

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G471		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/30/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3031 E KESSLER INDIANAPOLIS, IN 46220			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: November 27, 28, 29, and 30, 2012</p> <p>Facility Number: 000985 Provider Number: 15G471 AIM Number: 100244650</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 07, 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</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, the governing body failed to exercise general direction in a manner that resulted in the facility being well maintained for 6 of 6 clients (client #1, #2, #3, #4, #5 and #6) which lived in the group home. In addition, the facility failed to ensure clients did not pay for their own razor blades (client #1).</p> <p>Findings include:</p> <p>1. On 11-27-12 from 3:00 p.m. until 5:10 p.m. an observation at the home of clients #1, #2, #3, #4, #5, and #6 was conducted. The kitchen light over the sink had no cover and the ceiling had yellow and brown stains on it. The kitchen cabinets were worn with a black, white, brown, and a sticky substance on them. The 2 kitchen drawers would not open or fell to the floor when opened. The light cover in the ceiling had 3 cracks in it. The dining room ceiling had 25 brown stains on it. There were 2 dining room chairs with broken slats in them. The dining room walls had chipped and scratched paint on the 4 walls. The walls in the television room had four 6 inch by 6 inch dents. The 4 walls also had scratched and chipped</p>	W0104	<p>Indiana MENTOR will work with the maintenance supervisor to ensure that all repairs are addressed and completed in each room, as specified. The Area Director will retrain the Home Manager on ensuring that all maintenance items are noted and addressed with the Maintenance Supervisor for completion in the future. Ongoing, the Program Director will complete weekly walk-throughs of the home to ensure that the Home Manager reports and keeps up on all maintenance concerns for the home. The Area Director completed a 'Request for Payment' so that client #1 will be reimbursed for the razors that he purchased. The Area Director will retrain the Home Manager on ensuring that client's do not purchase any medical or hygiene products with their own money, and that Indiana MENTOR is responsible for these items for each client. Ongoing, the client financial purchases will be monitored by the Home Manager and the Program Director to ensure that all purchases are appropriate according to the client's needs. Completion Date: 12.30.2012 Responsible Party: Home Manager and Program</p>	12/30/2012
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	<p>paint with 15 black marks on them. There were 2 heating/air conditioning floor vents which were dented and rusted. The baseboard had dust and brown marks on it. The wooden chair was missing 2 slats on the back. The love seat had 5 ripped areas and the couch had 10 holes in it ranging from 5 inch to 2 inches. The hallway walls had 25 brown stains on them. The 2 heating/air conditioning vents were covered in dust and the light switch cover was rusted with black stains. There was no toilet paper holder in the bathroom. The bathroom vanity had bubbled cracked paint on 6 drawers and the 2 doors. The vanity had a knob missing and the light fixture was dusty. The 2 pictures in the bathroom and the ceiling light were covered in dust and cobwebs. The heating/air conditioning vent was rusted and dusty. The 2 light switch covers were rusted. There was a 1 foot piece of baseboard trim missing in client #3 and #5's bedroom. There was a green blanket hanging in the place of a curtain in client #3 and #5's bedroom. The bathroom in client #3 and #5's bedroom had two 2 inch by 2 inch bubbled areas in the counter top. The paint on the walls was scratched and chipped. The vent in the wall was rusted. Client #2 had scratched and dented paint on his walls. Client #2's night stand drawer was broken and his dresser had a broken handle. The</p>		Director, and Area Director				

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	<p>light switch plate was rusted and the drywall and paint on the edge by the closet was broken with metal showing in a 4 foot by 1 inch area. Client #1's bedroom had 4 broken slats in the blinds. The walls had black and brown marks on them with scuffed paint. The heating/air conditioning vent was dusty. The light switch in the hallway was rusted with black stains. The recreational sun room had a 3 foot by 3 foot stain in the carpet and a 3 inch by 1 inch run in the carpet. A wooden chair had broken slats on the back part of the chair. The bathroom off of the sun room had a rusted toilet paper holder, a rusted vent, rusted light switch and the walls had black and brown stains on them. The bathroom wallpaper border was falling off of the wall in a 1 foot area.</p> <p>On 11-29-12 at 4:00 p.m., a review of the facility's maintenance requisitions was conducted. The review indicated none of the above items listed for review.</p> <p>On 11-29-12 at 4:30 p.m., an interview with the Area Director indicated the maintenance concerns did need to be addressed and there were no requisitions to review for the above items.</p> <p>2. On 11-29-12 at 3:40 p.m., a financial review for client #1 was conducted. The receipts indicated client #1 purchased</p>						

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	<p>razor blades on 8-10-12 for \$15.49.</p> <p>On 11-28-12 at 9:30 a.m., a record review for client #1 was conducted. The Individualized Support Plan dated 9-24-12 indicated client #1 needed assistance from staff to make purchases in the community.</p> <p>On 11-29-12 at 4:30 p.m., an interview with the Area Director indicated client #1 should not have purchased his own razor blades and he would be reimbursed.</p> <p>9-3-1(a)</p>						

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W0120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client. Based on observation, record review, and interview, the facility failed for 3 of 3 sampled clients (clients #1 #2, and #3), and 1 additional client (client #6), to ensure they had successful communication, behavior plans could be implemented, school staff were included in Interdisciplinary Team (IDT) meetings, and there was a system to address and track behaviors at school.</p> <p>Findings include:</p> <p>On 11-29-12 from 12:30 p.m. until 1:45 p.m., an observation at the school of clients #1, #2, #3, and #6 was conducted. Clients #1 and #2 used a communication board to communicate their wants and needs to school staff. Client #2 grabbed at his teacher, hit at her, and wrapped his arms around her neck (choke hold). Client #2's teacher attempted to move away from him and give him verbal directions. Client #2's teacher had 3 bruises on her arm. Client #2's teacher indicated the bruises in her arms were from client #2's behaviors.</p> <p>On 11-29-12 at 1:15 p.m., an interview with school staff #9 indicated client #6</p>	W0120	<p>The new Program Director will be trained on completing Individualized Support Plan Meetings annually and more as needed. This training includes the need to these team meetings to occur when an incident occurs so that the entire team will be aware of all incidents and can work together to come to a solution. This retraining will also cover who is to be included in the Individualized Support Team, specifically including the school teachers and aids so that they can be aware and involved in the continuation of the client's care. The Area Director will participate in the first 4 meetings to observe and ensure that the IST meetings occur and address all issues, and to ensure that the appropriate people are invited. Ongoing, the Program Director will continue to complete IST meetings as required. The Home Manager will be retrained on keeping in contact with the schools on a regular basis in order to address the ongoing needs and concerns. This will also include ensuring that the school is aware of any changes that occur in the home that has a potential to impact the client's behaviors and participation in the school day. The Direct Support Staff will be retrained on</p>	12/30/2012			

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	<p>had been stealing food and she wrote it in the communication book but no one had responded to her concerns. School staff #9 indicated she had sent notes home in the communication book about clients #1 and #3's weight loss with no response or lab results sent back to ensure they were in good health. School staff #9 indicated clients #1, #2, #3, and #6 had behavior support plans (BSPs) but the school staff had never been trained on them. School staff #9 indicated clients #1, #2, #3, and #6's BSPs included approved physical intervention alternatives (PIA) which included holds the school staff were not allowed to implement so they were very limited on resources to control behaviors. School staff #9 indicated she sent all behavior reports home but was unaware of how they were implemented into the BSP. School staff #9 indicated school staff were not invited to Interdisciplinary Team meetings for clients #1, #2, #3, or #6. School staff #9 indicated the Qualified Mental Retardation Professional (QMRP) came to the school for ISPs/Individual Support Plan meetings and she hadn't seen a QMRP since then.</p> <p>On 11-28-12 at 9:30 a.m. a record review for client #1 was conducted. The BSP dated 12-26-11 indicated client #1 had physical aggression and approved PIA was to be used.</p>		<p>completing the communication logs on a daily basis. The staff will be retrained to read them upon the client's return from school each day, and report anything to the Home Manager to ensure adequate support. This retraining will also include the staff writing a daily record in the communication log in order for it to go back to school and either respond to concerns noted from the teachers, or to ensure that the school staff are aware of any changes that were/are going on in the home. This type of communication should result in positive relationship building between Indiana MENTOR, and the school administration. Ongoing, the Program Director will review the Communication Logs between the DSPs, Home Manager, and School administration, to ensure that it is being completed as expected and to ensure that it is accurate. The Indiana MENTOR Behavior Consultant will meet with the Program Director to work together with the school administration and staff for including a behavior plan for all clients while they are at school. This behavior support plan should be appropriate for the school setting to help decrease behaviors, and to assist in tracking the behaviors that do occur. Ongoing, the Program Director will help facilitate the Behavior Consultant to have</p>		

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	<p>On 11-28-12 at 8:45 a.m. a record review for client #2 was conducted. The BSP dated 12-16-11 indicated client #2 had targeted behaviors of property destruction, temper outbursts, physical assaults, and inappropriate sexual behaviors. The BSP indicated to use approved PIA when needed for assaults.</p> <p>On 11-28-12 at 8:00 a.m. a record review for client #3 was conducted. The BSP dated 1-3-12 indicated client #3 had targeted behaviors of anger control and self injurious behaviors. The BSP indicated to use approved PIA (physical intervention alternatives) to stop the behaviors.</p> <p>On 11-29-12 at 1:45 p.m. a review of client #6's BSP was conducted. The BSP dated 9-11 indicated client #6 had targeted behaviors of self injurious behaviors, hyperactive behavior, and temper outbursts. The BSP indicated to use approved PIA to stop the behaviors.</p> <p>On 11-29-12 at 4:30 p.m., an interview with the Qualified Mental Retardation Professional (QMRP) indicated school staff had not been invited to the IDT team meetings in the past, the communication book needed to include a response and solution to the questions and concerns of</p>		<p>contact with the school administration to keep the behavior support plans school appropriate. The behavior consultant, along with the IST and the Program Director, will help to create the communication board that is successfully used at school for clients, 1, 2, 3, and 6, so that they can successfully use the same communication board at home. All Direct Support Staff will be retrained on the use of adaptive equipment and the importance of the continuation of this equipment for the client's health and safety. The Program Director and the Program Nurse are working together to locate the cause of the weight loss for client 3. This has been an ongoing concern noted by the Program Nurse, and has been brought to the attention of the Primary Care Physician on numerous occasions. Completion Date: 12.30.2012 Responsible Party: Home Manager, Program Director, Area Director</p>				

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	<p>the school staff and not just staff initials by the entry in the communication log. The QMRP indicated the BSPs did not specify how to address the behaviors of clients #1, #2, #3, and #6 at their school and there was no tracking system to track behaviors at the school. The QMRP indicated the communication board used at school should be implemented at home and at school when possible for clients #1, #2, #3, and #6. The QMRP indicated he was aware of the weight loss for client #3 but there was no documentation available to review to determine the cause of the loss.</p> <p>9-3-1(a)</p>			

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 3 sampled clients (client #3), and 1 additional client (client #5), to ensure they had unimpeded access to their bedroom closet which had personal items stored in the bedroom closet.</p> <p>Findings include:</p> <p>On 11-27-12 from 3:00 p.m. until 5:10 p.m., an observation at the home of clients #3 and #5 was conducted. The closet door in clients #3 and #5's bedroom was kept locked. At 4:00 p.m., the Qualified Mental Retardation Professional (QMRP) indicated the closet contained the clothes of clients #3 and #5 and it was kept locked due to client #3's pica (eating of non edible food items). There was a linen closet and dressers which were not locked clients #3 and #5 could access.</p> <p>On 11-29-12 at 2:30 p.m., a review of the facility's Human Rights Committee (HRC) minutes was conducted. The</p>	W0125	<p>After completing a team meeting, it was decided to keep client 3 and 5's closet locked for the health and safety of the clients in that room. The Program Director and Home Manager are going through the Interdisciplinary Team and Human Right's Committee to ensure that the correct approvals are retrieved for the locked closet to remain locked. The Program Director, Home Manager, and Direct Support Staff will be retrained on not locking items without approval to do so, first. The Direct Support Staff were retrained on the Rights and Restrictions of Endangered Adults on 12.14.2012. Completion Date: 12.30.2012 Responsible Party: Home Manager and Program Director</p>	12/30/2012			

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	<p>meetings conducted on 10-3-12, 7-11-12, 5-10-12, 4-11-12, 3-7-12 and 1-18-12 did not indicate the HRC had approved the restriction of the locked closet for clients #3 and #5. There was no documentation available to review to ensure the facility had followed a hierarchy from least restrictive to most restrictive behavioral intervention methods to address the need to lock up personal items in a closet.</p> <p>On 11-29-12 at 4:30 p.m., an interview with the QMRP indicated there were no approvals or hierarchy for behavior intervention methods for the locked closet for clients #3 and #5. The QMRP was unsure of why only the closet was locked but client #3 could have access to the linen closest or other dressers in the home.</p> <p>On 11-29-12 at 4:40 p.m., an interview with the Area Director indicated she did not find any approvals or hierarchy for behavior intervention methods for clients #3 and #5's locked closet.</p> <p>9-3-2(a)</p>				

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W0227	<p>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 paragraph (c)(3) of this section.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (client #1), to ensure he had a vision goal/desensitization plan to address his eye exam refusals and to ensure he had a speech communication tool per the recommendations.</p> <p>Findings include:</p> <p>On 11-27-12 from 3:00 p.m. 5:10 p.m. an observation at the home of client #1 was conducted. Client #1 walked around his home, placed bowls on the table, wiped up his saliva with a tissue, ate supper and played games. Client #1 did not use a communication device during this observation.</p> <p>On 11-28-12 from 4:55 a.m. until 7:00 a.m., client #1 ate his breakfast, took his medications, watched television, and got onto his school bus. Client #1 did not use a communication device during this observation.</p> <p>On 11-28-12 at 9:30 a.m., a record review for client #1 was conducted. The vision</p>	W0227	The Indiana MENTOR Behavior Consultant will meet with the Program Director to work together with the school administration and staff for including a behavior plan for all clients while they are at school. This behavior support plan should be appropriate for the school setting to help decrease behaviors, and to assist in tracking the behaviors that do occur. Ongoing, the Program Director will help facilitate the Behavior Consultant to have contact with the school administration to keep the behavior support plans school appropriate. The Behavior Consultant will work with the Program Nurse and the Program Director to address and create the desensitization plan to address client 1 refusing an eye exam. The behavior consultant, along with the IST and the Program Director, will help to create the communication board that is successfully used at school for clients, 1, 2, 3, and 6, so that they can successfully use the same communication board at home. All Direct Support Staff were retrained on the use of adaptive equipment and the	12/30/2012	

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	<p>assessment dated 8-16-10 indicated client #1 was non compliant and did not receive an exam. The vision assessment dated 8-17-12 indicated client #1 refused to be examined. There was no further documentation to review to determine how to teach client #1 how to be compliant for his visual exams. Client #1's Individualized Support Plan dated 9-24-12 indicated he had a communication device. Client #1's speech evaluation dated 6-9-11 recommended he be provided with a DynaVox or Maestro communication system to assist him with his communication needs.</p> <p>On 11-29-12 at 4:30 p.m., an interview with the Area Director (AD) indicated client #1 did have a communication device recommended but it was never ordered. The AD indicated client #1 did not have a plan to assist him with refusing vision exams.</p> <p>9-3-4(a)</p>		<p>importance of the continuation of this equipment for the client's health and safety on 12.14.2012. Completion Date: 12.30.2012 Responsible Party: Home Manager, Program Director, Area Director</p>				

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3031 E KESSLER INDIANAPOLIS, IN 46220
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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2, and #3) to ensure communication and medication goals were implemented per the Individualized Support Plans (ISPs).</p> <p>Findings include:</p> <p>On 11-27-12 from 3:00 p.m. until 5:10 p.m., an observation at the home of clients #1 and #3 was conducted. Clients #1 and #3 participated in meal preparation, ate supper, and had leisure time. Client #1 was not prompted by the House Manager, Direct care staff (DCS) #1 or DCS #2 to tell them what he wanted to drink. Client #3 was not prompted to choose a drink to go along with his meals using his communication device (speaker box) by the House Manager, DCS #1 or DCS #2.</p> <p>On 11-28-12 from 4:55 a.m. until 7:00 a.m., an observation at the home of clients #1 and #2 was conducted. Client #1 was</p>	W0249	<p>The Indiana MENTOR Behavior Consultant will meet with the Program Director to work together with the school administration and staff for including a behavior plan for all clients while they are at school. This behavior support plan should be appropriate for the school setting to help decrease behaviors, and to assist in tracking the behaviors that do occur. The behavior consultant, along with the IST and the Program Director, will help to create the communication board that is successfully used at school for clients, 1, 2, 3, and 6, so that they can successfully use the same communication board at home. All Direct Support Staff were retrained on the use of adaptive equipment and the importance of the continuation of this equipment for the client's health and safety on 12.14.2012. The Home Manager and Direct Support staff were retrained on running goals, both formally and informally on 12.14.2012. The Direct Support staff will be retrained on offering choices to</p>	12/30/2012

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	<p>administered his Abilify for behaviors and his benzotropine for behaviors by DCS #6. DCS #6 did not prompt client #1 to get his medications from the closet. Client #2 received his animal shaped vitamin supplement, chlorpromazine for behaviors, risperidone for behaviors, and his Tretinoin for acne with assistance from DCS #6. DCS #6 poured client #2's juice for him. DCS #6 did not prompt client #2 to pour his own juice. Client #3 did not use his speaker box to choose a drink during this observation. The House Manager poured client #3 a glass of orange juice.</p> <p>On 11-28-12 at 9:30 a.m., a record review for client #1 was conducted. The ISP dated 9-24-12 indicated client #1 had a medication goal to get his medications from the closet and a communication goal to tell staff what he wanted to drink.</p> <p>On 11-28-12 at 8:45 a.m., a record review for client #2 was conducted. The ISP dated 9-18-12 indicated he had a medication goal to pour his own juice for his medications.</p> <p>On 11-28-12 at 8:00 a.m., a record review for client #3 was conducted. The ISP dated 11-27-11 indicated client #3 had a communication goal to choose a drink to go along with his meals using his speaker</p>		<p>the clients, and to assist them in making a decision, while not taking away the right to change their mind. Ongoing, the Program Director will complete 2 weekly mealtime observations for 4 weeks, and then 1 per week afterwards. Completion Date: 12.30.2012 Responsible Party: Home Manager and Program Director.</p>		

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	<p>box.</p> <p>On 11-29-12 at 4:30 p.m., an interview with the Area Director indicated medication and communication goals should be implemented at all times.</p> <p>9-3-4(a)</p>			

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W0262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 3 sampled clients (client #3) and 1 additional client (client #5) to ensure the Human Rights Committee reviewed and approved the need for a locked closet.</p> <p>Findings include:</p> <p>On 11-27-12 from 3:00 p.m. until 5:10 p.m., an observation at the home of clients #3 and #5 was conducted. The closet door in clients #3 and #5's bedroom was kept locked. At 4:00 p.m., the Qualified Mental Retardation Professional (QMRP) indicated the closet contained the clothes of clients #3 and #5 and it was kept locked due to client #3's pica (eating of inedible items). There was a linen closet and dressers which were not locked client #3 could access.</p> <p>On 11-29-12 at 2:30 p.m., a review of the facility's Human Rights Committee (HRC) minutes was conducted. The meetings conducted on 10-3-12, 7-11-12, 5-10-12, 4-11-12, 3-7-12 and 1-18-12 did</p>	W0262	<p>After completing a team meeting, it was decided to keep client 3 and 5's closet locked for the health and safety of the clients in that room. The Program Director and Home Manager are going through the Interdisciplinary Team and Human Right's Committee to ensure that the correct approvals are retrieved for the locked closet to remain locked. The Program Director, Home Manager, and Direct Support Staff will be retrained on not locking items without approval to do so, first. The Direct Support Staff were retrained on the Rights and Restrictions of Endangered Adults on 12.14.2012. Completion Date: 12.30.2012 Responsible Party: Home Manager and Program Director</p>	12/30/2012

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	<p>not indicate the HRC had approved the restriction of the closet for clients #3 and #5. There was no documentation available to review to ensure the facility had followed a hierarchy of behavioral interventions to manage client #3's need for a locked closet from least restrictive to most restrictive.</p> <p>On 11-29-12 at 4:30 p.m., an interview with the QMRP indicated there were no approvals for the locked closet or documentation of a hierarchy of behavioral interventions being implemented for the locked closet for clients #3 and #5. The QMRP was unsure of why only the closet was locked but client #3 could have access to the linen closet or other dressers in the home.</p> <p>On 11-29-12 at 4:40 p.m., an interview with the Area Director indicated she did not find any approvals or hierarchy of behavioral intervention methods for clients #3 and #5's locked closet.</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, record review, and interview, the facility failed for 1 of 3 sampled clients (client #2), to ensure 1 of 4 of his medications were administered in compliance with the physician's orders.</p> <p>Findings include:</p> <p>On 11-28-12 from 4:55 a.m. until 7:00 a.m., an observation at the home of client #2 was conducted. At 6:20 a.m. client #2 received his animal shaped chewable vitamin, chlorpromazine for behaviors, risperidone for behaviors, and his Tretinoin for acne with assistance from DCS #6. On 11-28-12 at 6:30 a.m., client #2's Medication Administration Record (MAR) indicated client #1 was to be administered his Tretinoin cream for acne in the p.m. and Erythromycin for acne in the a.m.</p> <p>On 11-28-12 at 6:30 a.m., an interview with DCS #6 indicated she had administered the wrong acne medicine. She indicated she applied the Tretinoin cream in the a.m. and she should have applied the Erythromycin cream in the a.m.</p>	W0369	<p>The Direct Support Professionals will be retrained on medication administration. This training will include the times that medication administration is completed, which must be according to the Med Sheets. After the retraining occurs, the Home Manager will complete two (2) weekly medication administration observations to ensure that the administration is being completed according to Indiana MENTOR policy and procedures for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed future retrainings will be completed. Ongoing each DSP will complete Medication Administration as expected by Indiana MENTOR's policy and procedures. Completion Date: 12.30.2012 Responsible Party: Home Manager and Program Director</p>	12/30/2012	

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	<p>On 11-28-12 at 8:45 a.m., a record review for client #2 was conducted. The physician's orders dated 10-23-12 indicated client #2 was prescribed Erythromycin gel for acne at 7:00 a.m. and Tretinoin cream for acne at 9:00 p.m.</p> <p>On 11-29-12 at 4:30 p.m., an interview with the Area Director indicated medications should be given as prescribed by the physicians.</p> <p>9-3-6(a)</p>			

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W9999	<p>STATE FINDINGS</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-2(c)(3) Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employee practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5, and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 1 of 2 employee records reviewed (staff #13), to obtain 3 references.</p> <p>Findings include:</p>	W9999	<p>Indiana MENTOR's Human Resources Policy and Procedures states that no individuals should be hired without providing 3 valid professional references. Indiana MENTOR must also receive some feedback from the references before the hiring process can be continued. All Human Resources Representatives were previously retrained on obtaining 3 valid, professional references upon hiring any individuals. Ongoing, Human Resources will not hire any individuals without receiving responses from 3 valid, professional references per potential employee. Ongoing, the Human Resource Generalists will continue to complete random quarterly HR audits, to ensure this standard is continued to be met. Completion Date: 12.30.2012 Responsible Party: Human Resources</p>	12/30/2012			

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	<p>Staff #13's employee records were reviewed on 11-29-12 at 3:20 p.m. A review of the records failed to show 3 references were obtained prior to employment.</p> <p>The Area Director was interviewed on 11-29-12 at 3:30 p.m. and indicated staff #13 only had 2 references.</p> <p>9-3-2(c)(3)</p>			