

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G663	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/11/2013
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220		
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W0000	<p>This visit was for the investigation of complaint #IN00120092.</p> <p>This visit was in conjunction with the post certification revisit to the annual recertification and state licensure survey and to the investigation of complaint #IN00119419 completed on 11/29/12.</p> <p>Complaint: #IN00120092: Substantiated, federal and state deficiencies related to the allegation(s) are cited at W102, W104, W158 and W186.</p> <p>Dates of Survey: 1/2/13, 1/3/13, 1/4/13, 1/7/13, 1/8/13, 1/9/13, 1/10/13 and 1/11/13.</p> <p>Facility Number: 001216 Provider Number: 15G663 AIMS Number: 100233690</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/18/13 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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W0102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (A, B, C) plus 2 additional clients (D and E). The governing body failed to exercise general policy and operating direction over the facility to ensure there were adequate staff levels in the group home during the morning and evening shifts for clients A, B, C, D and E.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The governing body failed to meet the Condition of Participation: Facility Staffing for clients A, B, C, D and E. The governing body failed to ensure there were sufficient staff to work with the clients in accordance with their behavioral needs during the morning and evening shifts. The governing body failed to exercise general policy and operating direction over the facility to ensure there were adequate staff levels in the group home during the morning and evening shift for clients A, B, C, D and E. Please see W104. <p>This federal tag relates to complaint #IN00120092.</p> <p>9-3-1(a)</p>	W0102	AD will re-train the PD and the HM on appropriate staffing levels for the home based on consumers schedules and the nature of behaviors.HM and PD will keep daily log writing in exactly which staff are working as direct care each day.AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6weeks staffing levels will be reviewed monthly for 2 months.Responsible Party: Area Director, Program Director, Home ManagerAddendum: After the 6 weeks of staffing levels being reviewed by the PD/AD bi-weekly; the PD/AD will continue to review staffing levels monthly on an on-going basis and make any necessary changes depending on the occupancy/consumers in the home.	02/10/2013			

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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. Based on record review and interview for 3 of 3 sampled clients (A, B and C) plus 2 additional clients (D and E), the governing body failed to exercise general policy and operating direction over the facility to ensure there were adequate staff levels in the group home during the morning and evening shifts for clients A, B, C, D and E.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure there were adequate staff levels in the group home during the morning and evening shifts for clients A, B, C, D and E. Please see W186.</p> <p>This federal tag relates to complaint #IN00120092.</p> <p>9-3-1(a)</p>	W0104	<p>AD will re-train the PD and the HM on appropriate staffing levels for the home based on consumers schedules and the nature of behaviors.HM and PD will keep daily log writing in exactly which staff are working as direct care each day.AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6weeks staffing levels will be reviewed monthly for 2 months.Responsible Party: Area Director, Program Director, Home ManagerAddendum: After the 6 weeks of staffing levels being reviewed by the PD/AD bi-weekly; the PD/AD will continue to review the staffing levels monthly on an on-going basis and make necessary changes based on the occupancy/conusmers present in the home.</p>	02/10/2013	

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W0158	<p>483.430 FACILITY STAFFING The facility must ensure that specific facility staffing requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Facility Staffing for 3 of 3 sampled clients (A, B, C) plus 2 additional clients (D and E). The facility failed to ensure there were adequate staff levels in the group home during the morning and evening shifts for clients A, B, C, D and E to meet the clients' needs.</p> <p>Findings include:</p> <p>1. The facility failed to ensure there were adequate staff levels in the group home during the morning and evening shifts for clients A, B, C, D and E to meet the clients' needs. Please see W186.</p> <p>This federal tag relates to complaint #IN00120092.</p> <p>9-3-3(a)</p>	W0158	AD will re-train the PD and the HM on appropriate staffing levels for the home based on consumers schedules and the nature of behaviors.HM and PD will keep daily log writing in exactly which staff are working as direct care each day.AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6weeks staffing levels will be reviewed monthly for 2 months.Responsible Party: Area Director, Program Director, Home ManagerAddendum: After the 6 weeks of staffing levels being reiewed by the PD/AD bi-weekly; the PD/AD will continue to review staffing levels monthly on an on-going basis and make necessary changes based on the occupancy/consumers present in the home.	02/10/2013	

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W0186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 3 of 3 sampled clients (A, B and C) plus 2 additional clients (D and E), the facility failed to ensure there were adequate staff levels in the group home during the morning and evening shifts for clients A, B, C, D and E to meet the clients' needs.</p> <p>Findings include:</p> <p>The facility's 12/29/12 POC (Plan of Correction) was reviewed on 1/11/13 at 2:00 PM. The 12/29/12 POC indicated, "The HM (Home Manager) was retrained on the need for appropriate staffing levels of this particular home, with increases due to the nature of some of the behaviors."</p> <p>Confidential interview A stated on 12/28/12, "I witnessed [client C] becoming irritated with [client B's] screaming. [Client C] stormed past me in the living room and into the kitchen where [client B] was at the time. [Client C] was yelling "OMG (Oh My God), Shut the [expletive] up! I'm going to kill you!" and the obscene/threatening statements.</p>	W0186	AD will re-train the PD and the HM on appropriate staffing levels for the home based on consumers schedules and the nature of behaviors.HM and PD will keep daily log writing in exactly which staff are working as direct care each day.AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6weeks staffing levels will be reviewed monthly for 2 months.Responsible Party: Area Director, Program Director, Home ManagerAddendum: After the 6 weeks of staffing levels being reviewed by the PD/AD bi-weekly; the PD/AD will continue to review staffing levels monthly on an on-going basis and make necessary changes based on the occupancy/consumers present in the home.	02/10/2013			

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	<p>Staff did not attempt to calm [client C] down. They were too busy handling the situation with [client B]. [Client C] ended up going back into the living room making more threatening statements along the way. Staff did not come out of the dining area to follow up with [client C's] behavior. Again there was only one (1) staff in the home. We know [client B] is very high maintenance to care for most of the time but it's very difficult for staff to handle other clients when dealing with [client B]. Their attention is focused on him leaving the other clients open for behavior issues-teasing, taunting, entering rooms, etc."</p> <p>The group home's time detail forms from 12/1/12 through 12/31/12 were reviewed on 1/9/13 at 12:11 PM. The review indicated the following:</p> <p>-12/3/12, one staff on duty from 7:00 AM through 3:00 PM and one staff on duty from 3:00 PM through 11:00 PM.</p> <p>-12/4/12, one staff on duty from 3:00 PM through 11:00 PM.</p> <p>-12/5/12, no documentation of staff on duty from 3:00 PM through 9:00 PM.</p> <p>-12/6/12, no documentation of staff on duty from 8:00 PM through 9:00 PM</p> <p>-12/7/12, one staff on duty from 7:00 AM through 3:00 PM, no documentation of staff on duty from 3:00 PM through 9:00 PM.</p> <p>-12/8/12, one staff on duty from 6:00 PM through 10:00 PM.</p>			

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	-12/10/12, one staff on duty from 3:00 PM through 9:00 PM.			
	-12/11/12, one staff on duty from 3:00 PM through 9:00 PM.			
	-12/12/12, one staff on duty from 8:00 AM through 3:00 PM.			
	-12/13/12, one staff on duty from 7:00 AM through 3:00 PM.			
	-12/14/12, no documentation of staff from 12:00 PM through 3:00 PM, one staff on duty from 3:00 PM through 9:00 PM.			
	-12/15/12, no documentation of staff on duty from 10:00 AM through 9:00 PM.			
	-12/16/12, no documentation of staff on duty from 11:00 AM through 9:00 PM.			
	-12/17/12, one staff on duty from 8:00 AM through 1:00 PM, one staff on duty form 4:00 PM through 10:00 PM.			
	-12/18/12, one staff on duty from 8:00 AM through 2:00 PM, no documentation of staff from 2:00 PM through 3:00 PM, one staff on duty from 3:00 PM through 10:00 PM.			
	-12/19/12, one staff on duty from 8:00 AM through 2:00 PM, no documentation of staff from 2:00 PM through 3:00 PM, one staff on duty from 3:00 PM through 9:00 PM.			
	-12/20/12, one staff on duty from 8:30 AM through 3:00 PM.			
	-12/21/12, no documentation of staff from 9:30			

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	<p>AM through 9:30 PM.</p> <p>-12/22/12, one staff on duty from 8:00 AM through 2:00 PM, one staff on duty from 3:00 PM through 9:00 PM.</p> <p>-12/23/12, one staff on duty form 8:00 AM through 3:30 PM, one staff on duty from 3:30 PM through 9:00 PM.</p> <p>-12/24/12, no documentation of staff on duty from 2:00 PM through 10:00 PM.</p> <p>-12/25/12, one staff on duty 8:00 AM through 12:00 PM, one staff on duty 12:00 PM through 5:00 PM, no documentation of staff on duty from 5:00 PM through 11:00 PM.</p> <p>-12/26/12, no documentation of staff on duty from 9:00 AM through 1:00 PM, one staff on duty from 1:00 PM through 9:00 PM.</p> <p>-12/27/12, one staff on duty from 7:00 AM through 1:00 PM, one staff on duty from 3:00 PM through 10:00 PM.</p> <p>-12/28/12, no documentation of staff on duty from 8:30 AM through 9:00 PM.</p> <p>-12/29/12, one staff on duty from 8:00 AM through 3:00 PM, no documentation of staff on duty from 3:00 PM through 9:00 PM.</p> <p>-12/30/12, no documentation of staff from 9:00 AM through 10:00 PM.</p> <p>-12/31/12, one staff on duty from 8:00 AM through 1:00 PM, one staff on duty from 3:00 PM through 10:00 PM.</p> <p>Observations were conducted at the group home</p>						

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	<p>on 1/2/13 from 4:53 PM through 6:05 PM. At 5:00 PM clients A, B, C, D and E were present in the group home with staff #2 and staff #3. Staff #2 indicated staff #3 was a shadow and was in training. At 5:40 PM HM #1 arrived at the house. The group home had one staff and one shadow working in the group home while clients A, B, C, D and E were present.</p> <p>Interview with staff #2 on 1/2/13 at 4:55 PM indicated he was working with staff #3 who was a shadow. Staff #2 indicated there should be two staff on duty during each shift while the clients are awake.</p> <p>HM #1 was interviewed on 1/2/13 at 5:45 PM. HM #1 indicated staff #3 was in training and was shadowing. HM #1 indicated there should be two staff on each shift or 1 staff to 4 clients ratio if there were less than 5 clients in the home due to visits, holidays or school. HM #1 indicated he was responsible for the group home staffing schedule. HM #1 indicated he picked up shifts to fill open shifts when needed in the group home. HM #1 indicated when he worked a shift at the group home he was supposed to document the times worked in the clients' DSRs (Daily Support Record).</p> <p>Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's DSRs from 12/1/12 through 12/31/12 were reviewed. Client B's DSRs indicated HM #1 worked in the home on the following dates:</p> <p>-12/1/12 from 1:00 PM through 9:00 PM</p> <p>-12/14/12 from 10:00 AM through 9:00 PM.</p> <p>-12/15/12 from 11:00 AM through 9:00 PM.</p>				

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	<p>-12/16/12 from 11:00 AM through 9:00 PM.</p> <p>-12/18/12 from 2:00 PM through 9:00 PM.</p> <p>-12/21/12 from 9:00 AM through 9:00 PM.</p> <p>Interview with PD #1 on 1/4/13 at 10:45 AM indicated there should be two staff on duty each shift. When asked if the one staff to four client ratio was enough staff for this group home, PD #1 stated, "I think it has to be based on the home. It depends. I would say at this home due to the functioning level and behaviors of these clients 1 staff to 4 clients is not enough."</p> <p>This federal tag relates to complaint #IN00120092.</p> <p>9-3-3(a)</p>				