

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G593	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/07/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3142 62ND PL E HOBART, IN 46342
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W000000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of Survey: February 4, 5, 6 and 7, 2014</p> <p>Facility number: 001107 Provider number: 15G593 AIM number: 100245570</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/24/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<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 record review and interview, the governing body failed for 8 of 8 clients who resided at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8), to exercise general operating direction over the facility to provide oversight to ensure their abuse and neglect policy was implemented in regards to preventing client to client aggression and financial exploitation and to ensure the facility took sufficient/effective corrective measures to prevent repeated episodes of client to client aggression and financial exploitation.</p> <p>Findings include:</p>	W000104	The governing body is committed to maintaining the health and safety of all the clients we serve. The facility currently has policies in place to make sure the individuals rights are being adhere to and that all needs are being met under the state regulations while living in the facility. Additionally, the facility is committed to prohibiting abuse, neglect and exploitation. All staff are trained upon hire and annually on the abuse, neglect and exploitation policy. All staff are also trained on the behavior	03/07/2014

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>1. Please refer to W149: The governing body failed for 4 of 4 sampled clients and 4 additional clients (clients #1, #2, #3, #4, #5, #6, #7 and #8), to implement written policy and procedures to prevent alleged abuse and neglect and financial exploitation.</p> <p>2. Please refer to W157: The governing body failed for 4 of 4 sampled clients and 4 additional clients (clients #1, #2, #3, #4, #5, #6, #7 and #8), to take sufficient/effective corrective measures to prevent repeated episodes of client to client aggression and financial exploitation.</p> <p>9-3-1(a)</p>		<p>support plan of each client and how to implement the plan to make sure the environment is appropriate for all who receive services. All staff will be retrained on the abuse, neglect and exploitation policy. All staff will be retrained on the Behavior Support Plan for client's #1,2,3,4,6,7, and 8 how to implement techniques decribed in the plan to assist and protect all clients. The Home Manager will monitor environment of the home by reviewing documentation and completing observations daily for one month and then weekly. The Program Director will also be retrained to monitor the environment of the home by reviewing documentation and doing observations weekly one month and then monthly. The Program Director will also be trained to utilize each clients IDT as needed to engage in a teamings to to determine if additional support should be put in place for the clients to be safe and healthy in the home or other environment in which they are served. All staff will be retrained on the process of how to manage and document the client's petty cash daily. Staff will also be retrained on incident reporting when issues arise regarding the client's funds. The Home Manager will be trained to review and ensure that the clients funds are accounted for on a daily basis at</p>		

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W000149	<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, the facility neglected for 4 of 4 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5, #7 and #8), to implement written policy and procedures to prevent alleged abuse and neglect in regards to preventing staff to client abuse, client to client aggression and financial exploitation.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports was conducted on 2/4/14 at 3:00 P.M.. Review of the records indicated:</p> <p>-BDDS report dated 2/10/13 indicated client #2 "went after" client #4.</p> <p>-BDDS report dated 4/24/13 indicated client #2 "went after" client #3.</p> <p>-BDDS report dated 5/21/13 indicated an allegation of abuse which indicated that a staff "grabbed, pushed" and called client #3 a brat. Client #3 had a scratch on her right</p>			W000149	<p>various times on all shifts for one month and then weekly thereafter. The Program Director will be trained to review and manage the clients funds two times weekly for the one month and then monthly thereafter. Responsible Party: Area Director</p> <p>The facility currently has policies in place to make sure the individuals rights are being adhered to and that all needs are being met under the state regulations while living in the facility. Additionally, the facility is committed to prohibiting abuse, neglect and exploitation. All staff are trained upon hire and annually on the abuse, neglect and exploitation policy. All staff are also trained on the behavior support plan of each client and how to implement the plan to make sure the environment is appropriate for all who receive services. All staff will be retrained on the abuse, neglect and exploitation policy. All staff will be retrained on the Behavior Support Plan for client's #1,2,3,4,6,7, and 8 how to implement techniques described in the plan to assist and protect all clients. The Home Manager will monitor environment of the home by reviewing documentation and completing</p>		

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	<p>arm.</p> <p>-BDDS report dated 5/30/13 indicated a facility owned day program client pulled client #3's shirt and left 2 scratches near her breast.</p> <p>-BDDS report dated 6/14/13 indicated client #2 "attacked" a day program peer hitting her on the face.</p> <p>-BDDS report dated 7/15/13 indicated a day program peer bit client #2 and scratched client #3.</p> <p>-BDDS report dated 7/31/13 indicated client #2 bit client #1 on the upper arm.</p> <p>-BDDS report dated 8/1/13 indicated a facility owned day program staff was witnessed talking "inappropriately" to client #3.</p> <p>-BDDS report dated 8/12/13 indicated a day program peer "attacked" client #3 leaving a scratch on her left forearm area.</p> <p>-BDDS report dated 9/10/13 indicated client #2 scratched client #8.</p> <p>-BDDS report dated 9/21/13 indicated \$6.00 was missing from client #3's personal petty cash funds kept at the group home, client #5 was missing \$1.00, client #4 was missing \$13.00, client #2 was missing \$23.00, client #8 was missing \$1.00 and his PS3 (video game system), a controller and a video game.</p> <p>-BDDS report dated 10/10/13 indicated client #2 was punched by a day program peer on the day service van.</p>		<p>observations daily for one month and then weekly. The Program Director will also be retrained to monitor the environment of the home by reviewing documentation and doing observations twice weekly for one month and then monthly. The Program Director will also be trained to utilize each clients IDT as needed to engage in a teamings to to determine if additional support should be put in place for the clients to be safe and healthy in the home or other environment in which they are served. All staff will be retrained on the process of how to manage and document the client's petty cash daily. Staff will also be retrained on incident reporting when issues arise regarding the client's funds. The Home Manager will be trained to review and ensure that the clients funds are accounted for on a daily basis at various times on all shifts for one month and then weekly thereafter. The Program Director will be trained to review and manage the clients funds weekly for the one month and then monthly thereafter. Responsible Party: Area Director</p>				

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	<p>-BDDS report dated 12/13/13 indicated client #7 went outside to smoke a cigarette. The outside day program received a call from his Group Home Manager stating client #7 was spotted walking alone. He was approximately .82 mile from the center.</p> <p>-BDDS report dated 12/4/13 indicated client #2 pushed one of his day program peers against the fire place hitting her head and causing her to receive 3 stitches.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 2/7/14 at 1:05 P.M.. The GHM indicated the facility could not figure out who took the clients' money and personal items. The GHM indicated all clients were reimbursed for their personal items and missing money. The GHM further indicated staff are to set eyes on clients' personal possessions and count the clients' petty cash and document each shift. The GHM indicated client #7 has a new behavior specialist who does not believe in writing Behavior Support Plans (BSPs) that address "Targeted Behaviors" as client #7's prior behaviorist. The GHM indicated client #7's prior BSP addressed his elopement and required staff be with him when leaving outside to smoke to prevent him from eloping because there are no triggers, but now his current plan does not address it.</p> <p>A review of the facility's "Operating Practices-Supervised Group Living Services" policy, no date noted, was conducted on 2/4/14 at 7:30 P.M.. Review of the policy indicated:</p> <p>"Indiana Mentor has a fundamental responsibility to protect and promote the rights of the persons served...The following</p>						

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	<p>actions are prohibited by employees of Indiana Mentor: abuse, neglect, exploitation or mistreatment of an individual including misuse of an individual's funds; or violation of an individual's rights....Practices prohibited include the following: ...hitting...A proactive intervention that denies an individual of any of the following without a physicians order....medical care or treatment....Quality and Risk Management: Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana MENTOR services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed....Alleged, suspected or actual abuse, neglect, or exploitation of an individual...All incidents that require a report to the Bureau of Developmental Disabilities Services, or internal incident reports will be entered into a database maintained by The Mentor Network."</p> <p>An interview with the Area Director/Qualified Intellectual Disabilities Professional (AD/QIDP) was conducted on 2/7/14 at 4:30 P.M.. The AD/QIDP indicated staff should follow the facility's abuse/neglect policy. When asked how the facility addressed the client to client aggression on the day program van, the AD/QIDP indicated the clients do not sit by each other while transporting. The AD/QIDP indicated staff are assigned to clients while at the day program to prevent behaviors. The AD/QIDP further indicated the clients' money was missing but there was no evidence leading to a particular staff. The AD/QIDP further indicated the money was missing due to staff not double counting the petty cash. The AD/QIDP indicated all staff</p>						

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W000157	<p>are retrained after incidents on the facility's abuse/neglect policy and client individual plans. The AD/QIDP indicated the staff was terminated after the 5/21/13 incident involving client #3.</p> <p>9-3-2(a) 483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, for 4 of 4 sampled clients and 2 additional clients (clients #1, #2, #3, #4, #5 and #7), the facility failed to take sufficient/effective corrective measures to prevent repeated episodes of client to client aggression and alleged staff abuse and elopement.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports was conducted on 2/4/14 at 3:00 P.M.. Review of the records indicated:</p> <p>-BDDS report dated 2/10/13 indicated client #2 "went after" client #4.</p> <p>-BDDS report dated 4/24/13 indicated client #2 "went after" client #3.</p> <p>-BDDS report dated 5/21/13 indicated an allegation of abuse which indicated that a staff "grabbed, pushed" and called client #3 a brat. Client #3 had a scratch on her right arm.</p> <p>-BDDS report dated 5/30/13 indicated a facility owned day program client pulled client</p>	W000157	<p>The facility currently has policies in place to ensure the individuals rights are being adhere to and that all needs are being met under the state regulations while living in the facility. Additionally, the facility is committed to prohibiting abuse, neglect and exploitation. All staff are trained upon hire and annually on the abuse, neglect and exploitation policy. When violations do occur the facility should take appropriate corrective actions to resolve the issue. An immediate team meeting will be held to determine how the BSP needs to be revised and what needs to be added in order to support the client and the staff as they implement it. All staff are also trained on the behavior support plan of each client and how to implement the plan to make sure the environment is appropriate for all who receive services. All staff will be retrained on the abuse, neglect and exploitation policy. All staff will be retrained on the Behavior Support Plan and any revisions for client's</p>	

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	<p>#3's shirt and left 2 scratches near her breast.</p> <p>-BDDS report dated 6/14/13 indicated client #2 "attacked" a day program peer hitting her on the face.</p> <p>-BDDS report dated 7/15/13 indicated a day program peer bit client #2 and scratched client #3.</p> <p>-BDDS report dated 7/31/13 indicated client #2 bit client #1 on the upper arm.</p> <p>-BDDS report dated 8/1/13 indicated a facility owned day program staff was witnessed talking "inappropriately" to client #3.</p> <p>-BDDS report dated 8/12/13 indicated a day program peer "attacked" client #3 leaving a scratch on her left forearm area.</p> <p>-BDDS report dated 9/10/13 indicated client #2 scratched client #8.</p> <p>-BDDS report dated 10/10/13 indicated client #2 was punched by a day program peer on the day service van.</p> <p>-BDDS report dated 12/13/13 indicated client #7 went outside to smoke a cigarette. The outside day program received a call from his Group Home Manager stating client #7 was spotted walking alone. He was approximately .82 mile from the center.</p> <p>-BDDS report dated 12/4/13 indicated client #2 pushed one of his day program peers against the fire place hitting her head and causing her to receive 3 stitches.</p> <p>Further review of the reports failed to indicate</p>		<p>#1,2,3,4,5 and 7 how to implement techniques decribed in the plan to assist and protect all clients. A seating chart has been implemented in order to assist the staff and clients during transportation. All staff have been retrained on the seating chart and will moniator and document if the seating arrangement does not work. At which during this time the team will again meet to determine what additional supports can be put in place to assist the client and staff. The Home Manager will monitor environment of the home by reviewing documentation and completing observations will be daily for one month and then weekly. The Program Director will also be retrained to monitor the environment of the home by reviewing documentation and doing observations twice weeklyfor one month and then monthly. The Program Director will also be trained to utilize each clients IDT as needed to engage in a teaming to to determine if additional support should be put in place for the clients to be safe and healthy in the home or other environment in which they are served. All staff will be retrained on the process of how to manage and document the client's petty cash daily. Staff will also be retrained on incident reporting when issues arise regarding the client's funds. The Home Manager will be</p>	

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	<p>the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 2/7/14 at 1:05 P.M.. The GHM indicated the facility could not figure out who took the clients' money and personal items. The GHM indicated all clients were reimbursed for their personal items and missing money. The GHM further indicated staff are to set eyes on clients' personal possessions and count the clients' petty cash and document each shift. The GHM indicated client #7 has a new behavior specialist who does not believe in writing Behavior Support Plans (BSPs) that address "Targeted Behaviors" as client #7's prior behaviorist. The GHM indicated client #7's prior BSP addressed his elopement and required staff be with him when leaving outside to smoke to prevent him from eloping because there are no triggers, but now his current plan does not address it.</p> <p>An interview with the Area Director/Qualified Intellectual Disabilities Professional (AD/QIDP) was conducted on 2/7/14 at 4:30 P.M.. When asked how the facility addressed the client to client aggression on the day program van, the AD/QIDP indicated the clients do not sit by each other while transporting. The AD/QIDP indicated staff are assigned to clients while at the day program to prevent behaviors. The AD/QIDP indicated the staff was terminated after the 5/21/13 incident involving client #3. The AD/QIDP indicated all staff are retrained after incidents on the facility's abuse/neglect policy and client individual plans. The AD/QIDP indicated there was no documentation to indicate any further measures were put in place to prevent recurrence.</p>		<p>trained to review and ensure that the clients funds are accounted for on a daily basis at various times on all shifts for one month and then weekly thereafter. The Program Director will be trained to review and manage the clients funds weekly for the one month and then monthly thereafter. Also the Area Director will review and monitor the finances bi-weekly for the one month and then monthly thereafter. The Area Director will review incidents and investigations to make sure appropriate corrective actions have been put in place when violations have occurred. Responsible Party: Area Director</p>				

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W000227	<p>9-3-2(a) 483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients and 1 additional client (clients #3 and #7) to ensure a dental goal was incorporated into client #3's Individualized Support Plan (ISP) and to ensure the Behavior Support Plan (BSP) addressed client #7's elopement.</p> <p>Findings include:</p> <p>1. A review of client #3's record was conducted on 2/7/14 at 1:40 P.M.. Review of client #3's record indicated a dental assessment dated 8/28/13 which indicated: "Needs to have someone supervise brushing or someone help to brush for her oral hygiene needs to improve." Further review of client #3's record did not indicate she had a dental goal incorporated into her plan to assist with her oral hygiene.</p> <p>An interview with the Area Director (AD) was conducted on 2/7/14 at 4:30 P.M.. The AD indicated client #3 did not have a dental goal. When asked if she should have a dental goal to address the dentist's concerns for her oral hygiene, the AD stated "Yes."</p> <p>2. A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports was conducted on 2/4/14 at 3:00 P.M..</p>	W000227	<p>The facility coordinates and implements the client goals and objectives along with behavior supports with team input as well as comprehensive functional assessments. The PD will be retrained and update client#3 ISP to include health and safety needs regarding dental care. The PD will also be retrained to coordinate with the team and behavior specialist to update client# 7 behavior support plan to address eloping issues. Staff will be rtrained by the PD to implement goals and objectives for client#3. Staff will also be retrained by the PD to implement the behavior support plan for client#7 regarding eloping. The Home Manager will be retrained to monitor the goal documentation for client#3 and the behavior tracking documentation for client#7 for the next 30 days 3 times a week and then weekly to make sure the information is complete. The PD will be rtrained to monitor the goal documentation for client#3 and the behavior tracking documentation for client#7 weekly and then monthly.Responsible</p>	

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W000248	<p>Review of the records indicated:</p> <p>-BDDS report dated 12/13/13 indicated client #7 went outside to smoke a cigarette. The outside day program received a call from his Group Home Manager stating client #7 was spotted walking alone. He was approximately .82 miles from the center.</p> <p>A review of client #7's record was conducted on 2/7/14 at 2:20 P.M.. Review of client #7's Behavior Support Plan (BSP) dated 6/25/13 failed to address #7's elopement behavior.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 2/7/14 at 1:05 P.M.. The GHM indicated client #7 has a new behavior specialist who does not believe in writing Behavior Support Plans (BSPs) that address "Targeted Behaviors" as client #7's prior behaviorist. The GHM indicated client #7's prior BSP addressed his elopement and required staff be with him when leaving outside to prevent him from eloping because there are no triggers and he does have a history of eloping, but now his current plan does not address it.</p> <p>9-3-4(a) 483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #3), by not ensuring the client's updated Individual Support Plan (ISP) was available</p>			W000248	<p>Party: Area Director</p> <p>The facility is committed to maintaing all documentation is completed in a timely manner and available for staff. All staff will be retrained where the ISP is located in order to use it as a tool</p>		

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W000249	<p>for all staff who worked at the group home.</p> <p>Findings include:</p> <p>A review of client #3's group home record was conducted on 2/7/14 at 1:40 P.M.. Review of client #3's record failed to have an ISP available for staff who worked at the group home.</p> <p>An interview with the Area Director (AD) was conducted at the group home on 2/7/14 at 4:30 P.M.. The AD indicated each client's ISP should be available to the staff at the group home. The AD further indicated she did not know why client #3's ISP was not available at the group home.</p> <p>9-3-4(a) 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 to implement written objectives during times of opportunity for 4 of 4 sampled clients and 4 additional clients (clients #1, #2, #3, #4, #5, #6, #7 and #8).</p> <p>Findings include:</p> <p>A morning observation was conducted at the</p>	W000249	<p>for assistance when supporting the clients. During this time all ISP's were available in the home. However client #3 ISP was not completed in the 365 day time frame as noted. The PD was retrained to complete all ISP's within the 365 day time period. The PD will also be trained that client #3 will have the ISP meeting at least 7 days prior to the expiration date to ensure that all documentation is obtained by all team members. The Area Director will monitor the next 3 ISP's to make sure they are completed in a timely manner and that all documentation is identified in the ISP. Responsible Party: Area Director</p> <p>The facility currently trains staff upon hire and annually on the importance of active treatment. Staff are also trained on how to implement goals while interacting with the clients formally and informally. The Program Director will retain staff on active treatment and appropriate times to implement the goals of client #1,2,3,4,5,6,7 and 8. The Home Manager will be</p>	

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	<p>group home on 2/4/14 from 6:30 A.M. until 8:10 A.M.. During the entire observation period, clients #3 and #5 stayed in their rooms with no activity or interaction. Clients #1, #2, #4, #6, #7 and #8 sat in the living room. Direct Support Professionals (DSPs) #1, #2 and #3 would walk through the facility and visually check on clients #1, #2, #3, #4, #5, #6, #7 and #8 but did not offer meaningful active treatment activities or implement client objectives. DSP #2 cooked breakfast and DSP #3 walked back and forth from the bedroom area to the living room area. At 6:45 A.M., DSP #1 began administering the clients' medications. Client #1 did not punch out any of his medications, client #5 did not punch out her medications, client #6 did not punch out any of his medications and client #8 did not identify his Depakote medication. During the entire observation period clients #2, #3, #5 and #7 did not wear their eyeglasses and were not prompted to wear eyeglasses.</p> <p>A facility owned day program observation was conducted on 2/4/14 from 12:50 P.M. until 2:00 P.M.. During the entire observation period clients #1, #2 and #6 sat at tables looking around with no activity, while DSP #7, #8, #9 and #10 walked around the room. During the entire observation period clients #2 and #3 did not wear eyeglasses and were not prompted to wear eyeglasses.</p> <p>An evening observation was conducted at the group home on 2/4/14 from 4:50 P.M. until 7:20 P.M.. During the entire observation period, clients #3 and #5 stayed in their rooms with no activity or interaction. Clients #1, #2, #4, #7 and #8 sat in the living room with DSP #4. DSP #5 and #6 would walk through the facility and visually check on</p>		<p>retrained to review the goal tracking sheets daily that the goals are being implemented and documented daily for the next 30 days and then weekly. The Program Director will review the goal tracking sheets twice a week for the next 30 days to make sure goals are being implemented and documented and then monthly. The Home Manager will complete observations daily for one month and then weekly. The Program Director will complete observations twice weekly for one month and then monthly. If for any reasons goals are not successful or do not meet the clients needs the team will meet along with the client to determine appropriate goal choice. Responsible Party: Area Director</p>				

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	<p>clients #1, #2, #3, #4, #5, #6, #7 and #8 but did not offer meaningful active treatment activities or implement client objectives. During the entire observation period clients #2, #3, #5 and #7 were not prompted to wear eyeglasses.</p> <p>A review of client #1's record was conducted on 2/7/14 at 12:50 P.M.. Review of client #1's Individual Support Plan (ISP) dated 10/23/13 indicated the following training objectives which could have been implemented: "Will punch out one of his medications at every med pass...Will sort out all monies in his petty cash...Will sort his laundry...Will exercise for at least 30 minutes daily...Will set the kitchen table for dinner."</p> <p>A review of client #2's record was conducted on 2/7/14 at 1:15 P.M.. Review of client #2's ISP dated 1/28/13 indicated the following training objectives which could have been implemented: "Will learn to wear his eyeglasses daily...Will punch out his medication into the medication cup...Will sit down with staff and sort out his petty cash change into the correct denominations...Will help set the dinnerware at the table for himself...Will choose an exercise of his choice."</p> <p>A review of client #3's record was conducted on 2/7/14 at 1:40 P.M.. Review of client #3's data sheets dated 2/14 indicated the following training objectives which could have been implemented: "Will learn to wear her eyeglasses daily...Will count her petty cash with staff assistance...Will walk daily for 30 minutes."</p> <p>A review of client #4's record was conducted on 2/7/14 at 2:00 P.M.. Review of client #4's</p>						

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	<p>ISP dated 6/19/13 indicated the following training objectives which could have been implemented: "Will identify his Buspar 15 mg (milligram) and state the use of the medication...Will count out his petty cash by denomination...Will prepare the main dish for mealtime with staff assistance...Will engage in appropriate conversation daily...Will learn his [sister name] telephone number and address."</p> <p>A review of client #5's record was conducted on 2/7/14 at 11:00 A.M.. Review of client #5's ISP dated 5/21/13 indicated the following training objectives which could have been implemented: "Will learn to wear her eyeglasses daily...Will punch out her medications into med cup at every med pass...Will assist in making the main entree of dinner from start to finish...Will respond in complete sentences when communicating to staff about her day...Will complete some form of exercise for 30 minutes daily...Will communicate to staff how to evacuate in cases of emergency."</p> <p>A review of client #6's record was conducted on 2/7/14 at 12:00 P.M.. Review of client #6's ISP dated 5/21/13 indicated the following training objectives which could have been implemented: "Will punch out one of his medications...Will sort all the coins in his petty cash by denominations...Will take the dish out of the freezer for dinner and make the beverage for dinner...Will make proper clothing choices and good clothing presentation with staff assistance...Will learn how to evacuate the home in an emergency situation."</p> <p>A review of client #7's record was conducted on 2/7/14 at 2:20 P.M.. Review of client #7's</p>						

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W000260	<p>ISP dated 1/22/13 indicated the following training objectives which could have been implemented: "Will learn to identify his Lorazepam and state the use of the medication...Will count his petty cash...Will make the vegetable at dinnertime from start to finish...Will wear his eyeglasses during awake hours daily...Will do his laundry."</p> <p>A review of client #8's record was conducted on 2/7/14 at 11:30 A.M.. Review of client #8's ISP dated 10/23/13 indicated the following training objectives which could have been implemented: "Will identify his Depakote...Will count out his petty cash...Will learn his phone number by writing it out...Will engage in daily exercise."</p> <p>The Area Director/Qualified Intellectual Disabilities Professional (AD/QIDP) was interviewed on 2/7/14 at 4:30 P.M.. The AD/QIDP stated client objectives should be implemented "at all times." The AD/QIDP further indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 should have been provided with meaningful active treatment activities during the observation periods.</p> <p>9-3-4(a) 483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview for 1 of 4 sampled clients and 1 additional client (clients #2 and #7), the failed failed to ensure their Individual Support Plans (ISP) were revised within 365 days of the previous ISP.</p>	W000260	The facility is committed to maintaing all documentation is completed in a timely manner and available for staff. The PD will be retrained to complete all ISP's within the 365 day time period. The PD will also be trained				

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W000268	<p>Findings include:</p> <p>A review of client #2's record was conducted on 2/7/14 at 1:15 P.M.. Client #2's record indicated a most recent ISP dated 1/28/13. There was no evidence of a more recent signed and dated ISP.</p> <p>A review of client #7's record was conducted on 2/7/14 at 2:20 P.M.. Client #7's record indicated a most recent ISP dated 1/22/13. There was no evidence of a more recent signed and dated ISP.</p> <p>An interview with the Area Director/Qualified Intellectual Disabilities Professional (AD/QIDP) was conducted on 2/7/14 at 4:30 P.M.. The AD/QIDP indicated the clients' ISPs should be updated within 365 days and further indicated the ISPs in client #2 and #7's records were the most current available for staff to implement.</p> <p>9-3-4(a) 483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 1 of 4 sampled clients and 1 additional client (clients #2 and #6), to promote their dignity by not ensuring the clients were groomed.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/4/14 from 6:35 A.M. until</p>	W000268	<p>that client #2 and client 7 will have their ISP meeting at least 7 days prior to the expiration date to ensure that all documentation is obtained by all team members. The Area Director will monitor the next 3 ISP's to make sure they are completed in a timely manner and that all documentation is identified in the ISP. Responsible Party: Area Director</p> <p>The facility is committed to treating all the clients with dignity and respect by making sure they are groomed and wearing ironed clothes. Staff will be retrained to assist client 2 with grooming and client 6 with ironing clothing. The PD will be retrained to collaborate with the team for client 2 and 6 to determine the appropriate goal and objectives for client 2 and 6. The PD will be retrained to</p>				

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W000322	<p>8:05 A.M.. During the entire observation client #6 was observed to wear wrinkled clothes and clients #2 and #6 were unshaven.</p> <p>On 2/7/14 at 4:00 P.M., client #6 returned from his day program with wrinkled clothes and clients #2 and #6 were unshaven.</p> <p>An interview with the Area Director (AD) was conducted on 2/7/14 at 4:30 P.M.. The AD indicated clients #2 and #6 needed assistance from staff with ironing their clothes and shaving. The AD indicated staff should ensure clients are groomed at all times.</p> <p>9-3-5(a)</p> <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 #4) to provide an annual physical.</p> <p>Findings include:</p> <p>A review of client #4's record was conducted on 2/7/14 at 2:00 P.M.. Client #4's record indicated a most current annual physical dated 1/10/13. Client #4's record did not contain evidence he had an annual physical.</p> <p>An interview with the Area Director (AD) was</p>	W000322	<p>implement and update the ISP for client 2 and 6 to include formal programming be put in place to assist with grooming and ironing. The Area Director will monitor the next 3 ISP's to make sure all the clients are on the appropriate goals and objectives and that all information is documented in the ISP. The Home Manager will be retrained to do a morning observation 3 day a week for the next 30 days and then weekly of client 2 and 6 to make sure they are groomed and wearing ironed clothing. The PD will be retrained to do a morning observation weekly for the next 30 days and then monthly to make sure client 2 and 6 are groomed and wearing ironed clothing. Responsible Party: Area Director</p> <p>The facility is committed to maintaing the health and safety of the clients. The facility is responsible for making sure the clients medical appointments are made and kept in a timely manner. The Home Manager, Program Director and Facility Nurse will be retrained by the Area Director on maintaining client #4 health by making and keeping medical appointments. The Home manager, Program Director and Facility Nurse will also be retrained on following</p>				

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W000323	<p>conducted on 2/7/14 at 4:30 P.M.. The AD indicated there was no evidence of an annual physical.</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #4) to have an annual hearing evaluation/assessment.</p> <p>Findings include:</p> <p>A review of client #4's record was conducted on 2/7/14 at 2:00 P.M.. Client #4's record indicated a most current annual physical dated 1/10/13 which did not indicate the client's hearing was assessed. Client #4's record did not contain evidence he had an annual hearing evaluation/assessment.</p>			W000323	<p>physicians orders and recommendations as prescribed on the medical form. If for any reason the appointments are canceled the Home Manager will reschedule the appointment immediately so the client is receiving the appropriate care while in the facility. In addition to the nurse will develop a schedule for the client appointments and share this schedule with the Program Director and Home Manager . The Home Manager will monitor the appointment schedule on a weekly basis and the Program Director will monitor the schedule on a monthly basis. Responsible Party: Area Director</p>		

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W000484	<p>An interview with the Area Director (AD) was conducted on 2/7/14 at 4:30 P.M.. The AD indicated there was no evidence of an annual evaluation/assessment of client #4's hearing.</p> <p>9-3-6(a) 483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) residing in the group home to provide condiments and table knives at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 2/4/14 from 6:35 A.M. until 8:05 A.M.. Beginning at 7:15 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 began eating their breakfast which consisted of grits and french toast sticks. Direct Support Professional #2 went around with a table knife she retrieved from the kitchen drawer and cut up the clients' french toast sticks. At 7:18 A.M., client #4 stated to DSP #2 and #3, "I want some butter. I want to look in the ice box and get some butter." No butter/margarine and table knives were on the table for clients #1, #2, #3, #4, #5, #6, #7 and #8's use.</p> <p>An interview with the Area Director (AD) was conducted on 2/7/14 at 4:30 P.M.. The AD indicated butter/margarine and table knives should be put on the table for the clients to</p>	W000484	<p>The facility is committed to make sure that the individuals are provided with all the condiments and utensils needed during mealtime preparation and participating with preparing meals. Staff will be retrained to provide condiments and utensils needed for breakfast for clients#1,2,3,4,5,6,7 and 8. The staff also will be retrained to implement the clients ISP goals and objectives formally and informally during meal times to make sure they are participating in preparing and serving their meals. The Home Manager will be retrained to do various observations daily for the next 30 days and then weekly during different meal times to make sure condiments and utensils are being provided and the clients are participating in meal time preparation and serving. The Program Director will be retrained to do various observations weekly for the next 30 days and then monthly during different meal</p>	03/08/2014

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W000488	<p>use.</p> <p>9-3-8(a)</p> <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 and interview, the facility failed to assure 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8) were involved in meal preparation and served themselves.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 2/4/14 from 6:35 A.M. until 8:05 A.M.. Upon entering the group home, Direct Support Professional (DSP) #2 took a pot out of the cabinet and began cooking grits. DSP #2 then took a sheet pan out of the cabinet and placed french toast sticks on the pan and placed the pan in the oven while clients #1, #2, #4, #6, #7 and #8 sat with no activity and clients #3 and #5 stayed in their bedrooms with no activity. Beginning at 7:15 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 began eating their breakfast. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation. Clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their meal independently.</p> <p>An interview with the Area Director (AD) was conducted on 2/7/14 at 4:30 P.M.. The AD indicated clients were capable of assisting in meal preparation and further indicated they</p>	W000488	<p>times to make sure condiments and utensils are being provided and the clients are participating in meal preparation and serving. Responsible Party: Area Director</p> <p>The facility currently trains staff upon hire and annually on the importance of active treatment during mealtime prep. Staff are also trained on how to implement goals while interacting with the clients formally and informally. The Program Director will retrain staff on active treatment and appropriate times to implement the goals of clients# 1,2,3,4,5,6,7 and 8. The Home Manager will be retrained to check daily that the goals are being implemented and documented for the next 30 days and then weekly. The Program Director will check weekly for the next 30 days to make sure goals are being implemented and documented and then monthly. The Home Manager will complete observations daily for one month and then weekly. The Program Director will complete observations twice weekly for one month and then monthly. If for any reasons goals are not successful or do not meet the clients needs the team will meet along with the client to determine appropriate goal</p>				

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3142 62ND PL E HOBART, IN 46342
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	should be assisting in preparation at all meal times. 9-3-8(a)		choice. Responsible party: Area Director	