

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G432	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/13/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3606 HIGHWOODS DR N INDIANAPOLIS, IN 46222
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W 000 Bldg. 00	<p>This visit was for the post certification revisit (PCR) to the investigation of complaint #IN00163646 which resulted in an IMMEDIATE JEOPARDY completed on 2/9/2015.</p> <p>Complaint #IN00163646: Not corrected.</p> <p>Dates of Survey: March 11, 12 and 13, 2015.</p> <p>Surveyor: Kathy Wanner, QIDP.</p> <p>Facility number: 000946 Provider number: 15G432 AIM number: 100244570</p> <p>The following federal deficiency also reflects a state finding under 460 IAC 9. Quality Review completed 3/19/15 by Ruth Shackelford, QIDP.</p>	W 000		
W 104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general</p>			

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>policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview, the governing body failed to exercise operating direction over the facility by failing to insure facility staff were retrained on the facility's policy and procedures, reporting reasonable suspicion of a crime to police per the Elder Justice Act and on when to notify the nursing staff in regards to an allegation of sexual assault perpetrated by client A towards client B.</p> <p>Findings include:</p> <p>Facility records were reviewed on 3/12/15 at 1:12 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports and the Daily Support Records (DSR). The records indicated the following:</p> <p>-A BDDS report dated 1/17/15 at 9:00 P.M. indicated "[Client B] reported to staff (#1) that [client A] came into her room and tried to (sic) out his private parts in her. [Client B] told him 'No my sister will not like that'." Plan to resolve: "Staff are to document 15 minute checks on both individuals and doors should remain opened for each bedroom. Home Manager to counsel [client A] that the actions that he chooses to attempt will</p>	W 104	<p>The Direct Support Professionals were retrained on Indiana Mentor's policy and procedure regarding abuse and neglect on 3-18-2015 and 3-19-2015. See included attachments for information. The Home Manager was retrained on Indiana Mentor's policy and procedure regarding abuse and neglect on 3-9-2015. See included attachments for information. The Program Director was retrained on Indiana Mentor's policy and procedure regarding abuse and neglect on 3-9-2015. See included attachments for information. The Program Director was retrained on Indiana MENTOR's policy and procedures for admitting a new client into services and also The Bureau of Developmental Disabilities Services procedure for transitioning a new client into services on 3-9-2015. See included attachments for information. The Program Director reviewed all available historical documentation for each client to ensure that any significant information would be/is already included in the Individualized Support Plans, High Risk Plans, and Behavior Support Plans. Any information that was obtained and not already included was/will be added in.</p> <p>The Program Director updated client A's Individualized Support Plan, High Risk Plan, and</p>	04/12/2015	

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	<p>earn him a trip to jail. Program Director will investigate the incident promptly."</p> <p>-A BDDS report dated 1/22/15 at 4:30 P.M. indicated "Previous incident reported allegations made by [client B] that house mate [client A] attempted to have sexual contact with her and she refused him. During the agencies (sic) internal investigation it was determined that the incident may fall within the requirements of the Elder Justice Act and a police report was filed on 1/21/15. The police immediately reported to the home in response to the report filed. After speaking with the clients, the police stated they could not take [client A] into their custody due to his intellectual disability, but insisted that we move him to another location. The regulations not permitting a relocation was (sic) not explained to the police at the time of the incident and [client A] was moved overnight to another home to satisfy the request." Plan to resolve: "Area Director reached out to responding police detective to explain placement of services and [client A] placement (sic) back in the home. Regional Director reached Adult Protective Services Investigator to follow up as well with return phone call awaiting. [Client A] will go back to his residence. The clients' bedrooms have been relocated to opposite sides of the</p>		<p>Behavior Support Plan to reflect the historical information that was identified in the internal investigation. Ongoing, the Program Director/QIDP will review all historical information provided on any potential new admission to ensure that the other residents in the Group Home are not put at any health and safety risks. The Program Director/QIDP will ensure that all information provided is including in the Individualized Support Plan, including but not limited to, the High Risk (RMAP) Plan, protocols, and the Behavior Support Plan. The Program Director will ensure that any information that becomes available will also be made available to the entire Interdisciplinary Team. The Direct Support Professionals were retrained on the Elder Justice Act on 3-18-2015 and 3-19-2015. The Home Manager was retrained on the Elder Justice Act on 3-9-2015. The Program Director was retrained on the Elder Justice Act on 3-9-2015. Ongoing, the Direct Support Professionals, Home Manager, and identified Program Directors/QIDP will immediately report any reasonable suspicion of a crime to the local police department, as outlined in the Elder Justice Act. Indiana MENTOR is in contact with the Indiana State Department of Health Surveyor Supervisor over</p>	

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	<p>home. Staff will continue to complete 15 minute checks. Interdisciplinary (IDT) meetings (phone) were held to discuss incident with both consumers teams. [Client B] does not present to show any adverse effects from the incident. Staff will continue to closely monitor her and provide any internal or external emotional supports if needed. She will continue to receive positive reinforcement for reporting any incidents where she may feel uncomfortable."</p> <p>On 3/12/15 at 3:12 PM, the Home Manager indicated Client A was moved from the group home to another facility operated group home on 1/30/15. Client B has had a counselor come to her home twice.</p> <p>Observations of the group home where client B lived were conducted on 3/11/15 from 4:25 P.M. through 5:50 P.M. Client B was sitting in the living room drawing pictures and watching TV. She was smiling and conversing with peers and staff. Interview with staff #6 on 3/11/15 at 5:05 P.M. stated "She (client B) has been out of her room much more recently. She has been staying out of her room each afternoon this week."</p> <p>Staff training documentation as part of the facility's plan of correction (POC)</p>		<p>the Intermediate Care Facilities, to complete Investigation (re) training for our Quality Assurance Specialist, the Program Directors, and the administrators. This is scheduled for May 9, 2015. See included attachments for information. Ongoing, all future allegations of abuse, neglect, mistreatment, and/or exploitation will be thoroughly investigated according to the Indiana MENTOR's Investigation Policy and Procedures and the CMS State Operations Manuel. All future completed investigations will be reviewed by an administrator within the required 5 day period. The Home Manager and on call Program Director implemented the immediate protective measures, including changing the client's bedrooms to opposite sides of the house in order to provide a better controlled environment for each client. The Program Director and on call Program Director will be retrained on Protective Measures resulting from an allegation of abuse and/or neglect, according to Indiana MENTOR's policy and procedures. Ongoing, immediate appropriate measures will be put into place for the protection of health and safety of all those involved, when needed for allegations of abuse and/or neglect. The Program Director will seek out assistance from an Administrator regarding immediate and appropriate</p>	

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	<p>was reviewed on 3/12/2015 at 2:25 P.M. The documentation indicated the Home Manager (HM) and the Qualified Intellectual Disabilities Professional (QIDP) were retrained on 3/9/15. The training documentation indicated the group home Direct Care Staff (DCS) were scheduled to be retrained on facility policy regarding abuse and neglect, the Elder Justice Act and when to notify nursing regarding incidents so that proper medical care/follow-up can be completed in a timely manner on 3/18/2015.</p> <p>DCS #6 was interviewed on 3/11/15 at 4:47 P.M. DCS #6 indicated he had been trained several times on abuse and neglect policy.</p> <p>DCS #7 was interviewed on 3/11/15 at 4:59 P.M. DCS #7 indicated she had not had any recent retraining, but stated, "If I saw or heard anything wrong I would call [Name of HM]."</p> <p>The Area Director (AD) was interviewed on 3/12/15 at 4:28 P.M. and stated, "We were not able to get all the staff together for retraining prior to 3/18/15. I knew it would be after the POC date."</p> <p>This deficiency was cited on 2/9/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>protective measures and follow up regarding the incident. This includes, but is not limited to, medical, physical, or emotional support being made available when needed to any identified client. The Program Director/QIDP was retrained on required guardian and/or Health Care Representative notification of all incidents pertaining to their particular loved one on 3-9-2015. See included attachments for information. The staff that originally received the report of allegation of sexual abuse has been terminated due to failure to immediately report. The remaining Direct Support Professionals were retrained on Indiana Mentor's policy and procedure regarding abuse and neglect, including but not limited to, what is reportable, when to report it, and who to report it to on 3-18-2015 and 3-19-2015. See included attachments for information. Ongoing, all Indiana MENTOR employees will report any alleged abuse, neglect, mistreatment, and/or exploitation.</p>	

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	<p>This federal tag relates to complaint #IN00163646.</p> <p>9-3-1(a)</p>			