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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G531 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 05/24/2012 |
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| NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC | STREET ADDRESS, CITY, STATE, ZIP CODE 3107 HENSEL DR CARMEL, IN 46032 |
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| W0000 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: May 21, 22, 23, and 24, 2012</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 001045 Provider Number: 15G531 AIMS Number: 100244990</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality Review was completed on 6/4/12 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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| W0249 | <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 3 of 4 sampled clients (clients #1, #2, and #4) and 1 additional client (client #7) by not implementing medication goals when the opportunity was present.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/21/12 from 4:20 PM to 6:30 PM at the group home. During med (medication) pass, staff #1 punched out client #7's med out of the pill packet and administered it to client #7. Staff #1 then punched out client #2's med out of the pill packet and administered it to client #2. Staff #1 then administered client #1's med but did not ask her to identify her med. Client #4 was the last client to get his med. Staff #1 administered client #4's med but staff #1 removed client #4's med basket from the cabinet. Observations were conducted at the group home on 5/22/12 from 6:37 AM to 8:00 AM. Client #7 received his meds from staff #2,</p> | W0249 | <p>All Direct support staff will receive retraining on all consumers, including Client #1, #2, #4 and #7 Medication Administration goals. All Direct Support Staff will receive retraining on Active Treatment to include implementing active treatment at formal and informal opportunities.</p> <p>The Home Manager and/or Program Director will complete Medication Administration observations at least two times per week for four weeks to ensure staff are implementing Medication Administration goals as written.</p> <p>Ongoing, the Home Manager and/or Program Director will complete medication administration observations at least once per week to ensure that all staff are implementing Medication Administration goals as written.</p> <p>Responsible Staff: Home Manager, Program Director</p> | 06/23/2012 | | | |

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| | <p>including a multivitamin, but was not asked to punch it out of the pill packet.</p> <p>Review on 5/22/12 at 10:45 AM of client #1's records was conducted. Client #1's ISP (Individual Support Plan) dated 10/30/11 included a goal to name two of the meds she receives.</p> <p>Review on 5/22/12 at 11:01 AM of client #2's records was conducted. Client #2's ISP dated 5/18/12 included a goal to punch all of his meds from the bubble pack at each med pass.</p> <p>Review on 5/22/12 at 11:25 AM of client #4's records was conducted. Client #4's ISP dated 7/28/11 included a goal to remove his med basket from the cabinet.</p> <p>Review on 5/24/12 at 1:45 PM of client #7's records was conducted. Client #7's ISP dated 2/20/12 included a goal to punch his multivitamin out of the bubble pack daily at the AM med pass.</p> <p>Interview on 5/22/12 at 11:50 AM with the AD (Area Director) was conducted. The AD indicated staff should be implementing active treatment at any opportunity, formal or informal.</p> <p>9-3-4(a)</p> | | | | | | |

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| W0322 | <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #1) by not ensuring she had a pap/pelvic exam.</p> <p>Findings include:</p> <p>Review on 5/22/12 at 10:45 AM of client #1's records was conducted. Her ISP (Individual Support Plan) indicated she was 64 years of age. There was no pap/pelvic exam in her file. There was no doctor recommendation in her file to indicate whether she needed one or not or when her last one was. Her annual physical dated 10/6/11 did not indicate a recommendation for her to get a pap.</p> <p>Interview on 5/23/12 at 10:04 AM with AD (Area Director) was conducted. The AD indicated client #1 has not had a recent pap test. The AD indicated client #1 has had a hysterectomy.</p> <p>9-3-6(a)</p> | W0322 | <p>A note was obtained from Client #1 Primary Care Physician on 5/25/12 indicating that since she had a bilateral abdominal hysterectomy in 1983 that she no longer requires routine pap smears (attachment).</p> <p>Program Nurse will receive retraining on ensuring that all clients have specific documentation regarding doctor's recommendations for all preventive screening testing, including annual pap smears. Specifics will include doctor's recommendations for frequency of testing and/or documentation showing that specific screenings are not necessary on ongoing basis.</p> <p>Ongoing, the Program Nurse will ensure that specific documentation is present regarding doctors recommendations for all preventative screening testing, including annual pap smears.</p> <p>Responsible Staff: Program Nurse, Nursing Supervisor</p> | 06/23/2012 | |

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| W0369 | <p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed to administer without error one medication out of one for 1 of 4 sampled clients (client #4).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/21/12 from 4:20 PM to 6:30 PM. At 5:10 PM, client #4 was administered one 20 mg (milligrams) Omeprazole tablet (for stomach) by staff #1. The pill packet indicated it was to be taken 30 minutes before evening meal. Client #4 started eating dinner at 5:20 PM.</p> <p>Review on 5/22/12 at 11:25 AM of client #4's signed Physician's Order dated 3/20/12 indicated client #4 was to take one Omeprazole 20 mg tablet by mouth 30 minutes before dinner. Client #4's MAR (Medication Administration Record) dated 5/21/12 indicated Omeprazole was to be taken 30 minutes before dinner.</p> <p>Interview on 5/22/12 at 11:50 AM with the AD (Area Director) was conducted.</p> | W0369 | <p>All staff will receive retraining on all consumers medication orders including Client #4 Omeprazole needing to be given 30 minutes prior to a meal.</p> <p>Home Manager and/or Program Director will complete medication administration observations at least twice per week for four weeks to ensure that all staff are following all consumers medication orders as written.</p> <p>Ongoing, the Home Manager and/or Program Director will complete medication administration observations at least once per week to ensure that all staff are following all consumers medication orders as written.</p> <p>Responsible staff: Home Manager, Program Director</p> | 06/23/2012 | |

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| | The AD indicated client #4's Omeprazole should have been given 30 minutes before client #4 ate dinner. 9-3-6(a) | | | | |

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| W0440 | <p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who resided in the group home by not conducting evacuation drills at least one per shift per quarter, or every 90 days, in the past year.</p> <p>Findings include:</p> <p>Review on 5/21/12 at 2:10 PM of the facility's evacuation drills was conducted for the period of 6/1/11 to 5/21/12. During first shift (6:00 AM to 2:00 PM), the last drill run was on 1/11/12. During second shift (2:00 PM to 10:00 PM), the last drill run was on 11/1/11 and none after that. During third shift (10:00 PM to 6:00 AM) there were no drills run between 9/7/11 and 3/16/12.</p> <p>Interview on 5/22/12 at 11:45 AM with the AD (Area Director) was conducted. The AD indicated evacuation drills were to be conducted every month, and one per shift per quarter.</p> <p>9-3-7(a)</p> | W0440 | <p>All Direct Support Professionals will receive a retraining at least every other month to ensure that they understand the importance of completing the monthly fire drills. The training will include reviewing a copy of the fire drill schedule.</p> <p>Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met.</p> <p>Ongoing, the completed fire drill reports will be turned in to and reviewed by Quality Assurance for accuracy and thoroughness of each drill.</p> <p>Responsible Staff: Home Manager, Program Director, Quality Assurance</p> | 06/23/2012 | | | |

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| W0488 | <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and #4) by not including them in meal preparation and clean up after dinner.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on Monday, 5/21/12 from 4:20 PM to 6:30 PM. Staff #3 prepared and cooked the dinner meal without asking clients #1, #2, #3, and #4 to participate. Staff #3 set the table and did not ask any clients if they wanted to set it. Client #3 was on a pureed diet and staff #3 did not ask him to push the button on the food processor to puree his food. Staff #3 fixed client #3's pureed food. After eating, clients #1, #2, #3, and #4 took their dishes to the sink with staff verbal prompts but were not asked to rinse their dishes, wash the dishes, or load the dishwasher. Staff #3 did those tasks without asking the clients to help. Clients were not asked to help clean up the table after dinner.</p> <p>Review on 5/22/12 at 10:45 AM of client #1's records was conducted. Her ISP</p> | W0488 | All Direct support staff will receive retraining on Active Treatment, including clients participating in meal preparation and clean up after dinner based on their ability levels. Home Manager and/or Program Director will complete mealtime observations at least twice per week for four weeks to ensure that all staff are encouraging all consumers participate in meal preparation and clean up after dinner based on their ability levels. Ongoing, the Home Manager and/or Program Director will complete mealtime observations at least once per week to ensure that all staff are encouraging all consumers participate in meal preparation and clean up after dinner based on their ability levels. Responsible staff: Home Manager, Program Director | 06/23/2012 | | | |

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| | <p>(Individual Support Plan) dated 10/30/11 included a goal to wipe the dinner table following a meal. Her CFA (Comprehensive Functional Assessment) dated 10/27/11 indicated she can independently set the table, wash dishes, dry dishes, put dishes away, operate dishwasher and clean and wipe the table.</p> <p>Review on 5/22/12 at 11:01 AM of client #2's records was conducted. His ISP dated 5/18/12 included a goal on Monday, Wednesday and Saturday, client #2 will assist in the preparation of the meal which may include opening cans, stirring, pouring, adding ingredients, and cutting. His CFA dated 3/12/12 indicated he was able to dry dishes, put dishes away, wash dishes, set the table, prepare food requiring no mixing, boiling food, and can operate a mixer.</p> <p>Review on 5/22/12 at 4:00 PM of client #3's CFA dated 3/5/12 indicated he could clear and wipe the table, can put dishes away, and prepare food not requiring mixing.</p> <p>Review on 5/22/12 at 11:25 AM of client #4's records was conducted. His ISP dated 7/28/11 included a goal to sweep the dining room floor following a meal. His CFA dated 3/26/12 indicated he could wash dishes, put dishes away, can sweep</p> | | | | | | |

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| | <p>with a broom and use a dust pan.</p> <p>Interview on 5/22/12 at 11:50 AM with the AD (Area Director) was conducted. The AD indicated the clients were able to help prepare dinner. She indicated client #3 should be able to push the button on the food processor to puree his own food. The AD indicated staff #3 should have had the clients assist with the clean-up after dinner.</p> <p>9-3-8(a)</p> | | | | |