

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  10/03/2014
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3938 PRANGE AVE LAFAYETTE, IN 47905
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W000000	<p>This visit was for the post certification revisit to the full annual recertification and state licensure survey conducted on 8/27/14.</p> <p>Survey Dates: September 29, 30 and October 1 and 3, 2014</p> <p>Facility Number: 000947 AIMS Number: 100244580 Provider Number: 15G433</p> <p>Surveyor: Christine Colon, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/17/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on record review and interview for 2 of 4 sampled clients (clients #1 and #2), the facility failed to ensure outside day program services met the needs of each</p>	W000120	W120: The facility currently has protocols and policies mandated specifically to ensure the protection of clients within the	11/02/2014

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>client in regard to client to client aggression resulting in injury and sleeping staff.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 9/30/14 at 11:30 A.M.. Review of the reports indicated:</p> <p>-BDDS report dated 9/10/14 involving client #2 at the outside day program indicated: "[Outside Day Program client] was walking in the room and pulled [client #2]'s shirt, then chair, and yanked it to the floor. Staff separated the two. [Client #2] has a bump on the back of his head, red mark on the front of his neck, and blood in mouth from biting his inner mouth."</p> <p>-BDDS report date 9/26/14 involving client #1 indicated: "[Outside Day Program Staff] was observed to be sleeping. She and [client #1] had gone for a walk and stopped to sit on a couch in the multi-purpose room. [Outside Day Program Staff] stated they had only been sitting for about 25-30 minutes. Staff was immediately relieved of her position and sent home. [Outside Day Program Staff] stated she doesn't believe she was</p>		<p>facility. The facility currently mandates that all staff adhere to the policy and procedure on mistreatment, neglect or abuse to protect the clients. The mandated policies have been shared with all client day programs to ensure their health and safety in both environments. The facility follows protocol including assessment, review and revision of client behavioral supports/protocols and supervision to protect the clients. The facility has trained day program on the abuse/neglect policy for clients. In addition the day program has been trained on supervision level of client #1 and intervention of/reactions required to prevent client to client behaviors at day program to protect client #2 and others. The staff and supervisors have been trained on using proactive measures to prevent re-occurrence of injury or other incidents.</p> <p>For additional corrections refer to W149, W153.</p> <p>The facility and day program will ensure client protection in the future by addressing client behaviors by following the client behavior plan as necessary. The facility will continue to train all staff on the abuse, neglect prevention company policy upon hire. The facility will communicate with the day program monthly basis at least to exchange information for best client practice for cohesion in both</p>				

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W000149	<p>asleep, she had a migraine and requested Tylenol. [Outside Day Program Staff] will be contacted by her supervisor regarding disciplinary action and/or retraining prior to returning to work."</p> <p>Interview with the Area Director (AD) was conducted on 9/30/14 at 12:10 P.M.. The AD indicated the outside day program is contracted to provide continuous line of sight supervision due to client #1's assessed needs. The AD further indicated the outside day program should ensure all clients are safe from client to client aggression and provided supervision at all times.</p> <p>9-3-1(a)</p> <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. Based on record review and interview for 1 of 4 sampled clients and 2 additional clients (clients #1, #2, #5), the facility neglected to implement written policy and procedures to prevent abuse/neglect and client to client aggression and staff sleeping.</p>	W000149	<p>environments. The facility has been conducting twice daily observations at day program to ensure the staff are implementing the plans and following up as needed since survey date of 10/3/14 for 30 days.</p> <p>Observations will continue at once daily at varied times for 30 more days until 12/2/14. After 30 days the facility will determine if there has been consistent and continuous compliance, observations at day program will occur three times weekly for another month. At this time, the agencies will then discuss to determine the necessity of further standardized observations and continue random observations on-going.</p> <p>Responsible Staff: Area Director Completion Date: 11-2-14</p> <p>W149:The facility currently has a written policy and procedure on mistreatment, neglect or abuse of a client, reporting, investigation and prevention of re-occurrence. All new employees are trained on the policy and the procedure for reporting injury of the clients to</p>	11/02/2014

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	<p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 9/30/14 at 11:30 A.M.. Review of the reports indicated:</p> <p>-BDDS report dated 9/10/14 involving client #2 at the outside day program indicated: "[Outside Day Program client] was walking in the room and pulled [client #2]'s shirt, then chair, and yanked it to the floor. Staff separated the two. [Client #2] has a bump on the back of his head, red mark on the front of his neck, and blood in mouth from biting his inner mouth."</p> <p>-BDDS report dated 9/16/14 involving clients #2 and #5 indicated: "This incident is being submitted a day late due to miscommunication between QIDP's (Qualified Intellectual Disabilities Professional) on filing it: On September 16, 2014 at approximately 5:00 A.M., staff heard [client #5] raising his voice in his bedroom. Staff entered the room and saw [client #2] standing next to [client #5]'s bed. [Client #5] had a small (approximately quarter sized) red mark on his forehead from where [client #2] likely struck him."</p>		<p>the proper authorities within and outside the agency. The facility follows a protocol including assessment of client behavioral support plans, program goals and individual support plan to ensure the client needs and protection are met.</p> <p>The facility has met with the day program to ensure training of the day program supervisor on the abuse/neglect policy including documentation and investigation. The training included following the client behavior plans to prevent abuse of client from other client, observation/active treatment of clients to prevent neglect from lack of supervision and line of sight supervision for client #1. In addition, the day program will develop a system to observe staff to ensure protections of the clients by follow through of day staff. The residential facility trained day program on the mandated reporting of client reportable incidents to residential provider by the end of business day to ensure reporting to BDDS is completed and follow through to ensure corrective/protective measures are put in place to prevent re-occurrence of neglect incidents. The residential facility currently has been observing twice daily thus witnessing and addressing the supervision incident with client #1 to take action of immediate removal of client.</p>				

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	<p>-BDDS report date 9/26/14 involving client #1 indicated: "[Outside Day Program Staff] was observed to be sleeping. She and [client #1] had gone for a walk and stopped to sit on a couch in the multi-purpose room. [Outside Day Program Staff] stated they had only been sitting for about 25-30 minutes. Staff was immediately relieved of her position and sent home. [Outside Day Program Staff] stated she doesn't believe she was asleep, she had a migraine and requested Tylenol. [Outside Day Program Staff] will be contacted by her supervisor regarding disciplinary action and/or retraining prior to returning to work."</p> <p>A review of the facility's abuse and neglect policy dated 12/12 was conducted on 9/30/14 at 12:30 P.M.. Review of the policy indicated:</p> <p>Review of the policy entitled "Quality and Risk Management" indicated: "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. Indiana Mentor</p>		<p>The facility has been conducting twice daily observations at day program to ensure the staff are implementing the plans and following up as needed since survey date of 10/3/14 for 30 days. Observations will continue at once daily at varied times for 30 more days until 12/2/14. After 30 days the facility will determine if there has been consistent and continuous compliance, observations at day program will occur three times weekly for another month. At this time, the agencies will then discuss to determine the necessity of further standardized observations and continue random observations on-going.</p> <p>The line of sight supervision plan for client #1 has and will remain in place until the team determines otherwise. The facility will continue to train all employees to follow the reporting guidelines of behavior plans as written and initiation of behavioral intervention techniques, charting of known and unknown injuries, calling supervisors per protocol as trained.</p> <p>Person responsible: Area Director Completion Date: 11/2/14</p>		

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	<p>follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services....e. Failure to provide appropriate supervision, care or training. g. Failure to provide food and medical services as needed. Event with the potential for causing significant harm or injury and requiring medical or psychiatric treatments or services."</p> <p>An interview with the Area Director (AD) was conducted on 9/30/14 at 12:10 P.M.. The AD indicated staff should follow the facility's abuse/neglect policy. When asked if the facility's policy was implemented in regards to the mentioned BDDS reports and investigations, the AD indicated the policy was not followed. The AD indicated all incidents of abuse and neglect are to be immediately reported to the administrator and within 24 hours to BDDS.</p> <p>This deficiency was cited on 8/27/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				

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W000153	<p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed for 1 additional client (client #5), to report client to client aggression with injury immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 9/30/14 at 11:30 A.M.. Review of the reports indicated:</p> <p>-BDDS report dated 9/16/14...Date of Knowledge: 9/16/14...Submitted Date: 9/18/14 involving clients #2 and #5 indicated: "This incident is being submitted a day late due to miscommunication between QIDP's</p>	W000153	<p>W153:The facility currently has a written policy and procedure for immediately reporting all allegations of mistreatment, neglect or abuse and injuries of unknown origin. All new employees are trained on the policy and the procedure for reporting injury of the clients to the proper authorities within and outside the agency. The facility follows a protocol and regulation for the supervisor to be notified and a BDDS report completed for reportable incidents. All QIDP supervisors have been trained to file a report to BDDS within 24 hours of reported incident. The Program Director has been trained on the mandated procedures to complete and send documentation of reportable incidents in a BDDS report within 24 hours of the occurrence of said incident. The facility supervisors were trained on the following: supervisors on call at the time of an incident will complete any reportable incident</p>	11/02/2014

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	<p>(Qualified Intellectual Disabilities Professional) on filing it: On September 16, 2014 at approximately 5:00 A.M., staff heard [client #5] raising his voice in his bedroom. Staff entered the room and saw [client #2] standing next to [client #5]'s bed. [Client #5] had a small (approximately quarter sized) red mark on his forehead from where [client #2] likely struck him."</p> <p>An interview with the Area Director (AD) was conducted on 9/30/14 at 3:50 P.M.. The AD indicated the incident occurred on 9/16/14 but was not reported until 9/18/14. The AD further indicated the incident should have been reported to BDDS within 24 hours.</p> <p>This deficiency was cited on 8/27/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>		<p>reports per BDDS reportable guidelines to ensure the completion. In the future, the Program Director will follow BDDS guidelines for reporting incidents as they occur within the 24 hour time-frame. The Program Director will monitor the staff and documentation logs weekly to ensure that incidents that occur are reported in a timely manner in the future. Responsible Staff: Area Director Completion Date: 11/2/14</p>				