

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G538	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/05/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1221 E CR 75 N LOGANSPORT, IN 46947
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W0000	<p>This visit was for the post certification revisit (PCR) to the investigation of complaint #IN00103102 completed February 24, 2012.</p> <p>This survey was completed in conjunction with the pre determined full recertification and state licensure survey.</p> <p>Complaint #IN00103102: Not Corrected.</p> <p>Dates of Survey: April 2, 3, 4, and 5, 2012.</p> <p>Provider Number: 15G538 Facility Number: 001052 AIM Number: 100239830</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 4/13/12 by Tim Shebel, 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 The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, for 6 of 6 clients (clients #1, #2, #3, #4, #5, and #6) who resided in the home, the governing body failed to exercise operating direction over the group home to ensure maintenance/repair needs were addressed.</p> <p>Findings include:</p> <p>On 4/2/12 from 3:35pm until 6:05pm, clients #1, #2, #3, #4, #5, and #6 walked throughout the group home. The dining room tile had a ten feet by ten feet (10' x 10') of the tiled surface of the floor was gouged, scratched, and worn. At 5:25pm, Group Home Staff (GHS) #1 and the House Manager (HM) both stated the dining room table "wobbled about" one half inch to one inch (1/2" to 1") side to side and "was not level." GHS #1 and the HM both indicated clients #1, #2, #3, #4, #5, and #6 ate at the table during meals. At 5:40pm, clients #2, #5, and #6 had dinner at the dining room table and the table wobbled when the clients and staff leaned on the table and when the clients and staff moved items from side to side on the dining room table.</p>	W0104	<p>W104: The governing body will exercise general policy, budget, and operating direction over the facility. The facility currently contracts vendors to repair physical repairs to the home as needed. The damage to the physical condition of the group home will be repaired.</p> <p>The Home Manager gave the proposal for the bid to replace the flooring to the surveyor that the work was scheduled to start. The Home Manger will contact the contractor to expedite the replacement of the dining room flooring. In addition a sales receipt was presented to the surveyor showing the facility has ordered a new table for the dining room prior to the survey start date. The Home Manager will follow up on the progress of the order and shipping time.</p> <p>In the future, the Home Manager will perform weekly inspections of the home to ensure that all maintenance needs are addressed in a timely manner. The Program Director will monitor the home environment monthly for repair needs as well as items that need replaced due to regular wear and tear.</p> <p>Person responsible: Program Director</p>	05/05/2012

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	<p>The HM and the Regional Director of Operations (RDO) were interviewed on 4/4/12 at 12noon. The RDO and the HM both stated the dining room "table wobbled" and "needs replaced." The RDO and the HM both indicated the dining room floor was worn and had gouges into the floor. Both indicated the floor needed replaced.</p> <p>This deficiency was cited on 2/24/2012. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>		Completion Date: 5/5/12		

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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.</p> <p>Based on record review and interview, for 6 of 6 clients (clients #1, #2, #3, #4, #5, and #6) who lived at the group home, the facility neglected to implement their policy and procedure for abuse/neglect/mistreatment to protect clients #1, #2, #3, #4, #5, and #6 from neglected to provide supervision and protect clients from staff sleeping on duty, neglected to immediately report allegations to the administrator, neglected to report the results of investigations to BDDS, and neglected to take effective corrective action to protect clients from staff behaviors of sleeping on duty and staff verbal aggression.</p> <p>Findings include:</p> <p>1. On 4/2/12 at 1:50pm, and on 4/3/12 at 3pm, the BDDS (Bureau of Developmental Disability Services) Reports from 4/1/11 through 4/2/12 were reviewed for the facility. On 4/4/12 at 10:30am, the facility's Investigative reports were reviewed and indicated the following:</p> <p>-An investigative initiated on 2/28/12 for</p>	W0149	<p>W149: The facility currently has a written policy and procedure on mistreatment, neglect or abuse of a client and the reporting there of. All new employees are trained on the policy and the procedure for reporting injury of the clients to the proper authorities within and outside the agency. The facility follows a protocol including assessment of client behavioral support plans, program goals and individual support plan to ensure the client needs and protection is met.</p> <p>The facility will retrain the staff on endangered adults, supervision of clients, written policy and procedure on mistreatment, neglect or abuse of a client and the reporting plan and protocols to ensure full measures are being employed to protect the clients. The Home manager and Program Director will each complete observations in the home weekly for 30 days to ensure the staff are reporting incidents and following policy to protect the clients.</p> <p>The Program Director will monitor the staff and documentation logs to ensure that incidents that occur are addressed to ensure the client's basic needs are being met in full. The facility will continue to train all</p>	05/05/2012	

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	<p>an incident reported on 2/22/12 indicated Group Home Staff (GHS) #3 reported on 2/22/12 that GHS #4 "reported" that GHS #4 was "hung over from the previous night" and "asleep on duty" on 2/4/12 and 2/5/12. The report indicated clients #1, #2, #3, #4, #5, and #6 were in the group home and GHS #4 "laid on the sofa asleep" in the group home. The investigation indicated the group home staff did not immediately report the allegation. The investigation indicated the clients #1, #2, #3, #4, #5, and #6 "required" twenty-four hour supervision. The investigation indicated staff did not "immediately report" the allegation "because other staff were on duty in the group home" and awake. The investigation report indicated the investigation was not completed until 3/5/12 and the results were not reported to BDDS. The investigation results indicated "Conclusion: Evidence supports that [GHS #4] came in to work, laid on the couch, and did not complete her job responsibilities which includes client care and supervision during her shift on 2/4/12. Evidence does not support that [GHS #4] was sleeping on her shift." No completed corrective action was available for review.</p> <p>-An investigation report initiated on 2/27/12 for an incident reported on</p>		<p>employees to follow the reporting guidelines of behavior plans as written and initiation of behavioral intervention techniques as trained. In the future, the Home Manager will conduct weekly observations of the home and staff to ensure protocols are being followed and clients protected. The Program Director will begin an investigation upon receipt of said allegation and complete within 5 days.</p> <p>Person responsible: Program Director Completion Date: 5/5/12</p>		

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	<p>2/22/12 indicated GHS #3 reported on 2/22/12 that GHS #5 was "sleeping on the job" and "from 5-6:30pm, [GHS #5] was sleeping in the day room" of the facility. The investigation indicated GHS #3 "heard [GHS #5] snoring." The report indicated clients #1, #2, #3, #4, #5, and #6 were in the group home and GHS #5 was asleep in the group home. The investigation indicated the group home staff did not immediately report the allegation. The investigation indicated the clients #1, #2, #3, #4, #5, and #6 "required" twenty-four hour supervision. The investigation indicated staff did not "immediately report" the allegation "because other staff were on duty in the group home" and awake. The investigation report indicated the investigation was not completed until 3/7/12 and the results were not reported to BDDS. The investigation results indicated "Conclusion: Evidence supports that [GHS #5] did doze, for up to a five minute period possibly during her shift. Evidence supports that [GHS #5] was not feeling well during her shift and had taken a medication that could had (sic) affected her by making her feel tired, DayQuil. Evidence supports that co workers did not report [GHS #5] sleeping/dozing immediately but the clients were supervised in an adequate manner and client activities were maintained." No</p>			

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	<p>completed corrective action was available for review.</p> <p>-An investigation report initiated on 3/6/12 for an incident reported on 3/5/12 indicated GHS #2 "made an allegation against a staff member [GHS #6] of sleeping on the job." The investigation indicated GHS #2 "stated she arrived at 5:56am on 3/5/12, she saw [GHS #6] sitting on the couch...her hand resting on her arm and [GHS #6's] head in the down position." GHS #2's witness statement indicated the overnight cleaning and job responsibilities were not completed and the group home was "a mess." The oven cleaner was still in the oven, toilets were not cleaned, bathrooms "a mess," and clients #1, #2, #3, #4, #5, and #6 were asleep in bed. The report indicated clients #1, #2, #3, #4, #5, and #6 were in the group home and GHS #4 "laid on the sofa asleep" in the group home. The investigation indicated the group home staff did not immediately report the allegation. The investigation indicated the clients #1, #2, #3, #4, #5, and #6 "required" twenty-four hour supervision. The investigation report indicated the investigation was not completed until 3/13/12 and the results were not reported to BDDS. The investigation results indicated "Conclusion: Evidence supports that [GHS #6] appeared to be sleeping on</p>			

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	<p>the job and did not complete her third shift job duties and client care responsibilities." No completed corrective action was available for review.</p> <p>An interview was conducted on 4/4/12 at 12noon, with the Regional Director of Operations (RDO) and the House Manager (HM). Both stated clients #1, #2, #3, #4, #5, and #6 "required" awake staff supervision at the group home. Both indicated staff did not immediately report the allegations of staff sleeping on duty. The HM stated "we don't have to report immediately because there was another staff on duty at the time staff was asleep." The HM stated "one staff was on duty on 3/5/12" when GHS #6 was asleep on duty and the HM walked away from the interview. The RDO indicated allegations should be immediately reported to the administrator and to BDDS. The RDO stated she was "unsure" if the results of investigations were reported to BDDS when staff were "alleged" to be sleeping on duty. The RDO indicated the investigations were not completed within five (5) days.</p> <p>2. On 4/2/12 at 1:50pm, and on 4/3/12 at 3pm, the BDDS (Bureau of Developmental Disability Services) Reports from 4/1/11 through 4/2/12 were reviewed for the facility. On 4/4/12 at</p>						

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	<p>10:30am, the facility's Investigative reports were reviewed and indicated the following:</p> <p>-An investigation report initiated on 2/28/12 for an incident reported on 2/22/12 indicated "during another investigation regarding [GHS #3] and [GHS #4] additional allegations of client verbal abuse were brought up regarding clients in the home." The report indicated GHS #4 "stated that she has heard [GHS #3] be verbally abusive toward client [client #6]. [GHS #4] stated that when [GHS #3] gets upset with [client #6] for not wanting to do anything for herself... [GHS #3] has said that she [GHS #3] wants to punch her." The report indicated GHS #3 "stated that she has seen [GHS #4] be mean to the clients." GHS #3 "stated that the previous evening at dinner (on 2/22/12) that [GHS #4] told [client #5] to open her G-- D--mouth so [GHS #4] could get the spoon in." The report indicated GHS #3 "stated she has never told a client that she was going to punch them in the face or wanted to punch them in the face. [GHS #3] stated she does tell staff when she is upset with them that they better be quiet or she will punch them in the face." The report indicated clients #1, #2, #3, #4, #5, and #6 were in the group home when these events occurred. The investigation indicated the</p>						

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	<p>group home staff did not immediately report the allegations. The investigation indicated the clients #1, #2, #3, #4, #5, and #6 "required" twenty-four hour supervision and were non verbal. The investigation report indicated no date the investigation was completed and the results were not reported to BDDS. The investigation results indicated</p> <p>"Conclusion: Evidence supports that [GHS #4] was verbally abusive towards at least one of the clients in the house. Evidence does support that [GHS #3] has in the past made an inappropriate comment regarding clients but it is unclear if the comment was directed at a client." No completed corrective action was available for review.</p> <p>-An investigation initiated on 2/28/12 for an incident reported on 2/22/12 of "staff allegation of verbal abuse towards co workers and clients." The investigation indicated GHS #3 reported on 2/22/12 "during the evening" hours a co worker GHS #4 "got into a verbal argument with [GHS #3] in front of [client #1]. [GHS #3] stated [GHS #4] cursed during her altercation." The investigation indicated GHS #7 "stated that there have been ongoing issues in the house with [GHS #4] and [GHS #3]. [GHS #3] and [GHS #4] seem to always be at each other and it makes working in the house tense at times</p>				

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	<p>because one never knows what will be said, done or happen." The report indicated clients #1, #2, #3, #4, #5, and #6 were in the group home when these events occurred. The investigation indicated the group home staff did not immediately report the allegations. The investigation report did not indicate a date the investigation was completed and the results were not reported to BDDS. The investigation results indicated "Conclusion: Evidence supports that [GHS #3 and GHS #4] got into a verbal altercation on the job in front of a client." No completed corrective action was available for review.</p> <p>An interview was conducted on 4/3/12 at 12noon, with the RDO and the HM. Both the RDO and the HM indicated allegations of verbal abuse were not reported immediately to the administrator and should have been. The RDO and the HM both indicated management had provided oversight visits completed by the QMRP (Qualified Mental Retardation Professional) and the HM to monitor staff and client interactions. When asked if the monitoring was effective. The HM walked away from the interview. The RDO provided "Recommendation resulting from an Investigation" undated documents which indicated for the following incidents:</p>						

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	<p>-An incident on 2/4/12, "Recommendation: consult with HR regarding the level of correction for not completing her job duties and client care. Date of completed 3/2012. Retrain all staff in reporting procedures and unacceptable activities."</p> <p>-An incident on 2/22/12, "Recommendation: consult with HR regarding the level of corrective action [staff] for not reporting to her supervisors she was not feeling well and had taken a medication that may had caused her to become drowsy and doze off...Date of completed 3/2012. Retrain all staff in reporting procedures and unacceptable activities."</p> <p>-An incident on 2/28/12, "Recommendation: consult with HR regarding the level of corrective action [staff] for verbal abuse and for not maintaining a professional work environment. Date of completion [blank]. Retrain all staff in reporting requirements and increase monitoring by management of staff on shift. Date of completion [blank]."</p> <p>On 4/2/12 at 1:50pm, a record review of the facility's 7/2006 "Quality and Risk Management" indicated the company</p>			

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	<p>prohibited neglect of clients and indicated, "Neglect, means the failure by any staff members to supply or to ensure the supply of necessary food, clothing, shelter, health care, or supervision for an individual being served." The policy indicated allegations of neglect should be reported immediately to the administrator and according to State Law. The policy/procedure indicated the company "Practices prohibited include the following" which included leaving the clients unsupervised and "...6. C. Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employees. 1. Investigations will be conducted for the following incidents: allegations of suspected abuse, neglect, or exploitation...2. Investigation findings will be submitted to the Director of Program Services for review and development of further recommendations as needed within 5 days of the incident."</p> <p>This deficiency was cited on 2/24/2012. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>				