

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G719		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  08/28/2012	
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1406 W TARKINGTON DR GREENSBURG, IN 47240			
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W0000	<p>This visit was for an investigation of Complaint #IN00114433.</p> <p>Complaint #IN00114433: Substantiated, federal/state deficiencies related to the allegation(s) are cited at W149, W157, W240, and W436.</p> <p>Dates of Survey: August 27 and 28, 2012.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 004375 AIM Number: 200510170 Provider Number: 15G719</p> <p>The following federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/4/12 by Ruth Shackelford, 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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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 2 investigations reviewed (client A), the facility failed to ensure staff followed policy/procedures to prevent injury to the client.</p> <p>Findings include:</p> <p>Facility reportable incidents and investigations were reviewed on 8/27/12 at 1:30 PM. The review indicated a reportable incident/investigation dated 8/13/12 regarding an incident on 8/12/12 at 12:45 PM. Client A sustained injuries while being escorted by staff #2 in his neighborhood during a walk (staff #2 was pushing client A in his wheelchair around a walking path near his home). The investigation indicated client A "put his foot down while moving." "Client fell out of wheelchair hitting his face on the pavement. Knocked a tooth loose." The "Immediate Investigation of Injury" dated 8/13/12 indicated staff #2 forgot to fasten client A's seatbelt and he sustained scrapes to his nose, his lower back, and to his right upper leg. His lip was scraped and swollen. According to an 8/21/12 follow-up report, the client's dentist pulled the injured tooth on 8/20/12. The</p>	W0149	<p>Program Director in conjunction with Home Manager will retrain all staff on clients risk plan and wheelchair safety policy and procedures. Program Director and Home Manager will do observation visits 1x a week for 4 weeks to ensure that risk plan is being followed and implemented correctly. Responsible Party: Program Director Home Manager Due Date 9/27/12</p>	09/27/2012	

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	<p>facility's Summary of Internal Investigation report dated 8/12/12 and 8/14/12 concluded: "Staff failed to fasten safety belt, which resulted in client fall."</p> <p>Review on 8/27/12 at 2:00 PM of the agency's Operating Practices with revision date of April 2011 indicated the agency promoted the welfare and protection of individuals served by providing "appropriate supervision, care or training...."</p> <p>Interview with Program Director #1 on 8/27/12 at 2:30 PM indicated staff #2 should have checked client A's seatbelt to make sure it was securely fastened during the neighborhood walk on 8/12/12.</p> <p>This federal tag relates to complaint #IN00114433.</p> <p>9-3-2(a)</p>						

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W0157	<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 for 1 of 2 investigations reviewed (client A), the facility failed to implement corrective action in regards to staff training after an incident of client injury.</p> <p>Findings include:</p> <p>Facility reportable incidents and investigations were reviewed on 8/27/12 at 1:30 PM. The review indicated a reportable incident/investigation dated 8/13/12 regarding an incident on 8/12/12 at 12:45 PM. Client A sustained injuries while being escorted by staff #2 in his neighborhood during a walk (staff #2 was pushing client A in his wheelchair around a walking path near his home). The investigation indicated client A "put his foot down while moving." "Client fell out of wheelchair hitting his face on the pavement. Knocked a tooth loose." The "Immediate Investigation of Injury" dated 8/13/12 indicated staff #2 forgot to fasten client A's seatbelt and he sustained scrapes to his nose, his lower back, and to his right upper leg. His lip was scraped and swollen. According to an 8/21/12 follow-up report, the client's dentist pulled the injured tooth on 8/20/12. The facility's Summary of Internal</p>	W0157	<p>Program Director in conjunction with Home Manager will meet with Staff #2 to issue Corrective Action and retrain on client's risk plan and wheelchair safety procedures. Program Director and Home Manager will do observation visits 1x a week for 4 weeks to ensure that risk plan is being followed and implemented correctly. Responsible Party: Program Director, Home Manager Due Date: 9/27/12</p>	09/27/2012

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	<p>Investigation report dated 8/12/12 and 8/14/12 concluded: "Staff failed to fasten safety belt, which resulted in client fall."</p> <p>Review on 8/27/12 at 2:15 PM of training records indicated all facility direct contact staff/DCS had been retrained on the use of wheelchair footrests and seatbelts on 8/16/12 by Program Director/PD #1 except for DCS #2 who had been directly involved in the incident with client A.</p> <p>Interview with PD #1 on 8/27/12 at 2:15 PM indicated staff #2 was a part time or "PRN" staff and had not yet been retrained on using footrests and seatbelts for clients in the facility.</p> <p>This federal tag relates to complaint #IN00114433.</p> <p>9-3-2(a)</p>				

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W0240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 2 of 2 sampled clients (A and B), the facility failed to include methodology in regards to pedestrian skills and vehicle safety in the clients' program plans.</p> <p>Findings include:</p> <p>Observations were conducted at the facility from 3:45 PM until 7:00 PM on 8/27/12. Clients A and B required the use of wheelchairs with staff physical assistance for mobility. Staff #4 and #5 assisted client B with getting into the wheelchair van by means of a lift device on 8/27/12 at 4:15 PM. Client B's right brake was not engaged on the wheelchair as staff #4 rode on the lift with her.</p> <p>Review of facility incident reports on 8/27/12 at 2:00 PM indicated client A had sustained bruises, scratches and a chipped tooth on 8/12/12 while supervised by direct contact staff #2. The client had indicated he wished to go on a walk in a nearby area in his housing development. He had fallen out of his wheelchair when he dropped his right foot onto the ground</p>	W0240	<p>Program Director in Conjunction with Home Manager will retrain all staff on vehicle safety and lift safety to ensure that all client's health and safety needs are being met during transportation. Program Director and Home Manager will do observation visits 1x a week for 4 weeks to ensure that vehicle safety and lift safety plans are being followed and implemented correctly. Responsible Party Program Director Home Manager Due Date 9/27/12</p>	09/27/2012	

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	<p>and his seatbelt had not been fastened securely.</p> <p>Review of client A's record on 8/27/12 at 4:30 PM indicated he had a risk plan dated 3/12/12 which included pedestrian and vehicle safety. The risk plan did not include methodology to direct staff to check seatbelts or footrests or how to position clients correctly/safely on the facility's wheelchair van lift or how to use the "ratchet straps" to secure wheelchairs to the van's interior for safe transport.</p> <p>Review of client B's record on 8/27/12 at 4:55 PM indicated she had a risk plan dated 3/12/12 which included pedestrian and vehicle safety. The risk plan did not include methodology to direct staff to check seatbelts or footrests or how to position clients correctly/safely on the facility's wheelchair van lift or how to use the "ratchet straps" to secure wheelchairs to the van's interior for safe transport.</p> <p>Interview with Program Director #1 on 8/28/12 at 10:30 AM indicated clients A and B's risk plans did not contain methods to use with specific directions for staff concerning wheelchair, brake and footrest usage, advice on securing wheelchairs to the van correctly or how to use the wheelchair lift safely.</p>				

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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, record review and interview for 1 of 2 sampled clients (A), who had adaptive equipment, the facility failed to ensure the client's wheelchair was well fitting, maintained and kept in good repair.</p> <p>Findings include:</p> <p>Observations were conducted at the facility from 3:45 PM until 7:00 PM on 8/27/12. Client A required the use of a wheelchair with staff physical assistance for mobility. Client A's right swing-away footrest had a missing heel strap and would not lock into place for foot positioning after being swung to the side. The wheelchair had a seatbelt but did not have a chest harness.</p> <p>Review of facility incident reports on 8/27/12 at 2:00 PM indicated client A had sustained bruises, scratches and a chipped tooth while supervised by direct contact staff #2. The client had indicated he wished to go on a walk in a nearby area in his housing development. The report</p>	W0436	<p>Program Director will ensure that all clients wheelchairs are repaired as needed and that they are checked for proper fitting as needed. Home Manager will report any change in clients weight plus or minus 5 pounds to ensure that the fit in wheelchair is suitable for clients needs. Home Manager will ensure to report any needed repairs or damages to wheelchair to Program Director immediately to ensure these repairs can be done as soon as possible to ensure proper safety for clients. Program Director will check all adaptive equipment monthly to ensure that it is maintained correctly and any repairs or corrections are made as soon as possible. Responsible Party: Program Director Home Manager due date 9/27/12</p>	09/27/2012

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	<p>dated 8/13/12 (incident occurred 8/12/12 at 12:45 PM) indicated client A's seatbelt was not fastened properly.</p> <p>Review of client A's record on 8/27/12 at 4:30 PM indicated he had been assessed for a new wheelchair and it had been delivered in 5/18/2011. The 5/18/11 entry by the OT/Occupational Therapy consultant indicated the client's wheelchair had a chest harness with two straps to be secured when he was in the chair. The 5/18/11 consultant's note indicated his weight should be maintained at plus or minus 5 pounds for the newly adapted wheelchair to fit client A properly.</p> <p>Interview with staff #3 on 8/27/12 at 5:00 PM indicated the client had gained a significant amount of weight; over 30 pounds since his admittance into the facility on 1/20/09. The interview indicated the client's wheelchair was too small for him and the chest harness would not fit. The interview indicated the agency was pursuing repairs for the wheelchair.</p> <p>This federal tag relates to complaint #IN00114433.</p> <p>9-3-7(a)</p>				

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