

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G599	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/01/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 860 W 65TH LN MERRILLVILLE, IN 46410
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W 0000 Bldg. 00	<p>This visit was for a post-certification revisit (PCR) survey to the PCR completed on 4/2/15 to the recertification and state licensure survey completed on 1/16/15.</p> <p>This survey was in conjunction with the investigation of complaint #IN00175734.</p> <p>Survey dates: June 22, 24, 25 and July 1, 2015.</p> <p>Facility Number: 001113 Provider Number: 15G599 AIM Number: 100245610</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0186 Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>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 observation, interview and</p>	W 0186	Indiana Mentor has policies and procedures in place to ensure the	07/29/2015

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>record review for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H), the facility failed to ensure sufficient staff worked in the home to meet the needs of the clients.</p> <p>Findings include:</p> <p>During the 6/24/15 observation period from 5:10 AM to 8:00 AM, at the group home, there was 1 staff (#6) to 8 clients (A, B, C, D, E, F, G and H) at the group home from 5:10 AM until 5:55 AM when staff #13 came in. Client H was the only client who was up as he woke up on his own at 5:58 AM. Upon entrance to the group home at 5:10 AM, staff #6 indicated she did not wake the clients up until 6:00 AM when the second staff person came in. At 5:45 AM, staff #6 went into client C's bedroom to wake the client. Client H was in his bedroom getting dressed. At 6:00 AM, staff #6 walked client C to the living room area and assisted the client to sit in a recliner. Staff #6 had to hold onto client C's gait belt when ambulating as client C was unsteady on her feet. Staff #6 then returned to assist another client (client F) while staff #13 was changing bed linens of a client. Client B was up and dressed and sat in the living room with client C without an activity and/or training. Client E signed eat repeatedly. Client E</p>		<p>health, safety, and well being of the clients in the program. The Program Coordinator and QMRP are trained on these policies and have the responsibility to ensure adequate staffing is met to ensure the health, safety and well being of the clients is met. The Area Director met with the QMRP and the Program Coordinator to revise the schedules during the wake hours to ensure proper ratios were being met and the clients could actively engage in a meaningful day with the staffing. The agency added additional staffing and positions to the house to ensure this was met. The QMRP and Area Director are reviewing schedules for each cycle, and reviewing the time detail reports to ensure proper staffing has been met. Management is doing 5 observation per week for the first 3 months then 3x a week afterwards to ensure active treatment and staffing ratios have been maintained. Complete Date: 7/29/2015 Responsible Party: QMRP, Area Director, Program Coordinator</p>	

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	<p>came out dressed for the day wearing a gait belt around her waist. Client E did not have a staff person with her as she walked to the dining room table. Once client F was dressed he came out and sat at the dining room table. Client H also walked to the dining room and sat down. One staff (staff #13) continued to awake clients for the day while staff #6 attempted to get clients B, E and F their breakfast. Client C sat in the living room waiting to eat and signing eat. Staff #6 poured cereal and milk into a bowl while client C sat in the living room without an activity/training waiting to eat as her cereal was softened. At 6:10 AM, staff #13 wheeled client A into the dining room so she could eat breakfast. Client C was making vocal noises in the living room and signing eat. At 6:15 AM, Staff #6 was at the back of the house and staff #13 was getting something out of a closet. Clients B, E and F were eating their breakfast (cereal, toast, juice, coffee and water) which staff prepared (toast). No staff was present in the dining room to monitor and/or supervise clients who were eating. At 6:17 AM, staff #6 returned to the kitchen to get cereal for client A. Client F sat waiting for staff to make his toast. Staff #13 started the morning medication pass. At 6:26 AM, clients A and F were still eating. Client E left the table and went and laid on the</p>			

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	couch in the living room. Staff #13 was passing medications and staff #6 was in client D's bedroom. No staff was present in the dining room to supervise/monitor clients A and F who were still eating. Client A took large bites of cereal without any redirection. Client C continued to sit in the living room waiting to be assisted to the table and client E sat in the living room without an activity and/or training. Client A continued to eat without staff being in the dining room area except when staff #6 came to the dining room to check client C's cereal. Staff #6 then physically assisted client C to walk to the table using the client's gait belt. Staff left the dining room to go to the back of the house and staff #13 was still passing morning medications. Client C was eating at a fast pace and started coughing. No staff was present in the dining room. The client cleared her throat and kept eating. Once client C finished her cereal staff #6 returned to the dining room table and wheeled client A, carrying her dishes, to the kitchen. Staff #6 wiped client C's mouth without encouraging the client to wipe her own mouth. Client C was assisted to return to the living room where client C sat with clients B, E and G without an activity and/or training except to watch the TV. At 6:49 AM, staff #6 physically assisted client G to walk using			

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	<p>the client's gait belt to the kitchen for her breakfast. Client G's gait was unsteady. [Client A] continued to sit at the dining room table eating her breakfast. At 6:50 AM no staff was in the dining room as staff #6 was in the kitchen fixing client G's toast and staff #13 was still passing medications. Clients D and H were still in their bedrooms and client F was in his bedroom. The facility did not have enough staff to meet the needs of the clients from 6 AM until 7 AM when a third staff and the manager came into work.</p> <p>During the 6/22/15 observation period between 3:50 PM and 6:15 PM, at the group home, there were 2 staff to 8 clients at the group home. Clients A, C, E and G wore gait belts. Client A also utilized a wheelchair which staff had to push to allow the client to ambulate. Clients A, C and G could not ambulate without staff's assistance. Client E ambulated independently with the gait belt around her waist. Client E dragged her feet as she walked in her house shoes.</p> <p>Client A's record was reviewed on 6/24/15 at 12:40 PM. Client A's 2/21/13 Gait Belt Protocol indicated "...[Client A] has unsteady gait & requires assist with transfers...." The protocol indicated facility staff were to "Always assist client</p>			

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	<p>when they are walking or transferring...."</p> <p>Client A's 2/11/15 Fall Protocol indicated client A was a fall risk. The protocol indicated "...[Client A] has unsteady gait and right hemiplegia...."</p> <p>Client A's 4/16/15 Individual Support Plan (ISP) indicated client A wore a gait belt, utilized a wheelchair and wore leg braces. Client A's ISP indicated the client had the following objectives:</p> <ul style="list-style-type: none"> -To learn the emergency number. -To engage in positive conversations by giving a housemate a positive compliment. -To cook oatmeal in the morning. -To engage in some form of exercise and to identify pictures when shown. Client A's ISP indicated client A received a regular soft diet. The ISP also indicated "...Ensure staff present during all meals to monitor for choking dangers...." <p>Client C's record was reviewed on 6/24/15 at 1:11 PM. Client C's 4/6/15 ISP indicated client C's diagnoses included, but were not limited to, Profound Intellectual Disability and Cerebral Palsy. Client C's ISP indicated client C was able to serve herself during meal time. The ISP indicated the client received a 1800 calorie mechanical soft</p>			

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	<p>diet (ground meat). The 4/6/15 ISP indicated "...Ensure staff present during all meals to monitor for choking dangers..." Client C's ISP indicated client C required the use of a gait belt to ambulate. The ISP indicated client C had the following objectives:</p> <ul style="list-style-type: none"> -Place sorted coins of her petty cash back into staff's hand. -To learn a new sight word using pictures and prompt her to repeat each word. -Use a wash cloth on some part of her body. -Press the blender button to blend or grind her food. -To engage in a meaningful activity with staff assistance. <p>Client D's record was reviewed on 6/24/15 at 1:30 PM. Client D's 11/4/14 ISP indicated client D had the following objectives:</p> <ul style="list-style-type: none"> -To recite his phone number and address. -To exercise with staff for 30 minutes. <p>Client B's record was reviewed on 6/24/15 at 2:00 PM. Client B's 10/24/14 ISP indicated client B required assistance when toileting. The ISP indicated client B received a regular diet, and to "...Ensure staff present during all meals to monitor for choking dangers...."</p>			

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	<p>Client B's ISP indicated client B had the following ISP objectives:</p> <ul style="list-style-type: none"> -To wear eyeglasses during awake hours. -To sort out his petty cash into different denominations. -To walk around the house, up and down the street and/or in the community with staff and peers. <p>Client G's record was reviewed on 6/24/15 at 2:10 PM. Client G's 11/4/14 RMAP indicated client G's diagnosis included, but was not limited to, Impaired Skin Integrity. The RMAP indicated client G wore a gait belt and "...[Client G] can only walk with staff assistance...." The RMAP indicated client G was at risk for falls. The 11/4/14 RMAP indicated "...Staff will assist [client G] while taking a shower and completing hygiene tasks...."</p> <p>Client G's June 2015 ISP objectives indicated the following:</p> <ul style="list-style-type: none"> -To learn her new address. -To give a housemate/peer a positive compliment. -To cook a dish of her choice. -To engage in some form of exercise for at least 30 minutes. -To count out petty cash. 			

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	<p>Client E's record was reviewed on 6/24/15 at 2:30 PM. Client E's 11/4/14 RMAP indicated client E's diagnoses included, but were not limited to, Epilepsy and Cerebral Palsy. Client E's 11/4/14 RMAP indicated client E had a hearing loss in both ears and was a fall risk due to an unsteady gait.</p> <p>Staff E's 1/26/15 Gait belt Protocol indicated "Encourage and remind client that gait belt assistance is needed. Always use gait belt when walking with, or transferring client...."</p> <p>Client E's 1/15/15 ISP indicated client E had the following objectives:</p> <ul style="list-style-type: none"> -To exercise for 30 minutes with staff assistance. -To sort her petty cash coins into denomination. -To wipe her mouth. -To sign back in identifying a picture when shown a picture and the sign. <p>Client F's record was reviewed on 6/24/15 at 2:40 PM. Client F's 11/4/14 RMAP indicated client F's diagnoses included, but were not limited to, Glaucoma and Legally Blind.</p> <p>Client F's 4/16/15 ISP indicated client F received a regular diet. The ISP</p>			

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	<p>indicated "...Ensure staff present during all meals to monitor for choking dangers..." Client F's ISP indicated the client had the following objectives:</p> <ul style="list-style-type: none"> -To fold or hang his clothes with staff assistance. -To show his ID card hen staff asked him his address. -To complete some form of exercise for 30 minutes. -To complete his chore for the day. <p>Interview with staff #2 on 6/22/15 at 4:00 PM indicated the group home was short of staff. Staff #2 indicated 2 staff worked on the evening shift (1 PM to 11 PM) except on Wednesday when 3 staff worked. Staff #2 indicated 2 staff worked on the morning shift (midnight staff and the staff who came in at 6:00 AM) at the group home. Staff #2 indicated 2 staff should come in at 6:00 AM. Staff #2 stated "I have been coming in at 7:00 AM versus 6:00 AM."</p> <p>Interview with staff #9 on 6/22/15 at 4:35 PM indicated they worked on the evening shift most of the time. Staff #9 indicated the facility was short of staff. Staff #9 stated the facility was short "due to termination or quit." Staff #9 indicated there used to be 2 staff who came in at 6:00 AM but now there was 1 staff who</p>			

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	<p>came in at 6:00 AM. Staff #9 indicated the night shift worked 11:00 PM to 9:00 AM. Staff #2 indicated there would be 3 staff on the evening shift on Wednesday only.</p> <p>Interview with staff #3 on 6/22/15 at 5:05 PM indicated the evening shift would do better if they had a third staff person. Staff #3 indicated 2 staff worked in the evening except on Wednesday when there were 3 staff. Staff #3 indicated with 4 clients (A, C, E and G) being in a gait belt and clients with behaviors (D, E and H), three staff were needed. Staff #3 stated the group home had "a biter" (client E).</p> <p>Interview with staff #6 on 6/24/15 at 5:10 AM stated "We are under new management. A lot of changes. We are understaffed." Staff #6 indicated she did not get the clients up by herself when she worked. Staff #6 indicated she would wait until the 6:00 AM staff came in. Staff #6 stated " Two staff, can't do training. Need 3." Staff #6 stated the staffing ratio at the group home was "4 to 1."</p> <p>Interview with staff #1 on 6/24/15 at 2:49 PM indicated the facility was short of staff. Staff #1 stated he had "3 positions open." Staff #1 stated "I sometimes work</p>			

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W 0210 Bldg. 00	<p>as third leg." Staff #1 indicated there were only 2 staff who worked with clients A, B, C, D, E, F, G and H in the morning and on the evening shift.</p> <p>Interview with the Area Director (AD) on 6/24/15 at 3:20 PM, by phone, indicated the facility had looked at increasing staffing at the group home. The AD stated the group home was currently at a "4 to 1 ratio." The AD stated "I am reviewing with [staff #1] to discuss at meeting tomorrow (6/25/15)."</p> <p>9-3-3(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on 1 of 4 sampled clients (B), the facility to conduct an accurate assessment in regard to the client's toileting needs.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 6/24/15 at 9:43 AM. The facility's reportable incident reports indicated the following (not all inclusive):</p>	W 0210	Indiana Mentor has policies and procedures in place in regards to the health and welfare of the clients and their individuals needs. Within 30 days of admission to the facility the agency completes assessments on clients needs to determine which programming and procedures needed to be implemented. Agency has retrained the QMRP on completing client assessments accurately. Agency completed a	07/29/2015

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	<p>-6/15/15 "On 06/15/21015, Program Director (PD) was contacted by two separate staff that work two separate shifts Sunday and Monday, both scheduled from 7am to 3pm, complaining 3 clients being soaked in urine, indicating that they (clients) (clients A, B and C) had not been changed through out the night. The same staff worked both nights. Staff suspended pending allegation of neglect."</p> <p>-6/15/15 "On 06/15/2015, Program Director received a call regarding [client C] laying in urine. Staff [staff #5] reported that when she arrived to work at 7am, Sunday 06/14/2015, she found 3 clients (A, B and C) lying soaked in urine as if they had not been toilet (sic) throughout the night. Around 11:30 am on 06/15/2015, Staff [staff #3] reported that when she arrived for her scheduled shift on Monday 06/15/2015, that she found the same three clients (A, B and C) laying in urine also. Staff has been suspended pending allegations of neglect."</p> <p>The facility's 6/22/15 Summary of Internal Investigation Report indicated the following (not all inclusive):</p> <p>-"...[Client B] is able to communicate but</p>		<p>new assessment on client B, and reassessed the needs of clients A, C, D, E, F, G, and H in addition. For client B and 5 others new plans were developed in regards to incontinence. For the next 4 reviews the QMRP will send the assessments to the Area Director for review prior to implementation. In addition quarterly for the next year the Area Director will conduct a sample audit on the programming in the program to ensure needs are being met. Complete Date: 7/29/15 Responsible Party: Area Director, Program Coordinator, QMRP</p>	

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	<p>at times chooses to not respond to questions being asked if he thinks he might be in trouble. [Client B] is capable of toileting without assistance but at times has accidents, mostly at night...."</p> <p>-[Staff #3's] undated statement indicated "[Staff #3] stated that when she walked in to work on Monday, June 15th she walked in on a mess. [Staff #3] stated that the clients should not be soiled to the point that their beds are soaked to their necks when the night shift is available to help them. [Staff #3] stated that she arrived to the group home at 6am. The midnight person hadn't touched anyone prior to her arrival...."</p> <p>-Staff #6's undated witness statement indicated [Staff #6] stated that [client B],...are (is) capable of using the restroom with independence for the most part. [Staff #6] stated that [client B] will has (sic) soiled the bed at times so he wears pull ups. [Staff #6] stated that [client B] would likely refuse to get up if they prompted him through the night...."</p> <p>Client B's record was reviewed on 6/24/15 at 2:00 PM. Client B's 1/9/15 Camelot Behavioral Checklist indicated client B was independent in toileting.</p> <p>Client B's 10/24/14 ISP (Individual</p>			

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	<p>Support Plan) indicated "...Staff is to make sure [client B] goes to the toilet every two hours and cleanse his peri area and buttocks after toileting...." The ISP indicated "...[Client B] also requires assistance when toileting and should be prompted by staff...."</p> <p>Client B's 10/24/13 Impaired Skin Integrity Protocol indicated "[Client B] is at risk for skin breakdown due to incontinence of bowel & bladder & depend wear...." The protocol indicated "Position change every ___ hours...." The "Interventions" section of the protocol indicated a check mark was by "Change when incontinent." Client B's 10/24/13 protocol indicated an attached toileting schedule which was to be used with client B. The Day Service toileting schedule indicated Day Service staff was to toilet the client at 9 AM, 11 AM, 1 PM and 3 PM. The attached group home toileting schedule indicated client B was to be toileted at 5 AM, 7 AM, 9 AM, 11 AM, 1 PM, 3 PM, 5 PM, 7 PM, 9 PM and 1 AM. The facility failed to conduct an accurate assessment in regard to client B's toileting needs.</p> <p>Confidential interview Q indicated the staff was new to the group home. Confidential interview Q indicated clients were not changed at night.</p>			

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W 0249 Bldg. 00	<p>Confidential interview Q stated they came into work one day and "5 out 8 clients were wet or soiled." Confidential interview Q stated "[Client B] was wet from head to toe."</p> <p>Confidential interview S indicated client B had problems with incontinence.</p> <p>Confidential interview T stated "[Client B] requires toileting every 2 hours. Confidential interview T stated "All (clients) wear Depends and/or pull ups at night."</p> <p>Interview with the PD on 6/24/15 at 10:40 AM indicated the PD did not know if client B had been assessed in regard to the need to wear Depends and/or a pull up at night. The PD indicated the client's ISP would indicate if client B was independent in toileting and/or needed to wear Depends.</p> <p>This deficiency was cited on 4/2/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan,</p>			

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	<p>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, interview and record review for 4 of 4 sampled clients (A, B, C and D), the facility failed to implement clients' Individual Support Plan (ISP) objectives when formal and/or informal opportunities for training existed.</p> <p>Findings include:</p> <p>1. During the 6/22/15 observation period between 3:50 PM and 6:15 PM, at the group home, client C sat in the living room in a lounge chair with her legs up without no meaningful activity and/or training except to make her lunch for the next day and to eat.</p> <p>During the 6/24/15 observation period between 5:10 AM and 8:00 AM, at the group home, client C sat in the living room waiting to eat her breakfast from 6:00 AM to 6:41 AM. Staff #6 turned on the TV to music videos and did not offer the client an alternate activity and/or training to participate in. Client C would sign and attempt to vocalize eat whenever anyone came in the living room. Staff #6 prepared the client's cereal without</p>	W 0249	<p>Indiana Mentor has polices and procedures in place to active treatment and goals for individuals in service. All staff are trained on active treatment and client specific goals prior to working in the programs. The Area Director met with the QMRP and the program Coordinator to review ISPs and retrained staff on active treatment and clients ISPs to ensure formal and informal training was happening. Management is doing 5 observation per week for the first 3 months then 3x a week afterwards to ensure active treatment has been mantianed. Goals are being tracked by the QMRP and Program Coordinatoer to ensure completion Complete Date: 7/29/2015 Responsible Party: QMRP, Area Director, Program Coordinator</p>	07/29/2015

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	<p>involving the client. During both observation periods, client C was non-verbal in communication in that the client's vocal skills were limited. Facility staff did not implement any communication training with the client.</p> <p>Client C's record was reviewed on 6/24/15 at 1:11 PM. Client C's 4/6/15 ISP indicated client C's diagnoses included, but were not limited to, Profound Intellectual Disability and Cerebral Palsy. Client C's ISP indicated client C was able to serve herself during meal time. The ISP indicated the client received a 1800 calorie mechanical soft diet (ground meat). The 4/6/15 ISP indicated "...Ensure staff present during all meals to monitor for choking dangers..." The ISP indicated client C had the following objectives:</p> <ul style="list-style-type: none"> -Place sorted coins of her petty cash back into staff's hand. -To learn a new sight word using pictures and prompt her to repeat each word. -Use a wash cloth on some part of her body. -Press the blender button to blend or grind her food. -To engage in a meaningful activity with staff assistance which facility staff did not implement when formal and/or informal opportunities for training 			

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	<p>occurred.</p> <p>2. During the 6/24/15 observation period between 5:10 AM and 8:00 AM, at the group home, client A ate her breakfast which consisted of toast, cereal, juice and milk. Staff #6 and/or staff #13 did not encourage the client to participate in making her own breakfast. Also, during the 6/24/15 observation period, while client A was eating her breakfast, there were no staff in the dining room to supervise the client at 6:26 AM. Client A sat in the living room from 7:00 AM until 8:00 AM when the client left for the day program. Staff did not redirect the client to participate in an active treatment program and/or activity.</p> <p>Client A's record was reviewed on 6/24/15 at 12:40 PM. Client A's 4/16/15 ISP indicated client A wore a gait belt, utilized a wheelchair and wore leg braces. Client A's ISP indicated the client had the following objectives:</p> <ul style="list-style-type: none"> -To learn the emergency number. -To engage in positive conversations by giving a housemate a positive compliment. -To cook oatmeal in the morning. -To engage in some form of exercise and to identify pictures when shown. Client A's ISP indicated client A received a 			

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	<p>regular soft diet. The ISP also indicated "...Ensure staff present during all meals to monitor for choking dangers...."</p> <p>Facility staff failed to implement client A's ISP objectives when formal and/or informal opportunities fro training existed.</p> <p>3. During the 6/24/15 observation period between 5:10 AM and 8:00 AM, at the group home, client D did not participate in any activity and/or training after the client got up dressed for the day and ate his toast for breakfast. Client D changed his shirt and waited to go to his doctor's appointment.</p> <p>Client D's record was reviewed on 6/24/15 at 1:30 PM. Client D's 11/4/14 ISP indicated client D had the following objectives:</p> <ul style="list-style-type: none"> -To recite his phone number and address. -To exercise with staff for 30 minutes which were not implemented when formal and/or informal training opportunities existed. <p>4. During the 6/24/15 observation period from 5:10 AM to 8:00 AM, at the group home, at 6:15 AM, Staff #6 was at the back of the house and staff #13 was getting something out of a closet. Client B ate his breakfast (cereal, toast, juice,</p>			

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	<p>coffee and water) which staff prepared (toast). No staff was present in the dining room to monitor and/or supervise client B who was eating. After client B finished his breakfast, the client went into the living room and sat down in a chair. The client was not offered an alternate activity to participate in other than to take the trash out at 7:00 AM and to watch TV.</p> <p>During the 6/22/15 observation period between 3:50 PM and 6:15 PM and the above mentioned 6/24/15 observation period, at the group home, client B did not wear eyeglasses, nor did facility staff encourage the client to wear eyeglasses.</p> <p>Client B's record was reviewed on 6/24/15 at 2:00 PM. Client B's 10/24/14 ISP indicated client B received a regular diet, and to "...Ensure staff present during all meals to monitor for choking dangers..." Client B's ISP indicated client B had the following ISP objectives:</p> <ul style="list-style-type: none"> -To wear eyeglasses during awake hours. -To sort out his petty cash into different denominations. -To walk around the house, up and down the street and/or in the community with staff and peers which facility staff did not implement when formal and/or informal opportunities for training existed. 			

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W 0268 Bldg. 00	<p>Interview with staff #6 on 6/24/15 at 5:10 AM stated "We are under new management. A lot of changes. We are understaffed." Staff #6 indicated she did not get the clients up by herself when she worked. Staff #6 indicated she would wait until the 6:00 AM staff came in. Staff #6 stated " Two staff, can't do training. Need 3."</p> <p>Interview with the Program Director (PD) was conducted on 6/24/15 at 10:40 AM. When asked when should clients' objectives be implemented, the PD stated "As needed anytime." The PD indicated she was aware the group home was understaffed and they were trying to hire staff.</p> <p>This deficiency was cited on 4/2/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on interview and record review for 4 of 4 sampled clients (A, B, C and D)</p>	W 0268	Indiana Mentor has policies and procedures in place in regards to the health and welfare of the	07/29/2015			

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	<p>and for 4 additional clients (E, F, G and H), the facility failed to maintain the clients' dignity in regard to ensuring the clients who were incontinent were not allowed to lay in their urine, and to ensure clients who were independent in toileting were not placed in Depends at night but assisted to get up to use the bathroom.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 6/24/15 at 9:43 AM. The facility's reportable incident reports indicated the following (not all inclusive):</p> <p>-6/15/15 "On 06/15/21015, Program Director (PD) was contacted by two separate staff that work two separate shifts Sunday and Monday, both scheduled from 7am to 3pm, complaining 3 clients being soaked in urine, indicating that they (clients) (clients A, B and C) had not been changed through out the night. The same staff worked both nights. Staff suspended pending allegation of neglect."</p> <p>-On 06/15/2015, Program Director received a call regarding [client C] laying in urine. Staff [staff #5] reported that when she arrived to work at 7am, Sunday</p>		<p>clients and their individuals needs. Within 30 days of admission to the facility the agency completes assessments on clients needs to determine which programming and procedures needed to be implemented. Agency has retrained the QMRP on completing client assessments accurately. Agency completed a new assessment on client B, and reassessed the needs of clients A, C, D, E, F, G, and H in addition. For client B and 5 others new plans were developed in regards to incontinence. Staff have been trained on any new client specific needs identified through assessments For the next 4 reviews the QMRP will send the assessments to the area director for review prior to implementation. In addition quarterly for the next year the Area director will conduct a sample audit on the programming in the program to ensure needs are being met. Complete Date: 7/29/15 Responsible Party: Area Director, Program Coordinator, QMRP</p>	

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	<p>06/14/2015, she found 3 clients (A, B and C) lying soaked in urine as if they had not been toilet (sic) throughout the night. Around 11:30 am on 06/15/2015, Staff [staff #3] reported that when she arrived for her scheduled shift on Monday 06/15/2015, that she found the same three clients (A, B and C) laying in urine also. Staff has been suspended pending allegations of neglect."</p> <p>The facility's 6/22/15 Summary of Internal Investigation Report indicated the following (not all inclusive):</p> <p>-"...[Staff #5] reported to [name of PD] that when (sic) came in on Sunday morning, June 14th, [staff #4] met her at the door and told her the clients were wet and that her body is too broke (sic) down and that she wasn't going to do it and made very negative comments about the company in general. [Name of PD] said that she called [staff #4] on Monday, June 2014 to talk to her about the state the clients were left in and why they were wet. [The PD] said that [staff #4] asked 'Wasn't the Manager supposed to come in and help her?' [The PD] said that [staff #4] went on to say that she was doing the work of 2 people and she wasn't going to do the work of 2 people. [The PD] stated [staff #4] told her that she doesn't change [client A] and will never change [client</p>			

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	<p>A] because she wouldn't be able to get her up if she fell....[The PD] said that all the clients wear depends or pull ups (at night). [The PD] stated that she wasn't sure why and it had been that way since she started...."</p> <p>-[Staff #3's] undated statement indicated "[Staff #3] stated that when she walked in to work on Monday, June 15th she walked in on a mess. [Staff #3] stated that the clients should not be soiled to the point that their beds are soaked to their necks when the night shift is available to help them. [Staff #3] stated that she arrived to the group home at 6am. The midnight person hadn't touched anyone prior to her arrival...[Staff #3] stated that [client A] was soiled, soaked through to her bed and smelled as if she hadn't had a bath all weekend. [Staff #3] stated that [client C] was soiled, soaked through to the point of drop of urine coming off of her attend (adult diaper) when she stood up. [Staff #3] stated that all of the guys (clients A, B, C, D, E, F, G and H) were in attends...."</p> <p>-Staff #2's undated statement indicated "...[staff #2] stated that she has not known of people getting the clients up in the middle of the night to toilet or be changed. [Staff #2] stated that during the awake hours generally the clients are</p>			

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	<p>checked every 3 hours so. [Staff #2] stated that she came in on Sunday at 7am and the staff that came in at 6am, [staff #5] was upset because the midnight shift person did not help her get people up and said that the other 6am person would help her. [Staff #2] stated that [staff #5] said that [client G] was soaked up her back...."</p> <p>-Staff #5's undated statement indicated "...[Staff #5] stated that [staff #4] said they are wet and told her that she had to get them up and shower them. [Staff #5] said that the client (sic) were wet head to toe. [Staff #5] stated that [staff #4] said she isn't doing it because they need an additional staff...[Staff #5] stated that [client E] was not wet and [client B] had on a pull up. [Staff #5] stated that everyone else had on an Attend...."</p> <p>-Staff #1's undated statement indicated staff #1 had just started working at the group home on 6/8/15. Staff #1's statement indicated staff #1 worked until 11 PM on Sunday night, and client C was last toileted around 8:30 or 9 PM by staff #2. The statement indicated "...[Staff #1] stated that he communicated with [staff #4] when she came in that he hadn't checked her (client C) since when [staff #2] checked her before she left...."</p> <p>-Staff #6's undated witness statement</p>			

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	<p>indicated "[Staff #6] states that when she works, she checks on the clients throughout her shift periodically but she isn't checking to see if they are wet or if they need to use the restroom, she is checking to make sure they are still sleeping and on their general well-being. [Staff #6] stated that she will help get the client up and help them with changing, showering if needed and changing their bed...[Staff #6 stated that [client B], [client H] and [client D] all are capable of using the restroom with independence for the most part. [Staff #6] stated that [client B] will has soiled the bed at times so he wears pull ups. [Staff #6] stated that [client B] would likely refuse to get up if they prompted him through the night. [Staff #6] stated that [client G] and [client A] need some assistance but can use the restroom. [Staff #6] stated that [client A] needs assistance with transferring and [client G] sometimes needs assistance when walking because of an unsteady gait. [Staff #6] stated that [client F] and [client E] are independent in toileting. [Staff #6] stated that [client E] might be wet occasionally because she will have a seizure. [Staff #6] stated that [client C] is wet most of the time and she wears a diaper...."</p> <p>-Staff #9's undated statement indicated "...staff usually would prompt/assist the</p>			

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	<p>clients upon getting ready for the day, after meals and before bed. [Staff #9] stated that in the past her experience was that they would be wet at times in the morning when she would wake them up...."</p> <p>Client A's record was reviewed on 6/24/15 at 12:40 PM. Client A's 11/4/14 RMAP indicated "...[Client A] is incontinent of bowel and bladder and lack of mobility which will cause skin breakdown...Staff will toilet [client A] every two hours...."</p> <p>Client A's 2/12/13 Impaired Skin Integrity Protocol indicated client A was "Incontinent of Bowel & (and) Bladder & lack of mobility." The skin integrity protocol indicated staff were to "Position change every 2 hours PRN (as needed)." The 2/12/13 protocol indicated at the bottom "Toilet [client A] every 2 hours while awake."</p> <p>Client C's record was reviewed on 6/24/15 at 1:11 PM. Client C's 12/19/13 Camelot Behavioral Checklist indicated client C was not independent in toileting.</p> <p>Client C's 4/6/15 ISP indicated client C's diagnoses included, but were not limited to, Profound Intellectual Disability and Diabetes (Non-Insulin Type). Client C's</p>			

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	<p>ISP indicated "...She (client C) still needs assistance with her hygiene, and formal programs are in place to assist her...." Client C's 4/6/15 ISP indicated "...Assessment of ability/limitations to groom self: Relies on staff assistance...."</p> <p>Client D's record was reviewed on 6/24/15 at 1:30 PM. Client D's ISP indicated 8/30/14 Camelot Behavioral Checklist indicated client D was independent in toileting.</p> <p>Client D's 11/4/14 RMAP and/or ISP did not indicate the client was incontinent at night.</p> <p>Client B's record was reviewed on 6/24/15 at 2:00 PM. Client B's 1/9/15 Camelot Behavioral Checklist indicated client B was independent in toileting.</p> <p>Client B's 10/24/14 ISP indicated "...Staff is to make sure [client B] goes to the toilet every two hours and cleanse his peri area and buttocks after toileting...." The ISP indicated "...[Client B] also requires assistance when toileting and should be prompted by staff...."</p> <p>Client B's 10/24/13 Impaired Skin Integrity Protocol indicated "[Client B] is at risk for skin breakdown due to incontinence of bowel & bladder &</p>			

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	<p>depend wear...." The "Interventions" section of the protocol indicated a check mark was by "Change when incontinent." Client B's 10/24/13 protocol indicated an attached toileting schedule which was to be used with client B. The Day Service toileting schedule indicated Day Service staff was to toilet the client at 9 AM, 11 AM, 1 PM and 3 PM. The attached group home toileting schedule indicated client B was to be toileted at 5 AM, 7 AM, 9 AM, 11 AM, 1 PM, 3 PM, 5 PM, 7 PM, 9 PM and 1 AM.</p> <p>Client G's record was reviewed on 6/24/15 at 2:10 PM. Client G's 11/4/14 RMAP indicated client G's diagnosis included, but was not limited to, Impaired Skin Integrity. The RMAP indicated client G wore a gait belt and "...[Client G] can only walk with staff assistance...." The RMAP indicated client G was at risk for falls. The 11/4/14 RMAP indicated "...Staff will assist [client G] while taking a shower and completing hygiene tasks...." The RMAP indicated "...[Client G] is incontinent which will cause skin breakdown. Staff will monitor by assisting with making sure [client G] showers, and making sure [client G] is clean and dry...."</p> <p>Client G's 1/14/14 Camelot Behavioral Checklist indicated client G required staff</p>			

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	<p>assistance to toilet. The assessment indicated client G was otherwise independent.</p> <p>Client H's record was reviewed on 6/24/15 at 2:15 PM. Client H's 10/24/13 Impaired Skin Integrity Protocol indicated client H was "Incontinent of bowel and Bladder @ (at) times. Wears Depends." The protocol indicated "Position change every ___ hours...." The 10/24/13 protocols Interventions section indicated "Change client when incontinent."</p> <p>Client E's record was reviewed on 6/24/15 at 2:30 PM. Client E's 2/14/14 Camelot behavioral Checklist indicated client E was independent in toileting.</p> <p>Client E's 11/4/14 RMAP indicated client E's diagnoses included, but were not limited to, Epilepsy and Cerebral Palsy. Client E's 11/4/14 RMAP indicated client E had a hearing loss in both ears and was a fall risk due to an unsteady gait.</p> <p>Client E's 1/15/15 ISP indicated client E "...Relies on staff's assistance" to care for the client's personal care needs.</p> <p>Client F's record was reviewed on 6/24/15 at 2:40 PM. Client F's 8/24/14 Camelot Behavioral Checklist indicated</p>			

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	<p>client F was independent in toileting.</p> <p>Interview with Quality Assurance (QA) staff, by phone, on 6/24/15 at 10:40 AM when asked if the investigation was substantiated and/or unsubstantiated, the QA staff stated "[Staff #4] was not doing anything any different from the other staff. Routine to be normal occurrence for clients to be wet and soaked through." The QA staff stated "No one instructed them (staff) to get them (clients) up at night to check them." When asked if the facility systemically looked at staff neglecting the clients in regard to incontinence, the QA staff stated "Not systemically looked at. There is not a systemic procedure in place regarding incontinence/toileting." When asked why all clients wear Depends, the QA staff stated "One client was placed in double depends in past."</p> <p>Interview with staff #1 on 6/24/15 at 2:49 PM indicated facility staff should check clients every 2 hours to see if they need to be toileted and/or changed. Staff #1 indicated he was not sure facility staff did checks at night. Staff #1 indicated a toileting schedule was put in place last week as the group home did not have any before. When asked why all clients wore Depends and/or pull ups at night, staff #1 stated "Not sure. Maybe because of</p>			

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	<p>accident even though they can go on own."</p> <p>Interview with the PD on 6/24/15 at 10:40 AM when asked how staff treated the clients A, B, C, D, F, G and H at the group home, the PD stated "I hope pretty good but not good all the time." The PD indicated there was an investigation in regard to staff neglecting clients laying wet. The PD stated clients were to be toileted "every 2 hours or as needed. They should be asked/checked on a 2 hour basis. There is no rule as to when clients need to be toileted at night." The PD also stated "There is no policy on when clients should be changed." The PD indicated a toileting schedule was located after the allegations were made. The PD indicated facility staff did not use the toileting schedule. The PD stated "The current schedule does not address nights. Common sense to check and toilet clients." When asked why did the facility feel it was typical for clients to be wet, the PD stated "It's not typical to be wet from head to toe." When asked why all clients wore Depends and/or a pull up at night, the PD stated "Because they are incontinent." The PD did not know if the clients' ISPs assessed and/or included the need to wear/use Depends and/or a pull up at night for clients A, B, C, D, E, F, G and H.</p>			

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	<p>The facility's June 2015 toileting schedules were reviewed on 6/24/15 at 3:20 PM. The June 2015 toileting schedules indicated the facility started documenting when clients were toileted and/or changed on 6/17/15 for clients A, B and C at 5 AM, 7 AM, 9 AM, 11 AM, 1 PM, 3 PM, 5 PM, 7 PM, 9 PM and 1 AM. The facility's 6/15 toileting schedules indicated the following:</p> <p>-Client A was not checked/toileted on 6/18 and/or 6/19/15 at 7 AM, 9 AM, 11 AM, 1 PM, 3 PM, 5 PM, 7 PM, 9 PM and/or at 1 AM. Client A was not checked/toileted on 6/20 and 6/21/15 at 5 PM, 7 PM, 9 PM, and 1 AM. On 6/22/15, client A was not checked and/or toileted at 5 AM, 7 AM, 9 AM, 11 AM, 1 PM and 3 PM.</p> <p>-Client B was not toileted on 6/18, 19 and 6/21/15. The June toileting schedule indicated client B as not checked and/or toileted on 6/20/15 at 5 AM, 7 AM, 5 PM, 7 PM, 9 PM and at 1 AM. On 6/22/15, client B was not checked and/or toileted at 5 AM, 7 AM, 11 AM, and at 1 PM.</p> <p>-Client C was not checked/toileted/changed on 6/18/15 and 6/19/15 except for at 5 AM and 1 AM.</p>			

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W 9999 Bldg. 00	<p>Client C was not checked/toileted/changed at 5 AM, 7 AM, 5 PM, 7 PM, 9 PM and at 1 AM. There was no documentation client C was checked/toileted/changed on 6/22/15.</p> <p>This deficiency was cited on 4/2/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-5(a)</p>	W 9999	no text	07/29/2015	