

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G498	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/28/2014
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 OAKTREE CT LOGANSPORT, IN 46947
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 16, 17, and 28, 2014.</p> <p>Facility number: 001012 Provider number: 15G498 AIM number: 100239780</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed August 1, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000157	<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, the facility failed to implement sufficient corrective action to prevent incidents of client to client abuse for 4 of 8 BDDS (Bureau of Developmental Disabilities Services) reports reviewed for client to client abuse for 1 of 3 sampled clients</p>	W000157	<p>Indiana Mentor has policies and procedures in place for protection of the clients and clients care. Individuals with targeted behaviors have behavior plans developed by qualified professionals and these plans are trained on for the direct care staff. Additionally all staff go through</p>	08/25/2014

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>(#3) and 3 additional clients (#4, #5, #6).</p> <p>Findings include:</p> <p>On 7/16/14 at 12:58 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 7/16/13 to 7/16/14 were reviewed and indicated the following:</p> <p>A BDDS report dated 10/21/13 indicated "[Client #10] (day program client) pulled [Client #4]'s hair, [Client #10] was not in behaviors prior to the incident. Staff followed [Client #10] (sic) behavior plan and [Client #10] was redirected to another activity. Staff assessed [Client #4] and reported no signs of injury." The report indicated "staff will continue to follow [Client #10] (sic) behavior plan and offer activities that [Client #10] enjoys."</p> <p>-The facility's internal investigation report indicated "[Client #10] pulled the hair. Staff followed [Client #10] (sic) plan appropriately." No further documentation was available to indicate the facility implemented corrective action.</p> <p>-The facility's quality review dated 10/21/13 indicated "retrain" staff. No documentation indicated further</p>		<p>PIA which is a behavior management course annually. For client #10, she has moved from the ADS program and no longer engages with the clients. The ADS program has also moved locations to provide more space and better seating arrangements to help minimize chances for potential consumer to consumer aggression. Staff are being retrained on client 3 behavior plan, have a PIA refresher, and in serviced on consumer to consumer aggression. The QMRP and House manager have moved offices out to the ADS site to help better monitor the client interactions. Instances of client to client aggression are being investigated by the QMRP and tracked by the Area Director. Monthly the AD is compiling a summary of the BDDS incidents and reviewing with the QMRPs and will develop recommendations based on any on going trends noticed in reports. Responsible Party: QMRP/Area Director Complete Date: 8/25/2014</p>		

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	<p>corrective action was implemented.</p> <p>A BDDS report dated 11/8/13 indicated "[Client #10] scratched [Client #5] in the face, about half an inch long. [Client #10] was redirect and there were no further incidents. Staff followed [Client #10] behavior plan and applied first aid to [Client #5] (sic) scratch, no further medical treatment was needed." The report indicated "staff will continue to follow [Client #10] (sic) behavior plan and offer a variety of activities that she enjoys."</p> <p>-The facility's investigation report indicated "evidence supports that [Client #10] scratched [Client #5] on his face." No further documentation indicated corrective action was implemented.</p> <p>A BDDS report dated 11/15/13 indicated "[Client #10] pulled [Client #6] (sic) hair, staff followed [Client #10]'s behavior plan and redirected her to another activity. Staff did a skin assessment on [Client #6] and injuries were noted." The report indicated "staff will continue to follow [Client #10]'s behavior plan and offer her a variety of activities that she enjoys and monitor [Client #6] for any complaints of pain or injury."</p> <p>-The facility's internal investigation</p>						

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	<p>report indicated "evidence supports that [Client #10] pulled [Client #6] (sic) hair."</p> <p>-The facility's "quality assurance review" dated 11/15/13 indicated "continue to monitor." No further documentation indicated the facility implemented corrective action to prevent client to client abuse.</p> <p>A BDDS report dated 3/1/14 indicated "[Client #3] went into behaviors and grabbed [Client #5] by the head and shoulders. Staff followed [Client #3]'s behavior plan and redirected with(out) further incidents. There were no marks or injuries." The report indicated "staff will continue to follow [Client #3]'s behavior plan and offer activities that he enjoys."</p> <p>-An investigation summary dated 3/1/14 indicated no recommendations for corrective measures.</p> <p>-The quality review for the incident indicated "continue to follow behavior plans." There was no documentation to indicate the facility implemented corrective actions.</p> <p>On 7/16/14 at 1:35 PM, the facility's Administrator indicated investigations were completed but corrective actions</p>						

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	<p>were not implemented for the above incidents. The Administrator indicated the staff were to closely monitor the individuals to prevent further incidents. The Administrator indicated he understood corrective action should have been considered to prevent further incidents of client to client abuse.</p> <p>9-3-2(a)</p>				