 04/15/2012 | |

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| | <p>03/15/2012 between 10:00 a.m. and 11:00 a.m., client #1 was not wearing glasses.</p> <p>Client #1's record was reviewed on 03/13/2012 at 11:05 a.m.</p> <p>A vision examination, dated 10/13/2010, indicated client #1 had a left eye prosthesis (false eye) and needed glasses for close work.</p> <p>An Individual Support Plan (ISP), dated, 01/21/2012 indicated client #1 had a goal, implemented 03/2012, for wearing his eyeglasses daily. The record indicated the goal had not been implemented on March 1, 2, 3, 4, 7, 11, and 12, 2012. The record did not include documentation to indicate client #1 had been encouraged, but refused to wear his glasses.</p> <p>During an interview on 03/15/2012 at 4:00 p.m., the Program Director (PD) indicated client #1 was supposed to wear his eyeglasses full time. The PD indicated client #1 had a history of refusing to wear his eyeglasses.</p> <p>9-3-7(a)</p> | | | | |

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| W9999 | <p>STATE FINDINGS:</p> <p>1. The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met:</p> <p>460 IAC 9-3-3 Facility Staffing</p> <p>Sec. 3(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin (TB) test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review and interview, the facility failed to obtain yearly PPDs and/or a chest x-ray and/or annual</p> | W9999 | The Direct Care Staff that was working with an expired TB was immediately suspended until he was able to prove his TB was up to date. All staff are given reminders as to when their annual training requirements are due to expire. Those that fail to keep them up to date receive suspension until completed. Ongoing, the Administrative Assistant, with the help of HR, will keep the Home Manager and Direct Care staff up to date with the staff annual training expiration dates. Completion Date: April 1, 2012 Responsible Party: Home Manager | 04/15/2012 | | | |

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| | <p>tuberculosis screening for 1 of 5 sampled staff (Direct Support Professional #8).</p> <p>Findings include:</p> <p>Employee records were reviewed on 03/13/2012 at 10:25 a.m. The record indicated DSP (Direct Support Professional) #8's chest x-ray on 11/27/2009 indicated he was free from active pulmonary disease. The record did not include documentation to indicate DSP #8 had an annual risk assessment or chest x-ray during the past 2 years.</p> <p>During an interview on 03/13/2012 at 10:25 a.m., Administrative Staff #1 indicated she was not able to locate documentation to indicate the annual risk assessment or annual chest x-ray had been completed during the past year.</p> <p>9-3-3(e)</p> | | | | |