

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G319	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/20/2014
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 211 W 3RD ST PERU, IN 46970
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 11, 12, 18, and 20, 2014.</p> <p>Facility number: 000837 Provider number: 15G319 AIM number: 100243970</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed June 27, 2014 by Dotty Walton, QIDP.</p>	W000000		
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. Based on record review and interview, the facility failed to develop and implement written policies and</p>	W000149	Indiana Mentor has policies and procedures in place in regards to BDDS reportable incidents and investigations. These policies	07/18/2014

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>procedures in regards to the immediate notification to the administrator of injuries of unknown origin, to report injuries of unknown origin to BDDS (Bureau of Developmental Disabilities Services), and to thoroughly investigate injuries of unknown origin for 2 of 2 incidents of injury of unknown origin reviewed for 1 of 3 sampled clients (#1).</p> <p>Findings include:</p> <p>1) On 6/12/14 at 1:24 PM, record review indicated Client #1 had a "Quarterly Health Assessment" dated 2/11/14 which indicated "faint/faded bruising on R (right) inner forearm."</p> <p>On 6/12/14 at 11:46 AM, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 12/12/13 to 6/12/14 were reviewed. A BDDS report dated 2/8/14 indicated "[Client #7] went into behaviors and pulled a few hairs out of [Client #1]'s head. Staff followed [Client #7]'s behavior plan and redirected her. [Client #1] had no injuries of (sic) complaint of pain." The report indicated "staff will continue to follow [Client #7]'s behavior plan and monitor [Client #1] for any complaints (sic) of pain or injury.</p> <p>Record review indicated a "Skin</p>		<p>outline guidelines of reporting procedures and what incidents are reportable. The procedures are trained upon hire and annually there after. Investigators go through a training to become qualified to do the investigations. Staff and management have been trained on BDDS reportable incidents, including who to report to and timeframes for reporting such incidents. The managers who are investigatots have also been retrained on investigation procedures. The area director is reviewing all BDDS reports on a monthly basis and tracking investigations in conjunction with the BDDS to ensure all reports have been completed and are timely. The home manager or PD is doing documentation checks weekly on the injury sheets and DSR for the next 2 months to ensure all incidents were reported and will do check at least 2x month after that period. Responsible Party: QMRP/Home Manager/Area Director Complete Date: 7/19/2014</p>				

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	<p>Assessment Checklist" dated 2/8/14 which indicated Client #1 was hit and had her hair pulled out by a housemate. The assessment indicated Client #1 had "stage 1" areas from "hit by housemate." The assessment defined "stage 1" as "red or discolored area that does not disappear within 24 hours." The skin assessment graph showed areas circled on the lower left abdomen region, right lower hip area, and a circle on the left thigh. The assessment did not indicate measurements. The skin assessment did not indicate Client #1 had bruising on the right inner forearm as indicated on the Quarterly Health Assessment dated 2/11/14.</p> <p>On 6/12/14 at 2:07 PM during an interview with the Administrator and Housemanager (HM), the HM stated there was no BDDS report done on the bruising identified on Client #1's arm in her nurse quarterly evaluation because it was "not an unknown injury." The HM stated the nurse either "already knew" Client #1 had been hit by her housemate on 2/8/14 or "would have called her" to discuss it. The HM indicated she believed the bruising on her arm came from the 2/8/14 incident and did not think it needed to be further reported or investigated. The HM indicated there was no documentation to indicate where</p>			

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	<p>she and the nurse had discussed the bruising on Client #1. The Administrator indicated the facility's process for injuries of unknown origin would be for a DSP (Direct Support Professional) to notify the HM and she would report the injury of unknown origin to the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional). The Administrator indicated he did not believe the bruising identified on Client #1's arm was an injury of unknown origin. The HM and the Administrator indicated no further skin assessments were available after the 2/8/14 skin assessment to indicate any new bruising or injuries. The Administrator indicated the skin assessment on 2/8/14 along with the BDDS report which indicated Client #1 had been hit by her housemate, should have been enough to explain the bruising on Client #1's arm.</p> <p>On 6/12/14 at 3:02 PM, the facility nurse was interviewed. The nurse indicated she would have discussed any bruising with the HM to be sure the source of injury was known. The nurse stated the HM and her "speak all the time" about anything unusual but she did not document the conversation. The nurse stated "she would either have been notified by the Housemanager" that [Client #1] had an incident which might</p>						

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	<p>have caused bruising or she would have "called the Housemanager to verify" a cause was known for bruising noted. The nurse indicated no further documentation was available to indicate whether she spoke to the Housemanager about the bruising on Client #1.</p> <p>2) On 6/12/14 at 1:24 PM record review indicated a "Quarterly Health Assessment" dated 5/14/14 which indicated client #1 had "2 faded small bruises on L (left) (lower) abd. (abdomen)."</p> <p>On 6/12/14 at 11:46 AM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 12/12/13 to 6/12/14 were reviewed. A BDDS report dated 5/7/14 indicated "[Client #1] had been upset and in behaviors. [Client #1] started attempting to go after other peers and staff had to use PIA (physical intervention alternatives) stated (sic) approved 2 person hold for 5 minutes. [Client #1] calmed after and there were no further incidences. [Client #1] was not harmed nor were any other consumers." The report indicated "Staff followed [Client #1]'s current behavior plan and in the plan the PIA is approved to assist [Client #1] in refraining from harming herself or others." The facility's BDDS review did not indicate any</p>			

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	<p>reports for injury of unknown origin (bruising) for Client #1.</p> <p>On 6/12/14 at 2:07 PM during an interview with the Administrator and Housemanager (HM), the HM stated there was no BDDS report done on the bruising identified on Client #1's abdomen in her nurse quarterly evaluation because it was "not an unknown injury." The HM stated the bruising "was probably" documented in the shift notes. Upon review on the shift notes, the HM indicated there was a shift note which would explain the bruising. Review of the shift note dated 5/11/14 indicated "[Client #1] up at 3:15 AM crying (and) smacking herself in all directions." The HM stated Client #1's behavior was "probably" documented with her behavior data. During the interview, the HM reviewed Client #1's behavior data for 5/2014 which indicated Client #1 had "self-injurious" behavior at 3:00 AM on 5/11/14. The HM indicated this incident would explain the bruises the nurse found during the quarterly health assessment on 5/14/14. The HM indicated there was no documentation to show staff did a skin assessment on Client #1 after her self-injurious behavior on 5/11/14. The HM indicated there was no further documentation to show where Client #1 had hit herself on 5/11/14 and</p>			

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	<p>what interventions staff took to prevent injury to Client #1. The HM stated the bruising was not an injury of unknown origin because "anything out of the ordinary" was discussed with the nurse and they found nothing suspicious in the bruising. The Administrator indicated staff should have completed a skin assessment after the incident of self-injurious behavior on 5/11/14 but indicated he thought the incident explained the bruising and it was not an injury of unknown origin. The Administrator had no further documentation to show he was notified of the injuries of unknown origin.</p> <p>On 6/12/14 at 3:02 PM, the facility nurse was interviewed. The nurse indicated she would have discussed any bruising with the HM to be sure the source of injury was known. The nurse stated the HM and her "speak all the time" about anything unusual but she did not document the conversation. The nurse stated "she would either have been notified by the Housemanager that [Client #1] had" an incident which might have caused bruising or she would have "called the Housemanager to verify" a cause was known for bruising noted. The nurse indicated no further documentation was available to indicate whether she spoke to the Housemanager about the</p>			

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	<p>bruising on Client #1.</p> <p>On 6/12/14 at 4:25 PM, the facility policy on "Quality and Risk Management" dated April 2011 was reviewed. The policy indicated "an incident described as follows shall be reported to the BDDS (Bureau of Developmental Disabilities Services) on the incident report from... 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual... 4.(h) Injury to an individual when the origin or cause of the injury is unknown and could be indicative of abuse, neglect or exploitation...".</p> <p>9-3-2(a)</p>			

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W000153	<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 to ensure immediate notification to the administrator of injuries of unknown origin and report injuries of unknown origin to BDDS (Bureau of Developmental Disabilities Services) in accordance with state law for 2 of 2 incidents of injury of unknown origin reviewed for 1 of 3 sampled clients (#1).</p> <p>Findings include:</p> <p>1) On 6/12/14 at 1:24 PM record review indicated Client #1 had a "Quarterly Health Assessment" dated 2/11/14 which indicated "faint/faded bruising on R (right) inner forearm."</p> <p>On 6/12/14 at 11:46 AM, the facility</p>	W000153	<p>Indiana mentor has policies and procedures in place in regards to BDDS reportable incidents and incident reporting guidelines. All managers are trained on these procedures upon hire and annually thereafter. The reportable guidelines are posted in programs in the home as well. The managers and staff were retrained on BDDS reportable incidents and reporting time frames and guidelines. Assessments and reports were reviewed for all consumers in the program to ensure proper reports had been filed. For the next 3 house meeting the managers are reviewing BDDS reporting procedures. The Area Director is doing a monthly review on filed BDDS reports, and the house manager or PD are completing at least a biweekly documentation review to ensure any reportable</p>	07/18/2014

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	<p>BDDS (Bureau of Developmental Disabilities Services) reports from 12/12/13 to 6/12/14 were reviewed. A BDDS report dated 2/8/14 indicated "[Client #7] went into behaviors and pulled a few hairs out of [Client #1]'s head. Staff followed [Client #7]'s behavior plan and redirected her. [Client #1] had no injuries of (sic) complaint of pain." The report indicated "staff will continue to follow [Client #7]'s behavior plan and monitor [Client #1] for any complaints (sic) of pain or injury.</p> <p>Record review indicated a "Skin Assessment Checklist" dated 2/8/14 which indicated Client #1 was hit and had her hair pulled out by a housemate. The assessment indicated Client #1 had "stage 1" areas from "hit by housemate." The assessment defined "stage 1" as "red or discolored area that does not disappear within 24 hours." The skin assessment graph showed areas circled on the lower left abdomen region, right lower hip area, and a circle on the left thigh. The assessment did not indicate measurements. The skin assessment did not indicate Client #1 had bruising on the right inner forearm as indicated on the Quarterly Health Assessment dated 2/11/14.</p> <p>On 6/12/14 at 3:02 PM, the facility nurse</p>		<p>incidents had been filed. Responsible Party: House Manager/QMRP Complete Date: 7/19/2014</p>		

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	<p>was interviewed. The nurse indicated she would have discussed any bruising with the HM to be sure the source of injury was known. The nurse stated the HM and her "speak all the time" about anything unusual but she did not document the conversation. The nurse stated "she would either have been notified by the Housemanager" that [Client #1] had an incident which might have caused bruising or she would have "called the Housemanager to verify" a cause was known for bruising noted. The nurse indicated no further documentation was available to indicate whether she spoke to the Housemanager about the bruising on Client #1.</p> <p>On 6/12/14 at 2:07 PM during an interview with the Administrator and Housemanager (HM), the HM stated there was no BDDS report done on the bruising identified on Client #1's arm in her nurse quarterly evaluation because it was "not an unknown injury." The HM stated the nurse either "already knew" Client #1 had been hit by her housemate on 2/8/14 or "would have called her" to discuss it. The HM indicated she believed the bruising on her arm came from the 2/8/14 incident and did not think it needed to be further reported or investigated. The HM indicated there was no documentation to indicate where</p>			

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	<p>she and the nurse had discussed the bruising on Client #1. The Administrator indicated the facility's process for injuries of unknown origin would be for a DSP (Direct Support Professional) to notify the HM and she would report the injury of unknown origin to the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional). The Administrator indicated he did not believe the bruising identified on Client #1's arm was an injury of unknown origin. The HM and the Administrator indicated no further skin assessments were available after the 2/8/14 skin assessment to indicate any new bruising or injuries. The Administrator indicated the skin assessment on 2/8/14 along with the BDDS report which indicated Client #1 had been hit by her housemate, should have been enough to explain the bruising on Client #1's arm. The Administrator had no further documentation to show he had been immediately notified of the bruising of unknown origin.</p> <p>2) On 6/12/14 at 1:24 PM record review indicated a "Quarterly Health Assessment" dated 5/14/14 which indicated Client #1 had "2 faded small bruises on L (left) (lower) abd. (abdomen)."</p> <p>On 6/12/14 at 11:46 AM, the facility</p>			

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	<p>BDDS (Bureau of Developmental Disabilities Services) reports from 12/12/13 to 6/12/14 were reviewed. A BDDS report dated 5/7/14 indicated "[Client #1] had been upset and in behaviors. [Client #1] started attempting to go after other peers and staff had to use PIA (physical intervention alternatives) stated (sic) approved 2 person hold for 5 minutes. [Client #1] calmed after and there were no further incidences. [Client #1] was not harmed nor were any other consumers." The report indicated "Staff followed [Client #1]'s current behavior plan and in the plan the PIA is approved to assist [Client #1] in refraining from harming herself or others." The facility BDDS review did not indicate any reports for injury of unknown origin (bruising) for Client #1.</p> <p>On 6/12/14 at 3:02 PM, the facility nurse was interviewed. The nurse indicated she would have discussed any bruising with the HM to be sure the source of injury was known. The nurse stated the HM and her "speak all the time" about anything unusual but she did not document the conversation. The nurse stated "she would either have been notified by the Housemanager that [Client #1] had" an incident which might have caused bruising or she would have "called the Housemanager to verify" a</p>						

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	<p>cause was known for bruising noted. The nurse indicated no further documentation was available to indicate whether she spoke to the Housemanager about the bruising on Client #1.</p> <p>On 6/12/14 at 2:07 PM during an interview with the Administrator and Housemanager (HM), the HM stated there was no BDDS report done on the bruising identified on Client #1's abdomen in her nurse quarterly evaluation because it was "not an unknown injury." The HM stated the bruising "was probably" documented in the shift notes. Upon review on the shift notes, the HM indicated there was a shift note which would explain the bruising. Review of the shift note dated 5/11/14 indicated "[Client #1] up at 3:15 AM crying (and) smacking herself in all directions." The HM stated Client #1's behavior was "probably" documented with her behavior data. During the interview, the HM reviewed Client #1's behavior data for 5/2014 which indicated Client #1 had "self-injurious" behavior at 3:00 AM on 5/11/14. The HM indicated this incident would explain the bruises the nurse found during the quarterly health assessment on 5/14/14. The HM indicated there was no documentation to show staff did a skin assessment on Client #1 after her self-injurious behavior</p>						

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W000154	<p>on 5/11/14. The HM indicated there was no further documentation to show where Client #1 had hit herself on 5/11/14 and what interventions staff took to prevent injury to Client #1. The HM stated the bruising was not an injury of unknown origin because "anything out of the ordinary" was discussed with the nurse and they found nothing suspicious in the bruising. The Administrator indicated staff should have completed a skin assessment after the incident of self-injurious behavior on 5/11/14 but indicated he thought the incident explained the bruising and it was not an injury of unknown origin. The Administrator had no further documentation to show he was notified of the injuries of unknown origin.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview, the facility failed to thoroughly investigate injuries of unknown origin for</p>	W000154	Indiana Mentor has policies and procedures in place in regards to BDDS reportable incidents and investigations. These policies	07/19/2014

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	<p>2 of 2 incidents of injury of unknown origin reviewed for 1 of 3 sampled clients (#1).</p> <p>Findings include:</p> <p>1) On 6/12/14 at 1:24 PM, record review indicated Client #1 had a "Quarterly Health Assessment" dated 2/11/14 which indicated "faint/faded bruising on R (right) inner forearm."</p> <p>On 6/12/14 at 11:46 AM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 12/12/13 to 6/12/14 were reviewed. A BDDS report dated 2/8/14 indicated "[Client #7] went into behaviors and pulled a few hairs out of [Client #1]'s head. Staff followed [Client #7]'s behavior plan and redirected her. [Client #1] had no injuries of (sic) complaint of pain." The report indicated "staff will continue to follow [Client #7]'s behavior plan and monitor [Client #1] for any complaints (sic) of pain or injury.</p> <p>Record review indicated a "Skin Assessment Checklist" dated 2/8/14 which indicated Client #1 was hit and had her hair pulled out by a housemate. The assessment indicated Client #1 had "stage 1" areas from "hit by housemate." The assessment defined "stage 1" as "red</p>		<p>outline guidelines of reporting procedures and what incidents are reportable. The procedures are trained upon hire and annually there after. Investigators go through a training to become qualified to do the investigators. Staff and management have been trained on BDDS reportable incidents, including who to report to and timeframes for reporting such incidents. The managers who are investigatots have also been retrained on investigation procedures. The area director is reviewing all BDDS reports on a monthly basis and tracking investigations in conjunction with the BDDS to ensure all reports have been completed and are timely. The home manager or PD is doing documentation checks weekly on the injury sheets and DSR for the next 2 months to ensure all incidents were reported and will do check at least 2x month after that period. Responsible Party: QMRP/Home Manager/Area Director Date: 7/19/2014</p>				

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	<p>or discolored area that does not disappear within 24 hours." The skin assessment graph showed areas circled on the lower left abdomen region, right lower hip area, and a circle on the left thigh. The assessment did not indicate measurements. The skin assessment did not indicate Client #1 had bruising on the right inner forearm as indicated on the Quarterly Health Assessment dated 2/11/14.</p> <p>On 6/12/14 at 3:02 PM, the facility nurse was interviewed. The nurse indicated she would have discussed any bruising with the HM to be sure the source of injury was known. The nurse stated the HM and she "speak all the time" about anything unusual but she did not document the conversation. The nurse stated "she would either have been notified by the Housemanager" that [Client #1] had an incident which might have caused bruising or she would have "called the Housemanager to verify" a cause was known for bruising noted. The nurse indicated no further documentation was available to indicate whether she spoke to the Housemanager about the bruising on Client #1.</p> <p>On 6/12/14 at 2:07 PM during an interview with the Administrator and Housemanager (HM), the HM stated</p>			

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	<p>there was no BDDS report done on the bruising identified on Client #1's arm in her nurse quarterly evaluation because it was "not an unknown injury." The HM stated the nurse either "already knew" Client #1 had been hit by her housemate on 2/8/14 or "would have called her" to discuss it. The HM indicated she believed the bruising on her arm came from the 2/8/14 incident and did not think it needed to be further reported or investigated. The HM indicated there was no documentation to indicate whether her and the nurse had discussed the bruising on Client #1. The Administrator indicated the facility's process for an injury of unknown origin would be for a DSP (Direct Support Professional) to notify the HM and she would report the injury of unknown origin to the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional). The Administrator indicated he did not believe the bruising identified on Client #1's abdomen was an injury of unknown origin. The HM and the Administrator indicated no further skin assessments were available after the 2/8/14 skin assessment to indicate any new bruising or injuries. The Administrator indicated the skin assessment on 2/8/14 along with the BDDS report which indicated Client #1 had been hit by her housemate, should</p>			

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	<p>have been enough to explain the bruising on Client #1's arm. The Administrator indicated the facility did not investigate the injuries of unknown origin.</p> <p>2) On 6/12/14 at 1:24 PM, record review indicated a "Quarterly Health Assessment" dated 5/14/14 which indicated Client #1 had "2 faded small bruises on L (left) (lower) abd. (abdomen)."</p> <p>On 6/12/14 at 11:46 AM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 12/12/13 to 6/12/14 were reviewed. A BDDS report dated 5/7/14 indicated "[Client #1] had been upset and in behaviors. [Client #1] started attempting to go after other peers and staff had to use PIA (physical intervention alternatives) stated (sic) approved 2 person hold for 5 minutes. [Client #1] calmed after and there were no further incidences. [Client #1] was not harmed nor were any other consumers." The report indicated "Staff followed [Client #1]'s current behavior plan and in the plan the PIA is approved to assist [Client #1] in refraining from harming herself or others." The facility's BDDS review did not indicate any reports for injury of unknown origin (bruising) for Client #1.</p>			

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	<p>On 6/12/14 at 3:02 PM, the facility nurse was interviewed. The nurse indicated she would have discussed any bruising with the HM to be sure the source of injury was known. The nurse stated the HM and her "speak all the time" about anything unusual but she did not document the conversation. The nurse stated "she would either have been notified by the Housemanager that [Client #1] had" an incident which might have caused bruising or she would have "called the Housemanager to verify" a cause was known for bruising noted. The nurse indicated no further documentation was available to indicated whether she spoke to the Housemanager about the bruising on Client #1.</p> <p>On 6/12/14 at 2:07 PM during an interview with the Administrator and Housemanager (HM), the HM stated there was no BDDS report done on the bruising identified on Client #1's abdomen in her nurse quarterly evaluation because it was "not an unknown injury." The HM stated the bruising "was probably" documented in the shift notes. Upon review on the shift notes, the HM indicated there was a shift note which would explain the bruising. Review of the shift note dated 5/11/14 indicated "[Client #1] up at 3:15 AM crying (and) smacking herself in all</p>			

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	<p>directions." The HM stated Client #1's behavior was "probably" documented with her behavior data. During the interview, the HM reviewed Client #1's behavior data for 5/2014 which indicated Client #1 had "self-injurious" behavior at 3:00 AM on 5/11/14. The HM indicated this incident would explain the bruises the nurse found during the quarterly health assessment on 5/14/14. The HM indicated there was no documentation to show staff did a skin assessment on Client #1 after her self-injurious behavior on 5/11/14. The HM indicated there was no further documentation to show where Client #1 had hit herself on 5/11/14 and what interventions staff took to prevent injury to Client #1. The HM stated the bruising was not an injury of unknown origin because "anything out of the ordinary" was discussed with the nurse and they found nothing suspicious in the bruising. The Administrator indicated staff should have completed a skin assessment after the incident of self-injurious behavior on 5/11/14 but indicated he thought the incident explained the bruising and it was not an injury of unknown origin. The Administrator indicated the bruising was not investigated as an injury of unknown origin.</p> <p>9-3-2(a)</p>				

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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review, and interview, the facility nurse failed to accurately assess potential psychotropic medication side effects for 1 of 3 sampled clients (#1).</p> <p>Based on observation, record review, and interview, the facility nurse failed to develop a GERD (Gastroesophageal reflux disease) care plan which identified specific foods not recommended for 1 of 1 sampled client with GERD (#2).</p> <p>Findings include:</p> <p>1) On 6/11/14 between 4:39 PM and 5:57 PM and on 6/12/14 between 6:33 AM and 7:55 AM, group home observations were conducted. Throughout the</p>	W000331	<p>Indiana Mentor has policies and procedures in place in regards to medical oversight of individuals in the ICF setting. The nurse aides in coordinating medical care for the individuals including setting up health protocols. For client #1 a new side effect assessment was completed and reviewed by the nurse. Staff have been trained on identifying, communicating and proper documentation of potential side effects for medication. For client #2 the nurse revised the GERD protocol to include the food lists and staff have been retrained on this protocol. The side effects forms are being reviewed by the nurse and the QMRP or house manager monthly to ensure accurate documentation for all consumers at the program. Food list and diets are being reviewed by the</p>	07/18/2014

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	<p>observation period, Client #1 had mild to moderate bilateral (both sides) arm and hand tremors which were intermittently worse on the left arm. Client #1 had delayed eye blinking and decreased affect (decreased range of emotional expression).</p> <p>On 6/12/14 at 1:24 PM record review indicated Client #1's diagnoses included, but were not limited to, severe intellectual disabilities, congenital mental deterioration, general anxiety disorder, moderate impulse control, psychotic disorder, and intermittent explosive disorder. Client #1's current physician's order (dated 6/1/14) indicated Client #1 was prescribed psychotropic medications Olanzapine (antipsychotic) 10mg (milligram) twice daily for intermittent explosive disorder, Valproic Acid (Depakote, anticonvulsant) 250 mg/5 ml (milliliters) twice daily for psychotic disorder, Benztrapine 2mg twice daily (used to improve muscle control and to control severe reactions to medications used to treat nervous, mental and emotional issues), Ziprasidone HCL (hydrochloride) 80mg twice daily for intermittent explosive disorder, and Clonazepam 1mg three times daily for intermittent explosive disorder.</p> <p>Record review indicated Client #1 had</p>		<p>dietician for the program on a quarterly basis to ensure proper guidelines are being followed. The other health protocols have been reviewed by the QMRP and nurse. Complete Date: 7/19/2014 Responsible Party: Nurse, QMRP</p>				

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	<p>monthly assessments of "Side Effects Recording Form." Client #1's "Side Effects Recording Form" for 1/2014 to 6/2014 was reviewed and indicated the following (not all inclusive) scale (0 - not present, 1 - minimal, 2 - mild, 3 - moderate, 4 - severe, and NA - not assessed):</p> <p>1/2014</p> <p>#9 Rigidity of limbs and posture = 0 (not present) #10 Tremor/Shakiness = 0 #11 Eye Rolling/Rapid vertical or horizontal motion = 0 #12 Flat expression/mask-like face = 0 #13 Ataxia/muscle incoordination/imbalance = 0 #14 Spasticity/contortions/lack of tonicity = 0 #15 Lip smacking/Chewing/Tongue Movements/facial grimacing or tics = 0</p> <p>2/2014</p> <p>#9 Rigidity of limbs and posture = 0 (not present) #10 Tremor/Shakiness = 0 #11 Eye Rolling/Rapid vertical or horizontal motion = 0 #12 Flat expression/mask-like face = 0 #13 Ataxia/muscle incoordination/imbalance = 0</p>			

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	<p>#14 Spasticity/contortions/lack of tonicity = 0</p> <p>#15 Lip smacking/Chewing/Tongue Movements/facial grimacing or tics = 0</p> <p>3/2014</p>			
	<p>#9 Rigidity of limbs and posture = 0 (not present)</p> <p>#10 Tremor/Shakiness = 0</p> <p>#11 Eye Rolling/Rapid vertical or horizontal motion = 0</p> <p>#12 Flat expression/mask-like face = 0</p> <p>#13 Ataxia/muscle incoordination/imbalance = 0</p> <p>#14 Spasticity/contortions/lack of tonicity = 0</p> <p>#15 Lip smacking/Chewing/Tongue Movements/facial grimacing or tics = 0</p> <p>4/2014</p>			
	<p>#9 Rigidity of limbs and posture = 0 (not present)</p> <p>#10 Tremor/Shakiness = 0</p> <p>#11 Eye Rolling/Rapid vertical or horizontal motion = 0</p> <p>#12 Flat expression/mask-like face = 0</p> <p>#13 Ataxia/muscle incoordination/imbalance = 0</p> <p>#14 Spasticity/contortions/lack of tonicity = 0</p> <p>#15 Lip smacking/Chewing/Tongue Movements/facial grimacing or tics = 0</p>			

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	<p>5/2014</p> <p>#9 Rigidity of limbs and posture = 0 (not present)</p> <p>#10 Tremor/Shakiness = 0</p> <p>#11 Eye Rolling/Rapid vertical or horizontal motion = 0</p> <p>#12 Flat expression/mask-like face = 0</p> <p>#13 Ataxia/muscle incoordination/imbalance = 0</p> <p>#14 Spasticity/contortions/lack of tonicity = 0</p> <p>#15 Lip smacking/Chewing/Tongue Movements/facial grimacing or tics = 0</p> <p>6/2014</p> <p>#9 Rigidity of limbs and posture = 0 (not present)</p> <p>#10 Tremor/Shakiness = 0</p> <p>#11 Eye Rolling/Rapid vertical or horizontal motion = 0</p> <p>#12 Flat expression/mask-like face = 0</p> <p>#13 Ataxia/muscle incoordination/imbalance = 0</p> <p>#14 Spasticity/contortions/lack of tonicity = 0</p> <p>#15 Lip smacking/Chewing/Tongue Movements/facial grimacing or tics = 0</p> <p>Record review indicated Client #1's monthly "Side Effects Recording Forms" were filled out by DSP (Direct Support</p>			

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	<p>Professionals) and not the facility nurse.</p> <p>Client #1's "Quarterly Nursing Assessment"s from 11/7/13 to 5/14/14 were reviewed. The quarterly nursing assessment directions indicated to "check 'yes' if 1 or more conditions are present for that body system, or 'no' if not present." The three quarterly nursing assessments reviewed (11/7/13, 2/11/14, and 5/14/14) all indicated "yes" to the category "neurological - seizures, tremors, abnormal movements, headaches, other." All three nursing assessments reviewed indicated "yes" to "skeletal - loss of balance, pain, tenderness, fractures, swelling of joints, stiffness, mobility impairments, use of assertive devices, other."</p> <p>On 6/12/14 at 2:07 PM during an interview, the HM (housemanager) stated "[Client #1] has always shaken like that." The HM and Administrator indicated Client #1 did not have a diagnosis of Tardive Dyskinesia (neurological disorder which results in involuntary, repetitive motion most frequently caused by long-term or high-dose use of antipsychotic medications). The Administrator stated "we might need to look at getting a diagnosis."</p> <p>On 6/18/14 at 6:30 AM, the QIDP</p>						

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	<p>(Qualified Intellectual Disabilities Professional) indicated the facility nurse had reviewed Client #1's "Side Effects Recording Forms." The QIDP indicated the facility nurse had no additional information on the forms. The QIDP stated (via electronic mail) the nurse believed the assessment for side effects of medications for Client #1 was "accurate."</p> <p>2) On 6/11/14 between 4:39 PM and 5:57 PM, group home observation was conducted. Between 5:27 PM and 5:57 PM, Client #2 ate a dinner of salad, pizza, and tater tots. DSP (Direct Support Professional) #1 assisted Client #2 by cutting his pizza into bite sized pieces and mashing his tater tots with a fork. DSP #1 used a 1/4 cup ranch dressing to soften Client #2's pizza and tater tots. At 5:42 PM, Client #2 coughed 3 deep coughs. DSP #2 assisted Client #2 with a second helping of pizza slices cut up into bite sized pieces. DSP #2 soften Client #2's pizza by squeezing ketchup on the pieces.</p> <p>On 6/12/14 at 12:43 PM, record review indicated Client #2's diagnoses included, but were not limited to, profound intellectual disabilities and GERD (Gastroesophageal reflux disease). Record review indicated Client #2's</p>						

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	<p>physician's order dated 6/1/14 indicated Client #2 was prescribed Omeprazole 20mg (milligrams) daily for GERD and Metclopamide 5mg to be taken 4 times daily for GERD.</p> <p>Record review indicated Client #2 had a "GERD Reflux" care plan dated 4/10/14 which indicated the "preventative measures" as "meds", "avoid foods that produce S/S (signs and symptoms); ie (for example); caffeine, fatty foods, citrus, etc."</p> <p>On 6/12/14 at 3:02 PM during an interview, the facility nurse stated Client #2's "GERD Reflux" care plan only provided "general guidelines." The nurse stated "no, tomato based products are not recommended" for people with GERD when asked whether it would be recommended for Client #2 to use ketchup to soften his food to a mechanical soft diet. The nurse indicated the house menu did not offer alternative items for Client #2 due to his GERD diagnosis. The facility nurse indicated Client #2's "GERD Reflux" care plan could have been more specific to assist staff in encouraging Client #2's food choices.</p> <p>9-3-6(a)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G319	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/20/2014
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 211 W 3RD ST PERU, IN 46970
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