STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G433	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 09/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	3938 PRANGE AVE LAFAYETTE, IN 47905

(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
W000000	This visit was for a 23-day revisit survey to the full recertification and state licensure survey which resulted in an Immediate Jeopardy that was not removed prior to exit on 8/27/14. Survey Dates: September 15 and 16, 2014 Facility Number: 000947 AIMS Number: 100244580 Provider Number: 15G433 Surveyor: Christine Colon, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/24/14 by Ruth Shackelford, QIDP.	W000000		
W000122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review, observation and interview, the facility failed to meet the	W000122	W122: The facility currently has protocols and policies mandated	10/06/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Condition of Participation: Client Protections for 1 of 4 sampled clients (client #2). The facility neglected to implement its written policy and procedures to prevent neglect of client #2 in regard to the client's PICA behavior (ingesting of non-edible items) to prevent potential harm to the client. The facility neglected to put in place measures to prevent potential harm and/or recurrence in regard to client #2's ingesting of non-edible items. The facility neglected to specifically address/develop a PICA protocol/risk plan for client #2. This noncompliance resulted in an Immediate Jeopardy in regard to a lack of protective measures to address client #2's PICA. The Immediate Jeopardy was identified on 8/15/14 at 3:52 P.M.. The Regional Director, the Area Director and the Program Director were notified of the Immediate Jeopardy on 8/15/14 at 5:00 PM. The Immediate Jeopardy began on 7/6/14. The facility submitted a plan for removal of the Immediate Jeopardy on 8/18/14 at 1:25 PM. The facility's plan of action/removal indicated the following: "-Supervision has been increased and implemented for client #2. Staff working with the client will receive documented training that is client specific to her needs as well as their responsibilities for line of site (sic) supervision prior to working		specifically to ensure the protection of clients within the facility. The facility currently mandates that all staff adhere to the policy and procedure on mistreatment, neglect or abuse to protect the clients. The procedures are carried out to prevent reoccurrence of the above. All new employees and supervisors are trained on the policy and the procedure for protecting clients from harm. The facility follows protocol including assessment, review and revision of client behavioral supports/protocols to protect the clients. The facility has developed and trained on a PICA protocol for client #2. The behavior support plan has been revised to explain in detail the targeted behavior of PICA, proactive and reactive measures for client # 2. The residential staff and day program have been trained on the abuse/neglect policy and procedures, PICA protocol, BSP, and RMAP. The staff and supervisors have been trained on the line of sight and usage of the gait belt for client #2. The Program Director has been trained on using proactive measures to prevent reoccurrence of injury or incident for PICA and other incidents. For additional corrections refer to W153, W154, W157. The facility will ensure client protection in the future by addressing client behavioral needs in a current	

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	with the client. The staff will receive client specific training, including client Behavior Support Plan, PICA protocol/reactionary measures, Risk Management Assessment plus medical/dietary protocols, Individual Support Plan, and storage of food and non-food items. -Line of sight supervision for this client will be defined as direct eyesight on the client during non-sleeping hours by one employee. The level of supervision will remain in place until the client's Interdisciplinary Team meets and determines otherwise to ensure the client safety. -A new PICA protocol has been established for staff to follow to provide preventative safe guard measures and reactionary measures for the client. -The home, including client #2's bedroom and common areas, was assessed by the Area Director to ensure the safe storage of food and non-food items. -The guardian of client #2 was contacted and instructed that client #2 cannot stay at her house unsupervised until the guardian is properly trained on the health and safety risks and requirements needed to ensure client #2's safety during visits.		behavior plan including PICA protocol as necessary. The facility will continue to train all staff on the abuse, neglect prevention company policy upon hire. The facility will continue to train all staff on client specific information for each client prior to working with the client. In addition Home Manager will review behavioral data and daily support records M, W and F to follow up on any incidents. The Program Director will review the behavior data, and support plan on a monthly basis to ensure the proper protocols are in place to best protect the client from harm. The Program Director will initiate immediate changes to existing client plans as needed. The Area Director will monitor the incident reports and data on a monthly basis to ensure accuracy. The facility supervisors will be conducting twice daily observations in the residence and once daily at the day program until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily and continue one time daily at the day program for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per	

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	The guardian agreed to this and an Interdisciplinary Team meeting is scheduled for Monday, August 18, 2014. -Supervisory Observations will be conducted daily by a supervisor, nurse or quality assurance coordinator until September 5, 2014. Frequency of needed supervisory observations will be re-evaluated at this time. Observations are scheduled per observation calendar. The Area Director will review all observations at least weekly for corrective action. The Regional Director will review observations completed by the Area Director. Supervisor observation will include opportunities for ongoing training, support and redirection of direct support staff." The facility's Immediate Jeopardy continued because the facility needed to ensure all staff were trained on client #2's line of sight protocol and to ensure adequate staff were scheduled to work with client #2 and provide line of sight supervision at the group home and outside day program. The facility also needed to continue monitoring/supervising facility staff, over a period of time, to ensure the plan of removal was followed/implemented to supervise client #2 to prevent her PICA behavior, and to reduce the client's		week on alternating shifts for a period of 30 days for both residential and day program. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Responsible Staff: Area Director Completion Date: 9-9-14	

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	potential for harm. An outside day program observation was conducted on 8/18/14 from 2:14 P.M. until 3:40 P.M.. During the observation, staff verbally prompted client #2 to continue her activity as they attended to other tasks. Another client was sitting two tables over to the left with an activity of replicated plastic coins. At 2:35 PM, the client left the plastic coins unattended scattered on the table as he walked away from the table and was assisted by Direct Support Professional (DSP) #1 to use the restroom. Client #2 did not have line of sight supervision during the observation period. An outside day program observation was conducted on 8/19/14 from 10:45 A.M. until 11:50 A.M.. During the entire observation client #2 did not have line of sight supervision. Day Program DSP #1 heated up all clients' lunches from both sides of the open classroom in the microwave, across the room, with his back turned to client #2. Day Program DSP #2 assisted client with their lunches and escorting clients to the bathroom. A group home observation was conducted on 8/19/14 from 7:50 P.M. until 8:40 P.M.. During the observation client #2 had assigned staff who sat next			

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	to her the entire observation. A group home observation was conducted on 8/20/14 from 9:00 P.M. until 9:55 P.M.. From 9:00 P.M. until the Area Director arrived at the group home at 9:25 P.M., client #2 sat in a chair located in the living room as her assigned staff assisted client #6 in the kitchen with her back turned. The other two scheduled staff were in client #7's bedroom administering medications. There were only 3 scheduled staff beginning at 9:00 P.M.. An outside day program observation was conducted on 8/22/14 from 1:00 P.M. until 2:10 P.M.. During the entire observation client #2 did not have line of sight supervision. Day Program DSP #1 assisted with toileting clients and Day Program #4 baked cake pops. A confidential interview (CI) #1 was conducted. CI #1 indicated the facility's Qualified Intellectual Disabilities Professional (QIDP) dropped off a copy of client #2's PICA protocol on 8/18/14, asked to have staff read it and sign it and indicated she would be back. The QIDP returned later and retrieved the signed PICA protocol. CI #1 indicated there was no training on the PICA protocol and line of sight supervision. When asked			

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	what the supervision level was for client #2 while at the day program, CI #1 indicated the ratio in the classroom is 8 clients to 1 staff and further indicated the facility did not ask for line of sight supervision staffing. The facility's 8/15/14 and 8/16/14 training/inservice records were reviewed on 8/18/14 at 2:17 P.M.. The facility's signature inservice "[Client #2]'s Client Specific Training" effective 8/15/14 training sheet indicated 13 staff had been trained. Client #2's record was reviewed on 8/22/14 at 2:00 P.M.. Client #2's-"Behavioral Support Plan" Revision date 6/2/14 indicated..."[Client #2] is non verbal and has difficulty communicating her wants and needs. Due to her history of PICA and eating unauthorized foods, staff should ensure her health and wellness by making sure all objects and unauthorized food that could be ingested by [client #2] is (sic) out of her reach." Review of client #2's BSP indicated the facility neglected to revise/review and/or address client #2's BSP in regard to PICA and/or clearly define client #2's PICA behavior. The BSP neglected to include any more strategies and/or interventions			

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	in regard to client #2's PICA behavior of ingesting inedible objects. The facility had not yet revised client #2's BSP in regard to her PICA. The Immediate Jeopardy was not removed. Findings include: The facility failed to implement its written policy and procedures to prevent neglect of client #2 in regard to the client's PICA behavior. The facility neglected to implement its written policy and procedures to ensure protective measures were put in place to prevent client #2 from ingesting inedible items. The facility neglected to ensure all staff were trained in regard to client #2's behaviors/behavior plan to ensure facility staff utilized safeguards to protect client #2 from harm and/or potential harm due to the client's PICA. The facility neglected to ensure client #2's behavior plan was revised to specifically address and/or meet the behavioral needs of the client. The facility neglected to ensure continuous line of sight staffing for client #2. The Immediate Jeopardy was removed on 9/16/14 when through observation, interview and record review, it was determined the facility had implemented the plan of action to remove the			

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	Immediate Jeopardy and that steps taken removed the immediacy of the problem. The Immediate Jeopardy was removed as the following actions were taken: An observation was conducted at the outside day program on 9/15/14 from 3:40 P.M. until 4:30 P.M.. During the observation period client #2 had 1:1 (one on one) staffing. An interview with outside day program staff #1 was conducted on 9/15/14 at 3:50 P.M.. Staff #1 indicated client #1 was on continuous line of sight staffing while at the day program. Staff #1 indicated all staff who worked in the classroom were trained on client #2's PICA protocol, gait belt protocol, constipation protocol, continuous line of sight supervision and her updated BSP. A review of client #2's day program record was conducted on 9/15/14 at 4:00 P.M.. Review of her record included staff training sign in sheets dated 9/9/14 which indicated all staff who worked with client #2 at the outside day program were trained on client #2's updated BSP, constipation protocol, PICA protocol, gait belt protocol and continuous line of sight supervision.			

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	During the 9/16/14 observation period between 8:30 P.M. and 9:40 P.M., at the group home, client #2 had one to one staffing (one staff to one client). During the above mentioned observation period, the Area Director was present in the home providing oversight/supervision of facility staff. A review of client #2's record was conducted on 9/16/14 at 11:40 A.M.. Client #2's record indicated the facility was collecting/documenting specific data in regard to continuous line of sight supervision and environmental hazards at the outside day program and group home. Client #2's BSP and 1:1 (one on one) continuous line of sight staffing protocol was revised on 9/3/14 and clearly defined client #2's PICA and indicated the facility developed proactive strategies to decrease the client's incidents of PICA. The 9/3/14 BSP indicated "[Client #2] is nonverbal and has difficulty communicating her wants and needs/ Due to her history of PICA (consuming of inedible objects) and eating unauthorized foods, staff should ensure her health and wellness by making sure all objects and unauthorized foods that could be ingested by [client #2] are put away....When [client #2] initiates PICA (consuming of inedible objects) staff			

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	should not reinforce the behavior. Staff should use agency approved blocking techniques to keep her from consuming the object. Staff should then direct [client #2] to other more desirable activities....When [client #2] attempts to consume an inedible object, staff should ask [client #2] to remove the item from her mouth. If [client #2] does not immediately remove the item, staff should attempt to remove the item from her mouth if there is no resistance. Staff should put on a rubber glove and very carefully attempt to take object out of her mouth (see PICA Protocol). If [client #2] resists taking the object out of her mouth, repeat the prompt to remove the object every 10 seconds until she complies. If the object is toxic or potentially poisonous, contact the poison control center immediately at 1-800-222-1222. Staff should refer to the PICA Protocol for further instruction." Client #2's "PICA Protocol" dated 8/15/14 indicated "[Client #2] is to have line of sight supervision during all waking hours. Staff should remember to place items in cabinets, refrigerators, or drawers after use. [Client #2] does not have a history of opening cabinets, refrigerators or drawers, and typically only consumes non-food items that are out in the open."			

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	Review of client #2's "Risk Management Assessment and Plan" (RMAP) revision date 9/2/14 indicated: "[Client #2] has a diagnosis of PICA. She does not distinguish between edible and non edible items. [Client #2] will eat non-food items such as towels, rags, and aluminum foil....[Client #2] should be monitored by continuous line-of-sight supervision by staff to reduce incidence of PICA. [Client #2] has a PICA Protocol in place (MAR book...Medication Administration Record). Her behavior program should be followed for this behavior. Instances of PICA are recorded in her behavior management plan.... [Client #2] has a diagnosis of Pica (sic) and will put inedible food (sic) in her mouth. She will often pick food up off the floor, or she will pick crumbs or other items off the table if they are in her arms reach....Staff should continuously assess the environment at all times to ensure it is free of small objects or potentially harmful items [client #2] could consume." An interview with DSP #3 was conducted on 9/15/14 at 8:00 P.M.. DSP #3 indicated client #2 had not had any incidents of PICA since the Immediate Jeopardy was called. Interview with DSP#3 indicated she had been trained in			

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	regard to client #2's behaviors/behavior plan. DSP #3 indicated client #2 had continuous line of sight staffing during awake hours. DSP #3 stated "[Client #2] has continuous line of sight staff while she is awake." Interviews with DSP #1, #2 and #4 were conducted on 9/15/14 at 8:05 P.M.. DSP #1, #2 and #4 indicated they were trained on client #2's BDP, continuous line of sight during awake hours and client specific training. The facility's training/inservice records were reviewed on 9/16/14 at 11:30 A.M.. The facility's 9/5/14, 9/6/14, 9/7/14 and 9/8/14 Behavior Development Training Forms indicated all routine/regular staff and PRN (as needed) staff, who worked with client #2, had been trained in regard to the client's behaviors, continuous line of sight supervision and behavior plan. An interview with the Area Director (AD) was conducted on 9/16/14 at 11:40 A.M.. The AD indicated administrative staff were supervising/monitoring the group home on a daily basis to ensure facility staff implemented client #2's behavior plan and provided continuous line of sight supervision, to decrease and/or prevent injury due to PICA. The AD indicated all staff were trained on 9/5, 9/6, 9/7 and 9/8 in regards to client #2's PICA protocol, level of supervision			

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	and client specific training. A request for the agreement between the facility and the outside day program to ensure continuous line of sight staff supervision was requested on 9/16/14 at 11:30 A.M.. On 9/16/14 at 1:00 P.M., a signed and dated agreement was submitted by the Regional Director (RD), signed and dated on 9/16/14 by the RD and the [Outside Day Program] Representative, which indicated the facility put in writing the authorization for continuous line of sight supervision everyday for client #2 while attending the outside day program. Even though the facility's corrective actions removed the Immediate Jeopardy, the facility remained out of compliance at the Condition of Participation: Client Protections, as the facility needs to continue to complete monitoring/supervision of facility staff to ensure the effectiveness of its plan of correction. 9-3-2(a)			