

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G418	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/19/2013
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5105 N GUION RD INDIANAPOLIS, IN 46254		
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W000000	<p>This visit was for the annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 3/12/13, 3/13/13, 3/14/13, 3/18/13 and 3/19/13.</p> <p>Facility Number: 000932 Provider Number: 15G418 AIMS Number: 100244560</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 25, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000			

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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W000104	<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 record review and interview for 1 of 4 sampled clients (#4), the governing body failed to exercise operating direction over the facility to ensure client #4's finances were not in excess of predetermined maximum amounts allowed by Medicaid.</p> <p>Findings include:</p> <p>Client #4's financial record was reviewed on 3/13/13 at 1:10 PM. Client #4's facility based cluster financial account ledger dated 10/1/12 through 3/13/13 indicated the following:</p> <p>-10/1/12, SS (Social Security) deposit, \$30.00 with an ending balance of \$2,273.75.</p> <p>-1/16/13, RBW (Room and Board Withdrawal), \$145.00 with an ending balance of \$2,128.75.</p> <p>-2/14/13, RBW, \$145.00 with an ending balance of \$1,983.75.</p> <p>AS (administrative staff) #1 was interviewed on 3/13/13 at 2:15 PM. AS #1 indicated the Medicaid limit was \$1,500.00. AS #1 indicated client #4's account was in excess of the \$1,500.00 Medicaid limit.</p> <p>9-3-1(a)</p>	W000104	<p>The Home Manager and Program Director will complete an audit of all consumers finances, including Client #4, to determine if anyone's account balance is in excess of the allowable amount. If any consumers account balances are in excess of the allowable amount the Home Manager and Program Director will work with the Social Worker and Client Finance Specialist to spend the money in an appropriate manner to get the balance below the allowable amount.</p> <p>The Home Manager and Program Director will receive retraining on consumers' finances including ensuring that all consumers' accounts are below the allowable amount.</p> <p>Ongoing the Client Finance Specialist will provide a record monthly to the Area Director of all consumers that have an account balance in excess of the allowable amount. The Area Director will ensure that the Program Director and Home Manager are notified so they can work with the Social Worker and Client Finance Specialist to spend the money in an appropriate manner to get the balance below</p>	04/18/2013			

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			<p>the allowable amount.</p> <p>Responsible Party: Home Manager, Program Director, Area Director, Client Finance Specialist</p>	

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W000252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#1 and #2), the facility failed to collect measurable data.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 3/13/13 at 3:26 PM. Client #1's ISP (Individual Support Plan) dated 2/14/13 indicated the following goal:</p> <p>- "At each evening medication pass, [client #1] will identify her pills with no more than 3 verbal prompts with 80% success for 3 consecutive months."</p> <p>Client #1's record did not indicate a training objective tracking sheet for client #1's medication administration goal.</p> <p>2. Client #2's record was reviewed on 3/13/13 at 12:01 PM. Client #2's ISP dated 5/12/12 indicated the following goal:</p> <p>- "At each evening medication pass, [client #2] will identify her pills with no more than 3 verbal prompts with 75% success for 3 consecutive months."</p> <p>- "[Client #2] will count money in various denominations up to \$50.00 with no more than 3 verbal prompts with 75% success for 3</p>	W000252	<p>An audit will be completed on all clients (Including Clients #1 and #2) Individual Service Plans and Program Goals/Objectives to ensure that the clients' most current program objectives are being implemented by staff and match what is written in the ISP.</p> <p>Updated goal tracking sheets will be provided to staff as needed and staff will be retrained on implementing any new program goals.</p> <p>Program Director will be retrained on QMRP responsibilities including up to date and accurate goal tracking sheets being provided to the staff monthly and ensuring that updated program plan objectives are made available to staff as soon as possible after the ISP is completed/updated.</p> <p>Home Manager and Program Director will review all consumers' program books to ensure all goals are being documented and tracked as written in the ISP.</p> <p>Responsible Party: Home Manager, Program Director, Area Director.</p>	04/18/2013			

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	<p>consecutive months."</p> <p>-"Twice daily, [client #2] will brush and floss her teeth thoroughly with no more than 2 verbal prompts with 80% success for 3 consecutive months."</p> <p>-"Weekly, [client #2] will separate her clothes and not overload the washer with no more than 2 verbal prompts with 75% success for 3 consecutive months."</p> <p>Client #2's record did not indicate a training objective tracking sheet for client #1's medication administration goal, money management goal, oral hygiene goal, and laundry/domestic skills goal.</p> <p>AS (administrative staff) #1 was interviewed on 3/13/13 at 2:15 PM. AS #1 indicated each client's ISP objectives should have tracking sheets.</p> <p>9-3-4(a)</p>						

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W000255	<p>483.440(f)(1)(i) PROGRAM MONITORING &amp; CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the QMRP (Qualified Mental Retardation Professional) failed to revised accomplished objectives.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 3/13/13 at 12:01 PM. Client #2's ISP (Individual Support Plan) dated 5/12/12 indicated the following goal:</p> <p>- "At each evening medication pass, [client #2] will identify her pills with no more than 3 verbal prompts with 75% success for 3 consecutive months."</p> <p>- "[Client #2] will count money in various denominations up to \$50.00 with no more than 3 verbal prompts with 75% success for 3 consecutive months."</p> <p>- "Twice daily, [client #2] will brush and floss her teeth thoroughly with no more than 2 verbal prompts with 80% success for 3 consecutive months."</p> <p>- "Weekly, [client #2] will separate her</p>	W000255	<p>An audit will be completed on all clients (Including Clients #1 and #2) Individual Service Plans and Program Goals/Objectives to ensure that the clients' most current program objectives are being implemented by staff and match what is written in the ISP.</p> <p>The Program Director will receive retraining on the need to ensure that all consumers' current goals and objectives are being monitored and reviewed at least monthly to determine if revisions to goals and objectives need to be made based on consumer progress.</p> <p>Ongoing, the Area Director will review all consumers' monthly summery reports and compare them to the consumers ISPs to ensure that the current objectives are being reviewed by the Program Director on a monthly basis.</p> <p>Responsible Party: Program Director, Area Director</p>	04/18/2013	

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	<p>clothes and not overload the washer with no more than 2 verbal prompts with 75% success for 3 consecutive months."</p> <p>Client #2's Monthly Summary sheets for December 2012 and January 2013 did not indicate review of client #2's money management goal, oral hygiene goal, and laundry/domestic skills goal.</p> <p>AS (administrative staff) #1 was interviewed on 3/13/13 at 2:15 PM. AS #1 indicated each client's ISP objective should be monitored and reviewed by the PD (Program Director) on a monthly basis.</p> <p>9-3-4(a)</p>				

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W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to obtain the clients' guardian written approval before the use of behavior medications.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 3/13/13 at 3:26 PM. Client #1's BSP (Behavior Support Plan) dated 12/21/12 included the following behavior control medications: Abilify 30 milligrams (schizophrenia), Divalproex 1000 milligrams (mania/bipolar), Escitalopram 20 milligrams (depression) and Lamotrigine 300 milligrams (mood disorder). Client #1's 12/21/12 BSP did not indicate client #1 or client #1's guardian had given written informed consent to the use of the behavior control medications. Client #1's ISP (Individual Support Plan) dated 2/14/13 indicated client #1 had a guardian.</p> <p>2. Client #2's record was reviewed on 3/13/13 at 12:01 PM. Client #2's BSP dated 7/30/12 indicated client #2 received</p>	W000263	<p>The Program Director will receive retraining on ensuring that any psychotropic medications that consumers are receiving for behavior management are included in the consumers Behavior Support Plans and Guardian or consumer consent if they are emancipated; approvals are obtained prior to getting HRC approval.</p> <p>Ongoing, the Program Director will ensure that any additions or changes to psychotropic medications are included in the Behavior Support Plan and guardian or consumer approval if they are emancipated; is obtained prior to presenting to the Human Rights Committee for approval. Program Director will ensure that documentation of guardian or client approval is available for review. Prior to any future Human Rights Committee meetings, the HRC will be reminded that they should not approve any changes to medications or Behavior Support Plans without ensuring that guardian or client, if emancipated, approvals have been obtained.</p> <p>Responsible Party: Program</p>	04/18/2013			

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	<p>the behavior control medication Desvenlafaxine 50 milligrams (depression). Client #2's 7/30/12 BSP did not indicate client #2 or client #2's guardian had given written informed consent for the use of Desvenlafaxine 50 milligrams. Client #2's ISP dated 5/12/12 indicated client #2 had a guardian.</p> <p>3. Client #3's record was reviewed on 3/13/13 at 9:34 AM. Client #3's BSP dated 3/15/12 indicated client #3 received the following behavior control medications: clonazepam 0.5 milligram (anxiety), mirtazapine 15 milligrams (depression), and divalproex 250 milligrams (mania/anxiety). Client #3's 3/15/12 BSP did not indicate client #3 or client #3's guardian had given written informed consent for the use of the behavior control medications. Client #3's ISP dated 3/13/12 indicated client #3 had a guardian.</p> <p>4. Client #4's record was reviewed on 3/13/13 at 9:04 AM. Client #4's BSP dated 5/25/12 indicated client #4 received the following behavior control medications: gabapentin 600 milligrams (bipolar) and paroxetine 10 milligrams (depression). Client #4's 5/25/12 BSP did not indicate client #4 or client #4's guardian had given written informed consent for the use of the behavior</p>		Director, Human Rights Committee		

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	<p>medications. Client #4's ISP dated 2/19/13 indicated client #4 had a guardian.</p> <p>AS (administrative staff) #1 was interviewed on 3/13/13 at 2:15 PM. AS #1 indicated guardian approval was needed for the use of psychotropic/behavior controlling medications. AS #1 indicated clients #1, #2, #3 and #4 did not have written informed guardian consent for the use of psychotropic medications.</p> <p>9-3-4(a)</p>				

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W000289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure client #3's ankle monitor/bracelet was included in the BSP (Behavior Support Plan).</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 3/13/13 at 9:34 AM. Client #3's ISP (Individual Support Plan) dated 3/13/12 indicated client #3 wore an ankle bracelet for monitoring/tracking client #3 in the event of elopement. Client #3's BSP dated 3/15/12 did not include the use of an ankle monitor/bracelet.</p> <p>AS (administrative staff) #1 was interviewed on 3/13/13 at 2:15 PM. AS #1 indicated client #3 wore the ankle bracelet on a daily basis. AS #1 indicated client #3's ankle bracelet was to monitor his location when/if he eloped from the group home. AS #1 indicated the use of the ankle bracelet was considered a restrictive practice and should be included in client #3's BSP.</p> <p>9-3-5(a)</p>	W000289	<p>The Program Director will work with the Behavior Consultant to add in Client #3 ankle/monitor bracelet into his BSP.</p> <p>The Program Director will receive retraining including the need to ensure that all restrictive practices are included in consumers BSP's and appropriate approvals by Guardian and HRC are obtained.</p> <p>For the next 3 months, the Area Director will review all of this Program Director's Behavior Support Plans to ensure any restrictive measures are incorporated into them.</p> <p>Responsible Party: Program Director, Area Director, Behavior Consultant</p>	04/18/2013			

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W009999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-1 Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by division (A missed medication-not given; use of any physical or manual restraint regardless of planning; human rights committee approval; or informed consent).</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 4 of 6 incidents of physical/manual restraints and missed dosages of medication reviewed, the facility failed to immediately notify the BDDS (Bureau of Developmental Disabilities Services) regarding two incidents of medication omission for client #1 and two incidents of physical/manual restraint for clients #1 and #4.</p>	W009999	<p>All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per</p>	04/18/2013			

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	<p>Findings include:</p> <p>The facility's BDDS reports and investigations were reviewed on 3/12/13 at 10:15 AM. The review indicated the following:</p> <p>-BDDS report dated 1/25/13, "Through an audit it was discovered that [client #1] did not receive her denta cream (oral hygiene) from 10/5/12 through 10/9/12."</p> <p>-BDDS report dated 1/25/13, "Through an audit it was discovered that [client #1] did not receive her denta cream 12/4/12 through 12/10/12."</p> <p>-BDDS report dated 1/25/13 indicated on 1/18/13, "[Client #1] was upset that she was being kept home (diarrhea) and could not go to work to see her boyfriend and ran into the street and a PIA (physical restraint) hold had to be used. Through an audit it was discovered this incident was written down but not reported to the PD (program director) until 1/24/13."</p> <p>-BDDS report dated 6/19/12 indicated, "On 6/15/12, [client #1] was in her room when staff approached her regarding cookies that she had in her room. [Client #1] is diabetic and has a history of stealing food. [Client #1] threw the</p>		<p>week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p>		

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	<p>cookies at the staff. As the staff turned to exit the room, [client #1] jumped on his back and started hitting and scratching him. The staff member was able to put [client #1] in a... approved two arm hold. [Client #1] was able to break through the hold and started to spit on and hit the staff again. Staff was able to calm [client #1] down through verbal redirection while in the hold. [Client #1] was held for approximately two minutes the first hold and five minutes the second hold."</p> <p>AS (administrative staff) #1 was interviewed on 3/13/13 at 2:15 PM. AS #1 indicated staff should report all incidents of missed medications to BDDS within 24 hours. AS #1 indicated staff should report all incidents requiring the use of physical restraints within 24 hours to BDDS.</p> <p>9-3-1(b)</p>				